THE XENA FOUNDATION

Business Plan

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SECTION 1: BACKGROUND

A. ADDRESSING DISPARITIES AND BARRIERS TO HEALTH

Fighting Chronic Disease. Chronic diseases are defined as "conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both." Chronic diseases make up 90% of the USA's 3.5 trillion health care expenditures and are the leading causes of death and disability in the United States. (See: Multiple Chronic Conditions in the United States) Six in ten adults in the US have a chronic disease and four in ten adults have two or more." (See: National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)) National trends show an overall increase in the growth of chronic disease, especially in economically disadvantaged populations.

Physical activity and healthy diet are key recommendations of the CDC for fighting chronic diseases such as obesity, heart disease, stroke, Type 2 diabetes, depression, some cancers, and other chronic diseases. Yet barriers to accessing appropriate physical activity & healthy nutrition are still too difficult for people with the greatest need.

Most often, programs and services offered to promote physical activity are approached as if exercise is a single entity. While the evidence of the effectiveness of exercise interventions for chronic conditions are comparable to pharmacologic interventions, studies documented in the Canadian Medical Association Journal found that negative outcomes increase because: exercise is not implemented correctly, is inconsistent, and is not progressive or specifically programmed (e.g., at a higher intensity, longer duration or with different components). Exercise must be tailored to each individual's condition.

A study published in the International Journal of Obesity, Variability in adherence to an unsupervised exercise prescription in obese women, found that free-living adherence to doctor prescribed exercise was on average modest such that only 51.2% of the total exercise prescribed was executed. The report Prescribing exercise interventions for patients with chronic conditions also found that clinicians must additionally be able to manage patients' misconceptions, fears, and motivation. General practitioners have identified the need for exercise details and resources to assist them with exercise prescription.

Targeted Empowerment. Research conducted by The Xena Foundation has revealed that barriers remain for people needing affordable, accessible, supported physical exercise options to support the recommendations provided by their physicians and medical care providers. The Xena Foundation fills the gap left by other health and

fitness programs by addressing the most common barriers to accessing the knowledge, skills, and support needed to fight disease - time, location, and cost.

Exercise training programs should be written and delivered by individuals with appropriate qualifications and experience for increased fitness outcomes, knowledge development, and emotional/psychological support for physical training. (See: Physical activity on prescription (PAP) from the general practitioner's perspective — a qualitative study; and Green prescriptions: attitudes and perceptions of general practitioners towards prescribing exercise)

The Xena Foundation is tailored to fight chronic disease by making the highest quality of structured, individualized personal training and health coaching services accessible to people who are most at-risk and most in need. Every human being desires to live a healthy and a fulfilling life. The Xena Foundation increases quality of life, self-confidence, and self-efficacy by providing individualized support so that they can educate and empower people experiencing or at-risk of chronic disease to adopt and maintain healthy behaviors and habits that support the holistic health and wellbeing they need to thrive.

The cause of the problem: Barriers The structural and systemic barriers that exist in our society limiting many people's access to healthy lifestyles, healthy diets, and healthy mindsets have not been addressed in the design of most leading health and fitness organizations and programs offered today.

Difficult living circumstances often preclude active recreational opportunities and regular exercise for people that are not paid a living wage and families that are living on a low income. Compounding these disparities are inequities in employment, educational funding, health care, workforce diversity, and understandable mistrust of the health care system by diverse communities. Each of these factors are woven into the complex fabric of poor health disproportionately experienced along racial and ethnic lines in the US.

The resources for healthy living are simply harder to reach for impoverished communities. The choices that people make are strongly affected by their environment, opportunities, and resources. Inequitable access to health consists of barriers that impact the ability to make healthy choices among communities of people that have historically been racially, economically, and/or geographically marginalized.

While there are models in the health and fitness world that seek to improve health outcomes for marginalized communities; the fitness industry has been designed to

serve individuals and families with greater resources who can afford healthy lifestyles and experience place-based health resources.

Wealth and Health. People in economically disadvantaged communities face greater challenges achieving personal success and it is compounded by health and wellness. When one considers the economic status of minorities in the United States the chronic health crisis is especially stark. As of 2012, the median income of Black & Hispanic households was 58.4% and 68.4% of that of non-Hispanic White households ($57,009).

Compared with non-Hispanic Whites, Blacks and Hispanics were almost three times as likely to fall below the Federal Poverty Line (FPL). In 2010, non-Hispanic Whites had twice the *income* of Blacks and Hispanics, but six times the *wealth*. The net worth of non-White or Hispanic families was $20,400, compared with $130,600 for non-Hispanic White families. (See: How Are Income and Wealth Linked to Health and Longevity?)

Health outcomes for adults in the lowest income tier are the most alarming. The more money you make, the less likely you are to experience chronic disease. The reported higher rates of disease among low-income Americans are accompanied by **higher rates of risk factors**.

DISEASE OR ILLNESS	ANNUAL FAMILY INCOME				
	Less than $35,000	$35,000–49,999	$50,000–74,999	$75,000–99,999	$100,000 or more
Coronary heart disease	8.1	6.5	6.3	5.3	4.9
Stroke	3.9	2.5	2.3	1.8	1.6
Emphysema	3.2	2.5	1.4	1.0	0.8
Chronic bronchitis	6.3	4.0	4.4	2.2	2.4
Diabetes	11.0	10.4	8.3	5.6	5.9
Ulcers	8.7	6.7	6.5	4.7	4.4
Kidney disease	3.0	1.9	1.3	0.9	0.9
Liver disease	2.0	1.6	1.0	0.6	0.7
Chronic arthritis	33.4	30.3	27.9	27.4	24.4
Hearing trouble	17.2	16.0	16.0	16.2	12.4
Vision trouble	12.7	9.8	7.5	5.7	6.6
No teeth	11.6	7.8	5.5	4.2	4.1

Figure 1: *Summary Health Statistics for U.S. Adults: National Health Interview Survey, 2011*.

Income is also associated with **psychological health and wellbeing**. Compared with people from families who earn more than $100,000 a year, those with family incomes below $35,000 a year are four times more likely to report being nervous and five times more likely to report sadness "all or most of the time" (Figure 2). Somatic complaints (i.e., pain and other physical ailments that people experience due to stress and depression) also occur more commonly among people with less income.

Poverty increases the incidence of mental health problems. Based on a widely used screening tool for identifying symptoms of depression and anxiety (the K6 distress scale), low-income people are much more likely to be in serious psychological distress (7%) compared to higher-income people (1%). Low-income people also report more difficulty sleeping (18%) than higher-income people (14%).

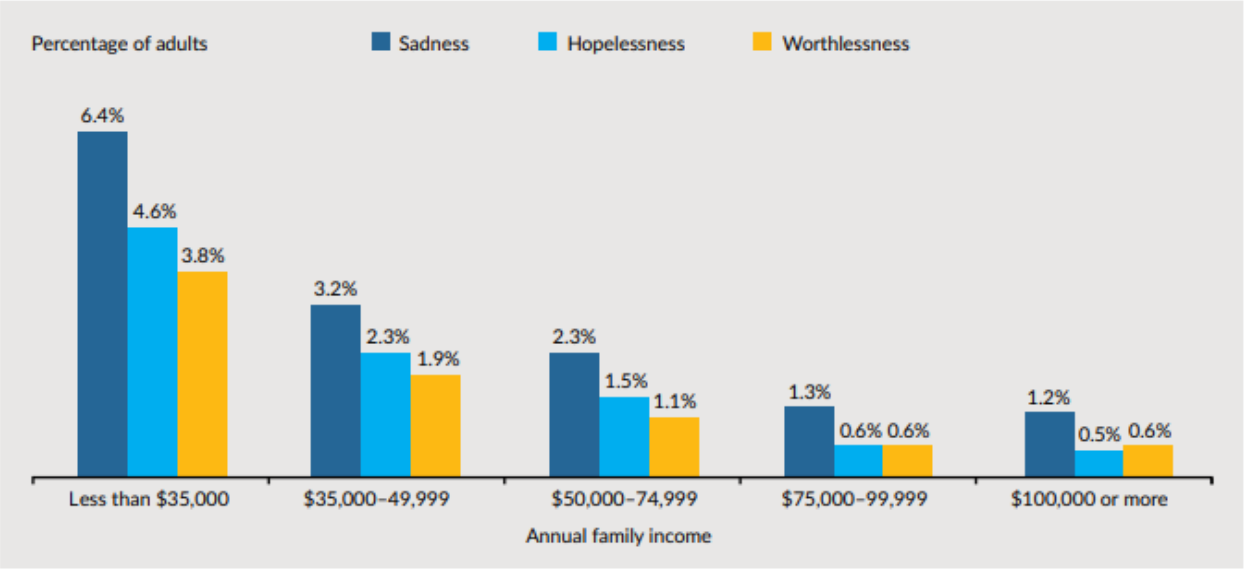

Figure 2: *Feelings of Worthlessness, Hopelessness, and Sadness All or Most of the Time, by Income, 2011*

Increased disease incidence with decreased income is only part of the story. Figure 3 shows that as family income increases, **life expectancy** increases. In their report "Income Gap, Meet Longevity Gap," researchers at the Virginia Commonwealth University aimed to tease out how **income affects people's health**, keeping in mind that health also influences income; someone with poor health will have a harder time working. People with lower incomes typically have less money to spend taking care of themselves, whether paying for visits to the doctor, medicine, or healthy food. Stress associated with a lower income, especially during childhood, increases risk for heart disease, stroke, cancer, and diabetes."

In most developed markets, **health clubs reach fewer than 20% of the population**. The average annual household income for club members was $80,300 in 2017, consistent with recent years. Approximately two out of five club members come from households

with an annual income of at least $100,000 (41%). This makes gym membership unaffordable for the majority of Americans. Of those, roughly 14% of health club consumers incurred the additional expense of using a personal trainer in 2017. This makes gym membership unaffordable for the majority of Americans.

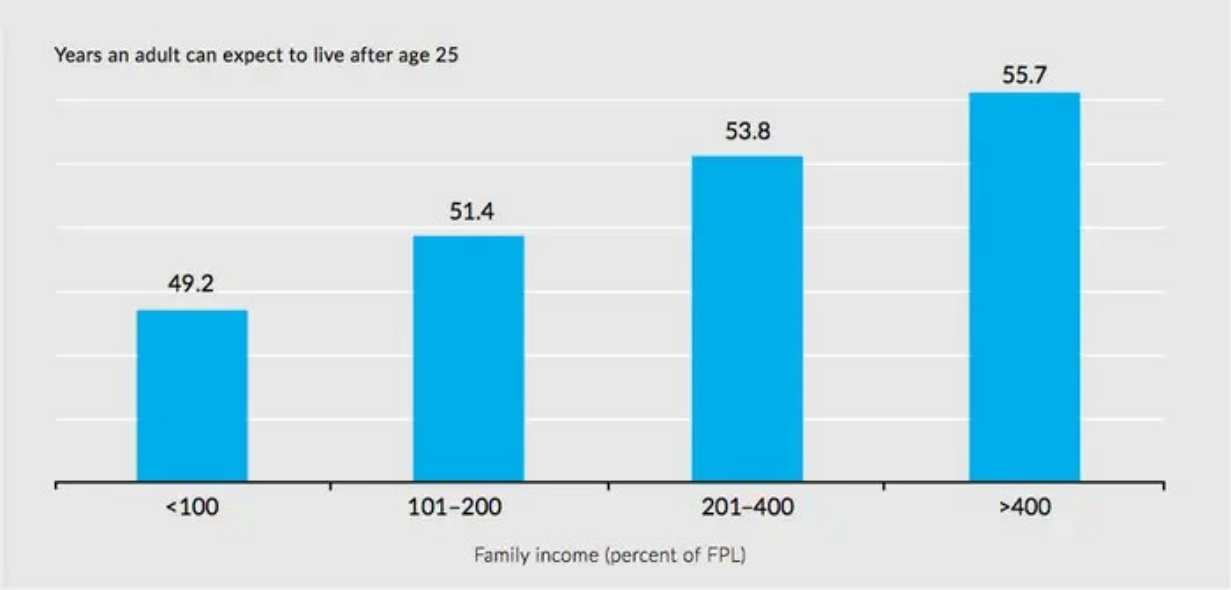

Figure 3: *Urban Institute, Virginia Commonwealth University*

Location and Health. Apart from gyms and health clubs, other venues for leisure time physical activity are at home, in the streets, or in public parks. Most people live within 2–5 miles of a park. However, in multiple studies of park-based physical activities researchers found, **most areas in parks were vacant** or nearly so over 50% of the time throughout a year. Furthermore, park users were largely sedentary and comprised disproportionately fewer females and seniors compared to their presence in the local population.

People with higher incomes are more likely to experience place-based health benefits, meaning that their health is positively influenced by the conditions and assets in their living environment. Economically disadvantaged communities tend to have limited access to green space, recreational programs, and facilities for regular exercise and active living. Their neighborhoods are often designed to be less conducive to walking or cycling to school, work, or shopping. (See: How Are Income and Wealth Linked to Health and Longevity?) In other words, health benefits are planned and engineered where people reside and correlate to their income. This is also called The Zip Code Affect. For many communities, structural barriers to health equity are realized in limited access to nutritious food, safe and convenient transportation, environmental quality and basic housing.

Time and Health. According to a 2011 study, "Time can also be thought of as a health resource. People need time to access health services, build close relationships, exercise, work, play, care, and consume - all activities that are fundamental to health. There is evidence that the experience of time pressure is directly related to poorer mental health. **Lack of time** is also the main reason people give for not taking exercise or eating healthy food. Thus, another impact of time scarcity may be its prevention of activities and behaviors critical for good health."

Current situation concerning the problem

Obesity & Disease Trending Up. Despite the preponderance of health and fitness organizations and programs chronic disease trends in the US are not improving. Americans are not becoming more healthy despite the growing investment in health and fitness.

Compared with other developed nations, the U.S. has ranked poorly on cost and outcomes. This is predominantly because of the inability to effectively manage chronic disease. "Trends show an overall increase in chronic diseases. The nation's aging population, coupled with existing risk factors (poor nutrition, lack of physical activity, tobacco use) and medical advances that extend longevity (if not also improve overall health), have led to the conclusion that these problems are only going to magnify if not effectively addressed now."

"By 2030, most Americans will be obese/overweight. Nearly 50% of adults will be obese, whereas ~33% of children aged 6–11 and ~50% of adolescents aged 12–19 will be obese/overweight. Since 1999, central obesity has risen steadily, and by 2030 is projected to reach 55.6% in men, 80.0% in women, 47.6% among girls and 38.9% among boys. US obesity prevalence has been rising, despite a temporary pause in 2009–2012." "By 2034, the population with diabetes is expected to increase by 100% and the cost expected to increase by 53%."

B. Our Mission and vision

The Xena Foundation's mission is to champion an equitable community; to uphold the rights of every person; and, to address the gaps and barriers precluding opportunities for at-risk communities.

The Xena Foundation's vision is to build a national community that champions health and wellbeing as a cornerstone of every human's fundamental rights.

The Xena Foundation gives everyone the opportunity to live their best, happiest, & healthiest lives. The COVID-19 pandemic has revealed that the need for effective and equitable health solutions has never been greater. The time for effective and equitable health solutions is now.

C. WHAT WE DO: THE XENA PROJECT

Through The Xena Project the Xena Foundation will:

- Partner with community medical centers and hospitals to identify and serve patients diagnosed with a chronic health condition through a referral system when physical exercise and improved diet are recommended by their physician as a key health intervention.
- Provide access to services for free or at a significantly reduced rate to economically disadvantaged people referred through the Foundation's network of partners.
  Services include:
    - Ongoing Expert Coaching from a Certified Personal Trainer
    - Individualized Workout Programs designed for any schedule with any equipment.
    - Personalized Meal Plans, Shopping Lists, Food Analysis, & Time-Stamping to learn how when & what you eat impacts your energy, mood, & long-term health.
    - Mindfulness Exercises to reduce stress & anxiety, and increase emotional regulation.
    - Health and fitness goal setting and monitoring
- Educate & empower people experiencing or at-risk for chronic disease with personalized individual support that improves health outcomes and leads to healthy behavior changes.
    - Match program participants with a personal trainer to support and guide their learning, skill development, confidence, and motivation.
    - Tailor every participant's fitness program individually; and,
    - Provide remote program participation and accessibility to 1-on1 support 24-hours per day, 7 days per week.

Extensive nationwide research has revealed that no other organization is serving at-risk health communities with the type, quality, and flexibility that The Xena Foundation offers in their program design and delivery model. Individuals will no longer be held back by knowledge, gym culture, service effectiveness, costs, skill, transportation, or schedule.

The Xena Foundation is a unique concept that expands opportunities to reach, support, and empower individuals and communities experiencing or at-risk for chronic disease. Unlike currently available options, The Xena Foundation's programs vary in content based on need from person to person; we don't do cookie-cutter plans. We offer built-in full service nutrition coaching, mindfulness, & workouts that are customized to fit individual goals and lifestyle.