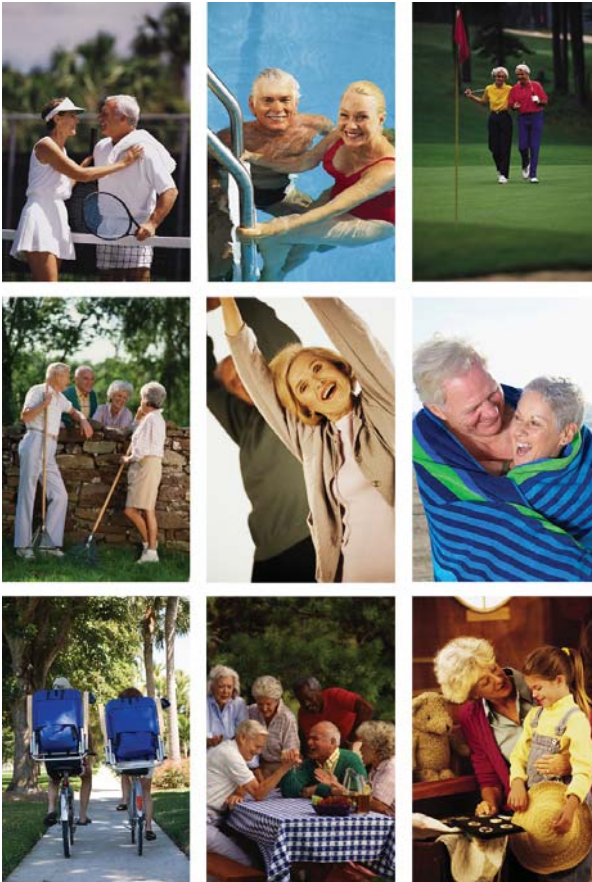




Vital Life Community

Vital Community Living by Design



Make A Decision For
Life!



INTRODUCTION

Welcome to the Vital Life Community and our introductory Handbook. The purpose of this publication is to ensure that you know as much as possible about the vision and potential of this visionary concept.

On the following pages you will find the blueprint for a better Life that is dependent upon the creation of purpose-driven communities, wherein once a resident you and your neighbors will make the transformation from humans-doing to humans-being, living fully human and fully alive in mind, body and spirit.





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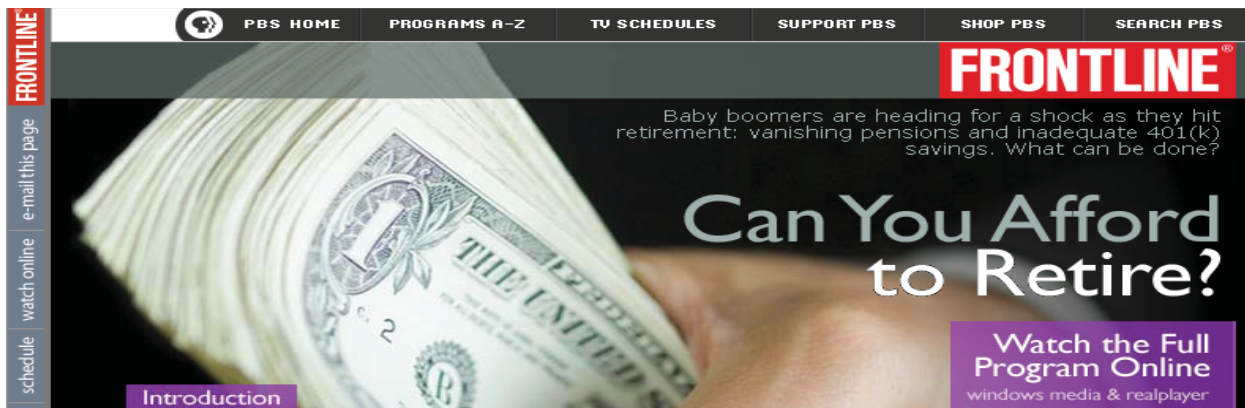


THE VISION

Our VISION is to emphasize, through a nationwide culture change, community purpose and value as a catalyst for optimum health in the U.S. Our communities can be a resource to help reverse the alarming trends in declining health, depression, and isolation of their residents, by creating affinity communities that offer a unified vision of health, vitality, and wellness.

In healthcare alone, there are indicators that bode ill for Americans. First, the World Health Organization ranks the U.S. 37th in the world in healthcare with infant mortality ranked 33rd in the world behind such nations as Brunei, New Caledonia, Slovenia, and Cuba, the later with a GDP of only ¼ that of the United States.

Additionally, The PBS program “**Frontline**” in its seminal 2006 program entitled, “Can You Afford To Retire?” posited the possibility that 85% of the Baby Boomers could run out of money approximately 7 years before they ran out of life. It suggested that people would not be able to fund any portion of their own healthcare needs in the period of their lives when it will be most crucial.



This reveals a pending crisis of the most appalling magnitude that could lead to the economic collapse of our nation. We will show you, HOW we could eliminate 50% of all diseases and chronic illnesses through a national culture change of purposeful lifestyle: but it can ONLY occur at the community level with the supportive infrastructure of a purpose-driven plan.

We have THAT plan; it is called “**THE VITAL LIFE COMMUNITY**” Program!

THE VISION is to reverse the morbidity trend and to assure Americans that there is a solution, which is **The Vital Life Community** – and it is NOT dependent upon the government, but rather on each American individually to redirect their lives towards vitality.

As an anecdotal detail, we at the Vital Nation have spoken at national and state conferences to developers and community operators, and also have spoken with citizen focus groups about this challenge and our vision. Audience members have gone away invigorated and hopeful that we can change the trend, and that we can do something without government help.



Community leaders have eagerly asked how to begin. People have been very eager to further educate themselves so that they can discover the efficacy of a simple viral idea: **“we can reverse the aging process and live longer, better in the “Act Of Community” – Especially if it is a VITAL LIFE COMMUNITY.**

The aspect they find most appealing is that they are not being asked to do anything they do not already wish to do, with the exception of becoming more fit by a regular exercise regimen, and to improve eating habits. But when told of the concept of **The Vital Life Community**, its application of “stealth health” and the concept of living in a continuous celebration of LIFE, they can’t wait to begin their journey of fun and vitality.

Americans are desperately looking for leadership and hope; more importantly they are looking for a way to change their lives for the better that will not be costly or exact excruciating intercessions in the construct of their lives.

Our vision is to electrify America with the information, the science, the truth, and the benefits of a better way of life, and in the process to allow them to live out their lives in the way they never could have imagined.

This is the **VISION.**



THE MISSION

THE MISSION is to Create The Healthiest Community In America one by one so that the benefits derived by the people in those communities will be so significant and so desired by the rest of the Americans, that the viral idea will spread across the country. We believe that Vital Life communities are the ideal choice for healthy living. Optimum health is much more than nutritional and physical, and social wellness. It means prioritizing one's spiritual, emotional, intellectual, occupational and environmental health concerns. Vital Life communities are designed to do just that. Healthy living can save our country trillions!

So, just how can this be done?

Health care in the United States is provided by many separate entities. The U.S. spends more on health care per capita than any other nation in the world. Current estimates put U.S. health care spending at approximately 15.2% of GDP, second only to the tiny Marshall Islands among all United Nations member nations. The health share of GDP is expected to continue its historical upward trend, reaching 19.5 percent of GDP by 2017. In 2007, the U.S. spent a projected \$2.26 trillion on health care, or \$7,439 per person.



With our national deficits ever rising, there will be no way the U.S. can raise the ante and pay for the latent liability that our collective national lifestyle has created for generations to come. As we play with our grandchildren or watch young families struggle to raise their children that hopefully one day will realize the American Dream, do not those of us who can make a difference, feel that the time in our history has come when WE have been tapped to MAKE THE DIFFERENCE? We should provide hope for those who come behind us? Hasn't that time come

for us to realize that it is no longer viable to count on "them", but the solution ahead lies with US?

HEALTHIEST COMMUNITY IN AMERICA

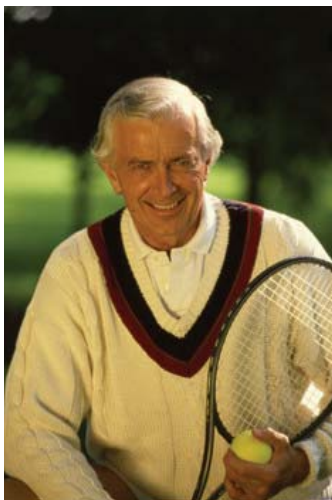
So what does it mean to create the healthiest community in America? It means that in order to solve this national dilemma we are going to have to do it community by community, and hopefully not just one community at a time. We are running out of time. Too much is at stake, and too many are looking around hoping that leaders will come forth with a solution.

We cannot accomplish this mission by threat or fear. Our country did not become great because of fear but because of belief that every individual could make a difference if given a chance, and because of the hope that opportunity would open the gates for success.



This starts with one person sharing the vision of the Vital Life Community promise and hope to another, and then they in turn share that hope and message to those around them. Sooner or later, the message will reach the ears of someone in a position to affect change, and they along with countless others will begin the steady march to change our national culture with education, and messages of hope.

In the mean time, each person who hears the message and believes in this vision of change for America needs to gather with friends and family and spread the word, and not wait for others to lead the way. A couple is two, a community can be three or four or more.



You can begin forming your own groups, begin your own culture



change and start measuring results. When people see the change in you and ask you why and how, then **you** have become a leader of change. By both living change and teaching the need for change you can make a difference. Groups become communities and communities make up a nation. In the pages ahead we will give you the information you need to teach and lead, and we will share with you the **opportunity** that lies ahead on your journey to **THE VITAL LIFE COMMUNITY!**

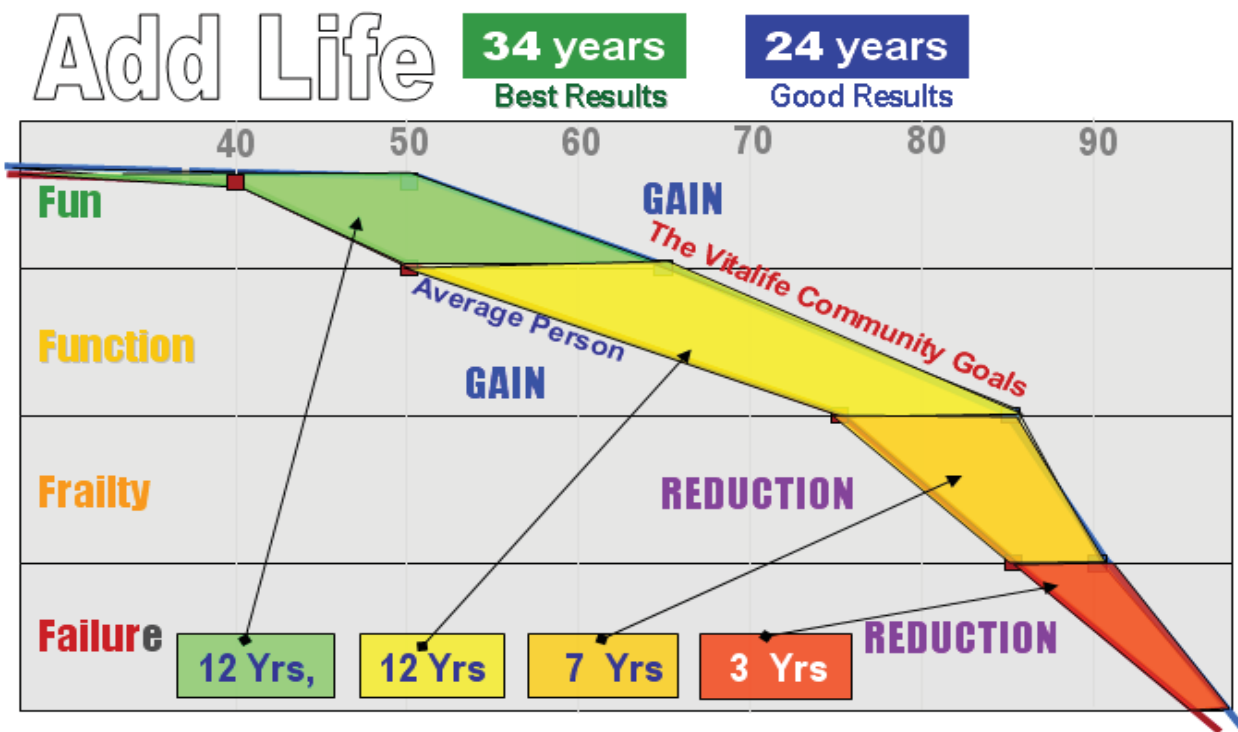
[Learn even more about what others are doing at www.vitalnation.org]



THE POTENTIAL

THE POTENTIAL of VITAL LIFE is to realize our genetic potential at a minimum, and live at levels above and beyond our cellular and DNA programming now and in our later years. This is done through a complete culture change regarding the way we live our lives.

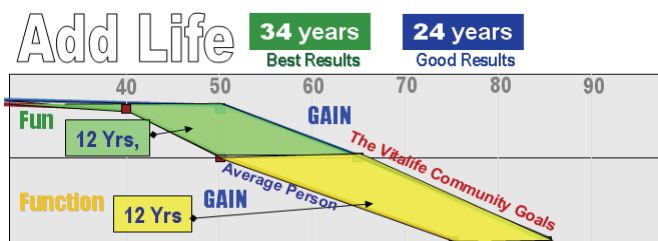
In the charts below we see the difference between a typical, inactive person, ignorant or ambivalent of the outcome of his/her life and the challenges they will experience by not taking advantage of the Homo Sapiens (which means wise or knowing human) "Owners Manual" and living life as we were created to live.



The top line shows the potential of our life quality if we live a VITAL LIFE. The bottom line is the life lived without purpose or care. Notice that the aggregated life quality potentially gained between the two, could for some, result in a 34-year life quality advantage. On the following page, let's look more closely at this concept chart so we can truly understand our potential.

We can identify conditions in our lives simplistically into four types that are not exclusive or linear, as we can experience life in several zones, usually no more than two at any one given time. These zones are the **4 Fs** and are:

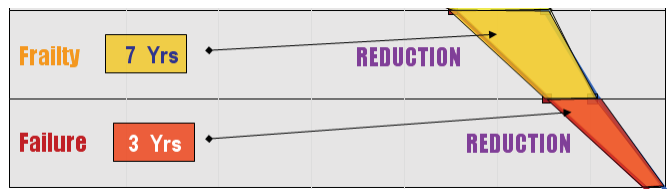
1. **FUN**
2. **FUNCTION**
3. **FRAILITY**
4. **FAILURE**



Note that the potential for targeting vital goals and a well lived purpose-driven life can result in an additional period of **FUN** of 12 years, and an additional life of **FUNCTION** of another 12 years! **Studies say we**

can fight off 50% of disease and long-term chronic illness by simply a change of purpose-driven lifestyle.

Also note that we can theoretically avoid 7 years of **FRAILITY** that some would experience and another 3 years of **FAILURE** that many we've known have had endured.



This reduces the degree of morbidity and the related time period that would occur in an idealized vital life.

This amounts to impacting for the positively, 34 years of your life, and with those 34 reducing or avoiding the companion health-care costs associated with those diseases and chronic illnesses that so many in our nation suffer.

Many would say, “come on, nobody can live the perfect vital life necessary to achieve those potential results!” While individual health factors vary, let’s say it this way; our potential high goal is 34 years of better life (Best Results) or 24 years of better life (Good Results). Either way it is a

“Win / Win” proposition!

Research has shown that those with a “purpose-driven” life, with a reason to LIVE, on average live much longer and better than those who don’t. This is the potential from which THE VITAL LIFE COMMUNITY PROGRAM uses to set goals which we will discuss later. But for now; just imagine YOUR Vital Life **POTENTIAL!**





THE STRATEGY

THE STRATEGY is to educate, energize and engage every person, then every community member; to empower them with a vision that they identify with and support as crucial to their own well-being.



Only when the average citizen realizes the implications that a non-vital lifestyle has on both finances and life-quality can he readily identify Vital living with as crucial to his existence. Depending upon the nature of the individual, there are three mindsets to deal with; those who are early adaptors and already leading

vital lives, those who are ambivalent but make decisions based on always obtaining the most amenitized lifestyle affordable, and those who are not predisposed to either change or self-discipline, as status quo is O.K...

For the early adaptors, we must educate them about the benefits of the reward of a healthy community centered lifestyle. Those individuals may choose to become proactive leaders, for who would not only want to live life better, with days filled with more joy and fun, but also become healthier and more vital in the process? They will set the standard and become the “proof of concept” leaders at both the psychometric and objective levels. They can report that a new lifestyle is more fun and enjoyable, but also that their healthcare costs and recorded wellness metrics are better than the norm, suggesting that they ARE the “healthiest of the people in America”; the very first step in the realization and formation of their new **Vital Life Community!**



THE STRATEGY: CREATE THE FIRST WAVE

This first wave of early adaptors will create and live the anecdotal story and become the evidentiary proof that we CAN turn this healthcare crisis around. These early-wave leaders will report on their benefits of a better vital life.



When has it not been the goal for every American to “move-up” in quality of lifestyle when given the opportunity?

News media and researchers may use the reports on these citizens, much like *National Geographic* used four longevity zones around the world called “Blue Zones”. These are studies to identify the evidentiary recipes for longer and healthier life.

These stories about **The Vital Life Community** and its dramatic measurable impact on lives are, and will, launch the viral idea of vitality as being within practical reach for every man woman and child.

While **THE VITALIFE COMMUNITY PROGRAM** can enhance every type of community, including churches, colleges, universities, planned unit developments (PUDs), Naturally Occurring Retirement Communities (NORCs), and neighborhoods, there are certain community types that are ripe for the additional “nudge” that could make them a **Vital Life Community**.

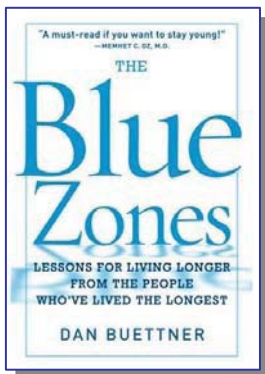
So, it is within the “affinity communities” (those with a purpose) where the VLC will initially focus, because the most headway can be made near term in these community types that are already aligned for a primary purpose. Two community type examples are Active Adult Retirement Communities (AARCs), such as The Villages, in Florida, and Continuing Care Retirement Communities (CCRCs) such as Still Hopes Episcopal Retirement Community, in West Columbia, South Carolina.

The AARCs are already focused and attracting migratory residents because of their **active programs**, amenities and **socialization**; two of the major components of the **Vital Life Program**. The CCRC’s are also “focused”, but traditionally on the continuing care of their residents. These communities are composed of older residents, thus they have an ever greater stake-holding interest in prevention and wellness, as these age groups are at greatest risk and have the most to gain in both a better life and lower healthcare costs.



THE GOALS

THE GOALS are very simple; to reduce the incidence of morbidity (less sickness leading to death) within the community utilizing a stake-holding supported wellness program and to dramatically increase the level of well-being and satisfaction within the target community by all measures. Is this possible?



Of particular interest to us are the “**Blue Zone**” studies. In these zones located in four different countries, people lived longer, healthier, and had a significantly greater number of centenarians who were active both physically and cognitively. Additionally, these zones had far fewer incidents of the diseases and chronic illnesses prevalent in the western consumer societies. Not surprisingly, many more actually lived out their lives and died from just plain “old age.”

Would it surprise you to hear that very few Americans die of “old age?” Just think of how many people you know or have heard of that have died of stroke, heart attack, emphysema, cancer or complications from diabetes? But how many have you heard of that have died disease-free, from just plain “old age?”


Our goal: to create lifestyles that are so well developed and integrated into the flow of good living that we pass away without having to go through long-drawn out, life-draining, painful and debilitating chronic illnesses. This could not only make it less expensive to live, but it could also reduce the drain on family member’s finances and emotions due to morbidity factors. It will make us all less apprehensive of growing older and make our “golden years” more “golden.” We can help achieve this goal by minimizing the fear of the last year, month, or days of our lives – this too, is part of our **VITAL LIFE** quest.

THE VITAL LIFE DIFFERENCE



ALIVE OR LIFE?

The difference that a purpose driven lifestyle can make for the same person; this is "**The 2 Dorothy's**" – one chose to be only a human-doing, the other chose to become a human-being!



END OF LIFE GOALS

In one of several surveys we produced, we asked people if they could affect it, how would they choose to die, and under what conditions?

No one said “from disease and languishing chronic illness away from my family, in a bed!”

In fact more often we heard, “after a long fairway drive” or “dying in bed after I had quality time with all my children, grandchildren and with my thank-you notes written,” were the common answers.

So we too share those **goals**; we ALL would like to live long, live well, then pass away after our last act of vitality, or for some, quietly in our sleep in our own bed at home. We don't wish for undue anxiety, pain or suffering, but rather for a peaceful ending to our lives, contented, in OUR **Vital Life Community**.



It would be naïve to act as though we can come up with a regimen that would magically relieve us of end of life trauma and stress; after all, even dying of old age is a personal journey of “passage” dealing in the unknown.

We need to provide an alternative to end to morbid, frightening, life experiences which strip us of our humanity and dignity, wherein we feel like the failed experiment in an institution, where we then die alone among strangers.

We are on the verge of amazing change in the U.S. in the arena of healthcare and prevention. New models of what used to be called “nursing homes” which send chills down the spines of so many (based on familial negative experiences) are being developed that offer a new mode of care, dignity, and yes even vitality.

Some of these new types of programs offer a higher degree of socialization and companionship that we cannot begin to imagine; this is so hopeful for us all. Therefore a **companion goal** of **The Vital Life Community Program** is to not only prevent needless morbidity, but to change the “last of life” experience to one that is acceptable all things considered, so we can reasonably expect that we can and will, “go more gently into the night.”

Not only will this be easier on us, but will be a Godsend to our loved ones and friends standing by our side. Our program should relieve us of the agonizing fears about death.



THE METHODOLOGY

THE METHODOLOGY is a four step process:

1. To **facilitate** interactive education on the benefits of **The Vital Life Program** to a targeted constituency, and to help people understand the power of a purpose-driven community. It can enhance life quality while achieving vital goals if it is conceived and operated with maximum wellness of ALL community members as the primary operational drivers.
2. Creating **sustainable programs** -This can only happen if the benefactors themselves understand the construct, are in charge of the delivery of the program, the measurement of the results and the modification of the effort to insure that it meets THEIR primary **Vital Life** goals. Only if the BENEFICIARIES OWN the program, and BENEFIT from the results, will the **Vital Life Program** and their community be sustainable.
3. Provide targeted, and if necessary, specialized **facilities and resources** to facilitate those goal-driven programs that the beneficiaries have identified and find both crucial and valuable.
4. **Community education and involvement, constant monitoring, transparent measuring, communicating, and modification** are ALL required to track, improve methods and therefore results, ensuring that there is no resource waste being siphoned off for non-supportive activities.



Part of the therapeutic and healing aspects of the **Vital Life Community Program** is the “ACT OF COMMUNITY,” which really refers to social interaction. Many studies have shown the healing benefits of having a “support network” of those who share common values and care about each other. In fact, some researchers have gone so far to say that “socialization” is what nurtures and enhances the auto-immune system, which in the long run is the only component that can “heal” us. Communities MUST be involved; the process of “becoming”, in itself, is part of our culture change methodology of a **VITAL LIFE COMMUNITY**.

THE METHOD IS THE MESSAGE

We have established that community involvement is the key to our methodology of formulating a sustainable program. Let's move from strategic philosophy and jump right into the psychology of community formulation. We must first accept that living in a community is a voluntary decision and action. The cement that binds a community cohesively together is the sum of all of the values they share, and will defend by group consensus and action. Let's discuss an easy program.

The most basic activity that people can engage in that offers maximum multiple benefits, costs little, and requires no equipment, facilities or hired staff - is walking. "Social Walking" is fun, walking alone is exercise. Let's outline a program.

Step one is educational which is a part of the facilitation. In a targeted meeting that draws an audience by the promise of benefits, increased fun and socialization, the evidence based data is provided that relates directly to the health, wellness and life concerns of the target audience. It starts then, to become personal, and intriguing.



Step two, is mobilization with a certain level of organizational and social dimension (usually requires a passionate volunteer leader), that offers at minimum a pleasant experience and at the maximum, a chance for new virtual family formation by meeting and bonding with new acquaintances, having shared experiences they can recount with each other later. The side benefit is measured (provide pedometers) feedback on the physical effort that can be translated into wellness (calorie loss).

At a very simple level, a walking program utilizing city sidewalks, park trails, or indoor shopping malls. A volunteer organization, providing goal setting and feedback is important, as well as other social events with the same group for non walking events, such as a picnic in the park, where the benefit of their new engagement can be broadened.

For communities that want to take this simple process to the next level wherein maximum whole body benefit can take place, consider a "Life Fitness" Trail, where fitness stations designed for two can allow socialization while benefiting from mutually vital program activities.





THE FOCUS

THE FOCUS is evidentiary derived and driven. Every dollar spent, every decision made in regard to community operation has a primary and secondary mission:

1. **Contract** or **Covenant** Fulfillment
2. Maximum Wellness

If this is accomplished then the benefits to the community will result in the most satisfied residents and the “healthiest people in America” in comparison to all peer benchmark standards.

Community Types

The Vital Life Community Program can be employed in any type of affinity-community. These are the preferred venues for maximizing the potentials for success, for affinity-communities already have common values or basis for belonging. This makes decision making and thus consensus-building easier and more efficient. Examples of affinity- communities are of two types

1. Domiciliary
2. Day

They each are what you would expect. Domiciliary campuses are ones in which daily activities are 24/7. Day communities are ones in which activities or services exclude overnight stays.

Examples of Domiciliary Affinity Communities would include:

- Colleges and Universities
- Retirement Communities, CCRCs
- Very small unique villages
- Planned Unit Developments, AARCs

Examples of Day Communities would include:

- Churches or Religious institutions
- Private or small specialized schools
- Care Centers

[CCRC = Continuing Care Retirement Community, AARC = Active Adult Retirement Community]

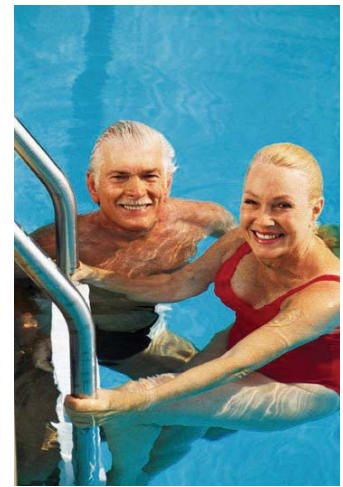
Contract vs. Covenant

The difference between contract and covenant has to do with the agreement type. **Contract** communities may be, for instance, a **Planned Unit Development**; wherein a developer has put into place an operational construct with the home purchasers that they maintain until the community grows to a certain predetermined population. At that time, governance is fully or gradually turned over to the homeowners to manage and execute.

There is an enforceable agreement relative to the payments and performance.

In a **Covenant** relationship, there is a voluntary expectation for all involved, whether payment is an issue or not. In a community that operates with a Vital Life Community overlay, the agreement may be for facilities and services which the constituent pays for, but the outcome is dependent upon the **member engagement**, self-discipline and performance, and therefore the derived benefit.

The reason this works is because the community had to provide the needed infrastructure to attract the purpose-driven citizen component in the first place. By choice and payment, the market is already motivated to take advantage of the opportunity and thereby gain life quality and benefits that otherwise they could not achieve on their own outside of a Vital Life Community construct.




To a degree, in both phases, there are expected services and relative interaction. In The Vital Life Community Program, the covenant relationship and thus expectations are to maximize the human potential to fulfill each constituent's genetic potential for a vital life generally, and possibly measured results, specifically. We will discuss the benefits generally and specifically later.

A community that, proclaims "**The Vital Life Community Program**" as its overlay inter-structure (the linkage of key program components) is signaling to the market its full intent and focus of resources to provide the environmental conditions needed to thrive and enjoy a healthy life, vital in mind body and spirit. As such, those starved for the chance to align their own vital life goals within a supportive environment will not need coaxing to participate, only the chance to participate and be all that they can be.

To provide a precise example of this concept in action, on the following two pages let's see what a targeted program would focus on in a retirement community, one that may or may not be "active", but one composed of late age adults living in an age-biased environment which insures mutuality of issues.

THE FOCUS

Using the Pareto Principal, (which means marshalling 80% of the effort and resources towards the top 20% of the threats or key issues for maximum improvement), we only have to research, use surveys and focus groups to realize the key issues of our target age-group constituency.

Successful Aging = Individual Lifestyle CHOICES
Not Genetic Inheritance 

CHRONIC CONDITIONS

- *Coronary Heart disease*
- *Non-insulin Dependent diabetes mellitus (Type II)*
- *Obesity*

CHRONIC DISEASE RISK FACTORS

- *High blood pressure*
- *High cholesterol*

DISABLING CONDITIONS

- *Arthritis*
 - *Osteoarthritis*

7 targets

Few factors contribute as much to successful aging as having a physically active lifestyle.



For most of the CCRCs (Continuing Care Retirement Communities), the ages range from the late seventies to the early or mid nineties, with a few exceptions.

Consistently we find the **7 Targets** to be in three categories:

A. CHRONIC CONDITIONS

1. Coronary Heart Disease
2. Non-insulin Dependent Diabetes (Type II)
3. Obesity

B. DISABLING CONDITIONS

1. Osteoporosis
2. Arthritis
 - i. Osteoarthritis

CHRONIC DISEASE RISK FACTORS

1. High Blood Pressure
2. High Cholesterol

When examining these seven targets, two major intercessory preventatives immediately come to mind; 1) exercise and 2) good nutrition.

Nutrition is a major issue for diabetics and the obese. Equally, exercise is also a key to the reduction or elimination of related dysfunctional symptoms.

Everyone knows how to eat; they just need to be educated as how to “eat correctly.” This is accomplished more effectively in a group with the same goals, which means a propensity to have the same risks and benefits. That is why an “affinity” community like a CCRC can be extremely effective -they are together in the same community 24/7; they often eat together and there are both facilities and opportunities for a continuing personal and wellness education.

Equally, all of these communities at one level or another now have fitness programs; it is rare however; that they measure against published mutual goals.



FOCUS is so much easier to accomplish in affinity communities, (in this case CCRCs.) Whether couples are in the kitchens of their own homes or when eating together in a bistro, they all share the common bond of similar values and common interests learned together, practiced together, and experienced in the best programs. They enjoy sharing measured results together against published commitments to goals, full well realizing the benefits achieved.

Likewise when sharing results, celebrating victories, and seeing personal health and wellness improvement, the social symbiosis kicks in as individuals urge each other for ever greater effort to realize even greater benefit.

This becomes then, a self-perpetuating wellness program driven by the irresistible power of **THE ACT OF COMMUNITY**. It is in this mode that a well developed program can provide and maintain a rapier-like focus on the activities required to initiate and sustain the celebration of living together, living fully human and fully alive, in a **Vital Life Community**.





THE BENEFITS: Residents

THE BENEFITS of **THE VITAL LIFE PROGRAM** are varied and many. Let's start by enumerating them by beneficiary type:

THE INDIVIDUAL

- Better Life Quality
- Lower Healthcare Costs
- A Purpose-Driven Life
- Higher Socialization
 - More security
 - Emotionally
 - Safety
 - Financially
- More Freedom and Independence



THE COMMUNITY

- Happier Residents
- Healthier Residents
- More Involved Residents
- Higher Levels Of Financial Security
- Happier And More Satisfied Support Staff
- Lower Morbidity Rates Than In Other Peer Communities



THE DEVELOPER

- Less Marketing Costs per resident
- Higher Rate Of Penetration and Acceleration
- Higher Resale Values
- Greater Staff Retention
- Higher Asset Value



THE NATION

- Less People That Will Compete For Limited Healthcare Services
- Showcase Community Models That The Nation Can Emulate

BENEFITS of a VITALIFE COMMUNITY PROGRAM

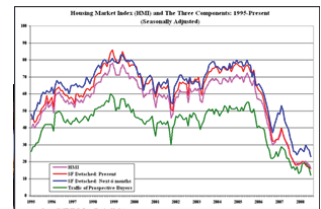
Let's reveal the benefits of our approach by applying the **Vital Life Community Program** to a real existing community. Our case study will be a gated **Planned Unit Development (PUD)** in Texas. After the housing bubble burst, lot sales ground to a halt. Existing housing stock stood vacant. Vacant land went feral.

The community was partially turned over to a Home Owners Association (HOA), but because the PUD was only partially sold out, the developers still had operational responsibilities and a financial stake in the future. The community was ten years old and had 150 acres yet to develop; the future looked bleak.

Equally troubling was the fact that this 50+ community, billed as an Active Adult Retirement Community (AARC), had as its major constituents a “graying” population, many of them retired, mostly married couples, with ages ranging from 58 to 72 years old. This is what would be called an “affinity community,” as they had many shared values about lifestyle and the community in which they lived.

They all had two shared worries:

- They were aging-in-place and they were now wondering how they would find the needed healthcare for their late age needs. Going to a stand-alone facility (Assisted Living, or Nursing Home) in town, made it a long drive if one of the spouses had to avail residency in one of them, not to mention it meant a real change in life; life partners now living in separate residency. This was worrisome as was the idea that even if they could adjust to that transition trauma, there were no facilities they would want to take up residence in, whichever of the couples needed care.
- They all had taken a “hit” both in their investment portfolios as well as with the value of their homes, a key part of their net worth. With neither assets promising any recovery in the near term, let alone a very long term, there was a severe shock to those past age 65. They saw no real means of recovering those losses in time to deal with what surely were imminent healthcare costs to be incurred from any number of maladies and diseases that they had seen their friends and neighbors suffer from in their same age group. Suddenly healthcare with all of its implications became a very real and present danger to all of them. How would they recover their “safety net” funds in time, as well as preserving what they still had? [Money and Health]



THE VITALIFE COMMUNITY REDUCES COSTS AND ADDS VALUE

The community HOA leaders met with the developer and explained their worries. They told the developer that they would like to explore with them, beginning a **Vital Life Community** overlay program within the community. They wanted to ensure that if the community voted to initiate the program and accept an additional voluntary “activity fee” on top of the HOA dues for the Vital Life crowd, the developer would go along with, and support the program.

The developer of course, did not want to spend a dime on anything in the “down market” and actually was trying to cut his losses and sell out. However, there were no apparent buyers. The HOA committee explained that if the community became a **VITAL LIFE COMMUNITY** and they could begin to show a measured improvement in the health and wellness metrics of the community realizing significantly better life statistics than their peer benchmark population, and a wellness trend-line on the upswing, it would accomplish two things:

1. Show that lifestyle programs in the **Vital Life Community** could reduce overall the cost of living, by decreasing dramatically the cost of healthcare for late age adults.
2. Stimulate sales on the unsold homes because of the program’s uniqueness of beneficially reducing healthcare costs. This, along with the scarcity of product in a community that had this unique added value program, could also possibly contribute to the added value of their own homes.

The HOA further wanted to have a land use agreement to reserve several acres of land for future **Vital Life Facilities** so that if they could get additional residents to move into the community and increase the population pool, it would reduce their pro rata cost share of their wellness programs. They were thinking specifically of medium density boutique (“Maison”) villa flats geared to late age residents, who were downsizing and who would enjoy living in a high-end mixed use product tightly interwoven to the **Vital Lifestyle**. The developer agreed to all of the suggestions.

The HOA leadership called a community meeting, gave a presentation on **THE VITAL LIFE COMMUNITY**, and had a majority, almost unanimous vote for on the new plan. A few holdouts that had been badly hurt in the stock crash did not want to incur any increases in HOA dues, and introduced the caveat that if there was not evidence of the goals being reached in the first year, the program would be dropped: a “sunset clause” added to the agreement – they all agreed.



IMPLEMENTATION AND BENEFITS

The Community began its start-up program using the example from the “free” **Vital Life Community Program** presentation which was shown to the community HOA: entitled “**The Benefits: Residents**” which suggested the targets to consider.

Vital Life Community

TO BE ABLE TO LIVE IN THE MOST REWARDING LIFESTYLE IN AMERICA...

A Wellness Community:-
Whose program is targeted to decrease the potential impact of disease and disability caused by:

- Coronary Heart Disease
- High Blood Pressure
- High Cholesterol
- Osteoporosis
- Arthritis
- Type II Diabetes
- Obesity
- Depression
- Loneliness

As well as being able:

- ❖ To Reduce the duration of acute care necessary
- ❖ To increase the sense of well-being
- ❖ To reduce significantly the cost of living

THW DESIGN

THE BENEFITS: RESIDENTS

Setting up the goal to develop a program that is “targeted to decrease the potential impact of disease and disability caused by...” the nine factors listed in the **Vital Life Community Program (VLCP)**. They created a steering committee consisting of three residents, the fitness instructor and the food program manager at the club. They researched online how they could tailor both exercise programs and modify the menu so

that they would still have delicious meals, but with color coded symbols added to the menu, so residents could coordinate their fitness and nutritional programs to meet their own personal goals.

The **VLCP** steering committee met once a month to discuss, modify, and implement the programs. They focused on the concept of “**Social Confluence**” and made the program a social celebration for the community; morale soared and within the first six months they had achieved dramatic results for 15% of the community, in both satisfaction and health, with measurably good results for over 50% of the community in 66% of their targeted programs (6 of 9). This was their goal, with the most dramatic results occurring in:

- Higher satisfaction in life quality via socialization
- Higher satisfaction in food service which switched the focus from just dining to “social dining” and education with some participation
- Lower Blood pressure measure
- Lower Cholesterol scores of the bad type (low density lipoprotein LDL)
- Measurable weight loss, with improved BMI (Body Mass Index) ratios

The high scores in socialization also decreased the incidence of depression and loneliness, a major benefit to the community at large. During this time they invited many of their friends outside of the community to join them, which resulted in three home purchases and three new families in the program. The **BENEFITS** to be harvested in this program are expected to be lower healthcare costs and a more secure community financially in terms of **real estate value appreciation**.



THE BENEFITS: Employees

THE BENEFITS of **THE VITAL LIFE PROGRAM** are varied and many. Let's continue enumerating those benefits by examining another layer of the program, the **BENEFITS to EMPLOYEES**.

Every organization that provides a service or a product to others has employees. Whether these are “front-line” employees or, “back-of-house” employees, these individuals ARE part of, or wholly, THE PRODUCT, no matter what business you are in.

The more passionate and motivated your employees, the better your product, especially the service product. We have moved from the twentieth century focus on new products and consumerism, to the twenty-first century of desired “soft touch” in a “high tech” world.”

People are becoming more isolated and silo'd: the more they engage within their social-environmental fabric, no matter the component if it is a positive engagement, your product and their lives are enhanced. How many choose to go to a restaurant because the Maitre D greets them by name; or after the waiter greets them, he says, from memory, “A Noblehouse Riesling for the Madam, and a Ruffino Chianti Classico Sangiovese, for the Gentleman to start you off?”

You may have had another wine in mind, or had forgotten how much you enjoyed the wine the last time you were there, but by this time you are thrilled to be recognized and honored that the waiter thought so much of you that he/she remembered your name and the wine of your choice because of your last experience with them!

Loneliness, isolation, not being recognized or understood, and loss of identity, are terrible conditions that WILL contribute to any number of stress related diseases. Little things about your customers, remembered by your employees, can be your best product line. These attributes only come from motivated healthy employees.



THE BENEFITS TO THE EMPLOYEES

How do we develop motivated, healthy, valuable employees in our organization?

Taking another leaf from the **Vital Life Community Program** power point orientation, we see:

The slide features the Vital Life Community logo at the top left. The main heading reads "TO BE ABLE TO HAVE THE HEALTHIEST AND MOST FULFILLED SENIOR CARE EMPLOYEES IN AMERICA...". Below this, it defines a "Wellness Community" as one targeted to decrease the potential impact of disease and disability caused by conditions such as High Blood Pressure, High Cholesterol, Anxiety Disorders, Obesity, Type II Diabetes, Depression, and Loneliness. It also lists benefits like increased ability to attract motivated employees, longer employee tenure, and reduced recruiting and retraining costs. The slide includes a photo of staff and a THW Design logo.

In most instances, the support staff in any organization is younger than the executive staff (by reason of experience) and in our model of a 50+ community they are younger by virtue of the fact that they are all in the “career building” portion of their lives.

As such they have a different set of health issues than do the older adults and thus the program should be tailored appropriately.

While the outcome targets are the same, “*to decrease the potential impact of disease and disability...*” for the employees, the anticipated results for the employer if achieved, adds another layer of benefits from the program.

Those important benefits to be realized would be:

- *The ability to attract motivated employees*
- *Increasing the duration of employee tenure*
- *Reducing significantly the cost of recruiting and retraining*

F.T.E.s, or Full Time Employees, are the highest of all line-item costs of doing business in any service industry. Recruiting talented dedicated people is a very expensive business; retaining them is even more so. Businesses can only pay their employees at the market rate or go out of business. Surveys have shown that contrary to conventional wisdom, employees don’t consider salary the most important issue once they manage to achieve salary parity to support their basic lifestyle needs.

Liking their job, co-workers, boss, clients, or residents is very important. Having decent healthcare coverage is VERY important to all employees with very few exceptions. Healthcare coverage is escalating each year for almost every business, and in a recent survey, the highest percentage of business owners said that next to a recession and higher taxes; increased healthcare costs could threaten their ability to stay in business.

BENEFITS: A WELLNESS PROGRAM FOR EMPLOYEES?

A wellness program for employees is a component of **THE VITAL LIFE COMMUNITY PROGRAM**. An organization is composed of owners, management, clients, and supportive personnel. Many do not think of their employees being as crucial as their clients and customers are in being a part of their business; but where would their business plan be without them? What does the successful business owner worry about day in and day out? It's how to better please their customers, isn't it?

Have you ever gone through the checkout line at the grocery store and seen the cashier with a pensive worried countenance? Do you ever say, "hi" to them like you really care about them? And if you do it sincerely, don't you usually get the reward of an acknowledging smile?

All employees who serve, or facilitate, wish to know that their efforts are worth while, appreciated, and acknowledged at a personal level periodically. This is important. Employees that are trained in an atmosphere of civility usually will adopt this approach themselves as they get positive feedback. It is an atmosphere that no matter your "station" we are all in it together, and we do better with, rather than without each other.

Employees who see those served being treated like kings, and then are banished to a dark place in the basement to eat their sandwich, bring a whole different attitude to the work place in the morning than do the employees that are given their own lunch room, well lit, with niceties and periodic rewards in the form of complementary goodies. They later feel "valued" and in turn **are more valuable**.

Think of the **power of the employees** to add value to your business if they feel better about themselves because **they are better!** This is especially the case if it cuts down on doctors visits; they don't like lost time from work, because it costs them wages and co-pay. Often, for them, these daytime visits are a transportation nightmare. When a business has a covenant relationship with their employees that says, "I value you and believe you are worthy of a healthy life", then there is no level of reimbursement than can have as far reaching an impact in the lives of people as a covenant act of appreciation.

The same process used for your customers, is replicated maybe on a less grand scale, because after all the customers are paying extra for their services and you are supporting your employees. The benefits to the employer even on a basic business level investment, is more than worth it; it helps the employee, thus enhancing the product brand as a true **VITAL LIFE COMMUNITY**.

BENEFITS COME IN ALL KINDS OF PACKAGES

When talking about wellness, three of the dimensions of the human ecology are overlooked and sometimes not prioritized enough.

If you have a country club, a retirement community, a college campus, or a school utilizing the Vital Life Wellness Program, we urge you to look at how you



use your leftovers. Almost all food service programs have left-over food that cannot be reused effectively or legally; that night, however, it is still **nutrition** for someone.

Depending upon supplies, employees, according to seniority (lower paid only) could be given a weekly punch card that would allow them to take home a full meal from left-overs in the kitchen to feed their

family that night. Think how that would help their budget!

Do you have a fitness (**physical**) facility? Ever bring in new equipment to replace the old? In an unused room, the old equipment could eventually add up; before or after work, or on week-ends, employees could work out, record their efforts, and even be given rewards for wellness.



Let some of them participate in some of the walking programs with the residents to bring the intergenerational dimension into play. Healthy employees are less costly to support relative to your health insurance plan. Happy employees are a good addition to the “virtual family” formations that enhance the overall quality of the community.



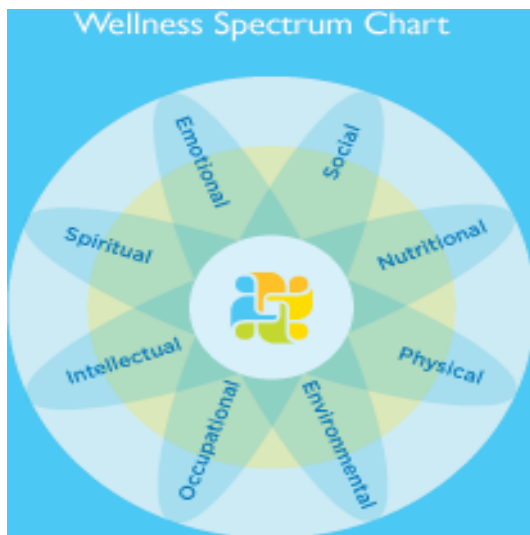
Does your organization have self-help, relaxation tapes or videos in the library? Do you buy subscriptions on-line where Continuing Education Credits can be obtained for your administrative staff or licensed professionals so they can stay current?

In our offices we buy packages of on-line CEU courses that have to be used by a certain date or they expire. These **education** options could be turned over to select or all employees so they could enhance their education and grow more valuable – both to themselves and to your organization. Good investments pay off; all of them, given time.



THE DIMENSIONS

THE DIMENSIONS of the Vital Life Program are as many as they are varied, but the key set of dimensions of the whole human ecology which makes up the environment within which the well person can thrive are the eight aspects of the Wellness (mind, body, spirit) Spectrum Chart you see below. These eight facets:



1. **Social**
2. **Nutritional**
3. **Physical**
4. **Environmental**
5. **Occupational (Vocational)**
6. **Intellectual**
7. **Spiritual**
8. **Emotional**

are the crucial components of the whole human being and therefore are critical aspects of the **VITAL LIFE COMMUNITY PROGRAM**.

I have been asked why we have 8 critical components instead of the standard 6 used by so many other authors, researchers or study disciplines. The answer is that **Vital Life** principles are different in that we are not focused only on the body's cells, systems, biology, nutrition, or physiology and fitness – but on the whole community!

We are not focusing on the “micro” aspects, which are important, but not to our primary mission. Like any discipline we have to develop tools, tasks and a language to support our ultimate goals, strategies and tactics.

Our primary purpose is to develop new wellness communities, and to **CHANGE** or **IMPROVE** many of the existing institutional, outdated, and non-wellness oriented communities. This means that as we transform vision, and strategy into tactical planning, we need to utilize tools, constructs and approaches never used before, if we are to create **A VITAL LIFE COMMUNITY**.

DELIVERING THE DIMENSIONS

In many wellness programs there are six dimensions of the human ecology, with the **PHYSICAL** realm including both all of the physical and biological dimensions as well as the nutritional aspects of the human needs spectrum.

NUTRITION is separated from the **PHYSICAL** in our program only because in most communities or enterprises, the



personnel in charge of the restaurant or food service business are professionals with specialized training in that role. This is not, in any way, to suggest that nutrition is separate from the “whole body” concept. It is not. In fact “social nutrition” and the related education play a very important role in the **Vital Life Community** life patterns of our community type.



WHICH DIMENSIONS ARE THE MOST CRUCIAL?

This is the “Gordian knot” question that should never be asked. We all have an affinity for one or more of the dimensions, because of familiarity or experience. Often by either by choice or ignorance, and even sometimes by default we exclude one of the others.

It is not unusual for instance for more secularly run programs to eliminate **Spirituality** as a key dimension in their culture and program, but they do so at their peril. It can't go unexamined, that the only one of the four “**Blue Zones**” of wellness and longevity found in a western society is a religious community culture located in Loma Linda, California.

Almost all blue chip medical schools now have **spirituality** as a part of their required studies, and that number is growing in both numbers and scope; too many unexplained aspects of the relationship between mind and spirit need to be understood if we truly say we are committed to mind, body, and spirit as a part of the vital life. All of the dimensions of the human ecology are crucial to our lives.

To make our point through a metaphor, if you were a mountain climber, **which one of the links in your safety chain would you allow to be substandard?** None! That's the point: and that's why we passionately encourage all programs to understand the necessity to spread resources holistically to ensure that all of the dimensions of the human ecology are in play, so you too can become a **VITAL LIFE COMMUNITY!**





THE TACTICS



THE TACTICS of generating results of the “Healthiest Community In America” are to imbue the community with resident driven programs based on a social hospitality platform, so that in every social event, every social meal, in every growth based activity that occurs within the community, resident fitness quotients, wellness quotients, and their psychometric satisfaction quotient steadily grows better and stronger while they are enjoying Life!

STEALTH HEALTH

This is the concept of **Stealth Health**; you are growing healthier, and are getting better while you do exciting, enjoyable activities and are not readily aware that each event and activity is contributing to your wellness and overall health.

An example is walking along the beach. How many of us will come home then go out and walk a mile? Not many. Put us on a beautiful beach on the ocean and we will walk three



miles, even with a child in tow; we will put her up in our arms, then on piggy-back, then back on the sand, but we keep on walking, and then

look forward to doing it the next day at sunset.



Therefore, our tactics are to deliver a preventative wellness regimen as well as a physical therapy program that is embedded in every facet in the daily “**ACT OF COMMUNITY**” supported by the needed programs, staff, facilities, and resources in a hospitality and

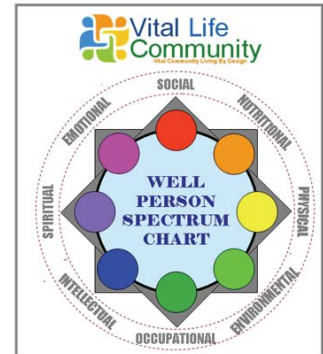
celebratory atmosphere. The **VITAL LIFE PROGRAM** rewards enjoying life with your neighbors! We are social animals, hard-wired for LIVING an active **Vital Life** together; our enjoyment only re-affirms the purpose our community.

TACTICS WITH A TWIST

Let's set up four wellness related activities geared towards FUN. Two will have to do with fitness, one with nutrition, and the fourth with emotions, specifically stress reduction.

Each of these when completed can be measured for success and cues for modification or improvement. You will note that each colored circle has to do with the Dimensions of Human Ecology. Four stealth health programs might be:

- Learning With Lemons
- Growing To Grow
- Man, The Social Animal
- Walk With Me To San Francisco



“Learning with Lemons” is a cooking class. The class is held in a display kitchen or an ad hoc substitute alternative, and the goal is: “Learning to Change Our Lives Through Food As A Modifier Of Behavior.” Like Pavlov’s dogs we can be conditioned to change our behaviors with positive motivational rewards. This course is geared towards learning how to prepare five easy nutritional and tasty dishes that derive their zest from the lemon, and replacing the urge for sweeteners.

In attending the class, three dimensions of the Human Ecology are benefited in this order;

1. Learning about **Nutrition** to help reduce the risk of Diabetes, High Cholesterol, High Blood Pressure, by substituting the zest of a lemon instead of fats and sweeteners to create enjoyable dishes.
2. **Socialization** (the group fun), and **Physical** (bio-chemical interaction)



This class is easy to set up, easy to enjoy as the class researches, learns, shops, prepares, and enjoys their own creations together. The alternatives are endless, and the subject matter can be chosen to focus on favorite or regional dishes.

Growing to Grow

This course is geared to learning how to do highly productive gardening which includes the standard “Victory Garden” out of doors, and “Container Gardening” which can occur anywhere there is access to sun.

In attending this class, three dimensions of the Human Ecology are realized in this order;

1. **Exercise**, when working in the Community “Victory Garden”. Not only will this activity benefit the individual **nutritionally** by harvesting fresh food, but also, learning how to use tools properly can prevent common injuries; a form of yoga can be employed with the gardening implements. Incorporating meditation (**emotional**) and stretching and limbering activities (**physical**) can be wonderfully integrated in a garden setting.
2. This activity can involve, when in a community of older people, both the residents and younger people (employees) which fulfills **social** (intergenerational) dimensions,
3. **Intellectual** growth occurs as the Garden Group studies various species that will do best in the area’s soil and climatic environment. The learning and planning together is as important as the planting and harvesting



It is important when planning these courses that the impact and stimulation of the dimensions of the human ecology are considered and discussed.

Man: The Social Animal

Any number of books can illustrate how “Community” is enhanced by empowering residents with skills to use language, practicing emotional control and understanding, to enhance their lives and reduce stress. Consider non-threatening books such as *The Third Chimpanzee*, by Jared Diamond, *The Naked Ape*, by Desmond Morris, as well as *Social Intelligence*, by Daniel Goleman, as well as others that teach while being entertaining and enlightening.

The goals, therefore, are:

1. To step back and look clinically (**Intellectual**) at our species, our strengths and oddities, and learn not to take ourselves so seriously.
2. To discuss openly (**Social**) how and why human beings have problems with each other in daily relations (**Emotional**).
3. To learn the skills in interpersonal conflict resolution that will foster better life patterns and successful relationships. This course would be best with a skilled facilitator or specialized social worker; often these can be provided by the host community, church, or college resource bank.

Walk With Me To San Francisco

“Kind of ambitious don’t you think?”, might be your comment upon reading this tactic for getting people to engage in the most generally effective and beneficial of all activities – social walking. The program is beneficial and socially engaging.

The goals are:

1. To get people to walk (**physical**) together (**social**) three to four times a week for longer distances than they normally would otherwise.
2. To get them to measure their effort and begin a log relating how the new exercise program effects both their physical being (calorie loss, blood pressure, cholesterol, pulmonary health, balance, etc.) and their psychometrics (how they feel) as well. By keeping a group log as a form of peer education, social fun competition (play), both the group and individual bio/social feedback can do wonders for motivation.
3. To establish habits of good health and wellness; walking by the calendar, with social commitments and engagements.

This can be done in any type of community setting, either a day community or a domiciliary community. In an office building, “stair climbers” can work their way up and down the fire stairs; you don’t need a stair-stepper when you have stairs. Neighbors can meet at the shopping center mall and walk the malls in the early hours then go shopping together and have lunch afterwards



Denise (left) helping her community's residents setup and learn how to use their pedometers.

One of the most unique programs was led by Denise Heimlich, Wellness Director at Still Hopes Episcopal Retirement community in West Columbia, S.C,



as residents “walked to San Francisco.” While Denise points out that the idea isn’t entirely hers, she converted walking distances (steps) into cross country miles. People set goals to get to certain waypoint cities by a certain target date. You can learn more about the uniqueness of her program by going online to our website www.vitalnation.org.

Within the Still Hopes community there is a legacy woods called, “**The Perpetual Forest**,” in which residents have a walking trail with “fitness stations strategically located along the way. This activity is **social, physical, intellectual** and to some degree **environmental**, as they enjoy the outdoors and learn more about their surroundings. You don’t need a specialized trail to do this; just a little seven dollar pedometer will do the trick, because you can walk almost anywhere.





THE MEASUREMENT

THE MEASUREMENT: If any one aspect differentiates the **Vital Life Community Program** from all others, it is our evidentiary-backed belief in MEASUREMENT. We encourage people to copy and emulate the **VITAL LIFE PROGRAM**; but to become a true **Vital Life Community**, vital programs and measuring results of those programs consistently at some level is **KEY**.

The one tactic that will guide one community down “the road less traveled” and give them unheralded success without peers, will be to execute their program, measure it, modify their program as the measurement diagnostics suggest they should do, make mid-course corrections, measure again, then celebrate success because IT WILL BE SUCCEEDING; SUCCESS AT LAST!

If the community initially gets even partial resident (15%) participation, and steadily improves over a period of one year in all of their dimensions, then they have become **A VITAL LIFE COMMUNITY**. Success feeds success; positive results from your core, then secures your future, as more will follow.

Studies show that we tend to become similar to the people with whom we associate. Imagine if 15% of all the people you know are wearing pedometers, chatting and comparing the mileage they’ve walked, laughing, joking, and looking quite vital and fit. It is contagious; it WILL catch on, and affect the others.



There has to be a score. We respond to feedback about ourselves; we all want to grow, but we need feedback that we are growing, especially when the results cannot be seen, such as your cholesterol lab results. Can you imagine walking half a day on the golf course and just hitting the ball a hundred or so times, and not scoring your game to see whether or not you had improved your game? Your score is the key to YOU!

WHAT IS MEASURED?

Your life and the life of the community is measured. Your community should be a Life Community that goes about promoting the higher participations in Life Activities; if it is worth doing and goal oriented, it is worth measuring. Without measurement, tracking improvement and success becomes virtually impossible.

Even if you use simple means to record and measure the activities in your community in the 8 dimensions of the human ecology of the **Vital Life Program** you will become a **Vital Life Community**. Each of those dimensions can be measured generally and specifically.



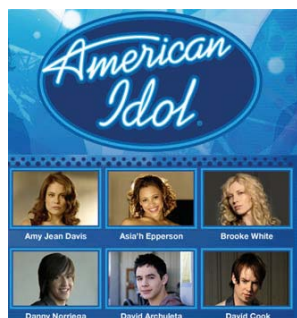
People ask me “what system should I use?” Any system! There are hundreds you can find online, and we can help you if you run into a dead-end. There is no need to “re-invent the wheel”, or waste time inventing systems. That time spent should be utilized in facilitating and improving programs. Having a sign-in sheet and providing questionnaires once after the first month an activity begins, then spreading out the time cycles between measurements after you are up and running, is a practical way to achieve and grow, reducing the levels of paperwork.

The purpose of the **Vital Life Community Program** is to instill in our culture that everything you do should be important; if it is not important and focused on vitality, then it is a “past time” and growth does not occur.

People can always make a “date” and run together; that is a “social” date (program if continued on a periodic basis), but add measure to it against mutual goals and it becomes both a fitness and a wellness program.



Sitting in front of a T.V. 24/7 provides little feedback to stimulate growth. With life affirming highly social and physical activities, there will be useful measures to compare against benchmarks; all high performances by achievers are realized competing against their own personal best scores as benchmarks.



Whether it's “American Idol” competing for votes, an Olympic champion going for the **Gold**, or it's your Aunt Louise on the golf course, take away the score and there goes the initiative; nothing to compare to, no benchmarks or goals. Time just “passes” unless it is **measured** against progress, then it's called performance!





THE VITALIFE Medical Practice



THE MISSION

To create and successfully run an Internal Medicine practice focused on prevention and intentionally minimizing the utilization of long term medications. The setting is a multidisciplinary practice....where under one roof there are medical provider (medical doctor, physician's assistant and/or nurse practitioner), physical trainer, nutritionist and other health care practitioners working together as a team. Rotating allied health care provider/consultants would include an acupuncturist, chiropractor, massage therapist, physical therapist and psychologist.



THE REASON AND NEED

Today's practice of Internal Medicine consists of the Internist as the "PCP" Primary Care Provider who is increasingly a gatekeeper for the health insurance industry and who is often not "putting it all together." Even the best of Internists often see their patient only once a year, or for those with multiple medical problems at most quarterly. The office visit consists of the physical exam, review of recent labs or deciding which labs to do, and then counsel to the effect "here is what is needed and what you should do, and here are your prescriptions."

Then, there is no "closing of the loop" or meaningful feedback and accountability. The next interaction with their PCP is maybe a phone call or two between visits. The doctor feels they are fulfilling their obligation by telling the patient what they should do and what pills to take, and then it is all upon the patient to succeed on their own.

NOT CLOSE ENOUGH...

Guess what? This is not enough, not close to enough, for most people.

They need a doctor who is communicating well, and thoughtfully, truly concerned for his / her well being. People want doctors to follow through with a team of professionals to help them have optimum health, and they want a doctor who is attentive to the desire of all patients to be on fewer medications. They need a doctor and team working with them that is aware of ALL medications they are on, from any and all prescribers, and with full awareness and monitoring for drug-drug interactions and potential side effects.



However, most all PCPs are overbooked and overworked and having to cram in more and more visits per day to get the money needed to run a practice and pay their staff. The doctors who make the real money are not PCPs, they are procedure-based specialists.

THE VITAL LIFE PRACTICE CAN BREAK THIS DYSFUNCTIONAL CYCLE

The patients will have to pay to join and to stay in the practice. There will be an “entrance fee” and a monthly fee, outside of what is billed to medical insurance.



They will have to feel that they are buying in to something well beyond the norm, and into a program that is a holistic team approach. There will be an annual executive style comprehensive visit and physical exam. The American Cancer Society guidelines will be followed for screening, such as mammography, colonoscopy, prostate exam and testing, etc. There will be a preventive focus that includes screening for atherosclerotic disease of the heart and other blood vessels when indicated.

A physical trainer and a nutritionist will work with virtually every patient, in concert with the medical provider. Some patients will need more than others. With no exceptions, the goal of the Vital Life medical practice will be to minimize the need for long term medications.

Polypharmacy (*Prescribing multiple medications to treat multiple medical conditions*) and sloppy prescribing will not occur. Each medication and its indications, potential problems and review of its ongoing need will be discussed with each patient every visit with the medical provider.



By having a true team approach, where at the minimum there will be the trio of the medical provider (MD/PA/NP) working with the personal trainer and nutritionist...each patient in the Vital Life practice will be followed regularly and monitored for success in weight loss, lipid management, blood pressure control, glucose control and all aspects of their health as individually indicated. Whenever and wherever an exercise and diet program can achieve goals, those efforts will replace medications, completely or gradually.

The personal trainer will see patients and design a workout program, and monitor its success. Frequency of visits will depend on the patient's level of success over time. Same for the nutritionist, who will work with the individual and whoever prepares their meals.



The nutritionist will also offer dietary classes for groups of patients, and cooking school in concert with a Restaurant Chef. There will be a small health food store in the Vital Life medical building. Under one roof, the entire Vital Life team will work with patients in a team approach to achieve success.

Maintaining motivation of the patient and emphasizing preventive and nutritional approach are the keys to the practice's success.

No patient ever thrives from getting discouraged. It will take time and patience and mostly persistence to succeed where almost all other practices are now failing. We must not only have the best and the brightest running this practice, but people with great people skills and who themselves practice what they preach. Teaching is not only by expertise, but by example.

A COORDINATED TEAM OF CARE PROVIDERS

As mentioned earlier, there will be space in this practice for a rotation of allied health care providers to see patients in the practice who can benefit from their expertise. And unlike most medical practices, the **Vital Life Practice** will embrace, not disregard the special talents of allied health care providers such as the acupuncturist, the massage therapist, the chiropractor, the physical therapist, the psychologist/counselor and others.

The **Vital Life Medical Practice (VLMP)** should ideally be a team, with continuous communication between all members and their patients, and with a common central medical record containing progress notes, all lab and x ray results. Additionally, recommendations of all providers...so there is intentionally excellent coordination of care. It will be “a



practice like no other, where the goal is to see how little medication you might need¹.” (¹ VLMP Created by Dr. Brian McMurray, M.D., Nashville, TN.)

IS THIS THE COMMUNITY DOCTOR OF TOMORROW?

You will be able to actually see and hear Dr. McMurray on a DVD that the **VITAL NATION** has produced which highlights two hours of a two-day conference entitled, **“REVERSING THE AGING PROCESS: Through Vital Community Living.”**

This conference laid out the facts for the efficacy, biologically and medically, that we can literally halt and often reverse the decay or aging that occurs in our own body. *(read more on this subject at the end of this handbook).*

To request a copy of the DVD please contact the Vital Nation website www.vitalnation.org.

THE WELLNESS PRACTICE OF TODAY!

In a later chapter we will tell you about the best healthcare practice in America that only a few lucky people are able to avail themselves of; stunningly they aren't rich - in fact many of them are “poor.”

Reverse the Aging Process Symposium 2008

Vital Nation Symposium, March 12 and 13, 2008 in Atlanta, Georgia

The Vital Nation: Helping Communities Prepare for Tomorrow's 50+Generations by Challenging Existing Cultures Today.



Participants of the first Vital Nation Symposium are photographed at beautiful Evergreen Resort and Hotel in Stone Mountain, GA.

A VITAL NATION SYMPOSIUM? WHY?

The Vital Nation had the pleasure of hosting a symposium entitled "Reverse the Aging Process" in Atlanta earlier in the month. What an event it was! Leaders from around the country helped to service the needs of aging Americans with their commitment and inspirational words. And, there is no greater time than NOW to have had this uplifting and significant meeting of the minds. Why? Because now is the time to reinvent your business model if your plan is based on community living. You may only have a 12 to 15 month window to capture your target market for the next 8 to 10 years!

This requires a significant examination of your strategic planning, because in a tough market, you must have an essential product that is needed regardless of the economy. What if you knew that your community could essentially reverse the aging process for your 50 + residents? Imagine! And, what's more... it is possible.

The 50+ Housing Market is a thriving one, and now there are new ways to turn back the biological clock through lifestyle choices and community living. Committed community leaders came to this symposium to learn how their communities can offer programs and amenities, not found elsewhere, to gain a significant market advantage. Additionally, they heard our passionate and accomplished guest speaking panel urge our industry to see the need for an important culture change.

Symposium made possible by:



BB&T Capital Markets

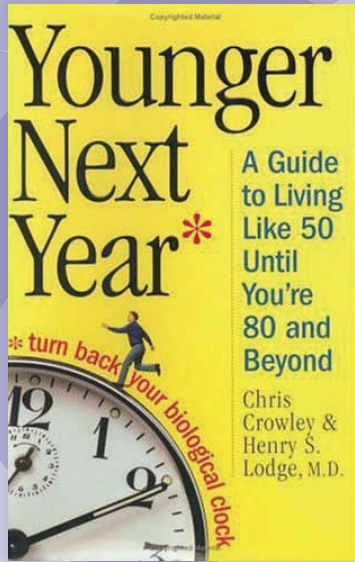
Publication #01

1

March 2008

Steve Shields: A True Visionary and Passionate Pioneer for Change serves as guest speaker at symposium

Just one of three books co-authored by Mr. Crowley:



Author of the acclaimed book, *In Pursuit of the Sunbeam*, and CEO of Meadowlark Hills Retirement Community in Manhattan, KS, Mr. Shields was a pivotal part of the symposium panel. He gave a passionate presentation that moved much of the audience to tears; for his true passion is creating a culture change in senior living administration, and no longer accepting the status quo. Mr. Shields is an international leader in the creation of the "household model" speaks frequently around the country.

Publication #01

2

March 2008

Speaking about his own personal experiences, Mr. Crowley exuded an infectious energy while explaining how he found his own "fountain of youth." Detailing his recent Switzerland ski trips and daily fitness regimen, the audience was shocked to learn that Mr. Crowley is 73, as he has all the vigor and agility of a man half his age. What is his secret? He made the commitment to change his life in order to add years of quality living to his life. Community leaders saw first hand how a change in lifestyle can seemingly reverse the aging process!

The Fastest Senior Living Community in America: The Villages - Terry Upton explains how The Villages used market demands to become number one

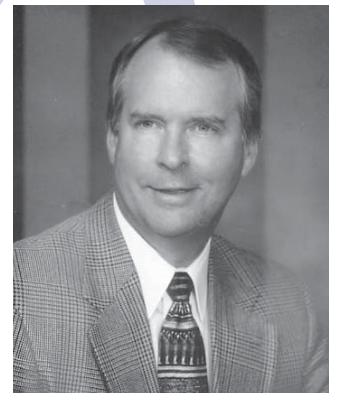
**One Dynamic Duo:
Harry and Nancy Hobson
on commitment**

While Harry and Nancy Hobson each moderated separately at the Vital Nation symposium, it was their presentations together that truly inspired the audience. Noted leaders in Healthcare Administration, (Mr. Hobson has been featured on ABC's "20/20"), the Hobsons challenged the audience to question their own community program practices. Of critical importance was the issue of determining the inner most needs of residents, and doing what it takes to fulfill them.



Harry and Nancy Hobson are committed to not only each other, but also to instilling a culture of care in each of their respective CCRCs.

Search high and low, and you will be hard pressed to find a community with a higher resident demand than "The Villages" in Florida. With a resident population of over 67,000 people, just how does this community do it? Director of the Medical and Wellness Division for the Villages, Terry Upton explains, "it's about lifestyle!" It is indeed, what residents want. Mr. Upton elaborated on resident involvement in daily social activities, as programs for social confluence are paramount. Where else can you find a resident yoga instructor in her 90's but the Villages?



Symposium Break-Out Sessions– Visions in Action!



After a comprehensive “how to” financial presentation by BB&T Capital Markets, the audience was eager to get going with idea sharing! Having experienced one day of WHY communities should embrace a culture change leant to supporting socialization programming, and a separate day learning HOW it can be done to accelerate the community's business plan, audience members composed of CEOs and CFOs of Communities, Hospital Administrators,

Developers, Residents and more came together to create ideal business models. Although networking was abundant, the true benefits of the symposium were the charged leaders with fresh ideas and a renewed sense of purpose.

“How wonderful it is that nobody need wait a single moment before starting to improve the world.”

- Anne Frank

“It is not the strongest of the species that survives, nor the most intelligent, but the one most responsive to change.” - Charles Darwin



Speakers and Sponsors

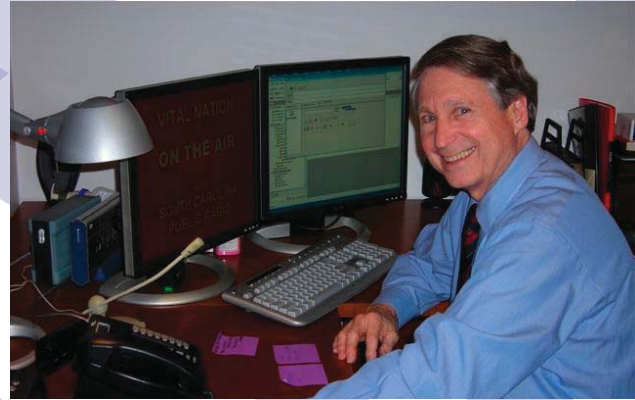
A Message from the Executive Director, Bill Witte



"The Vital Nation is about connecting people committed to utilizing the 8 ecologies of the whole person wellness spectrum* to significantly increase the quality of life of our seniors. The levels of morbidity are rapidly increasing in our country, and subsequently in our communities. With the newfound knowledge that 70% of the burdensome challenges of aging can be offset or even reversed with lifestyle choices, we simply cannot turn a blind eye! As an architect, a planner, and a family man in my 60's, I am committed to creating ways to do away with the "institutional" model nursing home "dead end" that we all dread. For like the butterfly, the last season of our lives is the most beautiful, and so it should be enjoyed as such."

Bill Witte

* To learn more about the 8 ecologies, go to www.vitalnation.org.



Witte being interviewed about symposium on South Carolina public radio spot

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A VITAL LIFE CHOICE: P.A.C.E.

DOES THE VITAL LIFE MEDICAL PRACTICE SOUND LIKE A FANTASY?

A regimen similar to this is already employed in a program called **P.A.C.E.**, which is the acronym for **P**rogram of **A**ll-Inclusive **C**are for the **E**lderly, that provides its client member comprehensive medical and social services that can be provided by an adult day health center, at home and / or inpatient facilities. **PACE** is, therefore, a managed care program.

A team of doctors, nurses and other healthcare professionals assesses the participant needs, develops care plans, and delivers ALL services which are integrated into a complete healthcare plan for their client base.

Unique to **PACE**, they enroll only frail elderly, and provide an adult day health center, at home or in inpatient facilities.

For most enrollees, the program at a minimum provides primary care services, social services, restorative therapies, personal care and supportive services, nutritional counseling, recreational therapy, and meals. Services are available 24 hours a day, 7 days a week, 365 days a year.



COMPREHENSIVE SERVICE PACKAGE

This comprehensive service package is supported by Medicare and Medicaid, and by and large permits enrollees to continue living at home while receiving services, rather than be institutionalized. This “**aging-in-place**” service is very much in alignment with the desires of the majority of Americans polled; the

PACE program is unique and on the next page we will learn more of the details.

ARE WE SEEING THE FUTURE, NOW?

It is our belief that a “PACE-like” program will be the care and prevention solution model for our nation in the future, and can best be provided in **THE VITAL LIFE COMMUNITY PROGRAM*** and best affected by **THE VITAL NATION**.

Let’s discuss the merits of **PACE** and the reason why it was accepted by the U.S. government’s primary reimbursement agencies. Its primary mission is to keep frail and failing health patients in their own homes and out of the more expensive nursing homes programs for as long as feasibly possible.



It’s expected to save both the patient client and the government considerable amounts of money and conserve needed resources.

PACE receives a fixed monthly payment per enrollee from Medicare and Medicaid. The amounts are the same during the contract year, **REGARDLESS** (in most instances) of the services an enrollee may need.

Persons enrolled in **PACE** may also have to pay a monthly premium, depending on their eligibility for Medicare and Medicaid.

THE BENEFITS FOR THE CARE PROVIDER AND CLIENT

What this means is, that the operator, as long a minimum services levels are met, is **NOT** micro-managed with the invasive reimbursement pegged procedure delivery schedules.



This is the practice that plagues most doctors and medical practices, which in effect deny the patient the subjective or psychometric care relating to emotions, behavior, and lifestyle issues that could be key to treatment but are not readily identified, catalogued or commoditized, therefore not reimbursed.

This is why most doctors, simply cannot “afford” more personal or “soft” time with their patients that would allow them a “covenant” relationship – which is the approach that many of them prefer.

[through member benefits of a capitated group health insurance plan now being examined]*



CAPITATED Insurance Strategies

The potential beauty of a “**PACE**-like” program is that it is a reasonably capitated reimbursement program. By that we mean the care service professionals actually have enough funds, albeit limited, to actually conceive and execute, imaginative, creative and effective programs.



They do not have (yet) a suffocating reimbursement protocol to force them into a practice modality that has only one inevitable outcome; not enough funding, therefore less than acceptable care.

This type of program evolved to come to grips with the reality that there is not enough money in the world to provide each and every person with the full range of healthcare responses that are available industry-wide. Therefore the available funds must be “rationed” so that costs are kept in line with the compromises that we must make to afford all of our needed “life decisions.”



In a capitated program a fixed per-person payment, is made in advance by the insurance company or governmental reimbursement agency to the provider.

When an individual enrolls in an HMO, for example, the insurance company advances the healthcare provider a fixed amount of money for that individual's care, regardless of



how many services that particular individual needs or utilizes.

As with any program there are pros and cons. The cons are limited funds for your service provider no matter your condition, which is the reality of all insurances; but the pro's offer you a brighter opportunity to afford a real prevention program.

A REIMBURSEMENT PROGRAM THAT REWARDS WELLNESS?

In visiting a **PACE** facility, we talked with the staff and operations group. The first year, they lost money; the second year it's reported they "made" a million dollars serving a client service population of 300 frail and medically challenged people.

The jury is still out for this type of program, as it will take at least a decade for all of the 20+ sites to report in depth with the comprehensive data needed to make a pertinent analysis and render an assessment opinion. Let's look at this concept; whether it is the insurance company or the government relegating reimbursement funds for citizen healthcare to a secondary intermediate provider, it is based on the willingness of the insured /subscriber to "turn over" all entitlement benefits to that secondary provider – this puts a whole new set of dynamics into play.

When the insurance agency and government are in charge, their mission is not only healthcare, but prevention of rampant abuse and fraud. The program therefore is huge, cumbersome and unwieldy providing the U.S. with some of the worst healthcare in the modern world and highest per capita expenditures. Prevention isn't reimbursed.



With the **capitated program**, let's suppose in your area there are 4. You will choose the provider that has the best performance metrics per patient, as reported by a trusted independent third party analyst. What this means is that there will be competition for performance per dollar per client. For the first time in history, the capitalist system of free enterprise could be unleashed for the good, because there is more money to be made by keeping the patient well by prevention than there ever has been before. The key is to have clearly defined threshold for wellness and healthcare performance.

The practice with the most creative, effective prevention and care program will win market preference; and remember they get to keep the difference between their capitated reimbursement fund and their actual cost to keep you well.

Finally, an alignment between the patient and care provider's goals! Why should it matter whether the care provider is a "for profit" or "not-for-profit entity" if the client receives a guaranteed base level of healthcare, with incentives for exceeding expectations? Positive margins are possible and necessary for reserves and to fund program improvements in all types of businesses and communities.



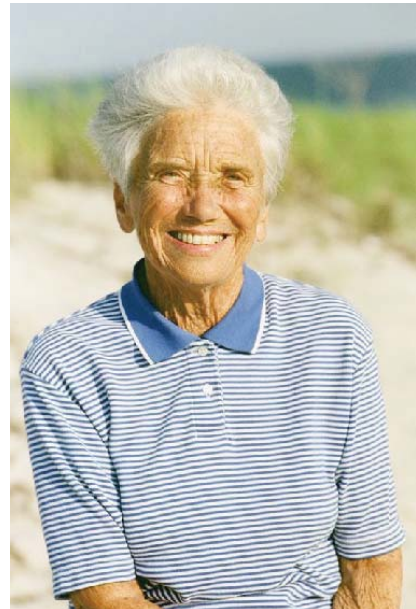
The Vital Life Game Plan

This is why a **COMMUNITY** modeled after the **VITAL LIFE COMMUNITY PROGRAM** designed to deliver optimum wellness, can easily beat all other community business models. It assures the consumer of an enterprise goal alignment parallel to that of their own desires.

When the alignments of the consumer and provider merge and are not only complementary but symbiotic, it becomes a “win-win” situation and sets up the foundational opportunity to create “the healthiest community in America!”

This is an unbeatable combination; both consumer and provider, resident and community operator, are working hand in hand, harnessing extraordinary “human capital” to accomplish what both parties are passionate about.

Until the reimbursement aggregators see the benefits of our new community types, we will have to pave the way with “proof of concept demonstration models” and provide accurate and thorough records of the programs, and metrics along with the estimated healthcare cost savings by comparing them to the peer benchmark populations.



After a few years of “newsworthy results” in a few scattered purpose-driven **Vital Life Communities**, whose stories are featured in the media and third party assessment teams are proclaiming the program as “incredible,” then the reimbursement agencies sensing savings will be ready to deal and ultimately to promote our way of life through offered “enticement” packages.

Until then; here is our Game Plan: As with many early adaptor products and initiatives, the higher income demography will be the “first-in” as there will be a charge for this blue ribbon **VITAL LIFE HEALTHCARE PRACTICE**. It will not be dissimilar to many “executive” medical practices that have been proliferating around the country, with group practices realizing that in order to give the quality of medical healthcare services and patient attention that is needed or desired, traditional reimbursements from the insurance companies and governmental reimbursement “safety-net” minimums are, and will not be, adequate.

Therefore “Pay As You Stay” programs are in play, and it remains to be seen how they fare, how the public responds, and how these programs evolve over time.

There are hundreds of thousands of consumers that can afford and value effective prevention oriented healthcare services who WILL afford to pay the tab.



For the community operator this should entice them to invest in wellness communities such as **THE VITAL LIFE COMMUNITY**. There is no other option currently for the well educated, consumer-savvy constituents who are always the early adaptors for new innovative products, and quality community-based programs that offer proven results.

PLAN FOR: BEST EMPLOYEES – BEST COMMUNITY – BEST LIFE.

Communities that invest in their employees by employing the **Vital Life Philosophy** in their growth and nourishment as a business investment might take a leaf out of the book from the old sit-com “**Cheers.**” We all like go to restaurants where we are treated well, where the staff truly cares about us and it shows in their service and product. Those same principals apply in the community we live in, when:



***Be glad there's one place in the world
Where everybody knows your name
And they're always glad you came
You want to go where people know
People are all the same
You want to go where***

everybody knows your name

Song Lyrics: Gary Portnoy and Judy Hart Angelo



Conclusion

The **Vital Life Community Health and Wellness Strategy** is designed to achieve a reduction of disease and chronic illnesses through the employment of a holistic wellness and preventative maintenance program. It is geared to reduce healthcare costs through the reduction of the incident rates of morbidity and also to increase the quality of lifestyle that the resident can psychometrically feel, measure and then celebrate with others within their community.

Initially, the primary contribution to a healthier community living environment will be to reduce resident NEED for reactive healthcare response and reduce the amount and types of medication they are using. Over a longer period of enjoying community programs and lifestyle, the wellness educated residents will learn how to slow, or in some cases even “reversing”, their own aging process.

We might consider arrangements (in the beginning) with an outside contract group to provide the “Managed Care Health and Wellness” team that will provide the optimum education and care in the entire realm of mind, body, and spirit.



Think of **THE VITAL LIFE** way of life as a personal Renaissance which supports you to make changes and “move up and on” in your life with the **VITAL LIFE COMMUNITY** being the bridge to that destination of a new and better you.

A better life happens gradually, with a lot of effort and personal commitment. This is a lot easier

when you have a community support group to provide facilitation, and emotional buffering for this growth process which then becomes easier, more exciting and all the more rewarding for you. We’ve discussed a lot of “soft” issues in this handbook, but make no mistake, a VLC is also a much different design solution.

The **Vital Life** can make the later years “Golden” and for the 50+ residents they can expect not only to LIVE a more exciting lifestyle, fully human and fully alive, but unbelievably they also will be able to **LIVE YOUNGER NEXT YEAR.**



Hi, I'm Bill Witte, Executive Director of **THE VITAL NATION**
Creator of **THE VITAL LIFE COMMUNITY**

If you've read this far in our Handbook and if you are like most of the people downloading or asking for a copy of this publication, you are hopeful – possibly even excited about the proposition of shifting gears in your life from that of a human-doing to becoming a human-being, living fully human and fully alive!

Years ago when the program was first conceived, it had a lot of rough edges that made it difficult for some to conceive how it could ever become a reality and stand up to the challenges of delivering it to the marketplace. But now like a butterfly, we have spent our due time in the Chrysalis, have hatched, and are spreading our wings ready to make the wonderful journey of the **Vital Life**.

I will share with you this fact; there has not been one single person or group that I have shared this proposition with who have not walked away energized and excited. This includes focus groups of people who want to “buy-in” to a new community, and residents of already existing communities. They are waiting!

I invite you to join me in spreading the good news; the timing could not be more perfect as our nation faces the reality that our lives will forever change; “retirement” will evolve to “engagement.” Instead of slowing to a halt, our lives will become vital, and active, yet simpler. I say, “Thank God!” We are ready to live, love, and walk down the empty road that has been beckoning us for all these years, to lead us finally, towards the **Vital Life Community**.



“Two roads diverged in a wood, and I —I took the 'one less traveled' by, and that has made all the difference.”

- Robert Frost



Vital Life Community

Vital Community Living by Design



Make A Decision For
Life!

www.vitalnation.org

Also please visit the website of our primary sponsor

Creators of the:

V.L.C.C.
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