



Better Together

The Amazing Power of Growing Stronger — Together

DR. BILL THOMAS

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The Eden Alternative
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What are Old People For?
Tribes of Eden
Second Wind
Principia Senescentis
Aging Magnificently
MESH
The Good Life

Better Together

**The Awesome Power of
Growing Stronger – Together**

Dr. Bill Thomas

**Second Edition
SANA Publishing**

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Thomas, William H.

Better Together: The Awesome Power of Growing Stronger-
Together

Non-Fiction

Aging

Philosophy

The text for this book is set in Verdana

Manufactured in the United States

This book is dedicated to
Dr. Brenda Krause Eheart and the
enduring ability of good neighbors to
make our world a better place.



Eve Alexander who helped bring
the Girls Friendly Society to the
US.

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Introduction

Better Together is the final volume of the four book “Spark Pillar” series. Taken together, these works are an urgent and immediate response to the twin epidemics of COVID-19 and the social isolation and loneliness that sprang from our effort to control that terrible virus. The Spark Pillar series offers an evidence-based vision of hope and renewal intended to inspire, and guide, a wide range of efforts to improve the health and well-being of older people.

The Spark Pillars

Volume 1: Aging Magnificently

Volume 2: MESH

Volume 3: The Good Life

Volume 4: Better Together

Each of these books can be read alone or as part of the series. For those choosing to read the complete set, the sequence listed above is recommended. As the final book in the series, *Better Together*, displays a deliberate bias toward specificity and practicality. The case for change in the fields of medical care and aging is urgent. The time for that change— is now.

The first half of *Better Together* addresses the calamity that is the way modern medical care is provided to older people. While many of the medical treatments available today verge on the miraculous, the system we use to deliver those treatments is expensive, outmoded, and, too often, plainly dangerous. Readers are introduced to a different and distinctively powerful perspective that has long operated “backstage” from traditional medical care. “Population Health” has

already delivered world-changing expansions of human longevity. It can do much more for us all if we are willing and able to move its principles and practices to center stage. COMPLETE Senior Health as a population health initiative that can fundamentally change the economics and efficacy of health care provided to older people.

The second half of the book shifts the focus to wellness. Here we find that a tendency to focus on the wellness of individuals has narrowed our understanding of what is possible. Instead of raving about the latest supplement, dietary regime, or new-fangled exercise gear, this book focuses on the awesome power waiting to be unleashed by elders who choose to grow stronger— together. Strength is contagious and can spread widely inside healthy, vibrant communities.

This perspective is linked to and supported by a parallel shift in language.

- Aging is the name we give to growth when we are no longer young.
- Elders are older people who choose to grow old rather than merely get old.
- Strength, Purpose, and Belonging are legitimate pursuits for older people.
- We are all better- together.

“Wellness” begins with “we” and the most potent virtues available to elders are best pursued together. The final section of Better Together concludes with a specific description of the work that thousands of people are doing. Together, they are reframing risk, eradicating “surplus safety,” and injecting the thrill of victory (along with the agony of defeat) into the rhythm of daily life. The Spark Performance League is being offered freely

and openly to the larger community of elders (and the people who care for and about them) as a starting point for their explorations of what it takes to create cultures founded on the virtues of strength, purpose, and belonging.

Aging is, indeed, a team sport.

Dr. Bill Thomas
Ithaca, New York

A Five Point Diamond

**“A diamond is a chunk of coal
that did well under pressure.”**

– Henry Kissinger

Getting Better Together

Long lifespans seem commonplace today, but almost all of our ancestors lived much shorter lives than we do. At the dawn of the 19th century, no country in the world had an average life expectancy longer than 40 years. Looking back on that time, we recognize how often poverty, ignorance, and disease took our ancestors to an early grave. The centuries-long global struggle against those ills stands as one of humanity's greatest accomplishments.

Human longevity is flourishing around the world, but the longevity revolution got its start in the 19th century in industrialized nations. By 1950, a newborn's life expectancy topped 60 years in North America and Europe. Progress was slower in less

prosperous countries. A Norwegian living in the middle of the 20th century could expect a 72-year lifespan even as a citizen of Mali faced a 26-year life expectancy. Human longevity's relentless rise in affluent countries provided us with the first irrefutable evidence that efforts to improve the health and well-being of entire populations could yield spectacular gains for individuals. What we now call "population health" produced human lifespans that were both longer and better.

Fortunately, the past 70 years have seen a narrowing of the global longevity divide. By the turn of the 21st century, people in poorer countries could expect to live as long as those in the richest countries did in 1950. Some of this improvement is due to a decline in child mortality but a detailed analysis of demographic data reveals that, around the world, mortality rates have declined for

people of all ages. Not only are the young living longer, so are the old. Once a luxury reserved for the affluent, old age is now within reach of billions.

Most of the people who will ever read this book grew up in an America that expanded the longevity of its citizens year after year. Life expectancy for the U.S. population rose nine years between 1960 and 2013, climbing from 69.7 to 78.7¹. This clockwork-like expansion of our predicted lifespans came to seem normal, something that happened automatically. In 2014, the Census Bureau reported that average US life expectancy had reached a new all-time high of 78.84 years. Then In 2015, and for the first time since World War II, average life expectancy retreated. Between 2015 and 2019, life expectancy remained stuck below 2014's high water mark.

1 <https://www.census.gov/content/dam/Census/library/publications/2020/demo/p25-1145.pdf>

The opioid epidemic, an increase in the suicide rate, and rising mortality related to heart and liver disease were largely to blame for the initial decline. Then came COVID-19. As a result of the pandemic, life expectancy at birth in the United States tumbled nearly a year from 2020 to 2021, declining from 77.0 to 76.1 years. In 2022, U.S. life expectancy at birth stood at its lowest level since 1996.² The unspoken promise, that American longevity would increase year after year, was broken. The question is, “What are we going to do about it?”³

We know from almost two centuries of experience with expanding longevity that the cultivation of longer lifespans is something human beings must do— together. Only quacks and charlatans promise greater longevity

2 https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2022/20220831.htm#

3 <https://www.health.harvard.edu/blog/why-life-expectancy-in-the-us-is-falling-202210202835#>

through pills, potions, or juice of rare Amazonian fruit. Dedicated groups of citizens and professionals have already begun combating opioid addiction and working to reduce the number of so-called “deaths of despair.” Others are busy improving the health and well being of newborns and their mothers. As of this writing, the worldwide struggle against COVID-19 continues and we are making excellent progress toward bringing this disease under control.

This book (and the Spark Pillars series it is part of) are a specific response to the challenge of improving the health, well being, and longevity of people who are already old. In the chapters that follow we will explore a new model, the “Spark Diamond,” that leverages population health policies and practices in response to the twin crises that affect aging in America:

- A medical system that is too expensive and too often harms rather than helps older people.
- A hidden pandemic of loneliness and social isolation that damages the health and well-being of older people and stunts their potential for growth.

History, and science agree that while greater longevity is experienced by individuals, this is something that is accomplished by working together.

The Spark Diamond

The Spark Diamond, was developed during the height of the COVID-19 pandemic and offers a sophisticated, integrated, scalable approach to fostering better health and greater well-being among populations of older people. It is founded on the best available evidence and informed by decades of practical experience in the field of aging. Most importantly, The Spark Diamond connects new ways of thinking about how we finance (and receive) vital healthcare services to a deep understanding of how community, purpose, and belonging enhance our well-being.

Better Health

The policies and programs that finance health care services are weighted heavily in favor of impersonal, high-tech, and in-patient services. There is growing concern that health care has developed into a fragmented and expensive “sick care” system that does little to prevent illness or improve wellness. While we can all be grateful for “modern medical miracles,” this progress comes at a terrible cost—very little time, money, or effort invested in keeping old people healthy and at home. Treatment takes precedence over care, and little heed is paid to the actual wants and needs of older people.

When older people are hospitalized, they are likely to be discharged in a weakened state, sleep-deprived,

undernourished, and exhausted. According to Dr. Harlan Krumholz, "Patients who were recently hospitalized experience a period of generalized risk for myriad adverse health events. Their condition may be characterized as a post-hospital syndrome, an acquired condition of vulnerability not necessarily linked to the original illness."⁴

Far too often, admission to a hospital places older people on what Joel Theisen, RN calls the "sick care roller coaster."⁵ Even when their medical condition is treated properly (this is not always the case), the patients themselves get worse. Millions of elders, sent home in a weakened state, have been quickly readmitted to the hospital, receiving even more intensive treatment. They then return home further weakened. This cycle

4 <https://www.nejm.org/doi/full/10.1056/nejmp1212324>

5 <https://lifespark.com/have-we-lost-too-much-humanity-in-health-care/>

can, and too often does, continue until the person loses their independence or even, their life.

The health care system is blind to the impact of fatigue and frailty because it is obsessed with and paid for by the diagnosis and treatment of disease— not the health and well-being of those it serves. The “sick care system” places intolerable burdens on older people and their families, who must contend with life-changing losses of strength, balance, and endurance with little or no assistance. The Spark Diamond presents a better way. It links health and well-being to people, not diseases, and values homes and communities, over facilities. This approach takes full advantage of a new generation of public policies and health insurance offerings. These innovations acknowledge that protecting and extending the health of older people requires us to focus on vitally

important non-medical issues. The Spark Diamond puts the person in the center of everything that happens.

Greater Well-Being

In 1994, Wendell Berry declared that community, in the fullest sense of the word, is “the smallest unit of health and that to speak of the health of an isolated individual is a contradiction in terms.” This quote is from the speech titled “Health is Membership.”⁶ Berry asserts that to be healthy; we need to feel whole; to feel whole, we need to belong.

Belonging is the beating heart of health. It is not entirely surprising that this point was made not by a nurse or doctor but rather by a poet and essayist who also happens to be a farmer.

6 <https://scienceandsociety.duke.edu/wordpress/wp-content/uploads/Berry-Health-is-Membership.pdf>

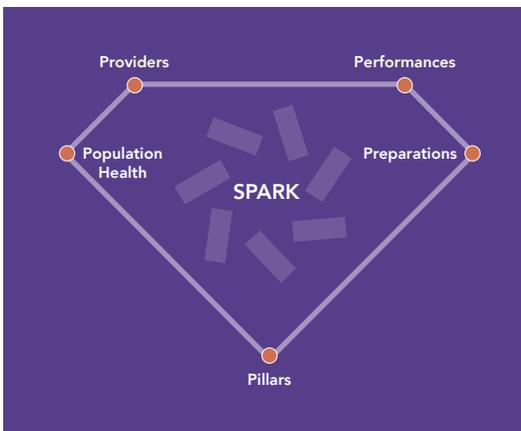
Farmers and poets are, by necessity, intensely aware of our deep need for connection.

The great irony of our age is that we live in a time when more older people walk among us than ever before. Yet, those elders also endure a hidden pandemic of loneliness and social isolation. The pain of loneliness links to; high blood pressure, heart disease, obesity, a weakened immune system, anxiety, depression, cognitive decline, Alzheimer's disease, and even death. The antidote to loneliness is belonging. Working with people you trust to pursue a shared goal is a powerful stimulant to developing healthy, vibrant human communities and individuals.

Spark offers an evidence-based, community-centered alternative to a harrowing status quo. It recognizes the importance of enhancing strength,

purpose, and belonging while positioning aging in the context of growth rather than decline. Spark Performances, team-based competitions that enhance strength, purpose, and belonging, connect people to each other and a cause greater than themselves. This approach contrasts conventional practice in health care and represents a new way forward that can help people who are already old live better lives.

Five Points



Pillars are the foundation

Population Health offers access to greater benefits

Preparations offer access to greater skill

Providers offer person-centered services

Performances demonstrate strength, purpose and belonging

It is all ONE model.

Diamonds have points, and The Spark Diamond's five points outline a unified approach to enhancing the health and well-being of elders.

1. Providers- aging literate professionals dedicated to a whole-person approach.
2. Performances- team-based competitions that enhance strength, purpose, and belonging.
3. Passports- value-based alternatives to fee-for-service payment systems.
4. Preparations- skill and knowledge development experiences that equip participants for success.
5. Pillars- four books that describe the Spark Diamond in detail.

Providers

America is aging. Between 2020 and 2030 the number of older people is projected to increase by almost 18 million.⁷ The number of geriatric

⁷ <https://www.ruralhealthinfo.org/toolkits/aging/1/demo-graphics#>

health professionals, however, is shrinking. As of 2022, the country has only 7,300 geriatricians or one geriatrician for every 10,000 patients. Only seven percent of older Americans currently have access to a geriatrician, and that number will fall in the years ahead.

The solution to this problem lies in our ability to train non-specialists so that they can work effectively with older people. This type of skill development rarely happens today because the fee-for-service healthcare payment model penalizes experts who take the time and make an effort to educate others.

Spark has developed a way around this limitation using new value-based reimbursement models and insights from some of the nation's leading geriatricians. It is already helping a broad range of healthcare

providers change how they practice and put the person at the center of health and well-being.

Performances

We don't just believe that aging is a team sport, we build teams. Every year Spark hosts a series of team-based competitions that test participants' strength, endurance, strategy, and knowledge. The year is divided into four seasons, and each performance has a qualifying round leading to playoffs and the crowning of a championship team. In 2023, the Spark Performances:

- The TRY-athlon Toument- a test of stamina and persistence.
- The National Forklift Racing League- a test of skill and strategy.
- The Grip Games- a test of rhythm and strength.
- The Spark Challenge- a test of knowledge and understanding.

Conventional thinking about aging holds that older people should be protected from emotional experiences related to loss and losing. The Spark Performance League (SPL) takes the opposite view. Struggle is essential to life, and the experience of joining in a meaningful shared struggle is authentic and enlivening. The SPL offers older people access to fierce team-based competition that matters. Each team contributes to a competition purse and then works to maximize their earnings throughout the regular season and playoffs. The teams then choose how to spend their earnings. The thrill of victory, and the agony of defeat, are equally essential ingredients of a sparked life.

Passports

Before there was insurance, people relied on “Friendly Societies” to help them manage the risks associated with illness and injuries. These

local social clubs also helped people celebrate the good times and weather the difficulties that are part of every life. Many Friendly Societies morphed into insurance companies and lost the social dimension of their mission. Health insurance companies are in the business of using premiums from customers to pay medical charges incurred by those same customers while reaping a profit.

The good news is these companies excel at spreading out risk over thousands or even millions of people. This is a good thing; it brings peace of mind to those who can afford the premiums. The not-so-good thing; these same "health" insurance companies define medical care and treatment as the sole sources of health and wellness. These companies will pay huge sums for treatment that may not be needed but often refuse to spend a cent on things such as a home modi-

fication that could help keep an older couple together for the rest of their lives.

Fortunately, a new era of insurance is dawning. These offerings see value in covering both medical and non-medical expenses and shift the focus from the doctor and hospital to the person. Their goal is to ensure that people have what they need to experience the greatest possible health and well-being. We refer to these offerings as “Passports” because they offer policyholders access to benefits that are better, broader, and more person-centered than conventional health insurance.

Preparations

It has been well and truly said that “prior preparation prevents poor performance.” Spark includes specific strategies aimed at helping people prepare for, and successfully respond

to, the challenges and opportunities that come with aging. Preparations are evidence-based principles and practices that can be explored individually or in groups. They offer older people new knowledge, skills, and insights related to health and well-being.

Pillars

Spark's Pillars are four books with a unified frame of reference and vocabulary to support older people's health and independence. The Pillars help people gain mastery over Spark's developmental approach to aging, health, and wellness. You are reading the fourth book in this series right now. The complete list of Spark Pillars includes:

1. *Aging Magnificently*
2. *MESH*
3. *The Good Life*
4. *Better Together*

Pillars

**“Hope is the Pillar that holds up
the world.”**

– Pliny the Elder

The First Pillar: Aging Magnificently

We live in an ageist society, and *Aging Magnificently* addresses the impact of ageism on people of all ages. It also presents a new way of thinking about and experiencing aging. The book is divided into three sections that:

- Explore Ageism and Anti-Ageism
- Build Aging Literacy
- Introduce Developmental Aging

Ageism and Anti-Ageism

Ageist assumptions and prejudice surround us, hiding even in seemingly complimentary language. Susan Ichi Su Moon writes, "It annoys me when people say, 'Even if you're old, you can be young at heart!' Hiding inside this

well-meaning phrase is a deep cultural assumption that old is bad and young is good. What's wrong with being old at heart, I'd like to know? Wouldn't you like to be loved by people whose hearts have practiced loving for a long time?"⁸

We assume that aging will present us with some of life's thorniest difficulties but rarely stop to consider how ageism works to make our losses more painful than they need to be. Ageism robs us of the authentic joy available to those who are growing old.

Ageist bigotry can be found in every corner of our society and government, but its most consistent wellspring is found— in ourselves. Ageist prejudice does its greatest damage in the space between our own

8 This Is Getting Old: Zen Thoughts on Aging with Humor and Dignity
By Susan Moon

ears, and the fight against it begins there. *Aging Magnificently's* first section concludes with specific advice on how to recognize, combat, and overcome the ageism we encounter in daily life and, even more importantly, the ageism we harbor within ourselves.

Building Aging Literacy

Older people remember the difference between passing through puberty and understanding puberty. Experiencing a profound change rarely leads directly to understanding that change. For generations, young people had to struggle through this phase of life with little or no outside help. Fortunately, society is currently doing a much better job of helping young people navigate puberty. There are fewer vague references to the "birds and the bees" and much better instruction in biology and psychology.

Growing old also brings significant changes, but elders are primarily on their own when it comes to understanding how aging changes us. Just because people grow old does not automatically mean that we understand aging. The second section of *Aging Magnificently* highlights the lifesaving importance of understanding the difference between normal aging and the signs of illness.

Introducing Developmental Aging

When most people speak of aging, they refer to it in terms of diminishment and decline. We commonly expect older people to appear frail, vulnerable, weak, and sad. The truth is vastly more complicated. The declinist vision of aging obscures the rich potential for growth within the latter decades of life. "Aging" is the proper name for the growth we experience when we are no longer young. The core virtue of aging is resilience,

and healthy aging relies on the deliberate cultivation of resilience.

**Resilience =
Strength +
Purpose +
Belonging**

We presume that strength is a virtue reserved solely for the young but research reveals that people of all ages can act to increase their strength. This is true for the dynamic power of our muscles (lifting weights enables centenarians to build muscle) as well as the mental fortitude we need to contend with life's inevitable trials. Getting stronger helps people of all ages live life on their own terms.⁹

We grieve when we learn that a young person is living an aimless life.

9 *The Journals of Gerontology: Series A*, Volume 55, Issue 6, 1 June 2000, Pages B264–B273, <https://doi.org/10.1093/gerona/55.6.B264>

It seems a tragic waste of potential. We should also mourn when an older person lives life without purpose. A sense of purpose contributes powerfully to health and well-being. The Japanese use the word *ikigai* when they refer to a person's "reason for being." The French use *raison d'être* to describe "the most important reason or purpose for someone or something's existence." In English, we might say that purpose is living with the knowledge of exactly what matters most.

We are social creatures born with a desire to connect with others. We see this in the parent-child bond, in life-long friendships forged on an elementary school playground, and in the tendency to seek out long-term life partners. Whatever our circumstances, relationships contribute form and substance to our lives. It is not good for humans to be alone and lonely.

Never is this more true than when we enter into old age. Aging Magnificently happens when we choose to stop getting old and start growing old.

The Second Pillar: MESH

Common sense, bolstered by rigorous research, tells us that people -- especially people who are old -- need to MESH:

- **MOVE:** Our bodies need to move if we want to be healthy. Our minds need our bodies to move if we are going to be happy. MESH focuses on the simple but vitally important elements of posture and balance and shows readers how to improve in these areas.
- **EAT:** Eating is a social act, perhaps the most common shared social experience. Eating alone puts one at risk of missing

meals and makes it more likely that we will stop cooking. People who dine with others eat more and eat better than people who eat alone. At its best, food nourishes us, body and soul. A meal can and should embody powerful symbols of love and acceptance.

- **SLEEP:** It is a myth that older people need less sleep than middle-aged people. In fact, adults require about the same amount of sleep from their 20s into old age.¹⁰ There are, however, changes in how we sleep as we grow older. Our health and wellness depend on our ability to get regular restorative sleep. Understanding age-related changes can help us master sleep and cultivate new, better sleep habits.
- **HEAL:** Healing, true healing, is not what we suppose it to be. A half-century of popular medical dramas has given us the

10 <https://www.webmd.com/sleep-disorders/sleep-habits-assessment>

idea that to be healed (in the span of a single episode, no less) is to return to the way things used to be. Healing of this sort exists mainly in fiction because the real world simply does not work this way. When we lose a spouse, or a lung, or a child, or a breast -- we can never go back. We can never return to life as it used to be. It is human nature, however, to wish that we could and to yearn for what was lost. The trouble comes when we can not let go of what was and begin to explore what might be. Healing is not a return to the way things were; it is moving forward to find a new normal.

The MESH approach to health and wellness happily makes use of modern medicine's most effective tools and insights but keeps our focus on the person and a person's urgent need to do simple things well. It also "flips the sick-care script."

Instead of trying to change how hospitals are organized and operated, it asks:

- How can we help people live in a way that makes hospital admission less likely?
- If someone is admitted to the hospital how can we help them get through the experience with as little damage as possible?

Medical treatment and diagnostic tests are exceptionally valuable and we should all have access to them when we need them. But in the real world, no one wants to be hospitalized or be wheeled into an operating room. We want to be healthy and happy. We want to live where and how we choose. MESH helps make this possible.

The Third Pillar: The Good Life

This Pillar explores seven domains of well-being and offers readers a proven process for converting promises into progress. There are many “domains of wellness” paradigms in circulation, and nearly all of them have merit. The seven domains employed here were carefully selected for their relevance to older people who seek better health and greater well being.

Belonging -- it's more than just not being alone.

Human beings are social creatures and social connections are vital to our health and well-being at every point in the human lifespan. We need to be connected to others. Our

lives are happiest when we get to be with people we love and admire. The feeling that we truly belong blossoms when we feel at ease giving to and receiving from the people around us.

Health -- it's more than just not taking medicines.

Good health's most important virtue lies in the way it enables us to live life on our own terms, to live where and how we choose. A common myth about aging holds that most older adults are burdened by illness and feel unwell. In fact, most older people report feeling positive about their health. About 60 percent of older people have two or more chronic illnesses but 82 percent report that their health status is excellent.¹¹ Elders are generally inclined to define good health in terms of emotional well-being, positive social relationships, and

11 [Table P-1. Respondent-assessed health status, by selected characteristics](#)

satisfaction with life rather than the absence of illness or disability.

Home -- it's more than just having a place to sleep.

We experience being at home mainly as a feeling. There isn't, and won't ever be, a single definition of what it means to feel safe, comfortable, and at home. Not feeling at home, or being told we can't return home, can lead to depression and a pervasive feeling of helplessness. Some say that "home is where the heart is" and nearly all older people report wanting to remain in their own home as they age. This overwhelming preference is undercut by a healthcare system that routinely requires elders to leave home to access the services they need. The Good Life asks, "What if the help you need came to you?"

Money-- it's more than what's in your pocket.

Conversations about money are both difficult and important. According to the American Psychological Association three-quarters of the older people surveyed said they had worried about money at some point in the last month. More than a quarter of the people surveyed reported being stressed about financial issues most or all of the time. This anxiety can become acute for people living on fixed incomes who worry their money will "run out" before they die-- leaving them as paupers. Feeling secure financially is a cornerstone of health and well-being.

Thinking -- it's more than just memories.

Our ability to think for ourselves is central to our existence. People fear dementia precisely because they fear

they will cease to exist as a person as their memory fades. A National Institute on Aging study, which has tracked a thousand men and women since 1958 to observe changes associated with aging, found concerns about declining sexual interest and personality changes, among other things, but memory loss emerged as the thing people worry about most. That concern is not limited to people at risk for the disease. Family members and friends also worry about how a loved one's diagnosis will change, and in some cases utterly disrupt their lives. Changes in cognition impact a wide social circle, not just the person receiving the diagnosis.

Being -- it's more than just a name and occupation.

Most people experience decades of trial and error before they can confidently complete the phrase "I am...". The longer we live, the more answers

we discover. Humans are remarkably long-lived creatures. When people look back on their lives, they often organize them into chapters, much like this book. If we are lucky, those chapters form an extraordinary story of love and becoming a whole much greater than the sum of its parts.

Purpose -- it's more than just a wish.

A JAMA (Journal of the American Medical Association) study published in 2019 showed that, among people over the age of 50, having a strong life purpose leads to improvements in both physical and mental health and enhances overall quality of life. A survey of U.S. military veterans revealed a connection between purpose and greater resilience. A strong sense of purpose also correlated with improved recovery from PTSD. Whatever our life experience may be, connecting

to purpose can help us answer the question: "Why am I here?"

The Good Life uses these domains to create and maintain a Life Plan. Just as medical treatment plans are constantly revised and improved, Life Plans are living documents that change over time. Wellness is not, and never has been an accident. Thought, partnership, persistence, and careful measurements are essential to pursuing the life you want.

The Fourth Pillar: Better Together

This is the book you are reading now. In many ways, it is the culmination of the other three Pillars. It absorbs the lessons of *Aging Magnificently*, applies the insights found in *MESH*, and embraces the

domains of well-being described in *The Good Life*. When we combine these elements, new possibilities begin to emerge. *Better Together* explores often hidden connections between health, well-being, and aging while explicitly addressing the toll on elders of a dysfunctional medical system and a devastating but hidden plague of loneliness and social isolation.

While we are all familiar with medical care delivered to individuals, there is another way of thinking about health and well-being. We can trace its roots to the early work that gave us improved sanitation, childhood immunizations, and greater health literacy that made the longevity boom possible. Looking forward, we can ask how population-health policies and practices can be used to help older people live longer, better lives.

To fully understand and use these insights, we must explore the relationship between “me” and “we.” Understanding the value of both perspectives connects us to greater strength, purpose, and belonging, unleashing a revolution in aging.



**“He who has health has hope;
and he who has hope, has
everything.”**

– Thomas Carlyle

**“Health is not simply the
absence of illness. Real health
is the will to overcome every
form of adversity and use even
the worst of circumstances as
a springboard for new growth
and development.”**

– Daisaku Ikeda

“The greatest wealth is health.”

– Virgil

Population Health

**“Why treat people and send
them back to the conditions
that made them sick?”**

– Michael Marmot

Me and We

A cab driver picks up a fare on a rainy November evening. The driver is in good spirits and inclined to talk. He tells his rider the story of his life— a stint in the Army, a marriage, a couple of kids, an auto repair shop that he may have loved more than his wife, a divorce, a bankruptcy. Now, at 72, he lives alone, drives a cab most nights, and feels all is well in his world. As the rider pays his fare, the driver tells him, “Remember, it takes time to figure things out.”

Perhaps the hardest thing to “figure out” is who we are talking about when we say “me.” It is easy to believe that our “me” is something we create on our own— but that isn’t how it works. Four centuries ago, John Donne reminded us that “no

man is an island.” The poet spoke a truth confirmed by modern science. An essential part of our human nature requires a “we” for a “me” to develop properly. This process of development starts early and continues for the rest of our lives.

Around six months of age, both human infants and chimpanzees are intrigued by mirrors and seem to recognize their reflections.¹² For chimpanzees, the novelty quickly fades. Human infants, in contrast, remain interested in exploring the baby looking back at them. It might seem that the mirror teaches babies to recognize their reflection. In fact, it is the other way around. It is the human infants’ growing understanding of themselves as unique and independent beings that leads them to understand -- “I am the baby in the mirror.” While this might seem a small thing com-

12 <https://www.psychologytoday.com/us/blog/the-baby-scientist/202002/whos-baby-in-the-mirror>

pared to milestones related to walking and language, the discovery of “I” helps us understand others in a new way. If I have thoughts and feelings, then others also have thoughts and feelings. “I” am not alone. Published research also connects identity, and well-being, with a willingness to do for others. We are social creatures, and relationships with others are essential to our well-being. The people with whom we form close bonds have a profound impact on our personal identity. A Swedish study explored this terrain using data generated from in-depth interviews with 884 people. The results highlight a complex interaction between:

- Personal identity and personal well-being;
- Collective identity and collective well-being; and
- Collective identity and a collective willingness to sacrifice

We all know the phrase, "It takes a village to raise a child." What we too often fail to understand is that "it takes a village for you -- to be you." Our personal and collective identities overlap and actively reinforce each other. Much has been written about social isolation and the burden of loneliness but what has yet to be fully recognized is the degree to which having a sense of identity (me-ness) depends on social connections strong enough for us to be willing to sacrifice for them (we-ness). "Me" and "We" reinforce and strengthen each other through relationships.

This bedrock truth of human nature conflicts with a "heroic" narrative of human aging that tells us "successful aging" requires us to grow old alone. Americans of all ages, but especially older people, have been deceived by a lunatic mythology that values "independence" above all else.

This independence myth perpetuates an “aging in place” fantasy that leads millions of people to cling to homes and neighborhoods that no longer suit or serve them well. It also leads people to refuse simple forms of assistance that could help them continue living on their terms. The words “I don’t need any help” have never been true for anyone. Every “me,” at every age, needs a “we.”

Together

The beauty and power of togetherness surrounds us. Interdependence is woven into every ecosystem, from the smallest to the largest. When we gaze upon a forest, we marvel at how close the trees stand together; their crowns nearly touching. Leaves connect to branches and tree trunks, which plunge down to roots. Un-

derground and out of sight those roots form a densely interconnected network. Trees of a forest continuously exchange nutrients among themselves. This is no accident; those connections evolved as part of a strategy that helps trees share strength and create resilience— together.

A solitary tree set apart from all others can be beautiful but also an occasion for grief. The tree may stand alone, as “independent” as can be. But. Even when its majestic spreading branches reach toward the sky, a solitary tree’s life is far more difficult than that of its forest-dwelling cousins. It must also face the hazards of wind, insects, and drought alone. Healthy human communities resemble forests in essential ways. Being part of a community allows people to share strengths and burdens and become stronger— together.

An ancient Irish proverb, “Ar scáth a chéile a mhaireann na daoine” translates as “In the shelter of each other the people live.” For too long, our society has confused independence with the fantasy of holding our own against the hazards of life. We become stronger, healthier, and happier individuals when we come together as a community. When we are young, we are told to stand on our own two feet and choose our own path. The long struggle for independence, and its attendant hustle and bustle, often leads us to forget what the forest knows:

- **Togetherness helps us maintain our independence- we are stronger together**
- **Independence helps us maintain our togetherness- we are better together.**

We are meant to live life with others with whom we can share our days, and our stories. We are meant

to have good neighbors and to be good neighbors.

“Well” Begins with “We”

People tend to think of health and health care in individual terms and talk about “my” doctor and “my hospital” almost as if they belonged to us personally. This kind of thinking works well enough in a world where most people are young, and most health problems are acute and treatable. But that isn’t how things are today. As we move into the second quarter of the 21st century, it is becoming increasingly clear that our current healthcare system is ill-suited to our needs. Over the past century, our society has bought and paid a high price for the world’s shiniest, most technologically advanced acute care system. What we need now is an approach to

health care financing and organization that can meet the needs of an older population whose needs are mostly related to the effective management of chronic conditions.

Modern medicine has kept its focus on the needs of sick individuals and the existing system is designed to address problems on an individual scale. We mostly ask, how can medical care help “me.”¹³ As might be expected in this context, opportunities created by adopting a “we” perspective have long languished in the background. We should have paid much more attention to the words of Benjamin Franklin who observed that “An ounce of prevention is worth a pound of cure.” Instead, we built a system that turns this wise aphorism on its head. We spend freely for every kind of cure but pay little heed to

13 Rose G. 1992. *The Strategy of Preventive Medicine*. Oxford: Oxford University Press.

preventions that can be had for the asking.

An old woman who consults her doctor about the trouble she is having getting up and down stairs in her home quickly learns how little the health care industry can do for her. Her doctor might be supportive but “having a problem with the stairs” is not understood to be a medical problem. If, however, she falls on the stairs, and breaks her hip, the medical system will spring into action— for a price. Now, let us imagine the same person using insurance benefits she has earned to hire a coach who specializes in helping people like her get stronger. This woman, and her coach, work together. As she gets stronger she conquers the stairs in her house and then begins to join outings with friends and family members because she feels more comfortable navigating public spaces.

These circumstances remind us that:

- Traditional health care values treatment over prevention.
- Person-centered strategies can lead us to solutions that enhance the strength, purpose and belonging available to people in their daily lives.

Put another way we might say that:

- Traditional health care addresses individual illnesses and injuries.
- Person-centered care asks people what matters most to them and helps them plan for the life they want to live.

No one is self-sufficient; everyone relies on others. We might imagine that our illnesses are not connected to the afflictions experienced by others but those connections do exist. People in the United States are more likely to experience a heart attack than people living in Japan. Why? The fact is that Americans are much more likely to have high

cholesterol levels than the Japanese population. Population risks connect, indirectly but powerfully, to personal risks. Population health understands these connections, traditional health care does not.

These observations point to an intriguing paradox. Certainly, personal medicine can help individuals improve their health and well-being. But. What if? What if we also took steps that helped a whole group of people change their risk factors for illness and injury? What if people could benefit from both high quality personal care and actions that reduced the risk factors of the population they are part of? After all, the best medical treatment happens when a person who is healthy and happy goes about their daily life with no treatment at all.

Research studies show us that, as a population, older people have too

little muscle mass (strength), often struggle with defining a role outside of employment (purpose), and are prone to the negative consequences of loneliness and social isolation (belonging). Applying the population health perspective allows us to supplement personal medical care with strategies that enhance the strength, purpose, and belonging of all members of an entire group of people. Spark is unique because it embraces **both** skilled person-centered treatment of medical conditions **and** strategies for helping members of a community get better together. Achieving success in this endeavor requires us to understand, and overcome, the deficiencies built into the current “sick care” system.

Passports

“Two are better than one;
because they have a good
reward for their labour. For if
they fall, the one will lift up his
fellow; but woe to him that is
alone when he falleth, for he
hath not another to help him
up.”

– East Morton Female Friendly
Society – 1845

Broken Bonds

In 1989, a nurse named Connie Evashwick published an article that set off a revolution in health care. In it, she coined the term “continuum of care” which she defined as an “integrated system of care that guides and tracks patients over time through a comprehensive array of health services spanning all levels of intensity of care.”¹⁴ For the next three decades virtually every health care executive with system-level responsibilities worked hard to develop and refine a “continuum of care.” Unfortunately, Evashwick’s dream of a seamless “continuum of care” degenerated into a chaotic hodge-podge of programs and services that make life much more difficult for older people and their families than it needs to be.

¹⁴ C Evashwick Creating the continuum of care. Health Matrix 1989 Spring;7(1):30-9.

How could something that sounds so good in theory, “a comprehensive array of health services,” turn out to be so bad in practice? As is usually the case, we can find the answer we seek if we follow the money. The medical/hospital industrial complex bases financial payments for health care providers exclusively on the treatments they provide to those who are sick or have been injured. More sickness and more injuries mean more revenue. In this system, there is no incentive to reduce sickness or prevent injuries.

Money follows hospitals and clinicians not patients. If you have ever wondered why hospitals bristle with a confusing array of Centers, Departments, Units, and Clinics, this is the reason. Every specialty works hard to maximize its slice of the health care money pie. This is not to say that health care professionals are bad people (although inevitably some

are) but rather that they are people working in a system that has no interest in the kinds of health and wellness that reduce the need for medical care. Worse, there is vanishingly little interest in what happens to people when they are attempting to navigate within this broken system. Hospital board presentations might show patients flowing smoothly from the Emergency Department to the ICU to Med/Surg to Inpatient Rehab to Long-Term Care, but that is not what people actually experience.

Big health care systems produce an especially advanced degree of sub-specialization. The larger the health care system, the more often patients will be shuffled between various "levels of care." To be fair, there is merit in specialization's ability to produce better clinical outcomes. Joint Replacement Centers that perform a single procedure excep-

tionally well regularly produce better outcomes than those of a general surgical practice. The problem is that the money is devoted to "fixing hips," not people.

Older people and their families don't get to experience a "smooth continuum" Instead, they are left to struggle with a confusing jumble of clinical interactions separated by terrifying gaps in care. An Emergency Department physician can diagnose, treat and admit a patient and feel, rightfully, that his or her work is well done. The patient and the family, however, experience a five-hour wait for a "bed", followed by a bumptious admission process requiring them to repeat almost everything they have already said about the history of the present illness, medications, and co-morbidities. Nothing about this process feels "continuous."

The current health care system

is essentially paid to break the bonds that long joined patient and provider— and call it progress. Life will always bring illnesses and injuries that threaten to turn our lives upside down. For millennia, people had someone to turn to in their moment of need. Today, we confront an inscrutable system consisting of thousands of isolated segments of care. Each of these segments aims for excellence, but none are paid to care about us as we journey across Connie Evashwick's broken continuum.

We are, more than ever, on our own.

Friendly Societies

All people in all periods of history have contended with the perils of their

times. Tribal peoples have long used kinship networks to create a haven in a harsh world. During the Middle Ages, people began to build social networks of unrelated people who shared a common interest in survival. They responded to the political instability of their age by forming local mutual aid societies to help them manage the ever-present risk of illness, injury, and want of work. The bonds that joined them were a sturdy promise of reciprocity.

During the late medieval period, governments were highly fragmented and had little capacity for (or, perhaps more accurately, little interest in) alleviating the suffering of ordinary people. People had little choice but to take matters into their own hands and begin sharing risk and distributing burdens among themselves using newly founded “friendly societies.” Many of these societies remain with us today.

- Ancient Order of Foresters
- Askrigg Friendly Society
- Catholic Mutual Benevolent Association
- Independent Order of Foresters
- Grand United Order of Odd Fellows
- Knights of Columbus
- Knights of the Maccabees
- Red Rose Friendly Society
- Scottish Friendly
- Shepherds Friendly Society
- Sons of England Benevolent Society (Canada)
- Teachers Assurance

Many of these organizations have endured for centuries because they were carefully organized, well-run, and delivered reliable financial and social benefits to their members. The number of friendly societies (sometimes called “friendlies”) exploded in

the 18th and 19th centuries. New risks to health and well-being arrived with the Industrial Revolution and drove the growth of friendly societies. The Foundation for Economic Education has a good summary of this history.

“Originally, friendlies insured against ‘disability to work,’ with little distinction between accident or sickness. This also came to mean ‘infirmity,’ i.e., insurance against old age. Most friendlies paid for a doctor’s services, burial expenses, annuities to widows, and educational expenses for orphans. They built old-age homes and sanitariums for members and their families. Even in their early stages, they offered unemployment benefits for those in ‘distressed circumstances’ or ‘on travel in search of employment.’ The most common pay-outs were for maternity leave and retirement pensions.”¹⁵

15 <https://fee.org/articles/friendly-societies-voluntary-social-security-and-more/>

During the Nineteenth and Twentieth Centuries, millions benefited from membership in a profusion of friendly societies. In 1826 the Ripponden Female Society declared that "By mutual Aids we may increase the Blessings of Life – alleviate Misfortunes – and often secure Success." In 1875 the Girls' Friendly Society (GFS), dedicated itself to aiding the personal and social development of young women moving into English cities. The motto of the GFS was "Bear one another's burdens," and it valued "purity, dutifulness, faithfulness, and thrift."

Although nearly forgotten today, "Friendly societies" form an important and unheralded part of our shared history. They endured because of their proven ability to help people of all ages and backgrounds create a better life for themselves and those they care most about. Historically, friendly

society members paid monthly or quarterly dues into a fund in exchange for insurance against hardship. The societies were usually community-based, with members mostly living within a few miles. Members being close at hand enhanced the social functions of the societies. They had regular meetings throughout the year and usually had at least one day of celebration, often including a parade.

The society became intertwined with existing community networks, which helped them deliver benefits to members that were both practical (medical care and pensions) and emotional (belonging and ritual). Being part of the community enhanced members' opportunities for active participation. Older members, for example, continued to have access to meetings and celebrations and opportunities for participation in the society's decision-making.

Instead of “Every man for himself, and the devil take the hindmost,” Friendlies embraced the cry of the Three Musketeers, “All for one and one for all, united we stand, divided we fall!” Friendlies have an affection for funny-looking hats and outrageous titles. Though these might seem silly to outsiders, the Friendlies’ secret handshakes, rituals, and traditions promoted solidarity. They solidified the feeling that “we” are joined together in an important cause, which is impossible alone.

Community is a balm for loneliness, and we are living in what George Monbiot has dubbed “the age of loneliness.”¹⁶ The Friendlies made “we” the focus of their attention and, in doing so, struck a blow against social isolation.

16 <https://www.theguardian.com/commentisfree/2014/oct/14/age-of-loneliness-killing-us>

Back to the Future

The ads run on television 24 hours a day. The spokesmodel wants you to know that you can trust AARP. The spokesmodel wants you to know that AARP trusts the United Healthcare Insurance Company and its affiliated companies. For millions of people, this is the only thing they know about AARP. This is unfortunate because AARP's history is vastly more interesting than its current incarnation.

Ethel Percy Andrus was the founder of AARP. Born in 1881, Ethel's parents encouraged her to get an education, and she graduated from the University of Chicago in 1900. Ethel became California's first female high school principal in 1916, a role held for 28 years while earning an MA and a PhD from the University of California.

She retired in 1944, which was the beginning of a new adventure.

When she was in her 60's, Andrus volunteered to check in on a retired teacher who was said to be living in a chicken coop. She later described the visit this way.

"I knocked on the sagging door of the windowless shed and assured the answering voice that I had come to say 'Howdy'—one teacher to another—and I asked if I might not come in. I waited for the door to open and when it did, my hostess slipped through and closed the door behind her.

Stockily built, with short gray hair, in an old coat much the worse for both age and wear, a woman withered of skin, with sunken cheeks but with the bluest

and merriest of eyes, she looked me over — smiling at me, putting me at my ease, while she inquired of my errand.”

“‘Just a friendly visit,’ I said, and I told her my name. Curiously enough, she knew it, and more curiously, I recognized hers when she told me it and recalled her reputation as a Spanish teacher of some distinction.”

Andrus was angered when she saw a retired teacher living in poverty after decades of service to her community— and decided to do something about it.

Spurred to action by that visit she created the National Retired Teachers Association in 1947. In 1958, she founded the American Association of Retired Persons (AARP). AARP came to life as a modern incarnation of a

friendly society. It became the largest and most influential friendly society in history.

An AARP card offered members access to benefits that were unavailable to others. The organization created and nurtured a network of more than 1,400 local chapters focused on community service. Andrus' faith in the dictum "We are stronger together" shaped the organization's early history.

Although it still lobbies for the policies it prefers from its national headquarters on E Street in Washington, D.C., the local chapters are now much reduced in size and influence. The organization largely functions as a subsidiary of an insurance company. Income derived from its relationship with the United Healthcare Insurance Company provides the lion's share of AARP's revenues.

AARP's evolution is part of a more significant trend that saw some of the world's largest and most successful friendly societies transform into insurance companies. (For example, The Ancient Order of Foresters became Foresters Insurance company.) A process aided by elites who grew wary of the wealth and solidarity accumulated by the "friendlies."

One piece of American legislation required friendlies to use the same mortality tables as commercial insurers, even though members of the friendlies had a record of greater longevity than the general population. This change erased a vital price advantage for the friendlies and led many to become insurance companies. During this process, they shed the grassroots, local, person-to-person connections that gave life and vitality to the friendlies and gained enormous new sources of revenue in the form of

premiums collected from the public. The resulting shift from “lodge medicine” to “fee-for-service” medicine favored by the American Medical Association set the stage for the extraordinary growth of the healthcare industry.

Further change is now mandatory because national healthcare expenditures are growing at an annual rate of 5.5 percent, projected to reach \$5.7 trillion by 2026.³⁶ Spending on hospitals currently totals \$1.1 trillion a year and consumes a third of total healthcare costs.³⁷ Despite their undeniable high-tech wizardry, hospitals are less impressive when caring for older people.

A study by the Office of the Inspector General of HHS estimated that 13 percent of Medicare beneficiary hospitalizations had adverse events that seriously harmed these patients.

The good news is we are moving away from a hospital-centric, fee-for-service system and toward value-based payments. By 2025, value-based care is expected to account for 100 percent of all Medicare payments and half of all commercial insurance payments and healthcare payments. These changes are accelerating a decline in hospital utilization rates, especially for older people. Since the year 2000, per capita hospital admission rates for Medicare beneficiaries have fallen more than 25 percent.

This shift has created a new generation of health “passports” that offer older people a value proposition familiar to their great-grandparents. In the 1920s, friendly societies (often referred to as “lodges”) dominated American healthcare. Lodge members typically paid a fee roughly equivalent to a day’s wage to access a doctor’s

care for an entire year. Non-lodge members typically paid a similar amount for every doctor's visit.

Today, Medicare offers plans that function less like conventional insurance and much more the like the lodge medicine of old.

Providers

**“America’s health care system
is neither healthy, caring, nor a
system.”**

–Walter Cronkite

Phillip Asdair Montgomery

Saturday

Philip Asdair Montgomery was widely known for his remarkable ability to fall in love. Married six times, divorced four times, widowed twice, he'd loved and lost more than most people. Always a natty dresser, Philip (never Phil) kept a fine garden, doted on his daughters, and babied his heirloom tomatoes. He also insisted that clean gutters went hand in hand with clean living, and this uncompromising commitment to rain gutter hygiene **proved to be his undoing.**

Even though he was 90 years old, even though his girls had pleaded with him not to do it, Philip leaned a ladder against the back of the

house on a sunny summer morning. He double-checked its footing and went to work. Front, back, and side downspouts checked the gutters were clean, and all was right in the world.

Sweat beaded his forehead as he carefully descended the ladder one rung at a time. He felt for the bottom rung with his foot but slipped and lost his grip on the upper rung. Philip stumbled and fell to the ground.

He cursed a blue streak, sat up, and checked himself over. His right wrist was a little sore. "Not too bad," he thought, "for a fellow my age." Eight hours later, however, the wrist was throbbing. It had ballooned to twice its usual size. The skin was shiny and bright red. Something was wrong.

He drove himself to the hospital. And after three hours in the waiting area saw a doctor. X-rays were

ordered and, after another long wait, the doctor confirmed Phillip's suspicion. "It's broken. Just a crack, but you'll need a cast when the swelling goes down." After being fitted with a wrist splint, Philip was handed a sheaf of papers, including prescriptions and discharge instructions. He would need to make an appointment with the on-call orthopedist. As he was wheeled to the door, he got a stern lecture on acting his age: "90-year-olds and ladders don't mix." Philip rolled his eyes. In the parking lot, he fumbled with the key fob; it was the first time he had used it with his left hand.

Tuesday

Three days later, everything was worse. He'd taken his medicine and iced his wrist as instructed, but he didn't think he could wait another week for his appointment. The pills upset his stomach, and he felt "weak as a baby." His right hand was swollen,

discolored, and hurt like hell, and Philip, who usually slept like a stone, was up all night.

Wednesday

In the morning, his neighbor stopped by to check on him, and it was apparent Phillip hadn't shaved or showered. He appeared confused. She called 911. A dispatcher sent an ambulance to the house. This time, instead of making snappy conversation with the nurses, Phillip mumbled answers to their questions. An orthopedic nurse practitioner examined him and noted that it did not appear that he had been using "the sling he was sent home with." She also observed that the patient "appears quite drowsy." But, because she had never seen Philip before - and assumed this type of appearance was normal for a 90-year-old man - she made nothing of it. The X-rays were repeated. They, at least, showed no change. Philip's

chief complaint was “pain and swelling.” The narcotic pain medication was doubled, and a stronger non-steroidal anti-inflammatory was added to the mix.

A nurse fitted him with a new sling and a sturdier splint. As they wheeled him to the door, they repeated the mantra to a bleary Philip Asdair Montgomery:

- Ice.
- Elevation.
- Take your medications.
- Follow-up with the orthopedist.

The Emergency Department’s job was done.

Friday

At lunchtime, the same neighbor noticed that Philip hadn’t gotten his mail so she came over. She found him on the bathroom floor — trousers

bunched around his ankles. She called 911, again. Again, an ambulance took him to the emergency department. This time, Philip was lethargic and had difficulty understanding where he was or what was happening. The ER was also very busy. Philip's stretcher was parked in a hallway for several hours. When the department's ceaseless clamor did arouse him, he was overcome with a jumble of memories from his time in the Navy.

His daughters arrived from out of town and barely recognized their father. Nor did he recognize them. He thrashed against the stretcher's side rails, hallucinating and calling for help. His daughters hovered, anxious and afraid. After a six-hour wait, Philip Asdair Montgomery was admitted to an orthopedic floor with the diagnoses of right wrist fracture, dehydration, and delirium.

Phillip actually fell twice. The first fall followed his foot slipping on the bottom rung of the ladder. The resulting injury was minor (this type of fracture usually heals completely) and was attended to in the ER. The second fall was a collapse in his ability to function independently in the world. This fall was the consequence of a health care system that focuses on diagnoses (fracture of right wrist) and shows little concern for the person with the fracture. Both of these falls require attention.

Modern Medical Mayhem

There are a million stories like that of Philip Asdair Montgomery. They lead us to ask: "Why does it have to be this way?" Why does the health care system require older people who are ill or injured (and their families) to

jump through barriers that function as invisible flaming hoops? The answer to these questions lies in the fact that our system spends billions of dollars on medical and surgical treatments but does nothing to help people cope with the complexity of the system we have created. Specialization and sub-specialization are good for the business side of health care, and they can improve outcomes, but these trends can make it hard to get the care we need. They also make it easy for people to get lost in the system.

We can see literal signs of the trend toward segmented care when we look at the profusion of signage posted on the walls of our local hospital. Finding one's destination in a modern hospital is challenging even when you are feeling well. Navigating the jumbled "system" of inpatient, outpatient, diagnostic services, insurances, co-pays, and supplemental coverage

becomes nearly impossible when we are ill or injured.

While all this is obvious to older people and their families (just ask them and they will tell you), health-care executives and providers have been slow to recognize the problem. They prefer to view health care as a single system of services that, taken together, provides patients with everything they may need. In theory, all of the segments of care people need are connected directly to each other.

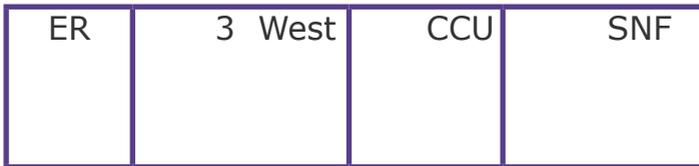


Figure 1: A "continuum" of care.

In practice, there are substantial gaps between those segments.

These gaps have been allowed to grow and multiply because:

- Health executives do not experience these gaps in their work.
- The gaps between segments generate neither costs nor revenue and are absent from the care system's financial statements.

We would declare some kind of national holiday if elders actually experienced the seamless continuum imagined in Figure 1. But they do not. In fact, older people and their families often find the gaps between segments of care to be the most distressing parts of a clinical episode. Instead of a continuum of care, older people and their families confront what might better be called a "continuum of experience." Drawn as a diagram this continuum of experience would reveal the gaps that are a significant part of that experience.



Figure 2: Note the gaps between the episodes of care.

While these gaps remain invisible to clinicians and administrators, they exact a toll on the patients and families who must traverse them. The time and energy required to accomplish “transition” and “navigation” are considerable and create a heavy burden carried mostly by elders and their families. People wonder: Why do we have to repeat basic information so many times to so many people? Why do tests and procedures have to be duplicated? Why does the left hand rarely know what the right hand is doing? The reality is that information leaks out in between the gaps in segments of care and is lost. When

that happens, it is the patient who pays the price. Such costs ought to be included in our accounting of the total healthcare budget but are not. Instead, they function as a hidden tax on the finances, resources, and energy of elders and their families.

Few healthcare professionals ever “mind the gaps” because clinical specialization increases revenue and organizational prestige. Specialization flourishes because it allows professionals and administrators to focus on clearly defined and highly reimbursable tasks and procedures. The drive to specialize is intense and further divides the experience continuum. Instead of the four-segment continuum shown in Figure 1, people must contend with something more like an eight-segment continuum.

ACU	ER	3W	PCU	MICU	SICU	TCU	SNF
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Figure 3: Greater specialization further divides the continuum of experience.

Suppose that we “mind the gaps” between these segments of care and make a more accurate diagram. When we do so, we arrive at Figure 4.

ACU		ER		3W		PCU		MICU		SICU		TCU		SNF
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Figure 4

Comparing Figure 2 to Figure 4 reveals that doubling the number of clinical segments in the continuum also doubles the number of gaps between segments. A person moving across the continuum of experience shown in Figure 2 must contend with three gaps in care. A patient with an identical clinical course in a more specialized system (Figure 4) must navigate seven gaps in care. Elders and their families are compelled to invest time and effort traversing each

of these gaps and must do so even when their resources are limited.

These simple diagrams also illustrate how a patient confronted by a highly specialized continuum will spend less time in each segment. For example, in Figure 1 a patient's time in segment A would account for about 25% of the total episode of care. In the more specialized continuum sketched in Figure 3, segment A occupies only about 12% of the total episode of care. Greater specialization can increase technical competence but it weakens the personal connections that are also important to good care.

But wait– there's more.

Health care isn't just about "doctors and nurses" anymore. Today we are tended to by rehabilitation specialists, geriatric case managers, pharmacy consultants, and, increasingly, navigation coaches. All of these

professionals need to be included in the process of transferring patients from one setting to another. Increasing the number of disciplines involved also increases the likelihood that errors will creep into the patient's experience and that valuable information will become "lost in the gaps."

There is now some evidence that specialization has reached the point of diminishing returns. The shift toward value-based reimbursement is beginning to change how people think about health and healthcare. This is, finally, creating incentives to put the person in the middle of health care system design.

Elders, in particular, can benefit from a way of financing and delivering services based on getting well and having better health, instead of a system that pays more the sicker and frailer they become. This approach

is called “population health,” and policymakers intend to shift the entire health system for older people away from fee-for-service medicine and toward a more holistic approach that puts people first.

Where do older people spend the majority of their time? The hospital? Wrong. Doctors’ offices? Wrong. Nursing homes? Wrong. The correct answer is— at home. A new kind of healthcare system is coming into view, one that helps people enjoy the level of health and well-being they need to live in homes and communities of their choosing.

Philip Asdair Montgomery Redux

A better story...

Saturday

Philip Asdair Montgomery was widely known for his remarkable ability to fall in love. Married six times, divorced four, and widowed twice, he'd loved and lost more than most people. He insisted that clean gutters went hand in hand with clean living and it was this uncompromising commitment to gutter hygiene **got him into trouble...**

After Phillip fell from the ladder. He cursed a blue streak. Sat up and checked himself over. His right wrist was a little sore. "Not too bad," he thought, "for a fellow my age." Eight hours later, however, the wrist was throbbing. It had ballooned to twice its usual size; the skin was shiny and bright red.

He called his doctor, but another doctor was on call. **That doctor told Phillip to go to the emergency**

room. He drove himself to the hospital. X-rays were ordered, and after a long wait, another doctor confirmed Phillip's suspicion. "It's broken. Just a crack but you'll need a cast when the swelling goes down." A nurse fitted him with a wrist splint. Philip was handed a sheaf of papers, including prescriptions and discharge instructions. He would need to make an appointment with the on-call orthopedist.

As he was wheeled to the door, the nurse informed him: "**We'll call you tomorrow just to see how you are doing.**" In the parking lot he fumbled with the key fob; it was the first time he had used it with his left hand.

Sunday

A nurse from the Emergency Department called, and Phillip told her that he was doing fine.

Monday

The pain got worse.

Tuesday

He'd taken his medicine and iced his wrist as instructed, but his right hand was swollen, discolored, and hurt like hell. The pills upset his stomach, and he felt "weak as a baby." He called his doctor, and the receptionist gave him an appointment for Friday.

Wednesday

Not a good day. In the morning his neighbor stopped by to check on him and it was obvious Phillip hadn't shaved or showered. Instead of making snappy conversation with her, Phillip mumbled answers to the neighbor's questions. She called Phillip's oldest daughter and put her on the phone with him. **"Hold tight, Dad; I'll be there in the morning."**

Thursday

After a sleepless night for both of them, Philip's daughter found him groggy and confused. She took him back to the hospital emergency department. A nurse fitted him with a new sling and a sturdier splint, then set him up with an appointment with an orthopedic surgeon the next day. That night Philip Asdair Montgomery slept a little better. His daughter cooked dinner for them both and ran some errands.

Friday

The bone doctor repeated the X-rays and found a fracture the Emergency Department had missed. **Scaphoid fractures like these are notoriously hard to identify and treat, but they now have an accurate diagnosis.** Surgery was indicated and Philip was booked for the operating room the following morning.

By this time, all three of his daughters were in town, and they made sure he had all the help he needed.

A month later...

Philip was mostly back to normal. The ladder removed from the property. There was talk about him giving up his driver's license. He accepted the loss of his ladder but told his daughters he would fight like hell to keep driving. The hardest part is that he knew his daughters were right; things hadn't been the same since the fall. One little slip, he sighed, had changed his life forever.

The best story...

Philip Asdair Montgomery was widely known for his remarkable ability to fall in love. He insisted that clean gutters went hand in hand with clean living, and this **uncompromising commitment to gutter hygiene**

was the reason for his annual backyard picnic.

The grill was fired up, his daughters had come home. The patio was filled with his friends and neighbors. He glanced at some of the guys who, like him, were "getting up there." He shook his head. They had gone the usual route, a passel of doctors, lots of pills, and a frequent flier card with the hospital. That wasn't his way. Philip always figured that "if something's not working- it's time for a change."

On a sunny summer morning, Philip checked to ensure his ladder was securely positioned against the back of the house. After he double-checked its footing, he started to climb. Once he was at rain gutter height, he looked left, then right. His great-grandson had done the actual cleaning of the gutters this year, and he had to say, the boy had talent.

They were clean as a whistle. He nodded in silent approval and began to descend the ladder. Near the ground, he probed carefully for the last rung with his foot and shifted his grip on the top rung. When he was ready, he planted one foot firmly on the ground and then the other, just like his coach had taught him. Once again earth-bound, he turned and faced his family and friends. "That's it ! Work's done! Time to eat!"

Just a year ago, his daughters had been agitating to take his ladder away, and there were murmurs about taking his driver's license as well. That's when he heard about a new idea. He could use his health insurance to help him get stronger and keep living life on his terms. He signed up for Complete Senior Health and they sent him- a coach. She talked to him about what he wanted, what mattered most to him. He brought up the ladder

issue. "The girls say people my age shouldn't climb ladders. What do you think?"

"Well," the coach answered, " I think that people with grip strength and core body strength like yours shouldn't climb ladders. The question is... What will you do to get stronger and improve your balance?"

Philip grunted, "Hell, if I know."

The coach answered, "I can set you up with an athletic trainer. If you work with him, you can improve your grip strength and core body strength."

"I'm a worker, always have been."

"Thought you might be."

Looking back, Philip understood that that was the moment that changed everything. He reached down, patted the car keys in his right front pocket, and smiled. Now about those burgers.

Complete Senior Health

Joel Theisen's Spark

Joel Theisen is a nurse. Early in his career, he saw just how confusing and dangerous the healthcare system could be for older people and their families. Most people call what we have today a "health care system," but Joel's experience working inside it suggested a different name— "the sick care system." He recalls, "Far too many people were riding the sick care rollercoaster, and I knew what was happening was wrong." The facts back him up. Millions of older people have had the experience of being hospitalized, treated, and discharged, only to be rehospitalized a short time later. This process takes a heavy toll on people. Joel recalls, "I'd seen the spark go out in people's eyes as a result of riding this rollercoaster. There had to be a better way."

He left the sick care system behind in 2004 and founded Lifespark, intending to help older people not just survive, not just thrive— he wanted to help people age magnificently. Lifespark uses a proactive, whole-person approach to deliver what elders really want — a richer, fuller, healthier, and “sparked” life. In the years that followed, older people have made it clear that, just like young people, they have a fierce desire to live life on their own terms. Joel, and the company he founded, help them realize this ambition by shifting the focus away from disease and disability and toward enhancing each person’s strength, purpose, and belonging.

This is not how most healthcare companies think or act. Lifespark grew into something different, something new.

It is not:

- A Health Care company- though it does provide health services.
- A Senior Care company- though it does support people in their homes.

Founded nearly 20 years ago, it developed into a COMPLETE Senior Health company that understands just how much more there is to a life worth living than pills and medical appointments. Lifespark has developed a technology-enabled, fully integrated life management approach that puts the person in the center and reduces the need for care provided in facilities and institutions. The Lifespark Life Plan lies at the heart of this approach.

Every Life Plan starts with seven key elements of well-being. (For a full review of Life Planning, read "The Good Life.") Combining robust technology with passionate people and

a life management approach creates a seamless experience for older people and their families. Instead of overwhelming people with a confusing array of choices, Lifespark offers a single source for the services and supports people need to keep up with life changes. This support includes useful technology and a team that is always available to provide guidance and support over the phone, online, and in person.

Lifespark does things other health companies can't (or won't). It helps people with medications, appointments, meals, transportation, finances, legal matters, and yard work, and household chores. Its specially trained medical team helps people recover safely at home after a medical procedure or health crisis and can send a doctor or nurse right to your house if needed. Lifespark can help you find the perfect new place to

call home if your situation and desires change over time. While national hospital readmission rates remain stubbornly high (14.9 percent), this whole-person approach to care has cut this rate in half. All of this is essential to good health, but there is more to this story.

Florence Nightingale, the founder of the modern nursing profession, had much to say about the importance of taking the person's perspective fully into account. "Apprehension, uncertainty, waiting, expectation, and fear of surprise," she observed, "do a patient more harm than any exertion." In the current "sick care system," the vices of "apprehension, uncertainty, waiting, expectation, and fear of surprise" have run amok. Lifespark offers a brand new whole-person delivery system that makes hard things easier.

Lifespark is also, as the name suggests, in the business of sparking lives. Sparking lives means helping people take hold of the good things in life and enjoy them fully.

The Lifespark Complete offering is a comprehensive package of benefits, services, and technologies that, when used together, improve outcomes and experiences while reducing costs. The way Joel Theisen, R.N. sees it,

“We did all of this so the people we serve can keep, or regain, the spark that tells the world—life is good!”

Helen Vaughn’s Spark

Human beings are social creatures, and social connections are vital

to our health and well-being at every point in the human lifespan. Most people build a good life on a bedrock of family, friends, neighborhood, community, and society. Helen grew up in a big family with a little house and one bathroom. She married and made a family of her own, but now she finds herself -- for the first time in her life -- alone.

It is important to remember that most older people are pretty healthy and have strong networks of friends and families. For those who find themselves struggling with social isolation and loneliness, the risks to health and happiness are significant.³ Studies have linked social isolation and loneliness to an increased risk of heart disease, obesity, anxiety, depression, and Alzheimer's disease. Among people living with heart failure, loneliness quadruples the risk of death and is associated with a 68 percent

increased risk of hospitalization and 57 percent increased risk of emergency department visits.

Helen can make a plan for building connections that can blossom into friendships and help her return to living the good life. All available research suggests that her success in doing so would yield real improvements in her health and well-being over time. So, it would make sense that her health insurance would provide the support she needs to create such a plan and put it into action. But, we all know that health insurance doesn't pay for health; it pays for professionals and institutions to tend to the sick and injured. Tending to the ill and injured is a vital function in our society, and we should support programs that help people get the care they need. The trouble is that attaining full health and wellness requires access to resources that are

“out of bounds” for conventional insurance products.

COMPLETE Senior Health looks at the whole person and asks, “What matters most?” In Helen’s case, a person with a lifelong history of developing and maintaining close relationships faces a future of loneliness and social isolation. This is a health and wellness emergency and should be treated as such. Relationships matter, and building a life with a web of meaningful relationships takes time and effort.

COMPLETE Senior Health can pay for the coaching Helen needs to reconnect with the people around her.

After an initial interview, the coach finds that although Helen had three children, two now live far away, and one is deceased. Helen told her coach the story, “Ricky died in a car accident; a drunk driver ran a red

light. He was on his way home from a varsity basketball game; it was the first time we let him take the car at night. I worked in the high school as a secretary back then. That was a tough time for all of us.” Working with her coach Helen makes a plan to get involved as a volunteer at the high school Ricky attended.

Looking back on that decision, she says, “Well, to be quite honest, it scared me half to death at first. I thought to myself, what do I know about kids these days? But, you know, kids are kids. You should see how they dress, I would never have allowed it, but times change. Mainly kids today are just like my kids were, just like how I was when I was their age. They just want someone to talk to, someone who will listen to them. I’m a good listener.”

COMPLETE Senior Health makes sure Helen gets the medications and specialty care she needs and helps her focus on doing what matters most to her— being a good listener.

Carol Merrick's Spark

Carol was blessed with a long and happy marriage to a kind man named Floyd Merrick, Jr.. After Floyd got lost while walking the dog, she arranged an appointment with their primary care provider. On the follow-up visit, Floyd was told he had Alzheimer's disease. He took the news pretty well. Carol saw the diagnosis as a catastrophic end to a happy life with the man she loved. She said, "It was like the world had ended. I couldn't let him out of my sight. I couldn't sleep because I worried he would wander

off. I took on paying the bills and fixing things around the house. Floyd just drifted away from me. He'd sit in his recliner for hours, he'd eat, he'd smile when I talked to him, but I felt like my best friend had left me. So that's where I am. I'm still married, but I've never felt more alone or afraid."

She never wanted this to happen, but caregiver stress began to rule Carol's life. Something had to be done.

When a diagnosis of dementia is made, most of the attention is directed to the person living with dementia. After all, this is a terminal diagnosis. The truth is that dementia impacts the entire family. Spouses, in particular, experience a tremendous and immediate impact on their thinking, their emotions, and their understanding of what role they are to play in the marriage.

Carol can reimagine her life and adapt to being married to a person living with dementia. The good life is available to her if she knows where to find it. Here again, we can see a significant difference between COMPLETE Senior Health and ordinary health insurance. Regular insurance sees Floyd as the patient and will pay for the doctor's visits and medications he will need. But what about Carol? This diagnosis also impacts her. We can, and should, do something to help her cope, to help her find a new normal.

A peer support group is one social practice that has proven its worth to people in Carol's situation. Life is strange and difficult, and it helps to sit down with people who know, in their bones, what you are feeling and what you are going through.

Participating in a group allows people to be with others who share a common set of experiences. Research has shown that participating in a support group can result in feeling less lonely, isolated, or judged and is likely to reduce distress, depression, anxiety, and fatigue.¹⁷

The Alzheimer's Association convenes groups for caregivers, individuals living with Alzheimer's, and others coping with the disease. Some are led by peers, some by professionals. Depending on where you live, there may be specialized groups for children, individuals with younger-onset and early-stage Alzheimer's, and adult caregivers. COMPLETE Senior Health can provide respite services that allow Carol to feel at ease while participating in the group. There are few better investments in dementia care than taking care of the caregiver.

17 BMC Psychiatry 2019 Aug 5;19(1):240.

During the following year, regular evaluations of Carol's caregiver stress level showed steady improvement, even as Floyd's condition was changing. COMPLETE Senior Health made it possible for her to understand and adapt to those changes with decreasing levels of stress and worry.

Tom Brown's Spark

Whatever our life experience may be, connecting to purpose can help us answer the question: "Why am I here?" A sense of purpose can be central to well-being, especially when it imbues life with meaning, a sense of direction, and goals. Having a clear sense of purpose is associated with better health, a lower risk of developing chronic disease, and even decreased mortality.¹⁸

18 Kim ES, Strecher VJ, Ryff CD. Purpose in life and use of

Tom left his right arm in Vietnam. Drafted into the Army straight out of high school in '69, he shipped out in '70. On August 8 of that year, a land mine killed two of his buddies and shattered his arm. He was choppered out, and the surgeons amputated just below the shoulder. After the Army, he became the "best one-armed forklift operator you ever saw." Now, he's a widower, alone in his recliner, in front of a TV that never stops reminding him that American boys are still out there, still losing their lives and limbs in faraway lands.

We grow up understanding that life requires constant change, but then, somehow, in the later years of life, many people lose track of the importance, and value, of change. The most powerful tool for change? Purpose. COMPLETE Senior Health can help Tom re-connect to and act on

what matters most to him. An initial interview revealed that Tom was passionate about helping fellow veterans who were amputees. Inspired by the story of Ernie Andrus, Tom shared, "That son of a bitch was a medic in World War II, and there he was, 93 years old, walking all the way across the country to raise money to honor the men who died at Normandy. It took him two years, ten months, and 13 days to get the job done, but he did it, California to Georgia, Pacific to Atlantic. That got me thinking. Ernie served at the same time as my dad. But there he was -- doing something. I figured if Ernie could do it, so could I."

Purpose is like the heart of a star; it radiates passion, and passion can change the world. When Tom found his new purpose, he found his spark. He also found that "doing something for those boys" requires much more than just good intentions.

When the medical system looked at Tom it saw a diabetic, hypertensive, and self-proclaimed “king of the recliner.” Regular care can help manage his medications with office visits and lab tests. COMPLETE Senior Health can help Tom manage his medicines and his life. Even more importantly, it can empower him to live life on his own terms.

Tom admits that “I was kind of a mess when I started all this. Mainly because I didn’t want anybody to tell me what to do, that’s the nice thing about being retired; it’s the first time in my life I didn’t have a boss. Might sound weird, but the job kept me between the guardrails. I worked hard, and I’ll be damned if I didn’t look forward to the weekend. After I retired, the days just kind of blended together. Hell, the years blended together. When my coach challenged me to stop whining and actually do

something, it made me mad. But she was right; actions do speak louder than words.”

Tom’s new purpose carried him, and many others, very far indeed. After a year of planning and preparation, Tom made his first walk across America. He raised \$51,439 in the process. A couple of years later, he made his second walk across America, this time accompanied by veterans of Iraq and Afghanistan. He stopped needing medication for his high blood pressure and diabetes. He sold his house and moved to San Diego because it had better weather for walking, and was close to a VA hospital that specialized in care for amputees.



GREATER WELLNESS



**“I have chosen to be happy
because it is good for my
health.”**

- Voltaire

“Wellbeing is about the combination of:

- Our love for what we do each day,
- The quality of our relationships,
 - The security of our finances,
- The vibrancy of our physical health, and
- The pride we take in what we have contributed to our communities.

**Most importantly, it’s about how these five
elements interact.”**

- Tom Rath

**“A healthy attitude is conta-
gious but don’t wait to catch it
from others. Be a carrier.”**

- Tom Stoppard

Aging is a Team Sport

You don't climb mountains without a team, you don't climb mountains without being fit, you don't climb mountains without being prepared and you don't climb mountains without balancing the risks and rewards. And you never climb a mountain on accident - it has to be intentional.

– Mark Udall

Surplus Safety

Most people would include “safety” on their list of inarguable virtues along with “love, world peace, and apple pie.” The idea of too much safety is as counterintuitive as too much love, too much world peace, or— too much apple pie. Unfortunately, ageist assumptions often lead older people and those who care about them to prioritize safety over freedom and dignity. This situation can lead to something called “surplus safety.” In the past, well-intentioned professionals would tie older people to their beds and chairs in the name of safety. This turned out to be a dangerous and, too often, lethal practice.

We take a very different approach to risk when caring for young people. Parents encourage their toddler to

walk; even though they know their child will fall and there will be tears. Learning entails risk. We teach children to ride bicycles, knowing that in the near future the training wheels will come off and knees will be skinned and that those injuries are a normal part of "growing up." The message we send to adult children with older parents is that they must put safety first and foremost, even when doing so damages the dignity and autonomy of the people they love.

- Parents of children encourage risk-taking because they know that risk is essential to growth, and they want their children to develop in a healthy way.
- Adult children often discourage their parents from taking risks in the hope doing so will keep them safe.

This mismatch is partly due to a misunderstanding of what risk is, and how it works. We commonly use the

word “risk” as a synonym for “danger,” but its actual meaning is the “possibility of an unanticipated outcome.” When a situation is “high risk, ” there is an elevated chance of an unanticipated outcome. “Low risk” situations occur when there is a decreased likelihood of an unanticipated outcome. We “take a risk” every time we encounter circumstances where we can not be sure how things will turn out. Life itself is a risky proposition. There are two types of risk:

- **Upside Risk:** The possibility that things could turn out better than we expect.
- **Downside Risk:** The possibility that things could turn out worse than we expect.

Babies can get hurt when they fall, but the probability of a child being injured while learning to walk is quite low. Parents focus on the advantages that learning to walk will grant their

children and accept some downside risk to help make that happen. When adult children consider the danger posed by a parent falling, they are motivated to eliminate that downside risk. Installing handrails is a good example of a harmless intervention that reduces downside risk for older people. Some adult children go much farther than that and actively discourage movement. This can lead to cascading losses of strength, stamina, and balance. Parents who attempted to protect their young children from falling by stopping them from even trying to walk would, rightfully, be investigated by Child Protective Services.

Taking common-sense steps to limit downside risk (e.g. training wheels, grab bars) is a smart thing to do! But what happens when, in the pursuit of safety, we eliminate both types of risk– downside and upside?

Risk is among the best of all teachers, and skillfully managed risk is part of all human development at every age. Surplus safety results in the loss of upside risk and eliminates a powerful force for stimulating human growth and development. People of all ages need risk to be a regular part of their daily lives. Without it, we will wither, and die.

The “Free Range Parenting” movement is dedicated to rolling back laws that define child neglect broadly. Lenore Skenazy, the movement’s founder, writes: “We all want kids to be safe. But some folks in authority believe that kids are in danger the second a parent walks a few feet away. The result is that many parents helicopter their kids when they really want to give them some independence. This is unfair to both generations and also to our country, which needs intrepid, creative, resilient young people.”¹⁹

19 “Helicopter” is being used here to mean “hovering over.”

One “Free Range Parent” confesses that he used to be an overprotective dad. “I worried about letting [my children] walk to school, play at the park, or go trick or treating without an adult.” But as his children got older, this father started to worry about something else. His kids didn’t seem that comfortable getting around the neighborhood or solving problems on their own. He blamed their lack of real-world interactions. Things changed for their family when Utah passed a law that narrowed the definition of child neglect. This mother and father started letting their kids roam further afield and do more on their own. As a result, this father reports that his kids seem a lot more confident and capable.²⁰

In the field of aging, surplus safety (the rigorous elimination of upside and downside risk) leads to

20 <https://letgrow.org/utah-free-range-parenting-law/>

a life that is centered on safety. This approach does prevent some accidents and injuries but also limits the growth potential of older people living under such regimes. Taking risks for people and ideas we care about is an integral part of life. Doing so connects purpose to life and reinforces our sense of belonging. Our relationships and passions begin to fray when we are prevented from taking risks. Belonging to a community, showing our love, being fearless, and experiencing a thrill require access to risk. Surplus safety may prevent injuries among older people, but they pay a terrible price for this protection. The absence of risk-taking damages a person's sense of belonging, impairs their ability to embrace their passions and saps their strength.

Surplus safety leads to a quiet life in which little is said, not much matters, and nothing ever seems to

happen. Younger people observing this placid state of affairs are inclined to believe that such stagnation is a natural consequence of old age. What they fail to realize is that every single older person in the world has a history of successfully managing risk that spans decades. Young people earn the opportunity to become old people by taking risks, facing consequences, celebrating good fortune, and grieving losses. Legal professionals refer to the right to manage risk on our own terms as the “right to folly.” When our right to folly is revoked by well-meaning friends and family members, it takes our freedom with it.

Embracing Risk

A common stereotype holds that older people are uniformly “risk averse.” The truth is much more nuanced. People of all ages need

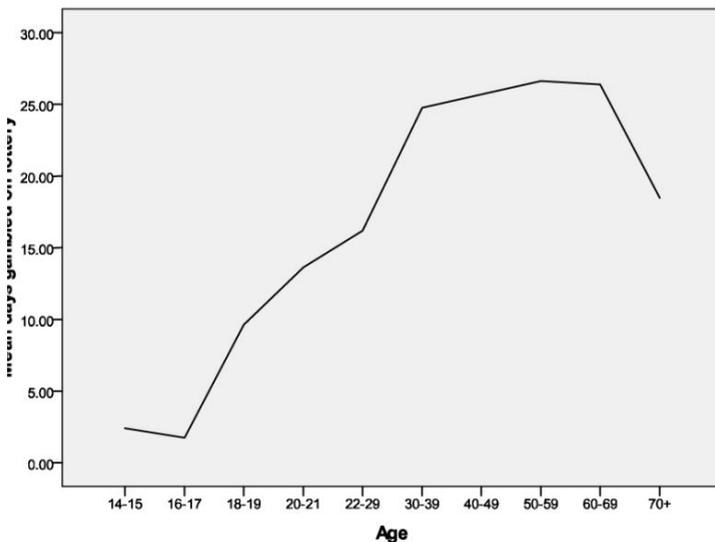
a regular diet of risk because it is essential to life, growth, and hope. Acquiring an optimum level of risk is crucial to health and well-being. As with vitamins, too much risk or too little can be harmful. Also, like vitamins, the optimal mix of risk needed in our daily lives changes across our lifespan. We do not become more “risk averse” as we get older; what changes as we age is how we weigh risk and reward.

A study released in 2016 found older people are less attracted to risks that offer big rewards— compared to younger people.²¹ “Go for broke” strategies hold less appeal in the later decades of our lives, which is likely a good thing. We can see the risk calculus changing across the decades in lotteries.²² Researchers who study

21 Robb B. Rutledge et al. **Risk Taking for Potential Reward Decreases across the Lifespan.** *Current Biology*, June 2016 DOI: [10.1016/j.cub.2016.05.017](https://doi.org/10.1016/j.cub.2016.05.017)

22 J GmbI Stud 2011 Dec;27(4):575-86. doi: 10.1007/s10899-

gambling found that: "The frequency of gambling on the lottery increased sharply from mid-adolescence to age 18 which is the legal age to purchase lottery tickets in most states; lottery play continued to increase into the thirties when it leveled off and remained high through the sixties and then decreased among those 70 years and older." Mathematicians know that "playing the lottery" is a losing move and, so it seems, do elders.



Playing the Lottery is seen mainly as a small personal risk balanced against a large potential personal reward. Interest in this type of exchange dwindles as we grow older.

When older people weigh risk and reward, there is evidence of a growing preference for upsides that help them maintain established skills and compensate for changes in mental and physical capabilities. There is also evidence of a “pro-social” bias in risk-taking that emerges in the later decades of life.²³ Older people experience a growing preference for taking risks that can benefit others over risks that simply involve competing against and comparing themselves to other individuals.

When researchers explored the differences between young and old in this area, they found that:

23 [Psychol Sci. 2021 May 1; 32\(5\): 668–681.](#)

- Older people chose to put in more effort to help others
- Young people are more inclined to pursue highly effortful activities when more likely to benefit themselves than others.
- Older people show less self-favoring bias in their effort-based decision-making.

These dynamics matter because our social interactions are defined by how willing people are to put in effort to help others. A willingness to take risks on behalf of another is foundational to healthy communities and our sense of belonging. The work cited above dovetails with other research that demonstrates a link between youth and what experts in the field call “performance motivation.” Basing appeals to risk-taking and competition on the desire to outperform others works well for young people. In contrast, older people are more likely to accept invitations to risk-taking and competition when those efforts are

likely to benefit others and/or help the person maintain or improve a skill. ²⁴

What older people need, but society often conspires to deny them, is a steady diet of risk optimized for their capabilities, interests, and preferences. In later life, we have less interest in participating in intermittent high-risk situations— even when such risks offer the possibility of a large reward.

We are more attuned to having regular access to “risk snacks” that give us access to unpredictable upside and downside outcomes. These tendencies help explain why BINGO has long been popular with older people. But BINGO games lack several important elements to health and well-being.

24 Dweck CS. Motivational processes affecting learning. *American Psychologist*. 1986;41:1040–1048.

BINGO:

- Holds little promise as a “skill building” exercise that can help older people maintain essential life skills
- Includes a significant element of luck which undermines “performance mastery” as a source of motivation
- Attaches rewards to winning that are nearly always defined at the individual level. The game offers few opportunities to engage in risk-taking and competition that benefits others.

As we will see, it is possible to design an approach to competition that serves up a steady diet of well-balanced risk that is also tailored to meet the needs and interests of older people.

Winning and Belonging

In a series of classic experiments conducted in the 1960s, psychology researchers sorted people randomly into groups that had no basis in “real-life.” The only thing these strangers knew about each other was that they had been assigned to the same group. The investigators then asked participants to allocate rewards among all study participants. The participants consistently favored members of “their” group and gave fewer rewards to members of other groups. This evidence suggests that in-group favoritism and out-group discrimination operate deeply in the human psyche. This work led directly to the development of “Social Identity Theory.”²⁵

25 Tajfel, H., Billig, M. G., Bundy, R. P., & Flament, C. (1971). *Social categorization and intergroup behaviour*. *European Journal of Social Psychology*, 1(2), 149-178. doi: 10.1002/ejsp.2420010202

Further research revealed that favoring one's in-group is divided into three stages:

- **Social Categorization:** People adopt an identity as a group member. They signify this with words like “we,” “us,” and “belong” and distinguish themselves from others using words like “they,” “them,” and “theirs.”
- **Social Identification:** People begin to identify with their group and invest emotionally in their collective health and well-being. Claimed membership in a social group is a powerful motivation for behavioral change.
- **Social Comparison:** When they compare their group to other groups, people acquire esteem based on their membership, and members of the in-group begin to align their thoughts and actions more closely. Over time, group members become more similar to each other even as the groups begin to diverge.

As we grow older, the number of available opportunities for us to claim membership in a new group and align our fortunes with that group begins to decline. This tendency paves a deadly road that leads to social isolation and loneliness. Spark believes we are stronger and better together, and that belonging is essential to our well-being. Bloody conflicts have arisen between groups of people who might seem identical to outside observers but were bitter enemies. On a more positive note, athletic competition (and fandom) has leveraged the dynamics of social categorization, identification, and comparison, since ancient times.

Team-based competition is a vital source of passion and purpose for millions, if not billions, of people who align themselves with “their team.” Large segments of modern societies around the world are synchronized

with favored sports and their assigned seasons. People of all ages train, practice, compete, coach, cheer, and participate in games that serve no practical purpose but mean a great deal to those involved. The glue that holds all of this together is— winning.

In life and in sports, winning feels good. Those good feelings come from a surge of neurotransmitters (dopamine, serotonin, and oxytocin) inside our brains and fuel a positive reinforcement cycle. The surge of positive neurotransmitters that accompanies winning makes us feel great, which makes us want to have more good feelings, which leads us to want to win again. Many different kinds of experiences can trigger these neurochemical tides (and make us feel good), but winning is something special.

At the 2006 Olympics opening ceremony, Andrea Bocelli sang:

“Like stars across the sky, we were born to shine.”

And to shine, you must win. And so you will win.”²⁶

In Italian, the same word can be used to describe “shining,” and “winning.”²⁷ Winners– shine.

Neuroscientists have linked winning to enhanced nervous system function and accelerated growth and development. Winning can also lead to greater longevity. When researchers studied winners of the Nobel Prize they found that winners outlive nominees for the Prize by an average of two years.²⁸ Similarly, Major League Baseball players inducted into the Hall of Fame live longer than those who never make it to Cooperstown.²⁹

26 <https://www.psychologytoday.com/us/blog/your-neuro-chemical-self/201106/vincere-win-and-shine-are-the-same-word-in-latin>

27 “*e per avvincere, dovrai vincere, e allora vincerai.*”

28 <https://www.theguardian.com/education/2007/jan/17/highereducation.uk1>

29 <https://www.cbsnews.com/news/the-psychology-of-winning-and-losing/>

Authenticity Matters

Competition is a form of controlled risk-taking, and team sports help broaden the distribution of risk and make the experience more enjoyable. At every age, people use teams to create a pipeline to meaningful relationships, experiences, and memories. Organizing team-based competition for older people, however, does require us to take the following considerations into account. We should:

- De-emphasize head-to-head competition between individuals.
- De-emphasize “winner takes all” strategies.
- Emphasize efforts that can help people protect or improve key skills.
- Emphasize how the competition can benefit others, not just the competitors.
- Create objective markers of success and failure that signify membership and achievement.
- Create tangible rewards that distinguish the competition from leisure activities designed to fill time.

Spark Performances are competitions explicitly designed to create winners and losers. At the end of each season, teams see an objective performance-based ranking that spans from first to last. Those who adopt a surplus safety-based approach to age and aging may argue that this approach is misguided. Shouldn't, they might ask, elders, be protected from the disappointment that accompanies losing? It is true that losing hurts, but there is no risk if everyone wins, and the absence of risk impairs and disables people at all ages. The fact is that people can love competitions, even when they do not win.

Consider, for example, the Minnesota Vikings professional football team. In the Super Bowl era, the Vikings have the fifth-best record in the NFL and appeared in four Super Bowls during the 1970s. They lost each one and haven't been back since.

In the last 25 years, they have made it to four NFC championship games, two of which ended in humiliating blowouts and two that rank among the most heartbreaking postseason losses ever.³⁰ As of this writing, the team has never won a Super Bowl.

People commonly suppose that winning builds and sustains a community, but that is not the case. Viking fans have gone almost sixty years without a Super Bowl Trophy but they still love their team. Every fall, Vikings players and fans say, “this will be the year.” They give their best, no matter the outcome. History provides notable examples where “winning” led to a calamitous loss of unity on teams, political parties, and even empires. It is risk, not winning, that serves as the best adhesive for human communities. Risk (upside and downside) fosters community and nourishes

30 <https://www.theguardian.com/sport/2022/dec/27/minnesota-vikings-worst-super-bowl-contender-ever#>

belonging. Not knowing if we will win or lose unlocks a gateway to strength, purpose, and belonging. Uncertainty gives us access to a powerful form of authenticity that can transform what might otherwise be a silly game played with a silly ball into something that truly matters.

Authenticity is essential to competition— and to aging magnificently.

Performances

“Performers try harder.”

- David Byrne

The Spark

Performance League

In July 2021, the International Olympic Committee approved a significant change in the organization's official motto. Since the founding of the modern Olympics in 1894, the motto has read: "Faster, Higher, Stronger." Going forward, the motto will explicitly acknowledge the importance and value of belonging. The Committee voted unanimously to add a single word— "Together." The motto now reads: "Faster, Higher, Stronger—Together."³¹

It is easy to see how these virtues apply to Olympic athletes at the peak of their strength, skill, and stamina. Unfortunately, against stereo-

31 <https://olympics.com/ioc/faq/olympic-symbol-and-identity/what-is-the-olympic-motto>

types obscure how neatly these ideals apply to the competitors who make up the Spark Performance League. The League rejects ageist prejudice that solely reserves the virtues of speed, agility, and strength for the young. People who are old can be fast. People who are old can be agile. People who are old can be strong. Aging is a magnificent team sport; elders of every stripe rely on the strength derived from togetherness to help them fashion a life worth living.

Because their outcomes can not be predicted in advance, true competitions require all participants to assume risk. Competitions also serve to clarify and reinforce our identity and purpose. Shared purpose and a solid commitment to rely on each other when times get hard sustains authentic communities. In sports and in life, membership in a thriving, united community is a powerful survival strategy that, over

time, strengthens individual members. This truth reveals the lie hidden in the core of the conventional wisdom about aging. American culture insists that older people “stand on their own” and remain fiercely independent. This rhetoric actively undermines community and, paradoxically, makes elders weaker. It turns people away from togetherness when they need it most.

The Spark Performance League uses ancient insights into the connection between competition and community. The League is a nucleus for an ever-growing ecosystem of fans, spectators, and supporters that reaches deep into surrounding communities. Much like the Olympics, the League appeals to what Abraham Lincoln called “the better angels of our nature.” Those better angels know that win or lose, we need each other. We are better together.

In the following pages, we will explore each of the Spark Performances and grow to understand how they can serve as building blocks for a culture rich in strength, purpose, and belonging.

The TRYathlon Tournament

“To Go Far, Go Together”

The TRYathlon Tournament exists to increase the strength, purpose, and belonging available to elders and their communities. This team-based competition uses commonly available exercise equipment to create head-to-head competitions between participating teams. The tournament takes place over 13 weeks, with a qualifying round leading to a “Final Four” and the naming of a League Champion. TRYathlon Meets facilitate the participation of people living with a wide range of physical and cognitive abilities. At the end of the TRYathlon season, each team hosts a Friendship Feast in honor of team members and

the team's friends and allies. Teams also earn a share of a substantial tournament purse, the size of which is directly related to their performance.

Like traditional triathlons, these races have three distinct events. While the Olympic Triathlon has swim, bike, and run events, the TRYathlon has:

- Walk- this is known as the "Whizzer" event
- Swim- this event uses an arm crank on dry land
- Bike- a stationary recumbent bicycle is used in this event

Olympic triathlons pit individuals against each other with the goal of covering a set distance in the least amount of time. The TRYathlon is a team event in which athletes cooperate to cover the greatest distance in a set amount of time. Each of the three events is a "distance relay," with each

competitor going just the distance that feels right to them before “passing the baton” to the next competitor. The distance covered in each of the three events is added together to arrive at a team’s total score for a match.

Whizzer

The TRYathlon confronts and then subverts ageism by including a specially modified walking frame in the walking portion of the competition. Each team’s “Whizzer” is customized by team members and fans. What is usually seen as a highly stigmatized piece of medical equipment is reimagined as a vital piece of athletic gear.

Even more importantly, the Whizzer is used by “people who don’t need it.” That use is an act of solidarity with fellow team members who benefit from using a walking frame. During this phase of the competition, a pedometer tracks the total number

of steps taken by team members in the allotted time.

Arm Crank

The TRYathlon Tournament uses a standard exercise device that is small and lightweight enough to be placed on a tabletop. Team members take turns cranking the pedals using their arms in this modified “swim” portion of the competition. The total distance accumulated during a set period of time is recorded at the end of the event.

Leg Crank

During the TRYathlon’s Bike event, the same piece of equipment from the swim event is placed on the floor and used as a recumbent bicycle. Competitors turn the crank with their legs, with each team member accumulating as much or as little distance as seems best for them. At the end of each competitor’s turn, a new compet-

itor takes over the Bike, and the race continues until the allotted time has expired. The total distance accrued is recorded at the end of the time period.

Team scoring looks like this:

Team A Run: 1.2 mile /Swim 3.5 miles / Bike 8.5 miles Total Distance: 13.2 miles

Team B Run: 1.8 mile /Swim 4.1 miles / Bike 11.2 miles Total Distance: 17.1 miles

In this match, Team B wins because they accumulated more distance over the course of all three events.

The TRYathlon Tournament unmaskes the fallacy that older people are, by definition, weak. Decades of research show that older people can and do build muscle mass and gain

physical strength when they exert themselves regularly. Greater muscular strength is also associated with greater mental and emotional resilience. Moving our bodies, and feeling our bodies get stronger and more flexible as they respond to that movement, is a thrill that knows no age limit. People, young and old alike, have a robust capacity for growth and change. The TRYathlon Tournament places that experience in the context of a team-based competition that adds elements of upside and downside risk to the mix.

The TRYathlon Tournament also helps team members build skills and capabilities essential to maintaining one's dignity and autonomy. People need strength and stamina if they are going to be able to live life on their terms. The TRYathlon Tournament delivers those attributes to those who accept its challenge to come together and go far.

The National Forklift Racing League (NFRL)

“Many Hands Make Light Work”

Founded in 2022, the National Forklift Racing League (NFRL) promotes team-based competition based on the skillful use of Radio Controlled 1:10 scale Forklifts. That is correct– we race forklifts. The NFRL connects the virtues of dexterity, cooperation, and strategy development to a full season of robust competition. When NASCAR races full-sized automobiles, the checkered flag goes to the car that covers the race course in the shortest amount of time. In the NFRL, success depends on a team’s ability to coordinate the actions of four RC forklifts as they race to pick up, transfer, and deliver loads.

If this sounds easy, it shouldn't. The forklift's controls include direction, speed, and height; coordinating each of these variables simultaneously takes an abundance of practice. Participation in the NFRL improves hand-eye coordination, sharpens mental acuity, and reduces social isolation.³² The people using the radio controllers to drive the forklifts are known as Drivers. As Drivers work toward mastery, they pass through three main skill levels:

- **Basic-** Drivers can maneuver forklifts forward and avoid obstacles.
- **Intermediate Level-** Drivers can blend forward and reverse motions into complex sequences that allow the vehicle to be within a quarter inch of an intended location.
- **Advanced Level-** Drivers integrate the

32 The NFRL strongly encourages pre and post season assessments of Forklift Driver grip strength and manual dexterity.

“forks’ into the driving skill set and can reliably pick up loads and deliver them to a specific destination. At this level, loads can be delivered to different heights and stacked on top of each other.

A team’s success depends on its ability to develop a cadre of Drivers who have achieved an Advanced Level of proficiency. A group of four Drivers is called a Squad. It is customary for NFRL Teams to bring four Squads, each with four Drivers, to a Match for a total of 16 Drivers. Squads practice together and develop their style and strategy. Squads succeed or fail based on their ability to collaborate to move loads from one location to another.

Other important NFRL roles and terms:

Boss

Each NFRL team has a “Boss.”

The team's Boss is responsible for the following jobs:

- Recruiting Drivers, Cheer Squad members, and Pit Crew members.
- Teaching participants the Official NFRL rules
- Organizing Forklift Racing practices
- Overseeing NFRL Matches

Pickup

A Pickup is complete when a Driver has a Load fully on the forks and is able to move the Load with the Forklift.

Delivery

A Delivery is complete when a Load is placed on the scale and the Forklift has backed up and removed the forks from the Pallet. The Load must remain on the scale after the forks are removed in order for the Delivery to be complete.

Shift

A Shift lasts 10 minutes. During a Shift a Squad of Drivers works together to reposition Loads from the floor to the scale.

Timekeeper

A team's Timekeeper coordinates with the opponent's Timekeeper to start the Shift at the same time.

Break

After each Shift; there is a 5-minute Break. During the Break, the next Squad of Drivers takes over the forklift controllers. Also, the members of the Pit Crew can change batteries, adjust fork position, and conduct maintenance on the Forklifts.

Cheering Squad

NFRL Matches are intense. Most teams build on that intensity with an enthusiastic Cheering Squad that lets

the Drivers know their community is behind them.

Pit Crew

The NFRL uses battery-powered Forklifts and Controllers with many moving parts. The Pit Crew ensures that all batteries are fully charged at the start of a practice or Match and performs repairs on the units as needed.

The National Forklift Racing League organizes competitions that consist of head-to-head matches between identically equipped teams. Each Match has four ten-minute Shifts. During each Shift, the members of a Squad pick up and deliver loads. The loads consist of books on pallets. The goal is to stack the greatest number of pounds of books on the scale during the allotted time. Each NFRL season begins with a training camp and scrimmage that allows each team to build

skills and then develop and refine their strategy. The regular season consists of weekly matches in a round-robin format. At the end of the regular season, the top four teams compete in a “Final Four” match, the winner of which is named League Champion.

The Grip Games

Get a Grip!

A well-established body of research links reduced grip strength to a wide range of medical conditions and a reduced lifespan. Given this, it would seem that people would regularly work to increase their grip strength. In fact, few do so, mainly because grip exercises have a well-earned reputation for being— boring. Grip Games help people develop stronger grips by bringing

gamification to the work of enhancing grip strength. The team-based nature of these contests can also enhance team members' connection to purpose and belonging. The Grip Games use a specially designed tool called the Power House [™] that adds visual and auditory dimensions to the experience of gripping the hand pump.

Success in the Grip Games comes from cultivating a robust team roster, developing teamwork, creating a smooth rhythm, and plenty of practice. In the Grip Games, "Grips" are the people who squeeze the hand pumps that circulate the water inside the Power House. Each Power House has four hand pumps. Each Grip squeezes one hand pump.

The Grip Games are head-to-head games between identically equipped teams. Each Game has four Waves. During each Wave, team

members squeeze a rubber bulb that pumps water inside a closed circuit. A water meter tracks how many gallons of water are pumped through the circuit during the game. The Team that pumps the greatest number of gallons during the Game's four Waves is declared the winner.

Trial and error revealed that establishing a smooth, coordinated rhythm leads to the highest number of gallons pumped during a Wave. Most teams create a "Rhythm Section" that helps keep the beat during competitions and uses a wide variety of drums, musical instruments, and their voices to help their team stay on the beat. This strategy has deep roots in human history. For millennia, workers of all kinds have used rhythm to make hard work seem easier.

"Work songs sung by sailors between the eighteenth and twentieth

centuries are known as sea shanties. These songs were typically performed while adjusting the rigging, raising anchor, and other tasks where men would need to pull in rhythm. These songs usually have a very punctuated rhythm precisely for this reason, along with a call-and-answer format. Improvised verses sung by sailors spoke of ills with work conditions and captains. These songs were performed with and without the aid of a drum.”

When people focus on grip strength as individuals and use conventional equipment, it is hard for them to maintain the steady effort needed to realize significant gains.

The Grip Games’ Power House:

- Improves Participants’ grip strength.
- Shifts the focus from the individual to the team.
- Rewards steady rhythmic effort and, in

doing so, reduces the risk of injury.

- Adds an auditory dimension to the experience using an acoustic synthesizer that responds to changes in the flow of water in the circuit.
- Adds a visual dimension using colored water that rises and falls inside a clear plastic tube (known as the “Stack”). The water level changes in accordance with the team’s efforts.

Making the work of enhancing grip strength more exciting requires us to shift the focus of our attention. Instead of concentrating on grip strength alone, we focus on a rhythm we establish together. The call and response of the songs and chants we create transform the work of squeezing the pump into a means to an end. We can see the gallons accumulate. We can see our position on the League table rise and fall in direct correlation with our teamwork and drive. As with all Spark Performances, teams contrib-

ute to a purse and earn money based on their place in the final rankings. A regular season of competition is followed by a Final Four that leads to the crowning of a Grip Games Champion.

The Spark Challenge

“The More We Know, the More We Grow.”

In ancient times, the Norwegian people revered Illr as the god of skiing and hunting. In modern times, this combination took the form of a skiing and shooting drill that served as military training. The modern biathlon is a civilian variant of the old military exercise.³³ The biathlon became an official part of the Winter Olympics in

33 Bø, Olav: *Skiing throughout history*, translated by W. Edson Richmond. Oslo: Samlaget, 1993.

1960. The sport is challenging because it combines physical exertion (skiing) with precision skill (target shooting) in the same event. If the racers ski too fast, they will be so winded they can not aim accurately. If they take too long on the shooting range, they will fall behind on the racetrack. In the Biathlon, as in life, balance matters.

The Spark Challenge is something like the Olympic Biathlon (But without guns!). It combines physical challenges used in other Performances with a test of knowledge drawn from the Spark Pillar books. It challenges the bodies and the minds of contestants. Like other Spark Performances, the Challenge is a team-based competition that deliberately draws on a range of skills and capabilities and rewards cooperation between team members. A Spark Challenge pits two teams against each other in the following format.

Each Challenge lasts 40 minutes. During that time, the teams must balance two tasks:

- **The Test:** This is a physical challenge drawn from a previous Spark Performance. For example, accumulating steps with a pedometer and Whizzer.
- **The Quiz:** This mental challenge consists of multiple choice questions from material included in the Spark Pillar books.

The score obtained on the physical challenge (The Test) functions as a “tiebreaker” for the mental challenge (The Quiz). A team can not begin the Quiz until after the Test. Strategy is essential to success in this context. If a team goes all in on the Test (let’s say they continue the Test for 35 of the Challenge’s 40 minutes), they will have little time remaining for the Quiz and may miss questions because they are pressed for time. If they jump right to the Quiz, they will likely not gain the tiebreaker advantage.

Scoring for the Spark Challenge works as follows:

The Test

Team A: 1,324 Whizzer Steps

Team B: 832 Whizzer Steps

The Tie Breaker Advantage goes to Team A

The Quiz

Team A gets 8 out of 10 questions correct, and Team B gets 9 out of 10 questions correct. The tiebreaker does not come into play, and Team B wins 9 to 8.

Team A and Team B both get 10 out of 10 questions correct.

The tiebreaker comes into play, and an extra point is awarded to team A. Team A wins 11 to 10.

In every contest, every team must weigh the upside and downside

risks associated with prolonging or shortening The Test phase of the match. This type of thinking also has applications in the context of aging. Growing old in a society that lionizes youth and disdains age is difficult, and aging regularly presents us with mental and physical challenges. Our physical preparations, and the depth of our knowledge about aging, both have a major impact on how well we respond to the challenges presented by this phase of life. A balance must be struck.

The Spark Challenge offers participants access to a distinctly positive view of age and aging; it also tests their physical prowess. Knowledge and strength are both needed if we are going to live our lives on our terms. Both need to be cultivated. The Spark Challenge turns ideas into action and empowers elders to understand and then master principles

and practices that can help them— age magnificently.

Vivian

I first heard of Vivian at the start of The Spark Challenge. Vivian wasn't sure about the book readings at first, but then she opened *Aging Magnificently*, and she began to understand more about herself and the aging process. Her friend Jill had read all four books and was keen on joining The Spark Challenge team. Within a couple of weeks, Vivian joined the team as well. The ideas she had been absorbing resonated with her so much that she wanted to share the books with others in her community, and she became a leader of The Spark Challenge Team.

The Spark Challenge is a fall sport that unfolds over a three-month period. It dispels the ageist stereotype that equates aging with stasis and

unites mind and body for a common purpose. The Four Spark Pillar Books are divided into weekly units of learning and study guides made available to teams. Teams work through a weekly companion workbook that guides them through a series of self-reflections that can deepen their connection to the information they've learned.

As with all Spark Performances, a regular season of competition leads to the Final Four and the naming of a championship team.

Preparations

Prior preparation prevents
poor performance.

–James Baker

Crawl, Walk, Run

The lives of young people are structured around preparation. Each milestone reached becomes the departure point for the next exciting developmental challenge. The so-called “motor milestones” chart a baby’s progress toward the ability to walk safely and independently.

- 0-3 Months: While lying on tummy, pushes up on arms
- 4-6 Months: Rolls from back to tummy and tummy to back
- 7-9 Months: Sits without support
- 10-12 Months: Pulls to stand and cruises along furniture
- 13-18: Months Walks independently

Parents, and pediatricians monitor progress carefully and are quick to intervene if a child deviates from the expected trajectory. The arc of development in youth stretches from those early milestones all the way to a healthy, and hopefully happy, independent adulthood.

In contrast, the course of human development in the later decades of life offers few milestones. Family members, along with medical professionals, are primed to interpret changes in a loved one's capabilities exclusively in the context of decline. The markers of success that do exist are mostly rooted in the past. We are pleased when an older person can "still" do the things they did decades ago. Our society measures age by the yardstick of youth, and we are not surprised to learn that old people can only emulate young people for so long before they begin to "decline."

This dynamic reinforces ageist stereotypes, but the damage goes deeper than prejudice. Only those who “have a future” spend time and effort getting ready for what comes next. Imagining the possibility of a better life is essential to the act of preparation. Without that tantalizing possibility, serious preparation seems pointless. We all reserve preparation for the things that truly matter to us. Only a fool would “rehearse” for the act of clicking idly through television channels, looking for something good to watch.

Weddings do matter, and before nearly every wedding, there is a rehearsal that helps participants understand the roles they will play and be ready to act them out appropriately. When actors walk on stage, prior practice ensures that they will remember their lines. Before a competition that we care about winning, there

must be practice, and the more practice, the better. Spark Performances matter, and preparing for them signals to the world that participants are on a developmental journey of their own making. A better future, one enriched with greater strength, purpose, and belonging, never comes into being accidentally. A better future must be approached with intention, and intention always demands—preparation.

The Preseason

Spark Performance Coaches

Like the coach of a college (or professional) sports team, A Spark Performance League coach is active in the preseason. Because Spark Performances are new and a bit outside the experience and expectations of older people, the coach's first job is

education. This breaks down into the standard categories of skillful explanation.

Who: Who is eligible to participate in the Performance?

What: What is the goal of the Performance? What are the benefits participants can expect to accrue?

Where: Where will practices and competitions be held?

When: How long will the season last, and what time commitment is necessary?

How: Spark Performances require the development of some novel skill sets (racing forklifts?), and participants have a right to know how those will be developed and polished.

Why: This is perhaps the most important factor related to the decision to join a team. Why should I change my routine? Why should I take this risk? Why should I perform?

Recruiting Team Members

While Performance League Coaches have primary responsibility for recruiting team members, this task is usually too big for just one person. Team members, friends, and allies can lend a helping hand. Everyone involved in recruiting team members should keep the following Yes's, and No's in mind as they approach prospects.

- **No:** The SPL specifically avoids direct head-to-head competition that pits one individual against another. Nor does it track or monitor the individual performances of team members. The focus is on the team.
- **No:** There is no specific minimum standard any team member has to reach. Each Performance is structured as an "additive" experience. One

crank, one step, one correct answer could be the key to victory, and all contributions count equally.

- **No:** Many people have had experiences with teams (even successful teams) that were beset by negative emotions. The SPL says no to finger-pointing, blame-shifting, and scapegoating. The culture is positive and future-oriented.
- **Yes:** Spark Performances are designed to enhance specific skills and capabilities that are essential to the task of living life on your own terms. Even if your team loses– you win!
- **Yes:** Spark Performances offer a variety of roles each season. Participants can always choose which role suits them best. They may be a forklift driver in the NFRL and a member of the Rhythm Section during the

Grip Games.

- **Yes:** A SPL team's earnings are used to improve the lives of the team's community. How the earnings are used is a decision made by the team. This ethos aligns with the "pro-social" bias that has been shown to emerge in the later decades of life.

Getting Ready

When a coach has a team, it is time to begin practices. Coaches break complex new skills into individual components, and practices offer a no-stress opportunity to learn new skills. As the team members' skills improve, it is time to start thinking about strategy. Many coaches and teams study each Performance's rule book closely, searching for ways to raise their odds of success.

- In a traditional Triathlon, victory goes to the individual completing a set distance in the shortest time. The Spark TRY-athlon is a team competition in which the team that accumulates the greatest distance in a set amount of time is declared the winner.
- In The National Forklift Racing League, the team that places the greatest number of pounds on the scale in the specified time wins the match. How many books are used and how heavy the books are, are matters for each team to determine for itself.
- The Grip Games demand a skillful fusion of strength, stamina, and rhythm that can only emerge with an abundance of practice.
- The Spark Challenge requires teams to blend brains and

brown and calculate the balance between the two that will yield the best results.

The Purse

At the end of the Preseason, each team writes a \$1,000 check to The Spark Performance League. The money is put in escrow before the competition begins.

Why do teams pay to compete? Smart people only invest time and money in things that matter. Elders are smart people. The Purse is a tangible sign that this competition matters. Teams finishing in the top quarter are able to earn that money back, and if they do well in the playoffs, may be able to quadruple their investment. As we will see later, a team's earnings can be re-invested in their community in ways that make life better for all.

The Really Big Show

Each team's ranking, performance, results, and earnings are discussed in depth every week during The Spark Performance League's streaming news program known as the Really Big Show. The Really Big Show blends advice on health, wellness, training, nutrition, and sleep hygiene with updates from the competition, videos, and live reports from teams and competitors. The Really Big Show helps people see and feel the true value and importance of the competition and, most importantly, shares the stories of the people involved.

Playing to Win

"Playing to Win" is an annual, global online course dedicated to helping people age magnificently.

It shows how approaching aging as a “team sport” enhances strength, purpose, and belonging. Participants are introduced to evidence-based insights and experience the effects of gamification – game-style incentives embedded into non-game activities. Teams compete to direct the purse – 15 percent of the gross receipts from the course – toward the charity of their choice. “Playing to Win” is presented by Lifespark in partnership with The Eden Alternative. At the end of the ten-session course, participants:

- Develop a deeper understanding of the impact of ageism and methods of combating ageism.
- Be able to redefine normal human aging as part of a life-long developmental process.
- Distinguish between frailty and aging and show how we can use simple but effective strat-

egies to prevent and reverse frailty in later life.

- Show others how a positive view of aging can create a perspective that values and practices effective planning for a better future.
- Use specific strategies to shift the focus of wellness-related efforts from “Me” to “We.”
- Introduce others to the Spark Performance League, the world’s first inter-community athletic league for elders.

Playing to Win is divided into ten hour-long online sessions, each divided evenly into lecture and discussion components. Participants receive ebook and audiobook versions of the Spark Pillars. This four-book series provides additional information, references, and tools supplementing the online sessions. Perhaps most significantly, the course includes an

immersive “gamification” experience that shows how to use this approach to enhance health and wellness.

Sample lineup of Playing to Win sessions and topics

Session One: From Ageism to Anti-Ageism

Readings From Aging Magnificently

1. Assessing the impact of ageism.
2. Theories of Ageism
3. Understanding Priming
4. Practical Approaches to Combating Ageism

Session 2: Advancing Aging Literacy

Readings From Aging Magnificently

1. Establishing Health Literacy as a Lifelong Goal
2. Common Myths about Aging

3. Practical Approaches to Building Aging Literacy

Session 3: Declinism versus Developmentalism

Readings From Aging Magnificently

1. How Ageism Fuels the Declinist View of Aging
2. Understanding Developmental Aging
3. Practical Approaches to Shifting from Declinism to Developmentalism

Session 4: Anti-Aging versus Anti-Frailty

Readings from MESH

1. A Survey of Anti-Aging Philosophies
2. How Hospitals promote Frailty
3. Understanding Anti-Frailty Strategies

4. Practical strategies for shifting from anti-aging to anti-frailty

Session 5: MESH and the Rhythm of Daily Life

Readings from MESH

1. Move: Anti-frailty movement strategies
2. Eat: Anti-frailty dietary practices
3. Sleep: Anti-frailty sleep hygiene practices
4. Heal: An Anti-frailty-based approach to health and healing

Session 6: The Power of Planning

Readings from The Good Life

1. Ageism and the Arrow of Time
2. How Declinism erodes planning skills in later life
3. Planning is Priming
4. A Practical to Creating a Life Plan

Session 7: SMART Goals

Readings from The Good Life

1. Using Conversation to clarify life goals
2. How to create specific goals
3. How to create measurable goals
4. How to create attainable goals
5. How to create realistic goals
6. How to create time-bound goals

Session 8: The Population Health Revolution

Readings from Better Together

7. The history of longevity
8. Longevity in the current day
9. Longevity as a common good
10. Practical approaches to attaining and maintaining better health

Session 9: Session 9: Wellness Begins with “We”

Readings from Better Together

1. The myth of individual wellness
2. Strength, Purpose, and Belonging as Social Contagions
3. Understanding the Role of Risk taking in Wellness
4. A practical approach to blending risk and reward in later life

Session 10: The Spark Performance League

Readings from Better Together

1. Introducing Spark Performances
2. Preparing for Performances
3. The Tiger’s Whisker
4. A practical approach to creating and using “signs of courage”

o get the top score, teams must work to make sure:

- Their members do better on the quizzes than the members of other teams.
- As many of their members as possible take the quiz.

Week	1	2	3	4	5	6	7	8	9	10	Total
Green	532	432	769	543	908	565	329	864	765	443	6,150
Blue	863	667	438	751	903	908	565	565	329	333	6322
Red	421	540	908	565	329	864	765	432	769	567	6160
Orange	211	621	590	346	769	438	751	903	908	565	6102

In this case, Team Blue triumphs with a total of 6,322 correct answers. They get to vote on where to direct the Purse. Along the way, all players experienced what it feels like to be part of a team and to watch their team's fortunes rise (or fall). This experience of gamification shows people how it can contribute to their lives and work.

People interested in learning more about upcoming “Playing to Win” courses can scan the code below to get more information about course materials and how to register to participate in this educational experience.



The Tiger's Whisker

“There is hope. Yes, there is
hope.”

–The Sage

A Simple Request

Long ago there lived a young woman whom it is our duty to remember. Her name was Rachael, and she lived in a small village in the Northwest of Kallimos. A warm spring followed a cold wet winter the year she fell in love. His name was Henry. He was tall and rail thin, but his arms were strong, and he understood what it was to do hard work. His voice was well acquainted with laughter, and sparks lit his eyes when he talked of his love for Rachael. Each evening, arm in arm, the pair strolled through the village. The Elders saw and nodded approvingly. "Yes," they said, "this is a good match." As the lovers walked, they talked of the life they would make together. They dreamed of the children they would bring into the world and the names they would give them.

Soon, permissions were asked and granted. A date was set, and announcements were made. All was as well as it could possibly be until two days before the wedding. That day dawned hot and dusty. The summer heat drove the villagers into their homes, and they did not hear the thunder of hoofbeats until it was too late. A stream of armed men rode into the center of the village. They leaped down from their horses and declared that they would have all the young men of the village for their battle with Mar-Kahsa. Doors were battered, and houses were searched. The men found Henry in Rachael's arms and dragged him outside. He was bound, beaten, and driven from the village.

Rachael wailed until she had no voice. She wept until she had no tears. Henry was gone, but hope remained.

A full year passed, and then another. Still, Rachael waited for her lover to return. Another year passed, and then, in the spring of the fourth year, Henry returned. Word of his approach swept through the village. The Elders asked the children to bring Rachael the news she had waited so long to receive. The children sang, "He's here! He's here! He's come back to you!" Rachael raced across the village to meet him. She ran to him and threw her arms around him. Tears flooded her cheeks and splashed against his tunic.

Henry's arms remained at his side. He did not speak to her. He did not look at her. He shrugged off her embrace and trudged toward his parents' home. All of the loneliness, doubt, and pain she suffered during the long years of their separation were, in that instant, reduced to a single drop in an ocean of grief. She was undone.

Well, as you know, permissions had been asked and granted. Promises made must be kept, and so Rachael and Henry were married. They made their new home in a small cottage near the edge of the village. Henry was up with the sun and remained in the fields until the supper hour. He ate his food in silence and slept on a straw mat beside Rachael's bed. Night after night, Rachael watched him thrash in his sleep. She dared not rouse him or even speak to him, for his eyes burned with an anger so fierce, it made her tremble.

Rachael's dreams deserted her, and her spirit began to wither. When this torment became more than she could bear, she resolved to find the wise old woman whom her mother said lived in the forest above the village. When the full moon was high in the sky, Rachael crept out of her cottage and made her way up the

mountainside, following a narrow twisting path deep into the forest. Her legs ached when, at last, she reached the old woman's simple hut. Rachael knocked softly on the door. An ancient wrinkled voice answered, "Come in, young one, come in."

The hinges groaned as she pushed the door open and stepped inside. An old woman, as fragile as a bird, beckoned for Rachel to join her beside a small fire. The dim light scattered their shadows in the corners of the room. The sage smiled and bid her guest to speak. Rachael poured out her story. "What can I do?" she asked, "Am I destined to endure this grief forever?"

The sage smiled, "My dear, I have good news for you. There is hope. Yes, there is hope." The young bride's spirit sang with joy. The sage continued, "Bring me a tiger's whisker,

and the happiness you seek will be yours." Racheal's heart sank. "A tiger's whisker?" she asked, hoping that she had somehow misunderstood the sage's command.

"Yes. Bring me a tiger's whisker, and I will show you how to put your woes behind you." Clapping her hands, the sage concluded, "Now it is time for you to return to your home."

The walk down the forest path was long and lonely. "How," Racheal asked herself, "could someone like her ever get a tiger's whisker?" Attempting such a thing would mean certain death. The hope she had felt in the sage's hut ebbed and then vanished. There was, truly, nothing she could do.

A season passed, and Henry still refused to speak to or even look at his wife. Life was hard for both of them.

Then, one fine summer morning, Racheal heard her neighbors speak of a tiger that had come down from the mountain to prowl the riverbank at night. Racheal closed her eyes and thought, it is better to be devoured in an instant than to endure this slow torture.

That night she slipped out of the cottage and ventured down to the riverbank. She looked for the tiger but did not find him. She returned the next night and the night after that. On the third night, she glimpsed orange and black. The big cat still stalked the river's edge.

Her heart pounded, and her breath quickened. She was afraid but resolved to return the following night. That night she saw him again; this time, she watched him prowl the riverbank before slipping into the depth of the forest. Perhaps he is hungry, she

thought. The very next night, she left a few morsels of meat in the tiger's path, then she hid and waited.

The tiger appeared at his appointed hour. He stopped, sniffed the offering, and devoured it before moving on. Night after night, Rachael left meat for the tiger, and each night she crept a little closer to where he stood. Months passed before she was ready to step out of the shadows and lay her hand on the tiger's back as he ate. He growled ominously, and she froze, certain she was about to be taken into his jaws. Instead, the tiger turned away and disappeared into the night.

Each night from then on Rachael would gently stroke the tiger as he ate. At last, when the moon was full, she reached down and grasped a single whisker between her thumb and forefinger. Not daring to breathe, she

plucked it from the tiger's jowls. The great beast snarled and then loped off, following the river north, toward the mountains.

She had done it! Clutching the tiger's whisker, Rachael returned home with her prize. By the light of their only candle, she placed the whisker in a delicate silk pouch. She tied the bag with a string and draped it around her neck. The next day she fondled her treasure a hundred times or more. Finally, night fell and when Henry was asleep, she raced up the forest path toward the sage's little hut. Once there, she pounded on the door as loudly as she could. "Are you still there?" she cried. A voice answered clear and strong, "Yes, dear one, I am still here."

Rachael burst in, her words tumbling from her lips, "I have done the very thing you asked me to do! I have

brought you a tiger's whisker!"

"Well youngling, let me see what you have."

Her hands trembling, Rachel took the little purse from around her neck and gave it to the sage. The old woman opened the bag, grasped the whisker, and held it up in the light of the fire. "Why it is just as you say; you have brought me a tiger's whisker, a fine one too." The sage took one more look at the whisker and then flicked it into the flames.

Rachel shrieked and lunged toward the fire, but the whisker had already been consumed. Between choking sobs, Rachael said, "You don't know what I had to do to get that whisker! And now it's gone!"

The sage massaged the young woman's shoulders until the spasm

of grief was spent. At last, the sage spoke, "I know well what you had to do to get that whisker, and so do you. Go home and be happy, Life will be good to you now that you have learned to be its master."

Still weeping Rachel stumbled blindly down the path to the village and her home. Halfway down the mountain, she stopped to rest and dry her tears. In the darkness, she could hear leaves rustle gently against each other and the hoot of an owl deep in the forest. She sat still and listened carefully to the night. Slowly, the meaning of the sage's words became clear to her.

Wearing her courage like a cloak around her shoulders she returned to her cottage, and the man she loved. In time, she led him back to the love he had lost. So it was that fortune blessed Rachel and Henry with many

children, and their years together were long and full.

We live in an age that celebrates the kind of courage that is most closely associated with the young. Dramatic acts of bravery that unfold in a singular moment are recounted in movies and on television. This is heroic courage, and it is to be admired. But there is another type of courage, one that never makes it to the big screen but is even more valuable. In the story, the sage made a request that Rachael could not possibly fulfill with a single act of bravery. The only possible path forward required Rachael to display patient courage. This courage lies within all of us and is most evident in those who choose to be brave again and again and again until bravery itself becomes a habit.

This is the type of courage The Spark Performance League requires of us. None of the Spark Performances can be won by a single person; they all require a team. Each Performance unfolds over a period of months, not minutes. Luck matters little here. Success in Spark Performances belongs to those with an abundance of patient persistence. Strength, purpose, and belonging will always come into our lives when we find the courage we need to call on them. That courage is sometimes found in a single heart but much more often, it is the product of a community. In order for patient courage to flourish in a community, there must be visible signs of its presence and power. In the story, patient courage was symbolized by a tiger's whisker. In The Spark Performance League, this tangible evidence takes the form of feasting, marching, pins, and banners.

Signs of Courage

The immediate, dramatic nature of heroic courage makes it easily recognizable. A firefighter saves the baby from the burning building! A pilot lands her damaged plane safely! The platoon takes the hill against all odds! In contrast, patient courage remains mostly out of sight. Patient courage unfurls slowly, realized from an unrelenting commitment to putting one foot in front of the other, even when no one is watching. Especially when no one is watching. This kind of courage was evident during the pandemic when millions of healthcare professionals of all stripes placed themselves between COVID and the vulnerable people in their care. They did this not once, not twice, but day after day after day.

We know that it is better to live our lives among the courageous than to be surrounded by cowards. Cowards make us weaker while the courage of the brave inspires us to be stronger, better people. This encouragement occurs, however, only when we can see the courage of the brave and recognize it for what it is. Hollywood makes movies about heroic courage because the events depicted are naturally dramatic. Patient courage never goes to Hollywood. It must be celebrated communally. In order to be effective, such celebrations must be vivid and memorable. A wink and a nod will not do.

Bringing patient courage to the attention of others feels strange at first. Most "patient heroes" insist that what they do is ordinary, customary, and expected. When viewed in isolation, most acts of patient courage can seem like nothing special. Nothing

could be further from the truth. We owe much to the patient heroes who have surrounded us at every stage of our lives. Those heroes taught us by example and shaped who we are today. Patient heroes live among us today, quietly making life better for others.

It is said that the universe rewards the brave and it does. What is less obvious is that we are the agents of those rewards. We are the ones who must bring the brave into the light. The Spark Performance League stands for, recognizes, and values patient courage. It seeks out and embraces people who display this type of courage. In doing so, Spark brings drama and excitement to gatherings and practices that might, at first glance, seem ordinary. It uses feasts, marches, purses, pins, and banners to spark pride and build community.

Feasting

Eating is a social act, perhaps the most common shared social experience of all. Solitary meals put one at risk of missing meals entirely and make it more likely that we will stop cooking. People who dine with others eat more and eat better than people who eat alone. Meals taste better when they are shared with others.

A Feast is different from a meal in three ways:

- A Feast has a **purpose**. It is “in honor of” a person, event, or ideal. This purpose is made clear to all who attend before, during, and after the event.
- A Feast has **convivium**. It is said that some people live to eat while others eat to live. A Feast revels in the pleasure that can be had from sharing good food in good company.

Convivium fosters strength, purpose, and belonging.

- A Feast presents us with **delicacies**. A Feast extends beyond the foods we eat, share, and enjoy daily and offers us dishes that tell our taste buds that this– is a celebration.

Marching

Marching and processions of all kinds have long been used to build morale, cohesion, and resilience. Armies march, bands march, teams march (think of the Olympic Opening Ceremonies), people march. Friendly societies were famous for their commitment to marching. Most people remember parades and marches from their youth, and the impact those processions had on us whether we were marching, or watching.

A March is different from walking together in three ways:

- A March has a **purpose**. When we walk together what matters most is our destination. When we March, what matters most is the reason we are marching, the destination matters little. This is why platoons can fill bleachers with people eager to see them march in circles around the parade ground. The spectators understand that marching is actually a powerful declaration of comradeship and belonging.
- A March has a **time**. A March needs spectators and participants, and both groups need to know when the procession will begin and how long it will take. Every March should start and end on time.
- A March has **regalia**. Marching

nearly always involves costumes of some kind. Marchers and spectators alike benefit from visual cues that say, "this is different, this is purposeful, this is important." A group of people walking in the same direction wearing everyday clothes can not convey the same level of gravitas.

Purses

In a 1789 sermon titled "The Use of Money" John Wesley suggested that parishioners should, "Earn all you can, save all you can, and give all you can." He also suggested that members of his flock were, perhaps, forgetting the third part of this dictum. His call for greater generosity may have been partly motivated by a pastor's fiduciary duty, but there is more to this story.³⁴ Wesley also understood

34 <https://www.gnjumc.org/earn-all-you-can-save-all-you-can-and-give-all-you-can/>

that giving gifts of time, talent, and treasure that help make life better for others fosters greater strength, purpose, and belonging within a community. When we give, we also receive.

Unfortunately, modern society significantly narrows the possibilities for giving that are open to older people. This is especially true for people of modest means and those living with health challenges. Every Spark Performance has an associated purse that is divided among participating teams according to their place in the final ranking. This money is not given; it is earned. Teams are empowered to choose for themselves how these earnings will be spent. Investing these funds in things that make life better for others aligns with aging's pro-social impulse and turns elders into philanthropists.

Stoles and Pins

Special events, marches, ceremonies, celebrations, and feasts call for special clothing. The purple stole (also favored by Roman emperors) marks the wearer to be a member of the community's Spark Performance team. Team membership includes all who regularly contribute to the team's performance, in whatever role suits them best. All who align themselves with their team's fortunes can wear the purple stole with pride.

As a team moves through the Spark Performances, pins are awarded according to each team's achievements. These pins can, but do not have to be, affixed to team members' stoles. The Pins function as a visible symbol of the patience, persistence, and courage the wearer has invested in their team, and community.

Banners

In the story that begins this chapter, a sage told Rachael to “Bring me a tiger’s whisker, and the happiness you seek will be yours.” When presented with the whisker, the sage examined it and then flicked it into the flames. In doing so, she taught Rachael a powerful lesson. It was the determination needed to seek the whisker, not the whisker itself, that was missing. It was that determination that allowed Rachael and Henry to rekindle their love. Life is full of such challenges, and those who grow old have a lifelong history of “seeking the tiger’s whisker.”

So it is with The Spark Performance League. Champions win banners with patient persistence and abiding faith in each other. There is no other way. A championship banner offers a visual validation of victories won— together. A woman who can

pluck a whisker from a tiger's jowl can lead a man back to the love he had lost.

The pursuit of a championship banner can make life better for everyone living in a community, not just those engaged in the competition. As we have seen, strength, purpose, and belonging are contagious and will spread freely within a community, given the right conditions. The patient courage required to struggle together for months to earn a Spark Championship banner can also lead other members of the community back to a life worth living. Seen in its simplest, purest, form, a banner is a tiger's whisker, capable of changing our present, and most importantly shaping a better future that we can share— together.

Acknowledgments

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The greatest credit belongs to the people doing the work I am grateful to the original 16 Lifespark Community Teams that pioneered the Spark Performances and helped to make them a great success. These pioneers deserve a hero’s paradise in their honor but the recognition that follows will have to do for now.

The Yorkshire of Edina Yorkies shine with persistence. The Cedar Creek Senior Living Cheetahs have shown up for Spark Performances since day one. The Kettle Park Senior Living Parrots fought through

sickness and hardship and kept up despite those tough circumstances. The Fairway Pines Senior Living Iron Vise Grips led by example all the way through the first year of The Spark Performance League. The Sterling Pointe Senior Living Pirates showed us how to be a hard-charging NFRL team. The Heritage Pointe Senior Living Dragonflies spark lives by bringing blazing team spirit to every Performance. The All Saints Senior Living Coyotes show us that being a team means showing up for each other, even after they've finished competing. The Eagle Point Senior Living Soaring Eagles fight ageism and enrich the lives of others every day.

The Carver Ridge Senior Living River Rats lead the way with their celebrations, victory is to be savored. The Legacy of Farmington Wind Riders hustle through each season and teach the value of community to others

every step of the way. The Landmark of Fridley Wild Zebras excel at finding their groove. A special shout-out goes to Vivian, an Elder raising awareness about ageism in her community. The Polar Ridge Polar Bears know that there is virtue in the struggle, win or lose. The Urbana Place Senior Living Super Seniors are always on the hunt for ways of getting better. The Mill City Senior Living Millers pull together and give their best. The Minnehaha Mini-Mice were, pound-for-pound, the toughest 2022 TRY-athlon team. The Park Gardens of Fergus Falls North-stars sparked team spirit throughout every competition.

A special word of thanks goes to the Dragonflies' Team Captains Bernie and Ray for leading their team to victory again and again. They work countless hours perfecting their team's strategy and inspire others to do the same.

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