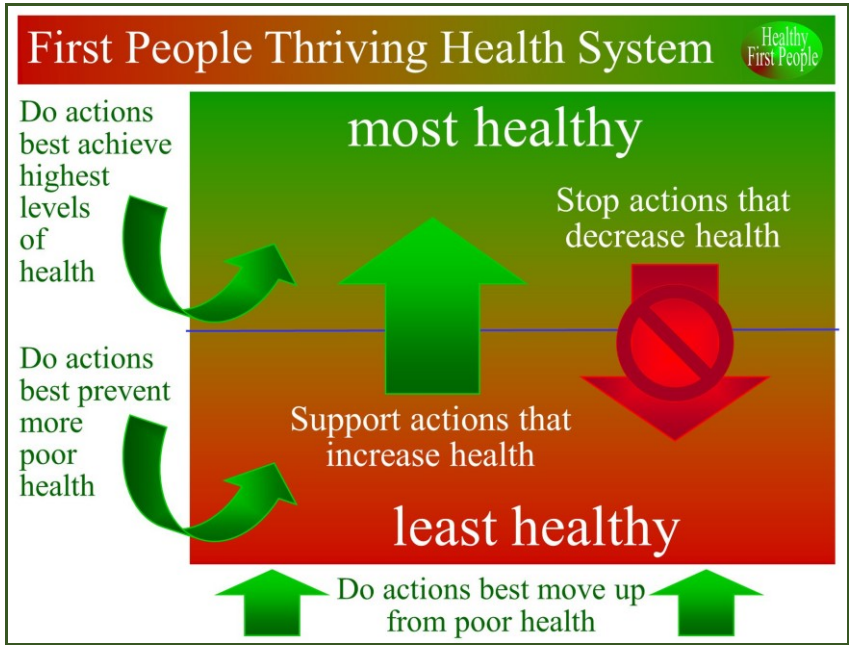


First People Thriving Health Systems[©]

Achieving healthy and thriving First People.



For
First People

Prepared by
Gary "Chris" Christopherson
Former Senior Executive, Health, U.S. Government
Founder, *Thrive!*[®] - Building a Thriving Future
Founder, *HealthPeople*[®] - Building a Healthy & Thriving Future



Nelson, WI

University Park, MD

DEDICATION

First People who embrace, nurture and sustain Earth.



first people

Thrive! Sculpture by GChris [GChris.com]

3' x 3' metal mobile

all first people, the first to discover and nurture a new world,
should be respected and thriving across time.

DEDICATION

*People who help build, achieve and sustain
a surviving and thriving future for all forever.*

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About The Author

Gary (Chris) Christopherson continues to work nationally and locally on improving health, reducing vulnerability and building a better future. Currently at **The Thrive! Center** he founded, he develops strategy, management and policy for creating, managing and sustaining large positive change and building a better and thriving future for all. ThriveEndeavor.org Thrivism.world He wrote several nonfiction books, including **Thrive! - Building a Thriving Future** available via Amazon.com or ThrivingFuture.org.

Thrive! and **HealthPeople** draw on 30+ years experience creating, managing and sustaining large positive change at national and local levels in public and private sectors. He founded **HealthPeople** (building a healthy and thriving future; HealthPeople.com), **viaFuture** (creating large positive change) and **Vulnerable** (minimizing vulnerability). He served as senior leader, manager and policymaker responsible for multi-billion dollar policy, programs and budgets and thousands of employees. His public service includes: Principal Deputy Assistant Secretary and Acting Assistant Secretary of Defense for Health Affairs and Senior Advisor, Department of Defense; Associate Director, Presidential Personnel, Executive Office of the President, White House; Senior Fellow, National Academy of Public Administration; Senior Advisor to Chief Operating Officer and Deputy Director for Quality Improvement Group, Centers for Medicare and Medicaid Services, DHHS; Senior Advisor to Under Secretary, Veterans Health Administration, VA; Senior Fellow and Scholar-In-Residence, Institute of Medicine, National Academy of Sciences; Chief Information Officer, Veterans Health Administration, VA; Director of Health Legislation, House Select Committee on Aging, U.S. House of Representatives; Deputy Director, Municipal Health Services Program (funded by The Robert Wood Johnson Foundation and based at John Hopkins Medical Institutions); and Director of Special Projects, Milwaukee City Health Department.

He is a sculptor of abstract art, focusing on mobile and stabile sculptures and creating over 150 sculptures. Thrive! Sculpture by GChris at GChris.com. He wrote science fiction books, including **The Thrive! Endeavor** and the illustrated children's book **Angel, Thriving Creator of Artful Things**. Both are available via Amazon.com or GChris.com.

He received his bachelor's in political science and his master's in urban and regional planning from the University of Wisconsin (Madison), and did doctoral work in health policy and management at John Hopkins University School of Public Health.

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Summary: First People Thriving Health Systems[©]

Achieving healthy and thriving First People.

Better than First People's current "health system(s)", a First People Thriving Health System gives First People their best chance to be healthy and experience well-being throughout their lifetime. Their having a Thriving Health System owned, controlled and sustained by them for their community ensures they are healthier people in a healthier community.

The vision for a Thriving Health System is that First People everywhere are healthy and thriving. The mission is to achieve high health and thriving status for all First People and their communities everywhere.

The strategy is to develop First People Thriving Health Systems everywhere that are person and community-centered. That are self-perpetuating, affordable, accessible, "e" enabled, person-centered, prevention-oriented, and providing high quality health support. That are owned, controlled and sustained by First People. That produce high health and thriving outcomes and status for First People.

First People want to be as well as possible over their lifetime. They are more likely to be well in a First People Thriving Health System. More likely to be well with a Primary Health Support (PHS) partner. More likely to be well by using all needed Health Support partners. Their having the whole of "Health Support" is more and better than just having "traditional health and medical care". This system supports person or persons from beginning to end. Starting with birth and through childhood, they and their families and their Primary Health Support focus on how to be healthier in the way they live their daily lives.

First People having First People Thriving Health Systems can and should achieve healthy and thriving people and communities for all First People everywhere.



First People Thriving Health Systems^{© 1}

Achieving healthy and thriving First People.²

In their lives as First People, if they survive birth, only two things are sure about their health. They are born. They die. Everything else varies from person to person and over a person's lifetime.^{3 4}

Better than their current "health system", a First People Thriving Health System[©] gives First People their best chance to be healthy and experience well-being throughout their lifetime.⁵ Their having a Thriving Health System owned, controlled and sustained by them for their community ensures they are healthier people in a healthier community. (Figure 1. First People Thriving Health Systems.)

¹ In **HealthePeople® – Achieving Healthy People, Communities, Countries and World**, the author also lays out the vision and strategy for achieving healthy people. He also lays out the rationale for and design of ideal health systems that can help achieve that vision. In this piece, First People Thriving Health Systems are ideal health systems for First People as envisioned in the **HealthePeople®** book. This piece was prepared by the author to support First People everywhere.

² "First People" are those people who are the first people to live in a geographic area. Sometimes, they are referred to as native or indigenous people. For example, in the United States, they may be referred to as Native Americans.

³ If First People should decide to build and sustain a First People Thriving Health System, it must be theirs. They must own, control and sustain it.

⁴ The focus of this book is on health. But for First People to be truly thriving, they need more than a thriving health system. They need a full thriving system that helps them survive and thrive for all their lives and for their whole community. Much more on how to achieve thriving for all can be found at ThrivingFuture.org and Thrivism.world

⁵ Thriving Health Systems are comprehensive health systems that can be of almost any size and for any type of community. Community includes legal communities (e.g., village, town, city, county, State, nation), geographic areas (e.g., regions), groups (e.g. racial/ethnic groups, affinity groups), and world.

First People Thriving Health Systems

Vision – Healthy and thriving First People.

Mission - Achieve high health and thriving status for all First People persons and their communities.

Strategy - Develop First People Thriving Health Systems everywhere that are person and community-centered. That are self-perpetuating, affordable, accessible, “e” enabled, person-centered, prevention-oriented, and providing high quality health support. That are owned, controlled and sustained by First People. That produce high health and thriving outcomes and status.

Figure 1. First People Thriving Health Systems.

A First People Thriving Health System has persons and their communities at the center. At the center is the person and the person’s Primary Health Support surrounded by all needed and wanted Health Support. It adjusts when locations, time, person, and community change. Takes into account all of personal and community characteristics and all of health and well-being. Understands personal and community environment and its impact on health and well-being. Understands and uses the full range of health and thriving support to improve and sustain health and well-being. Connects all of these, with information and other support, into a fully integrated and supportive system for persons and communities. (Figure 2. First People Thriving Health Systems Ensure Healthier People)

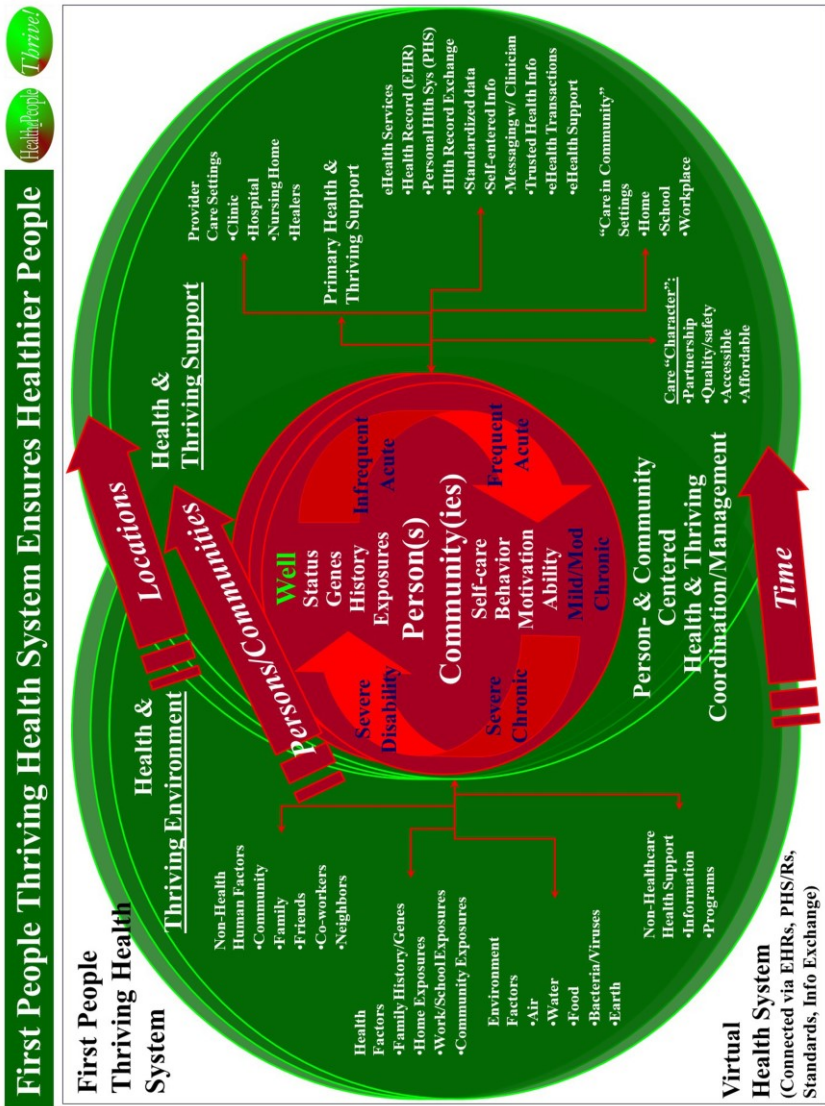


Figure 2. First People Thriving Health Systems Ensure Healthier First People.

First People want to be as well as possible over their lifetime.

First People are born. If they live long enough, they are children, adults, and older adults. Then they die. Over their lifetime and depending on how long they live, they may go through early development, may learn, may work, may expand their family, and may have post-work time. Then they die.

If they are fortunate, they live through all of these until they die a quick and painless death. If they are truly fortunate, they are well through all of these. Very few will be that fortunate under the current health system.

During their lives after they are born, they may be well, have infrequent acute illness and/or injury, have frequent illness and/or injury, have mild, moderate and/or severe chronic illness, and/or have mild, moderate and/or severe disability. Then they die.

They should want to be well for as much of their lives as possible. They should do everything reasonable and possible to be well. While they may be able and willing to do much by themselves, they will be more successful with a truly good health partner (a Primary Health Support (PHS)) with all needed and wanted Health Support in a truly good health system (a First People Thriving Health System (THS)). (Figure 3. Persons & Their Lifetime Health)

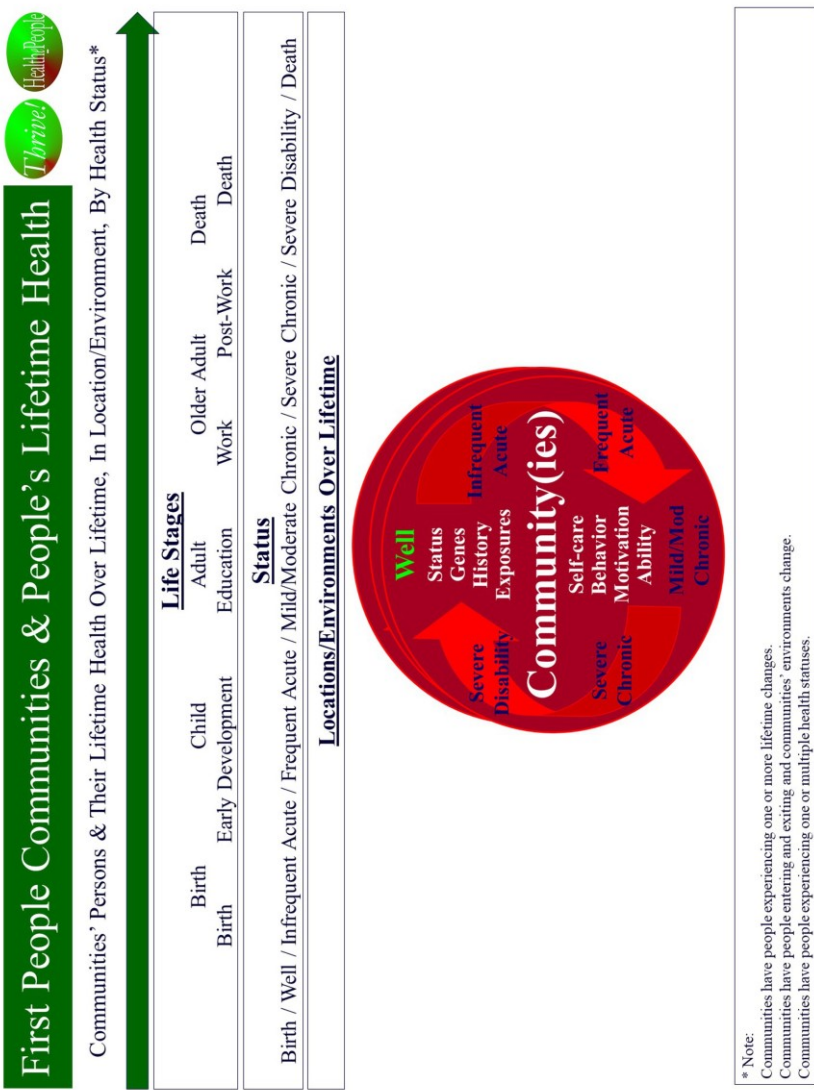


Figure 3. First People Communities & People's Lifetime Health.

First People are more likely to be well in a First People Thriving Health System[©].

The U.S. Institute of Medicine (IOM) [now the National Academy of Medicine] provides a way of viewing a health system's performance through First People's eyes. What they want from a health system is that they are "staying healthy", "getting better", "living with illness or disability" and/or "coping with the end of life." Taking this one more positive step via a First People Thriving Health System, they are "staying healthy", "getting much better and faster", "living as well as possible with illness or disability" and/or "coping as well as possible with the end of life." Some First People may experience more than one of these at the same time. IOM's quality reports have six aims for a high performing health system. They stress it should be safe, effective, person/patient-centered, timely, efficient, and equitable.

Utilizing their guidance, a First People Thriving Health System should perform well from the person's perspective and achieve the IOM aims. As depicted in the attached table, a Thriving Health System would "check all the boxes." (Figure 4. U.S. Institute of Medicine Six Aims & Person's Perspective on Health) As suggested earlier, a First People Thriving Health System can, should and will do much better. First People are more likely to be well by using all needed Health Support partners in a First People Thriving Health System[©]. A First People Thriving Health System for a First People community provides health support via a fully integrated health system



Institute of Medicine Six Aims & Person & Community's Perspective on Health & Thriving

Supportive of IOM principles and aims, a Thriving Health System supports persons/patients, communities and their health professionals/providers, and the rest of the health support system in continuing to innovate and find better ways to achieve health and thriving.

Person & Community's Perspective on Health & LT Care Needs	Aims for Health & LT Care Performance/Quality					
	Safe	Effective	Person/ Patient-centered	Timely	Efficient	Equitable
Staying healthy	+	+	+	+	+	+
Getting much better & faster	+	+	+	+	+	+
Living as well as possible with illness or disability	+	+	+	+	+	+
Coping as well as possible with the end of life	+	+	+	+	+	+

Figure 4. U.S. Institute of Medicine Six Aims & Person's Perspective on Health.

To get to the health support First People truly want and need, they need a Thriving Health System that has each of them and their Primary Health Support at the center. Together as health partners from birth to death, they access whatever other health support is needed to help them stay healthy, helps them get much better and faster when ill or injured, helps them live as well as possible with illness or disability, and helps them cope as well as possible with the end of life.

Do First People have to abandon their current health systems (to the extent they are functioning systems today and tomorrow) or can they transform what they have into Thriving Health Systems? Depending on the “health” of a particular current health system for a particular First People community, they may abandon it or they can transform it. Many of the elements exist in their current health systems. But they are often insufficient, ineffective, not preventative, not well organized, not well connected and/or not communicating well.

The first step is to put in place the Primary Health Supports and connect them to First People and the rest of Health Support. Organize the existing Health Support elements so they better provide and coordinate health support. Improve and increase Health Support where it is insufficient and/or insufficiently effective. Improve and increase their preventative support. A lifetime electronic health record is needed that tracks and appropriately shares both persons interactions with health systems and their own personal health-related behaviors and conditions. Their Primary Health Support needs to appropriately share persons’ health information accurately with whom they want when they want and how they want.

First People are more likely to be well with a Primary Health Support (PHS) partner in a First People Thriving Health System[®].

While much of being well can be done by themselves as First People, they are more likely to be well if they have an effective Primary Health Support as a partner. A partner who brings more knowledge than they have and who supports their efforts to be well. This partner will often be an individual primary care physician but may be a small team by adding a Nurse Practitioner or Physician Assistant or other health support. It may include a Care Coordinator (often a nurse or social worker) who partners with the person and PHS. A Care Coordinator can be especially helpful when a person is experiencing multiple health issues. It may also be a person, such as a First People healer, with enough knowledge and skills to be this supportive partner.

Their PHS partner knows the person or persons, knows their key health factors, knows their health-related behaviors, knows their living and work environment, and provides continuity of care over as much of their lifetime as possible. Their PHS partner helps person or persons stay healthy, helps them get better faster when they are ill or injured, helps them live with illness or disability, and helps them cope with the end of life. (Figure 5. First People Persons & Their Health Support)

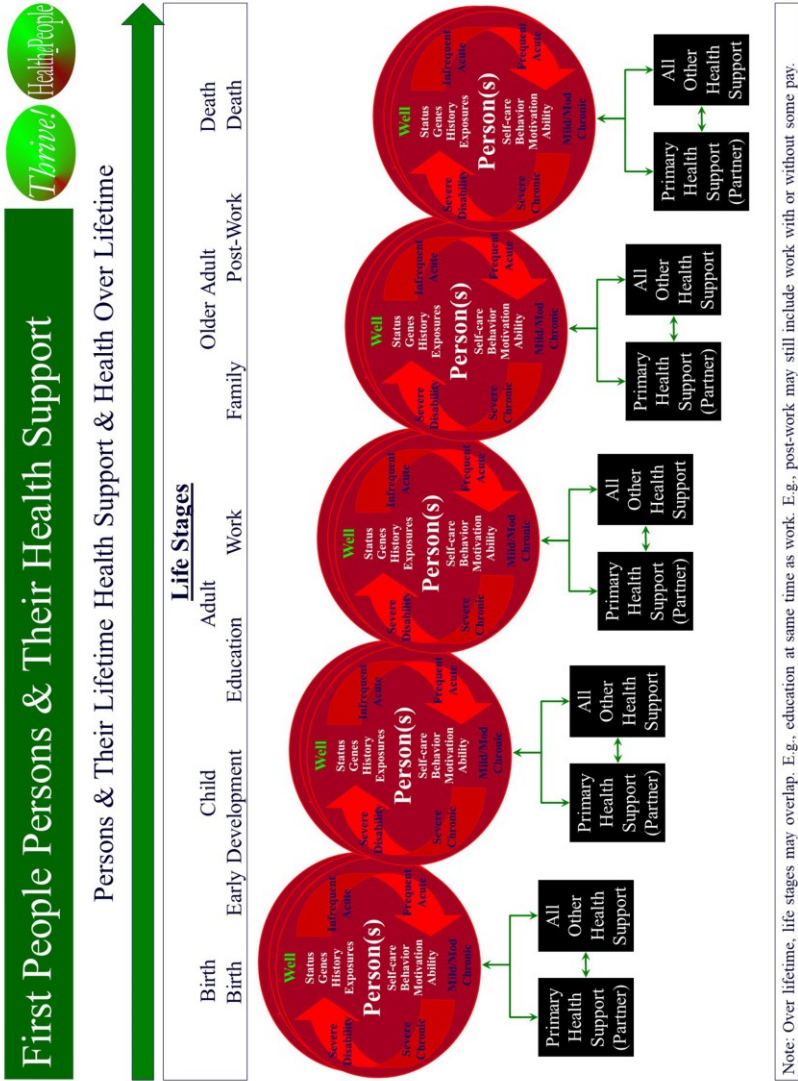


Figure 5. First People Persons & Their Health Support.

First People are more likely to be well by using all needed Health Support partners in a First People Thriving Health System[©].

To address the full range of health conditions First People may face in their lives, their Primary Health Support and they both need other Health Support as partners. They need partners to help successfully address health conditions such as an acute illness or injury, a chronic illness and/or a disability. Each of these health conditions often require additional skills and knowledge. Maybe a specialist or subspecialist. Maybe rehabilitation people. Maybe a therapist of one kind or another. Maybe home or community care people. Maybe a pharmacist. Maybe a surgeon. Maybe a pathologist. Maybe a palliative or hospice care team.

Outside of traditional health care, others will have the skills and knowledge to be partners and help address health conditions. This includes family and friends, non-health people (e.g. social services and financial assistance), spiritual healers, public health, personal assistants (e.g. for people with disabilities), school health, and occupational health. They as First People have their own people who bring long traditions of healing, bring the best parts of how they live and have lived, and play an important role in getting and keeping them healthy.

Depending on their need, any of these people may have an important role in keeping First People healthy, helping them get better and faster, helping them live with illness or disability, and/or helping cope with the end of life.

First People having “Health Support” is more and better than just having “traditional health and medical care”.

To keep their selves as First People healthy, traditional health and medical care are not enough. Traditional health and medical care have a very important role to play, but First People need more and better support. Full Health Support is more complete and is the full range of people and services that can help them be as healthy as possible. This includes the partners described above. It importantly includes First People healers and cultural support. It also includes electronic health support (e.g. internet information, apps and devices, messaging, personal health record) and non-prescription devices, sensors, supplements and treatments. A First People Thriving Health System has the types of health support of the current system plus all other important health support.

At the center of a Thriving Health System is the person or persons and their Primary Health Support. Together, they access whatever health support is wanted or needed. Traditional health support services may include other primary health care, specialty health care, subspecialty health care, inpatient health care, mental health care, home health care, and short- and long-term nursing home care. When needed for a severe or terminal illness, health support may also include hospice and palliative care. When a person has a disability, health support may include personal assistance or home care. Unique and important for First People is the traditional healer. When a person has multiple health-related issues, a Care Coordinator is especially important. This is most but not all of the health support that is wanted, needed and should be provided. (Figure 6. First People Thriving Health Systems – Person and Primary and Other Health Support.)

First People Thriving Health System – Person & Health Support

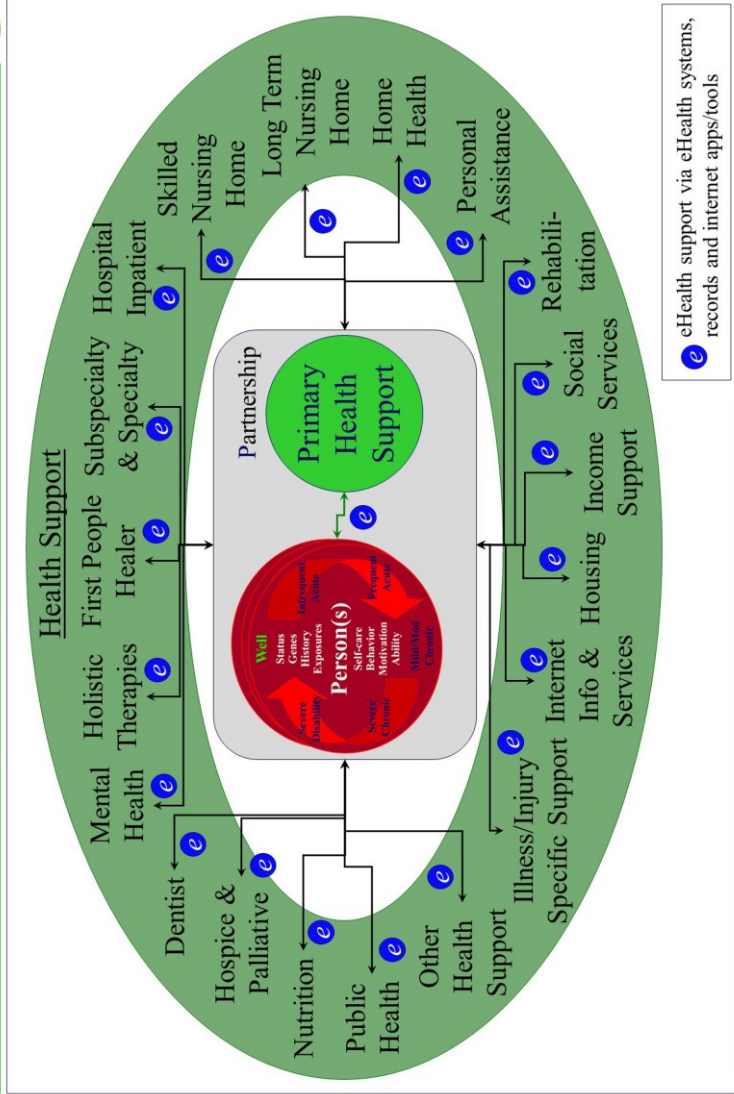


Figure 6. First People Thriving Health System – Person and Primary and Other Health Support.

There are many other types of health support that are part of a First People Thriving Health System. Public health, both for an individual person and for a First People community's persons, provides several health support functions. Private health organizations, often organized around a specific illness or injury, provide education and other health support functions. Prevention of illness and injury support may come from any of these. There is health support focused on addressing addiction. There are many other therapy services, including acupuncture, music, massage, art and dance. There is health support using acupuncture. There is health information that is provided through understanding a person's history, family history, environmental history, work history and genetic makeup.

Very importantly, there is health support provided by First People healers and other First People health and well-being support. There is the First People spiritual and cultural support. There is the First People community support. This unique health and well-being support is key to a First People Thriving Health System.

In a Thriving Health System, health support is whatever support the person wants and needs that will improve or maintain health or will help the person with a disability or a terminal illness or an injury. The PHS partners with the person to make best use of any or all available health support.

Together in a First People Thriving Health System, all of this health support best supports the person and her/his PHS as they partner to help the person stay healthy, get much better and faster, live as well as possible with illness or disability, and cope as well as possible with the end of life.

How is a First People Thriving Health System[®] best organized to help First People?

A First People Thriving Health System for a First People community may provide health support via a fully integrated health system (single organization with Primary Health Support at the center) and/or partially integrated health systems (well-connected multiple organizations with one or more Primary Health Support at one or more centers). They both can support persons, their PHS and other Health Support. (Figure 7. First People Thriving Health Systems - Person & Community Centered Organizations.)

Public and private health organizations provide health support that is key to maintaining and improving health. Together, they should include PHS and health support, including specialty and subspecialty care, hospital inpatient, skilled nursing home, long term nursing home, home health, personal assistance, rehabilitation, illness/injury specific support, public health, nutrition, hospice, palliative, holistic therapies, dentist and mental health. Some employers provide health support in- and/or outside of the workplace. Some schools provide health support.

Public and private non-health organizations provide support that is key to maintaining and improving health. Together, they can and should provide needed social service, food, housing, income support, personal security, education, and emotional support.

First People communities, especially through strong tribal communities, will be in the best position to determine what support, including traditional healers, is most important to health and well-being and to ensure that support, depending their available resources, is provided.

Connecting all this health support and supporting the person and the Primary Health Support are electronic health records systems (EHR) that can be shared when needed, appropriate and authorized. EHR's must be able to exchange health information in a standardized way that supports effective decision-making on health support for the person and the person's PHS.

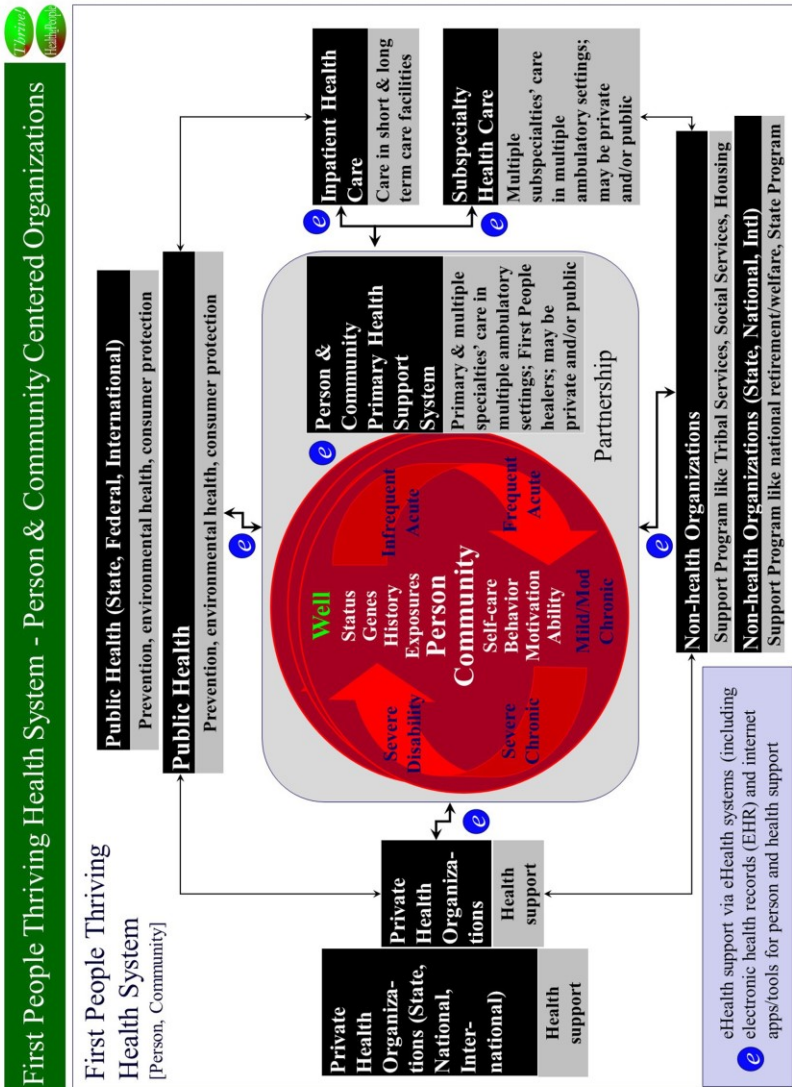


Figure 7. First People Thriving Health Systems - Person & Community Centered Organizations.

How does a First People Thriving Health System[©] support the person(s) and the community?

A First People Thriving Health System supports the person or persons from beginning to end. Prior to birth, they, via their family, are partnered with a primary Health Support. Starting with their birth and through childhood, they have a PHS partner who may be a) a specialist like a Pediatrician or a non-physician PHS specializing in children, b) a generalist such as a Family Physician, or c) or a non-physician PHS including a First People healer. The PHS partners with the person as individuals or with the person and their family and helps them access all other Health Support. As children and as they grow, persons take an increasing part in their own health. The more the better.

When persons become adults, they may change their specialist PHS partner to a Primary Care physician (e.g., Internal Medicine, Obstetrician/Gynecologist, Family Physician) or they may keep or change their generalist PHS or they may keep or change their First People healer. Their respective roles are similar. But as an adult and to the extent they can, they take on a stronger role in their own health. The more the better. If they have a family, they and their family may partner with a PHS as a family unit.

In their later years when any children may have moved on to their own lives and they may experience more illness or disabling conditions, they may change their specialist PHS or generalist PHS or First People healer to one who has more skills and knowledge with chronic and/or disabling health conditions. If they do not, they and their PHS will need to access the Health Support that can best help them manage a chronic or disabling condition. To the extent they are able, they should take a strong role in their health. The more the better.

If they have a terminal illness or are just nearing the end of their lives as part of normal aging, their PHS may be one who can best help them with coping with the end of life. They should live this part of their lives as independently and with as much dignity and quality of life as possible. The more the better.

At any point in their lives, they may experience a major chronic or disabling health condition that requires them to partner with a PHS with that skill and knowledge.

At any point in their lives, they may experience multiple health issues at the same time. This is when a Care Coordinator plays an important central role.

In a Thriving Health System, all wanted and needed health support are physically accessible. This is particularly challenging in rural areas but more doable today with telehealth and internet resources. Special provisions are made for people with physical or cognitive limitations.

Even if all this health support is available, interconnected and accessible, financial access must be ensured. Health support must be affordable for all payers, including the person. Today, this is through private insurance, public insurance, charity and self-pay. There are other and possibly better ways a Thriving Health System can ensure financial access. For First People, ensuring financial access may be particularly challenging. In a Thriving Health System, no person fails to receive wanted and needed health support due to financial limitations or financial inability.

What will First People health and lives be like in a First People Thriving Health System[©]?

Starting with their birth and through childhood, they and their families and their Primary Health Support focus on how to be healthier in the way they live their daily lives. Eat and drink healthier. Exercise better. Avoid or minimize environmental risks. Get vaccinations. Get age-appropriate health exams. Treat illnesses and injuries early and well. Track their personal health. Use effective Health Support partners. Use spiritual, emotional and cultural support. Partner with family and friends. Take responsibility for their and their family's health and for their community's health. Together, these actions help them prevent illness and injury, be healthier and experience more well-being.

When they become adults, they take more responsibility for their own health and well-being. But they still do so in partnership with their PHS. They may add a Care Coordinator to the team. They continue to eat and drink healthier. Exercise better. Avoid or minimize environmental risks. Get vaccinations. Get age-appropriate health exams. Treat illnesses and injuries early and well. Use spiritual, emotional and cultural support. Partner with family and friends. Track their personal health. Learn more about their specific health risks from family history, genetic make-up, environmental risks and how they live their lives. Together, these actions help them prevent illness and injury, help them deal with illnesses and injuries earlier and better, and help them be healthier.

In their later years when any children may have moved on to their own lives and they may experience more illness or disabling conditions, they continue with their PHS and with what they have been doing throughout their adulthood. But now they may be experiencing even more illnesses, more disabling conditions, more of these at the same time and more severe versions of these. They may add a Care Coordinator to the team. They use spiritual, emotional and cultural support. Partner with family and friends. Together, they and their PHS help them prevent illness and injury, help them deal with illnesses and injuries earlier and better, help them reduce the severity of these, help them better deal with simultaneous illnesses and injuries, help them better cope with a chronic or disabling condition, help them better deal with simultaneous treatments (e.g. multiple drugs), and help them be healthier.

If they have a terminal illness or are just nearing the end of their lives as part of normal aging, their PHS may be one who can best help them with coping with the end of life. They may add a Care Coordinator to the team. They still try to be as healthy as they can be given that they are nearing the end. Managing pain better. Choosing what health interventions are done or not done. Addressing spiritual and emotional issues better for themselves and their family and friends. Making sure they have their final arrangements in order. Handling the end of their lives as they want and with dignity.

Across and throughout their lives, they effectively use effective Health Support partners. They take responsibility for their and their family's health and for their community's health.

They want their health and well-being "status" to be healthy and thriving. (Figure 8. Healthy & Thriving Status – Move Worst to Best.)

It is worst when they experience low person / health support ability, low person / health support motivation, unsupportive "environment", poor prevention outcomes, poor treatment outcomes, high risk for adverse events, high morbidity, low quality of life, high mortality, low life expectancy, and low satisfaction w/ health & health care.

It is best when they experience high person / health support ability, high person / health support motivation, supportive "environment, good prevention outcomes, good treatment outcomes, low risk for adverse events, low morbidity, high quality of life, low mortality, high life expectancy, and high satisfaction with health & health care.

They need to move each element of their "health" and "well-being" from being worst to being best. Move to best outcomes and status. Move to healthy and thriving. They best do that in a First People Thriving Health System.

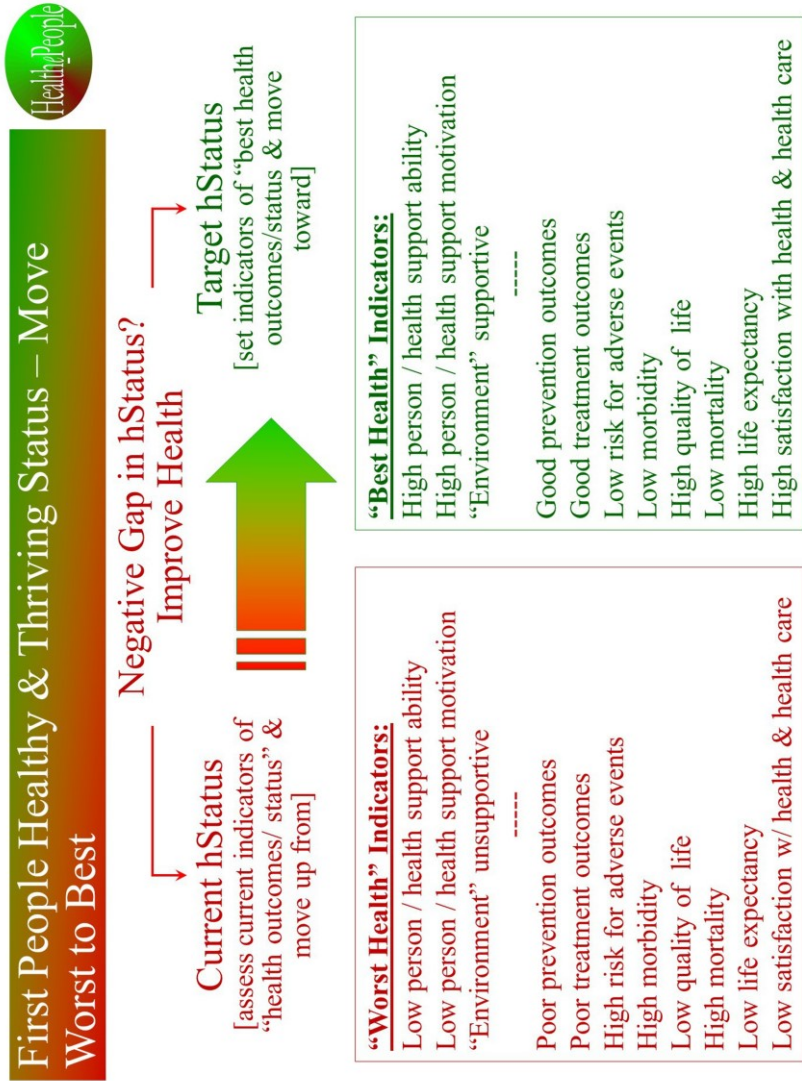


Figure 8. First People Healthy & Thriving Status – Move Worst to Best.

First People having First People Thriving Health Systems can and should achieve healthy and thriving people and communities for all First People everywhere.

First People Thriving Health Systems have a vision and strategy to achieve that vision of healthy and thriving people and communities for all everywhere. (Figure 9. First People Thriving Health Systems – Vision & Strategy). The vision is that they are the most healthy and thriving that they can be.

The strategy is for us to be as healthy and thriving as they can be by doing the following:

- Stop actions that decrease health and well-being.
- Support actions that increase health and well-being.
- Do actions that best achieve the highest levels of health and well-being.
- Do actions that best prevent more poor health and less well-being.
- Do actions that best move up from poor health and less well-being.

This is the **HealthPeople** vision for First People Thriving Health Systems and the communities they support.⁶ As First People and First People communities, they should proceed toward the vision of achieving healthy and thriving First People and First People communities everywhere.

⁶ HealthPeople – A challenging journey toward achieving healthy and thriving people, communities and world has begun. Thrive! is the overall vision, mission and strategy for thriving. [More at ThriveEndeavor.org] HealthPeople is the vision, mission and strategy for health and well-being. To achieve healthy people and a healthy and thriving future, “HealthPeople - Building a Healthy and Thriving Future” offers an integrated strategy for people, their communities and their world. [More at HealthePeople.com]

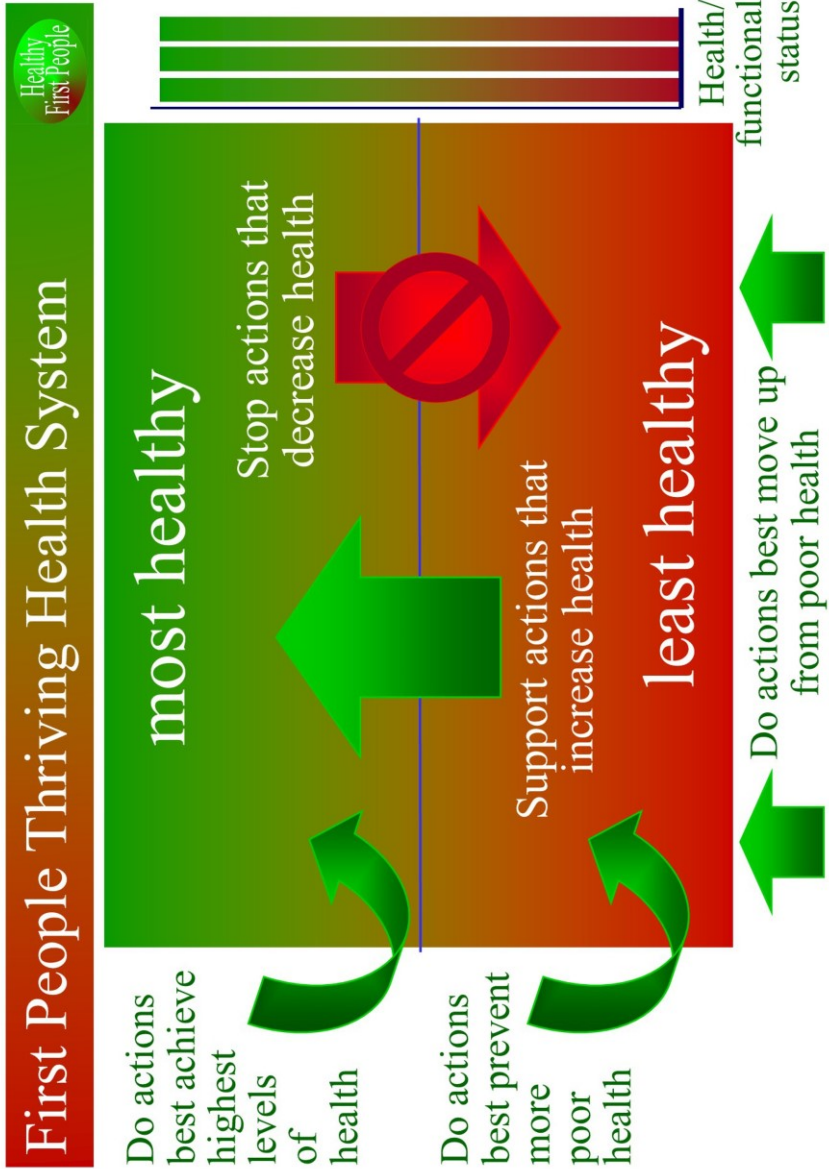


Figure 9. First People Thriving Health System – Vision & Strategy.


They do this via a strategy of First People Thriving Health Systems for all First People everywhere. First People Thriving Health Systems are self-perpetuating, very affordable, easily accessible, “e” enabled, person-centered, prevention-oriented, high quality and are producing high health and well-being outcomes and status.

Such Thriving Health Systems, partly physical and partly virtual and put into place by collaborative private and public partnerships, will greatly improve accessibility, quality and affordability for all First People everywhere.

Such Thriving Health Systems should be owned, controlled and sustained by First People. They should produce high health and thriving outcomes and status for First People.


First People can and should build and sustain First People Thriving Health Systems for all First People everywhere. They can and should achieve substantially healthier First People and First People communities. All First People everywhere deserve and should expect nothing less.

Appendix 1: Thrive![®] – Building a Thriving Future for All

	<p><i>Thrive!</i>[®] – Thriving future for all forever</p>
<p>What is Thrive?</p>	<p>Thriving and surviving future forever for all (humans, other creatures and Earth). All thrive forever.[®]</p>
<p>Why Thrive?</p>	<p>Unique among Earth’s species, humans <u>need to survive and want to thrive</u> both near and long term.</p> <p>Achieve <u>thriving</u> future - thrive and survive, low vulnerability, avoid early extinction of humans and other creatures, and avoid extensive damage to Earth.</p> <p>Avoid <u>current endangered</u> future - not thrive and not survive, high vulnerability, early extinction of humans and other creatures, and extensive damage to Earth.</p>
<p>Is Thrive truly different and better?</p>	<p>Thrive is not just getting by or achieving a surviving future. Is <u>achieving thriving future</u>.</p> <p>Thrive is not just for some people. Is <u>for all people</u>.</p> <p>Thrive is not just for current and next generation. Is <u>for current and all future generations</u>.</p> <p>Thrive is not just for humans. Is <u>for humans, other creatures and Earth on which we depend</u>.</p>

<p>Can we achieve Thrive?</p>	<p>We can <u>if we act now</u>. It is still our choice to make. But time has almost run out.</p> <p>We can <u>if we use our full ability</u>. We have the ability as we are most able in all human history.</p> <p>We can <u>if we care enough about self, everyone, everything else and Earth</u>. We must stop selfishness.</p> <p>We can <u>if we care enough about both near- and long-term future</u>. We must stop shortsightedness.</p>
<p>How to achieve Thrive?</p>	<p>Immediately, we successfully develop and use strategy, tools and actions to successfully build and execute strategies and actions to build thriving future. [like in People's Guide To A Thriving Future ThrivingFuture.org]</p> <p>Immediately, all of us together build thriving future for our families and friends, communities, countries and world. [like the Thrive! Endeavor[®] ThriveEndeavor.org]</p> <p>Immediately, each and all of us separately and together stop negative actions and take only positive actions. Thrivism.world</p> <p>Immediately, start with who and what you care about and move from vulnerable to surviving to thriving.</p>
<p>Act now!</p>	<p>Together build thriving future now!</p>

Appendix 2: HealthePeople® – Building a Healthy and Thriving Future for All

	Health<u>e</u>People® – Healthy and thriving future for all
<p>What is Health<u>e</u>People?</p>	<p>Healthy and thriving future for all.</p>
<p>Why Health<u>e</u>People?</p>	<p>People want to be healthy and thriving both near and long term.</p> <p>Achieve <u>healthy and thriving</u> future - good prevention outcomes, good treatment outcomes, low risk for adverse events, low morbidity, high quality of life, low mortality, high life expectancy, and high satisfaction with health & health care.</p> <p>Avoid <u>current unhealthy and vulnerable</u> future - poor prevention outcomes, poor treatment outcomes, high risk for adverse events, high morbidity, low quality of life, high mortality, low life expectancy, and low satisfaction w/ health & health care.</p>
<p>Is Health<u>e</u>People truly different and better?</p>	<p>Health<u>e</u>People is not just getting by or just okay health. Is <u>being well</u>. Is <u>achieving healthy and thriving future</u>.</p> <p>Health<u>e</u>People is not just for some people. Is <u>for all people</u>.</p> <p>Health<u>e</u>People is not just for current and next generation. Is <u>for current and all future generations</u>.</p>

<p>Can we achieve Health<u>e</u>People?</p>	<p>We can <u>if we act now</u>. It is still our choice to make. We spend too much and more and more on health care with not enough health support and not enough health benefit.</p> <p>We can <u>if we use our full ability</u>. We have the ability as we are most able in all human history.</p> <p>We can <u>if we care enough about self and everyone</u>. Stop selfishness.</p> <p>We can <u>if we care enough about near- and long-term future</u>. Stop shortsightedness.</p>
<p>How to achieve Health<u>e</u>People?</p>	<p>Immediately, we successfully develop and use strategy, tools and actions to successfully build and execute strategies and actions to build healthy and thriving future. [like in <u>Health<u>e</u>People® – Achieving Healthy People, Communities & World Via Thrive!®</u> HealthePeople.com]</p> <p>Develop high performance systems for all that are person and community-centered, self-perpetuating, affordable, accessible, “e” enabled, prevention-oriented, and producing high quality and high health and thriving outcomes.</p> <p>Immediately, all of us together build healthy and thriving future for our families and friends, communities, countries and world. [like Health<u>e</u>People® HealthePeople.com]</p> <p>Immediately, each and all of us separately and together stop negative health actions and take only positive health actions.</p> <p>Immediately, start with who you care about and move from worst to better to best health.</p>
<p>Act now!</p>	<p>Together build healthy and thriving future now!</p>

Appendix 3: Thrive![®] and HealthPeople[®] Websites and Blogs

Websites:

- Thrive! Endeavor - Join endeavor to build thriving future. ThriveEndeavor.org
- Thrivism - Join Thrivism to build thriving future for all. Thrivism.world
- Children Thrive Forever! - Aspire to better future when children thrive forever. ChildrenThriveForever.org
- All Thrive Forever - Aspire to better future when all thrive forever. AllThriveForever.org
- We Are Vulnerable - Reduce and avoid vulnerability for better future. WeAreVulnerable.org
- Thrive! - Building a Thriving Future - Strategy/tools to build better future. ThrivingFuture.org
- Endangered Future - Endangered more than ever before in our history. EndangeredFuture.org
- HealthPeople - Use Thrive! to build healthy and thriving future. HealthPeople.com
- GChris Sculpture - Thrive! sculpture supporting endeavor to build thriving future. GChris.com

Blogs:

- Thrivism Blog - Blog key messages and suggested actions. Thrivism.blog
- T! Blog - Blog key messages and suggested actions. ThriveBlog.org
- T! Blog - Blog asking and challenging "What will you do?" ThriveBlog.net
- T! Blog - Thrive! sculpture and thoughts/messages. [WordPress Blog] ThriveSculpture.com
- T! Blog - Thrive! sculpture and thoughts/messages. [Website Blog] ThriveSculpture.org

