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## Rendever: Virtual Reality for Seniors

Guest Presenter, Kyle Rand

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*Millions of people are living better. They are enjoying a healthier lifestyle, learning more about overcoming obstacles and keeping a positive outlook. Now, you can be a member of the club. This is the Living to 100 Club with Dr. Joe Casciani. Our guests share incredible stories and advice, bring new outlooks on wellness and show you how to keep moving forward. Now, here is your host, Dr. Joe Casciani.*

**Dr. Joe:** Well, greetings to everyone joining us today and thank you for tuning in. I'm Joe Casciani, your host of this radio show, the Living to 100 Club, we're on the Voice America Network Health and Wellness Channel.

Our show today takes a look at virtual reality and the company Rendever, specializing in virtual reality for older adults residing in senior communities. Virtual reality provides the user with a unique visual experience and sensation to visit new places or to revisit familiar places and to be immersed in a new visual experience. I think this topic and the Rendever system is especially relevant to Living to 100 Club because it's designed to provide older adults with that kind of cognitive stimulation and an opportunity for social engagement. Both of which, I think, are important ingredients to successful aging and managing those risks that come along.

Research is also showing that it helps seniors reduce feelings of isolation and depression and offers an opportunity for sharing these experiences with other users. It sounds like some good stuff. Our guest is Kyle Rand, CEO of Rendever. I recently learned that we're both from the same city in Upstate New York. Let me give you a little background on Kyle.

He grew up volunteering in a senior living community, went on to study the cognitive decline in older adults. His neuroscience research was largely focused on the link between functional, structural changes in the brain that happens as one ages and the associated deficits in decision-making. He also studied neural Prosthetics and has been published for his work on Reward-based Behavior.

Since joining the tech world, Kyle has led the development of a research-based social network, a crowdfunding platform for ecological conservation and a grassroots initiative focused on increasing Healthcare access in populations in need, which is recognized by the Obama Administration.

After having a negative personal experience moving his grandmother into a senior living community, he realized the severe impact of social isolation on seniors and co-founded Rendever to use virtual reality technology to build communities and increase resident engagement through positive shared experience. I'm looking forward to learning more about this, Kyle, welcome to our show today.

**Kyle:** Thanks so much, Joe. It's a pleasure to be here and I really appreciate you bringing me on.

**Dr. Joe:** Great. Well, let's begin with your background. What led you into this field?

**Kyle:** Yeah, honestly, I think you kind of just detailed it, that introduction was awesome. I think really my whole life has been kind of built around seniors, without me even realizing it. Like growing up in Upstate New York in Rochester, where you're from as well, spent a lot of time, pretty much every summer, volunteering at the senior living community up there. And you know, I didn't really realize at the time that it was really going to set me down this path of pursuing, engage in activities and improving the aging process for seniors.

You know, back then as a high school student, I just thought it was awesome that I got to go into this like, beautiful community and serve. What I did was, I would serve ice cream to the residents there, which as a kid, like obviously, was awesome in meeting and making conversations with the people that live there. But also, it was summertime and I got unlimited ice cream whenever I wanted.

**Dr. Joe:** Not bad.

**Kyle:** Yeah. It wasn't a bad deal if I may tell you. But then it really actually kind of set me down this path and I've been kind of working within the senior space the whole time. So, I went to school and I studied as you said, you know, the neuroprosthetic side of things, which was interesting, but I also did a lot of research into cognitive decline with the aging population.

So, I spent three years in the lab there that was doing a lot of cognitive neuroscience experiments and my job was really to design the experiments, program them out. I have a coding background and I would actually sit down with research participants and take them through the experiments, and I don't Joe have you ever done a cognitive Neuroscience like experiment? Like have you participated in a study before.

**Dr. Joe:** No, I don't think so. If I have, it's been quite a while, so I don't recall.

**Kyle:** I can tell you that the design of those experiments tends to be really, really ugly. And the overall experience of going into an academic setting and sitting in front of a super old school computer and trying to go through this poor UI research study, it's not always the best thing. So really what that end up being for me was I spent a lot of time really getting a first-hand understanding of what the interface challenge is for seniors. People always talk like, oh, Tech and seniors don't mix, which isn't really true. It's really that poorly defined interfaces and seniors don't mix; frankly, poorly defined interfaces and anybody doesn't mix.

So that was really interesting and that kind of carried me through my whole undergrad career. And then right around the time that I was graduating, my grandma was diagnosed with her second round of Dementia or I'm sorry, she was diagnosed

with her second round of cancer and it hit the family pretty hard. She moved into my aunt's house and at the time, my aunt was also about five years into her battle with cancer and it was pretty relentless.

So obviously, all of a sudden, coordinating two care schedules with a lot of emotions and a lot of structural shifts and family dynamics, it was a pretty tough time for the family, and I was experiencing it secondhand cause I was still in school. But it reached the point where frankly, my father and my aunt like their relationship was a little bit strange for a little while. They were trying to figure out what to do with their mother and what was possible and ultimately ended up moving her into a senior living community, which seemed like the best approach.

But it didn't actually turn out that great and she kind of fell into what we now understand is this like classic social isolation trap. Where you might expect that you can move into a community setting like that and all of a sudden, you have 100 of your best friends living down the hall from you but more frequently what happens or a high risk of happening is you spend a lot of time in your room watching TV alone because there's nothing to really stimulate and start those new friendships and in the midst of a really tough kind of emotional transition.

So, years ago, we started playing around with this technology called virtual reality and when you really stop and think about what virtual reality is, it's essentially a headset that you can put on and you can go anywhere and do anything. Which we realize like that is what we need to be doing for our seniors and we started testing it with some local senior living communities up here and the results were immediate. The gratitude and the smiles and the laughter and the tears of joy, like it was powerful, and we knew we were on to something, so we started building and here we are four years later.

**Dr. Joe:** Sure, so you can see the need right away, while you spend a lot of time in the facilities, the senior communities, but also what your grandmother was going through. And how, without that extra push every day, it would be easy to stay isolating and kind of withdrawn. So, you're thinking what naturally along, what additional AIDS or

resources can we provide to people like my grandmother to help them kind of reduce this retreat.

So how are you involved in the technology development? Where do these images come from, where the videos come from and who puts that all together?

**Kyle:** Yeah. I'll say it's a widespread collaborative effort. Joe, have you tried VR before?

**Dr. Joe:** No, I haven't. No.

**Kyle:** You haven't. Oh, well, next time I'm in San Diego, I'll give you a demo of it.

**Dr. Joe:** Okay, I'll look forward to that.

**Kyle:** Yeah, so as I said, essentially what this technology virtual reality does, it's a headset. So, you put this headset on over your eyes and you strap it on so it's sitting comfortably on your head and then you have a screen in front of your eyes. And that's what you see, the screen, right? That's the only thing that you see because that the headset kind of limits your view of what's actually happening in the world around you, which might sound scary. But what it actually means is that you put this headset on, and you can be standing on top of the Eiffel Tower or you can be swimming underwater with a pool of dolphins bigger than you've ever seen. Or you could be going on an African Safari or you could be riding up in a hot air balloon ride, looking out over the beautiful landscape. Like pretty much you name it, you can do it through virtual reality.

And the way we kind of boil it down is, there's a lot that you can do on the Rendeever platform, but we say that there's kind of three different things that we get seniors to do it. We let them relive. So, we built out a customized reminiscence therapy platform that allows users to kind of take a stroll down memory lane, by going back and revisiting their childhood home or going back to their wedding location or their honeymoon destination or the first house that they built. Pretty much anywhere from their past that they get to experience again in VR, which again hits that kind of reminiscent therapy.

So, there's relive, there's reconnect, which is when you get to do kind of like check off bucket list items and engage with the world in ways that you might not think

possible once you reach this point in the aging process. And the third one is re-inspire. So, through doing this, we've built it in a way that everybody who is in a virtual reality experience, were actually in there together. So typically, we'll have groups of five to ten older adults all sitting around a table, all wearing a headset and they're all experiencing the same thing at the same time.

And this is critical, and this is kind of the core belief at Rendever. It's that human relationships are really founded on shared positive experiences, and we've built out our platform in a way that allows groups of older adults to share these positive experiences. And through doing these things, we see like this kind of natural conversation takes place that really sparks new relationships and sparks new friendships within a community.

**Dr. Joe:** Wow, yeah. Hopefully, we can spend some time relive, reconnect and re-inspire. I was thinking, the closest experience I had was years ago when Disneyland had that 360-degree experience. I don't know what it was called, but you would stand in this huge room and you can look at the cameras or the monitors all around the room. Do you remember that? Did you ever experience that at Disneyland?

**Kyle:** I'm not sure. I haven't been there since I was 7. I need to go.

**Dr. Joe:** Okay. So similar experience I think with the headset, right? You can see 360 degrees; you turn your head and you're seeing all around you.

**Kyle:** Exactly.

**Dr. Joe:** So Rendever, where does the name come from? Interesting name, where does it come from?

**Kyle:** Yeah, that's a good question. So, a big part of virtual reality and kind of 3D modeling is a process called rendering. And what we say we do is we're rendering new experiences forever. So, we're rendering forever, we're Rendever.

**Dr. Joe:** Sounds good.

**Dr. Joe:** So how is VR different from augmented reality? I've seen that term occasionally.

**Kyle:** Yeah, yeah, I'm sure a lot of people have seen that term and a lot of people have that same question. I will be frank and seeing that it's a pretty loaded question, but I think the easiest way to really understand the difference is, have you ever heard of this game called Pokémon Go? That was super popular a couple of years ago.

**Dr. Joe:** Sure.

**Kyle:** So, in that game, essentially, what you would do is you would have your cell phone, if you had some sort of smartphone with a touchscreen, and you would open up this app. And through the camera in the smartphone, you would see the world around you but then overlaid in that world around you, you would see one of these little Pokémon creatures. And you could then through your phone, interact with it or catch it or do whatever you might do in the Pokémon world.

But what it essentially was that's kind of like the most popularized form of AR, at this point. It's essentially, you're able to interact with the world through a digital device that augments and changes what is actually happening in the physical world through what's possible through that device. But then what really most people think about an AR and VR is a little bit more kind of hitting the head-mounted display realm.

So, an HMD or head-mounted display, the most popularized one is probably called the Google Glass. Are you familiar with it?

**Dr. Joe:** Yes.

**Kyle:** It was like back in 2012. So that was probably the first real AR device that came out, where you can wear it over your glasses and people might think you looked a little dorky. And essentially what it did was, you could see everything but within your field of view, you would also have some interface that you could see information just within your field of view. So, without actually needing like a cell phone or a touch screen, some type of touchscreen device.

So, the difference between AR and VR understanding that is that AR essentially allows you to see the world, it just augments that world. VR, virtual reality, really kind of changes the world that you're in and allows you to experience something totally new,

irrelevant of where you are. And I think the more important difference here, especially for this conversation is that, virtual reality is happening right now.

The very first VR device that we like to allude to was the View Master, which was launched back in 1939. So, decades and decades ago; that was the first form of virtual reality and over the past 80 some odd years like it has evolved to a place that it is an amazing technology that is ready for people to use here and now. Augmented reality still has some work. We still need the techniques to catch up to kind of the buzz in the hype around AR.

**Dr. Joe:** Thanks for that. Augmented reality sounds like it involves a little bit more of an interactive experience. Is that fair to say?

**Kyle:** I would actually probably disagree with that a little bit. It allows you to interact more with your environment, but VR can be incredibly interactive. I think the key difference also is that really when you boil down VR - I said this twice already so excuse me for repeating that - but you put this headset on, you can go anywhere, and you can do anything. And when you think about that, that means that you can essentially defy distances; the physical limitations of someone essentially melt away and they have an ability to really live and experience the world whether or not that's like the physical world or some sort of like an interactive game or whatever it might be. So that's what I would really define as the difference and why they are so powerful.

**Dr. Joe:** Okay. So, with seniors, I know you're focusing more or less right now on the senior population and I can see where your focus of 'relive, reconnect, re-inspire' with this population is all very interesting. We're going to talk much more about this, but I'm curious, what's the general reaction of the senior user, the older adult user? Do they acclimate pretty quickly or are they a little bit reluctant to jump into this or what's your sense?

**Kyle:** Yeah, I think it's a combination of the two. I think like especially the senior living communities is a pretty wide range of how like kind of tech-averse people might be. So, there's always a group of people who are like they see it and they're like, oh I need to

try that and then there's always a group of people who are a little bit more hesitant, a little bit more skeptical like ooh, what is that?

What I'll say is, the moment that you see somebody else put that headset on and you see the huge smile come across their face, that's when everyone is like, okay. I got to try that out for myself.

**Dr. Joe:** Sure. That's the big selling point that big grin. Yeah, I like that.

**Kyle:** That big grin. That's my favorite and my phone is full of photos of people with big grins on their faces.

**Dr. Joe:** That's great. Kyle, it's time to take a short break, if you don't mind. Let me invite our listeners to call in their questions to 866 472 5792 or send an email to [info@livingto100.club](mailto:info@livingto100.club). This is Joe Casciani and my guest is Kyle Rand. You're listening to Living to 100 Club on The Voice America Health and Wellness Channel. Stay tuned, we'll be right back.

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**Dr. Joe:** All right, we're back. Thanks to everyone for staying with us. We're talking today with Kyle Rand, CEO of Rendever Virtual Reality. We have a couple of questions that came in on an email, Kyle. I'm going to hold those because we're going to get to that in a few minutes, but we also have a caller on the line.

Hey Rod, can you introduce the caller for us, please? Grace, are you there?

**Caller (Grace):** Hi, can you hear me?

**Dr. Joe:** Yes, we hear you fine. How are you?

**Caller (Grace):** I'm good. Thanks. My question is around access so who can purchase this? Where do we get it? Is it you know, just for seniors? I could see this kind of, you know, being a good application for other types of therapy tools as well. So, I was wondering if you could talk a little bit more about that.

**Dr. Joe:** Sure. Thank you for calling in. That's great area to explore further. We're going to be talking about that and accessing that. We had a couple of emails that were raising similar questions. So, Kyle, let's see if we can respond to these questions.

Your focus is on seniors and we know that virtual reality is available for other age groups, but I take it that with your background and your focus on cognitive neuroscience and aging decline, you saw a very special important need for the senior population. So, you talked about on your website expanding the world of the senior, what do you mean by that? How do you define that or how do you describe that?

**Kyle:** Yeah. I think as a company, we're definitely focused on seniors and other brands. I think we're super focused on seniors, but we do work with other groups. And I think if you really kind of boiled down like where we prioritize our efforts, where we prioritize like the people that we want to be impacting, the lives that we want to be improving, it's really more about focusing on people whose life has become limited.

Whether or not that's because of falling and having a broken hip or whether it's dealing with cancer and having to do daily chemo sessions or some other form of chronic pain or anything where essentially someone has reached the point where their life has become limited. There's an opportunity for us to help improve that life and I think when you use the phrase 'expanding world' that's kind of exactly what we do.

For someone whose life has become limited, we can use our platform and our product to really expand their world and bring the world to them and meet them where they are with those needs.

**Dr. Joe:** Sure, so there's an entertainment element kind of that, kind of enjoyment of watching new places or going back to places we've known before. There's that kind of uplifting experience, but there's also the almost a therapeutic approach to reaching people that have kind of shut down, disengage from their world and we're offering this different experience for them.

**Kyle:** Exactly.

**Dr. Joe:** Yes good, good. So, tell us about the different levels of senior settings. I mean, we have independent, we have assisted, we have skilled nursing; does your virtual reality process goes into all of these levels?

**Kyle:** Yeah, totally, totally. So, we have probably about 130 some odd clients across the US and Canada right now and really those fall into all of those settings. So, we have our systems in independent living, we have it in assisted living, we have it in locked memory care units, some skilled nursing environments. We even have it in healthcare systems. We've recently started working with hospice and home care providers. And we even recently launched a program in which we're starting to kind of test the waters with people who are at home. So, you know, as I said, I think anybody who's life has become rooted, there's an opportunity for us to really take what we do and everything that we've done and everything that we've built and improve that life.

Of course, there are differences in the way that each kind of group responds to it. So, whenever someone on the senior living side asks, I think probably the biggest impact that we had is really on the assisted, at least from a kind of institutional setting, is on the assisted-living side. But that also spans into the memory care side because 70 some odd percent of residents of assisted living have some form of MCI or Dementia or Alzheimer's related dementia. And it might be surprising but some of the best stories, some of the biggest impact we've seen are with people who follow right in that realm.

For independent living and for people who are generally more, you know, physically able and their life is less limited what we see is actually that Rendeever becomes super well used during the winter months. Well, it's a little bit like less interesting to go outside and deal with the snow as we both know from growing up in Rochester.

**Dr. Joe:** Sure. Yeah, so that's the level of the people that want to travel to new places, higher functioning, still more alert, more cognitively intact or not very much decline if there is any. So that end of the continuum is more interested in expanding their travels, getting to places and reaching that bucket list as you described it. At the other end of the continuum, people maybe are facing more memory deficits, some cognitive decline

and this notion of extra stimulation mental stimulation. And even the reminiscence therapy, I can see where that can come into play.

How do you individualize the scenes, the videos, where the individual can actually observe their hometown or their background? How do you customize that?

**Kyle:** Yeah, can I just add one caveat to your last question?

**Dr. Joe:** Okay.

**Kyle:** That I think the caveat here is that we see a lot of impact on that part of the continuum that you just mentioned - the Assisted Living side Memory Care side all the way to hospice and end of life - we see a huge impact there. But frankly, we see a lot of interest from the entire spectrum and I don't actually limit that to people who are 65 plus. We actually have done demonstrations at Children's Hospitals. We actually have a deployment across almost 20 different sites that are under the umbrella of UC Health, in Colorado where it's being used for patients of all ages. So, it is well-received.

There's a lot of interest from people across the board just because what you can do in VR it's so diverse, it's so interesting. The way we've designed it in making sure that it's not just an individualized experience, but actually, it's an experience that you share with someone else. It really opens up the floor for a lot of like really kind of dynamic conversations and relationship building and you remove the whole concept of being 65 plus and you really boil it down to someone who's receiving care and a caregiver. And then being able to go on an African Safari together in the middle of their day sitting in, wherever, Denver Colorado. Like that's amazing and that's powerful and it's not really limited to an individual setting, I think it's amazing.

**Dr. Joe:** Okay. Thanks. That's helpful. That's expanding my own awareness of the features of this. So, tell us how are the staff involved if you're at a senior community, how do staff get involved? Do they participate or they're just on the sidelines watching? What's their role?

**Kyle:** No, I think...yeah, quite the opposite actually. For a senior living community, our staff is kind of the number one player, they are MVPs. So, whenever we do a

deployment and onboard a new senior living partner, what we'll do is we do like a very dedicated, in-depth kind of orientation and onboarding for the staff at the community. So, the community they actually get set up with Rendever systems the whole time and that typically means, 4 to 10 headsets that they have but those headsets they're all controlled from one tablet.

And typically, what it is, it's the staff members, they're the ones who are leading the experiences. So, from that tablet, they have access to our huge diverse content library, they're able to load any sort of experience, you name it. And then within each experience is also kind of conversational prompts that kind of guidelines to really get everyone who's in the headset to talk and have a conversation and there are the Q&A sessions. They really participate in the experience beyond just visually watching it, which from that moment if you can get those conversations started within the headset, really what we say, is that the magic all happens when people take the headsets off. And if a staff member has led a really engaging session, there's this awesome kind of natural conversational flow that's happening that that headset comes off and it continues right. It's just like the starting point you take the headset off and it continues and all of a sudden, you have something significant to talk about.

And you know, my favorite thing is when our senior living community partners tell us that the best part of Rendever is that their lunchtime like and dinnertime those dining areas almost have been there a little bit more lively because people are talking about these things. That's really the power. I can relate, not only within Senior Living. I was at my grandpa's not too long ago and I was there with my parents and he turns 90 this year. And you know, his knees are like pretty tough. They're pretty large wide angles and he's a little bit slower moving. And I remember we were all sitting around this dinner table, in his main area, we were sitting around the dinner table and the conversation kind of lulled and we were kind of starting to do small talk, which as a family that's not what we do, right? The exact opposite.

And so, I went out and I grabbed one of our Rendever systems and I brought in the headset and a tablet and I let my mom actually kind of run a session with my grandpa. And the kind of energy that was all of a sudden infused into that setting as

Grandpa was going and looking at aurora borealis and mom was kind of guiding him through it and like showing my dad like, oh look, that's what he's seeing. But it was just this energy that all of a sudden showed up and you can imagine that energy being beneficial in building so many different relationships. And we stayed up until like 2:00 a.m. with just going all over like Long Island.

He still lives there, which was funny, but we were going through all of his favorite parts of Long Island just because we could jump to there so quickly without, you know, getting in the car and making the drive. It's pretty amazing but really, it's the energy.

**Dr. Joe:** Yes. I love that. I mean, it's not only the visual experience but as you say, when you take it off, then you can be more engaged. You can connect with other people and discuss that experience that common experience, share that communication. I think that's great. So, in a sense, in some of these areas the staff person is kind of the director and almost selecting which channel the individual viewer can watch; is that how it works?

**Kyle:** Yeah, but I would say even more than just selecting which channels, it's all of a sudden, they become like the tour guide, right? They're kind of given the microphone. Everyone's on a tour bus, they're given the microphone and they're kind of leading this tour and it's pretty cool to see.

**Dr. Joe:** That's great. That's great. Well, looks like we're going to need to take a short break again. When we come back, we can talk more about how to people access or how could people learn and bring in some of these systems into their own settings and also talked about making inroads into the private community and individuals' homes. And I think that's a big part of this because once you can expand beyond those community settings into private homes that's got to be just a great opportunity for individuals and especially families can connect.

Yeah. Yeah, good stuff, good stuff. I'm glad we're talking about this. Well again, it's time to take a short break. Please call in your questions. I know a couple of you have sent in some emails, we'll get to those after we return. But please call into 866

472 5792 or send an e-mail to [info@livingto100.club](mailto:info@livingto100.club). This is Joe Casciani and my guest is Kyle Rand. You're listening to The Living to 100 Club on The Voice America Health and Wellness Channel. Stay with us, we'll be right back in a couple of minutes.

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**Dr. Joe:** All right, we're back. Thanks to everyone again for staying with us. I'd like to begin with some of the early research or the outcomes data. We have about a question from one of our listeners: "Is there any evidence-based data supporting this type of intervention?" So, Kyle, I know Rendevar has had some research done. Can you share some of this with us?

**Kyle:** Yeah. 100%. I think it's a really important question. Time travel back three years ago when we were just getting started, this whole concept of VR for seniors was like, everyone kind of smart to whenever we would say it. So we knew right off the bat that we needed to actually prove out what we were doing because the moment that you actually see a group of older adults trying VR and doing it together like you know what the impact is, but of course anecdotal evidence is not enough.

So, dating back 2017, we ran a study in conjunction with the MITH Lab - Joe Coughlin is an amazing, amazing person - and then Benchmark Senior Living, which is a really big operator of senior living communities up here. And we kind of set out to answer this question of, okay, our kind of core hypothesis is that human connections are founded on shared positive experiences and we can use VR as an opportunity to provide these shared positive experiences. So, can we actually see connections form?

And what we did was we ran, granted a pilot study, but what we did was we got groups of residents of the senior living communities, who would do these kinds of joined group VR sessions every single day for two periods. And then we would compare some baseline and then post two-week survey results. And we compared them to a group of residents who were, every single day for two-week period, doing kind of like TV-based travel programming.

So really looking to answer the question like is VR the opportunity? Is there an opportunity for VR to really cause a significant Improvement in social connections? And

the results were actually really awesome. What we found was that for just those two-week periods, we saw the residents who are doing these group VR sessions, they had a statistically significant improvement in measures of social well-being, in general well-being. A statistically significant decrease in depression scores and a statistically significant increase in feelings of trust.

I want to dial in on that last one because really when we talk about human connection and relationships, there's nothing more authentic than this concept of trust, right? And I think the fact that after just two weeks of these like positive experiences, we actually saw residents start to trust each other more, self-report that they trusted others more. That was really, really promising and I'm still excited by that data.

**Dr. Joe:** That's fascinating. Yeah, the depression scores the trust, where these all self-report, in other words, set some questionnaires that the person responded to or were they all observational measures?

**Kyle:** Yeah, it was all self-report. It was all questionnaires. I will say, they were very long questionnaires like almost difficult long but that was study one and that was back in 2017. And what we did with that was we actually started a very long process to actually get clinical trial funding. So, dating back June 2017, we started working with the University of California, Santa Barbara research team out there to get like a properly federally funded grant. And I'm actually happy to announce that as of last month and two and a half years of constant applying and a lot of budget reviews and everything that goes into getting one of these grants, we were awarded a Phase One Grant. Where we're actually kicking off as like a federally funded study through the NIH and National Institute on Aging just next month, which is really...

**Dr. Joe:** That's great. Congratulations. You know, if you don't have the metrics it's really hard to sell services and products. You got to have some metrics. You got to have that evidence as you see very well. How about working with dementia? And what level of dementia can you still work with or be beneficial with mild, moderate; any insights there yet?

**Kyle:** Yeah, a lot of insights and a lot anecdotal. Also, a big part of this study with the NIH is specifically looking at the impact. It's actually pretty cool, where it's looking at the impact on specifically, residents with MCI or with mild to moderate stage Alzheimer's disease or related dementias; looking at how the impact of not doing VR with other residents, but actually doing VR with adult child who's living at a distance.

So, the adult child is at home, they put on the headset and the resident at the senior living community, they put on the headset and they're in the shared experience together. So really going back to this core concept of VR allowing people to really defy distances and studying the impact that that has on those residents and on the strength of those relationships. So, it's a really, really cool study and we'll have a lot more like solid data a year from now.

What I can say in our approach is that it's surprising but a lot of people with mild to moderate respond really, really positively to VR. Especially if you can do something like an aurora borealis scene or some sort of common environment where you're sitting at a lake and you hear like the nice water slapping by your feet; calming VR has a really, really strong opportunity within mild to moderate.

And then as I'm sure you know, when you start getting more advanced, the population is just so dynamic. People respond so differently to so many different things. So, we've done in our approach is really make sure that there's nobody who knows residents better than the staff, it's a community. And what we've done in our approach is to make sure that staff at the community have all the tools that they need to allow their residents to use VR, if it makes sense.

So, someone who's more on the advanced side, what we've done is from the tablet interface, you can actually see what the 360 experience is, and you can kind of click and drag and see the full kind of immersion but on a familiar interface. So that way, you get a little bit of pre-exposure in your lab so you can give that resident that pre-exposure to what they're going to see if they put the headset on. And then also if you take the straps off, then what you're kind of forcing is that somebody if they want to try VR, if they say, okay, great. I want to try this; they have to actually physically hold the headset up to their head. Which means that if they don't like the experience or

they're uncomfortable with it, they can immediately put it down, right? It's not strapped onto them. It's not difficult to get off. It's things like this. It's really, for us, it's about empowering our communities to have every tool in their toolbox to approach this in the right way for the wide variety of residences that this might impact.

**Dr. Joe:** Yes, it's really unlimited. I'm just sitting here envisioning different ways to provide that kind of reassurance and structure and almost what we call reality orientation for the individual who's a little bit confused and just putting in some brief statements about where they are? Why they're there? What kind of help they're getting? Anything that lowers their anxiety, lowers their sense of irritability, I don't need to be here.

So, I can see where it could have that kind of calming, anxiety-reducing effect as well. Yes. So, a question from one of our listeners: "Can anyone facilitate this intervention such as a CNA; what training do we need?"

**Kyle:** Yeah, I think the broader question here. The way that someone would gain access to Rendever right now is a senior living community actually purchases one of our systems and then it's used by the staff and then we will actually train the staff on everything that they can do with it. So right now, the access point is through the actual Senior Living operator purchasing a system.

**Dr. Joe:** I see. So, once the system is adopted, then your company will go in and provide all the necessary training and resources so proper instruction is delivered. I can see that yeah. So, what about families? Families don't necessarily participate, but they must have some reaction when their spouse or parents are involved in this VR. What are families saying?

**Kyle:** Yeah, I mean, families love this. Like I think it boils down into kind of the evolution of the overall industry and that the people who are making decisions about where we might want to move Mom or Dad into, they're the people who have grown up with, in a different time zone. Baby Boomers have a different expectation. They have a different set of experiences than people before and like this quote-unquote nursing home, this concept and stereotype and stigma surrounding a quote-unquote nursing

home, the whole industry needs to be fighting and fighting together. And for a family member going into a senior living community, even a prospective senior living community and seeing that the kind of activities and the kind of ways that the investments that that community is making is really in making investments in quality of life, like that is massive and that's really what's going to drive the next stage of people making this decision.

People don't only want to know that the person they love and care about is being taken care of physically, but that they're being taken care of emotionally, spiritually and that they really have an opportunity to continue to live wherever they end up living. that's really big.

**Dr. Joe:** Sure. I can see that that's a big selling point where the individuals really benefit. It does improve their quality of life. How about insurance? Someone asked about insurance. I mean, Medicare is there...?

**Kyle:** The quick and easy answer here is that there's a lot that it takes to get something like this reimbursed and we are taking a data-centered approach with some of the studies that we're doing but too early to make any promises yet.

**Dr. Joe:** Yes, I can see that. I mean you need some kind of a bonafide procedure code that would be adopted by the AMA and this is a particular procedure of treatment for seniors. That's an arduous process. Yeah. So just a minute that we have left. What's the biggest challenge that you find for facilities to accept this virtual reality program in their settings?

**Kyle:** Yeah. I think the biggest challenge to date has really just been pushing the overall concept of VR for seniors. And we spent a lot of time and a lot of money and a lot of resources and educating the broader population that this is something that works and isn't this kind of crazy concept, that it actually has significant impacts. I think that was honestly the biggest challenge, but I think we're there.

A lot of senior living communities are starting to adopt, we're seeing a lot of traction. I think our next biggest challenge is really figuring out how to take everything that we've learned and everything that we've built and bring it to people who are at

home. I think there's a big opportunity there and we're starting to test the waters in a few different ways.

Most recently, we launched the program called Expanding Impact which essentially allows anybody who is a family member or caregiver of somebody at home who that person is struggling. Whether or not the caregiver is struggling or that the actual person they're caring for is struggling, they're in a situation where their life has become limited and they see an opportunity to improve that life through VR, they can actually apply for an experienced grant on our website. Which means that we will lend them a system for a few months for them to just use, enjoy, no cost to them, in a way that allows us to see what the impact is at home and then also kind of start to hammer out some of the operational deficiencies.

So that's one of the big things that we just launched, which I'm really excited about. A lot of information is on our website about it. And we've also been kind of pursuing and have a great relationship with AARP and kind of evaluating what sort of products and ways we can build things together towards the consumer market. So, there's a lot going on on that side and I'm very excited about the future.

**Dr. Joe:** You are covering some great territory, unlimited potential, I can see. Tell us quickly how people can learn more. What's your website address?

**Kyle:** Yeah, go straight to our website. It's [rendever.com](http://rendever.com) and there are tons of tons of great info on there. Of course, follow us on Twitter, Instagram, Facebook, whatever social media channels you might use as well.

**Dr. Joe:** Okay. Thanks very much, Kyle. We are out of time for today.

**Kyle:** Thanks so much.

**Dr. Joe:** You're very welcome. I'm very grateful that you took some time and told us about this virtual reality. Please join us next week. We have an exciting show, Nick Buettner with the Blue Zones family is going to be our guest and we're going to be talking about the Blue Zones.

But please take some time to visit our website, [livingto100.club](http://livingto100.club). Sign up for our email list so you can get announcements about these episodes and other newsletters. So, thanks again for all of our listeners and I look forward to having you back again.