

# A Study of One: The Longevity Manifesto

*By Derek Gehl*



*Becoming*

Purpose • Identity • Contribution • Growth



*Belonging*

Relationships • Community • Intergenerational connection



*Behavior*

Habits • Routines • Stress regulation • Cognitive engagement



*Body*

Movement • Nutrition • Sleep • Metabolic health • Strategic testing & intervention

# The Dirty Secret

The longevity industry has a **dirty secret**: most of what actually extends your healthspan doesn't require buying anything.

Not the supplements... the tests... or the \$25,000 optimization packages. I know because I sold supplements for a decade. Good ones—products that helped people. But here's what I came to understand: supplements and much of the longevity gadgets and gizmos being sold today are **finishing touches, not foundations**. The things that move the needle most are free: movement, sleep, purpose, real relationships, and stress you can manage. And because you can't package them, the market pretends they're secondary.

But they're not. They're the most important things to focus on.

And here are the worries about aging that really keeps people up at night: *dependence*, *loneliness*, and *irrelevance*. Needing help getting out of a chair. A phone that doesn't ring. The slow fade into someone whose experience isn't valued. Someone who feels invisible.

**That's the real fear**. And it can't be fixed with supplements, gadgets, biohacks, or optimization protocols.

## Why I'm Writing This

I spent ten years selling anti-aging supplements. I'm now the CEO of MEA, a pro-aging company that combines the science of longevity with the art of living. That's not a contradiction. It's an education. I left the industry because I realized **the game was rigged**. Not against consumers, but against the truth: the things that move the needle most can't be bottled.

I should know... I believed the opposite for most of my life.

I've been an entrepreneur since my early 20s. Type-A, driven, always optimizing. You could say I was an early biohacker before that word existed. Someone who saw his brain and body as the engine of his success. I'd do whatever it took to keep that engine running and chase every shortcut and hack I could find: the supplements, the nootropics, the protocols.

Meanwhile, I neglected the things that actually move the health lever. Sleep was negotiable. Community was something I'd get to later. Stress was just the price of ambition. I was **optimizing the margins while ignoring the true foundations of health**.

And I'm not alone. The longevity industry has the same problem, just at a larger scale. More sophisticated, more seductive, and more confusing for anyone trying to figure out what actually works.

When I joined MEA, I recognized something the organization itself hadn't fully named: they were already in the longevity business. They just didn't know it yet.

MEA had spent years focused on the *social science* side of longevity (purpose, community, wisdom, transitions, meaning) without realizing these "soft" levers are backed by some of the hardest science out there.

That's what this manifesto is about. **The reality is, there is no universal protocol. There is only you.** Your genetics. Your history. Your context. Your life.

Barbara Waxman calls this a **Study of One**. She's a gerontologist, an advisor to the Stanford Center on Longevity, and one of my most trusted thought partners as we guide MEA into this space. She's also a friend. When she talks, I listen.

## The State of Longevity: What's Real, What's Missing

We've learned more about why bodies age in the last twenty years than in the previous two hundred. Cellular senescence. Chronic inflammation. Metabolic dysfunction. Hormone decline. These aren't mysteries anymore. They're measurable, and increasingly, they're modifiable. You can track your metabolic health in real time, understand your genetic predispositions, and see what's actually happening inside your body. That gives you something you didn't have before: **agency**.

But the current longevity conversation focuses too much on biology, products, and optimization. It treats longevity as something you buy rather than something you build. And it often ignores the factors that research consistently shows matter most.

If you're thinking, "Great, another guy who is about to tell me to sleep more and stress less," I get it. That advice is useless without context. But stay with me, because the science here isn't what you'd expect.

These aren't "soft" factors. They're hard science:

- 1. Purpose.** Large cohort studies show that people with the strongest sense of life purpose have significantly lower mortality rates. Some research suggests up to a 46% reduction in mortality risk. That's not a rounding error.
- 2. Social connection.** Harvard's Study of Adult Development, now in its 88th year, is the world's longest-running study of human happiness. Its most consistent finding? The people who stayed the healthiest and lived the longest were those with the warmest connections with others.

As former study director George Vaillant put it: "Happiness is love. Full stop." Meta-analyses consistently find that social isolation carries mortality risks comparable to well-established risk factors like smoking. The World Health Organization now recognizes loneliness as a major public health concern. Not a lifestyle preference—a health crisis.

- 3. Cognitive engagement.** The 2024 *Lancet Commission on Dementia* identified lack of cognitive stimulation as a significant contributor to dementia risk, and confirmed that lifelong learning, even when started later in life, supports better cognitive function over time. Use it or lose it isn't just a saying. It's biology.

And yet, in a market driven by what can be packaged and sold, these levers get dismissed or reduced to an afterthought.

Meanwhile, traditional medicine offers little guidance. Most physicians aren't trained in longevity; they're trained in disease. That means there's a gap between what people are searching for and what western doctors typically provide. And into that gap rush products, protocols, and promises that may or may not apply to *you*.

**One-size-fits-all is a lie.** When it comes to your health and longevity, personalization isn't a luxury. It's the whole game.

## Why Smart People Get This Wrong

The problem isn't too little science. It's knowing which science matters for you.

Most people don't have a way to apply the science without getting played by incentives, trends, and personal bias. I spent years learning this the hard way. Now I run everything through the same four questions before I try anything new.

### The Only Four Longevity Questions That Matter:

#### 1. Evidence: What's the quality of the research?

Be thoughtful here. Research and truth aren't the same thing.

**First problem:** not everything valuable has passed through randomized controlled trials. Large studies cost a fortune, and pharmaceutical companies fund most of them. If an intervention can't be patented, there's no profit motive to study it. This is why many things that actually work (vitamin D, creatine, omega-3s, basic lifestyle interventions) went decades without robust research. The absence of pharmaceutical-grade evidence doesn't mean something doesn't work. It often means nobody could make money proving that it does.

**Second problem:** even large, well-funded studies get it catastrophically wrong.

Consider hormone replacement therapy for women. In 2002, the Women's Health Initiative study reported that HRT increased risks of breast cancer and heart disease. The findings made headlines, and HRT use plummeted almost overnight. For two decades, women suffered through menopause symptoms and missed potential protection against bone loss, cognitive decline, and cardiovascular disease.

The problems? The study used synthetic horse-derived estrogens (not bioidentical hormones), gave women continuous progestin (now known to be problematic), and enrolled women whose average age was 63, many already a decade past menopause. It wasn't designed to study women in early menopause who might benefit most.

In late 2025, the FDA finally initiated removal of the "black box" warnings from HRT products. Meta-analyses now show that women who initiate HRT within 10 years of menopause onset have meaningfully lower risks of coronary heart disease and all-cause mortality.

For two decades, it was treated as settled science. And it was wrong.

The lesson isn't to ignore the research. It's to hold it loosely. Look for evidence that converges from multiple directions: does the mechanism make sense, do the studies point the same way, and does it actually work for you?

## **2. Applicability: Does this apply to someone like me?**

What works for a 30-year-old athlete may be irrelevant or even counterproductive for a 60-year-old with different baseline health. Context matters. *Your* context.

I learned this the hard way.

For years, I did what a lot of high-performing men do when their body starts flashing warning signals: I optimized around symptoms. Reflux flared, so I managed it with PPIs. Anxiety showed up, so I took an SSRI. It all "worked" in the narrow sense that it helped me keep functioning. But nothing actually resolved. I was playing symptom whack-a-mole for the better part of a decade. And I was good at it—which is part of the problem.

The turning point was realizing that the question wasn't **"What's the best longevity protocol?"**  
**The question was "What's the right protocol for *this* body with *this* history?"**

In my case, the mainstream advice to "just eat healthy" and "manage stress" wasn't enough because my baseline wasn't normal. I had 20 years of digestive dysfunction that I'd normalized. Bloating after almost every meal. Inconsistent energy. Brain fog I attributed to aging or stress. I treated them as

separate problems when they were likely connected.

Once I started testing, tracking, and paying attention to patterns, I saw a clearer story. Gluten was predictably lighting me up. Removing it changed my mood, cognition, and energy within weeks. Turns out I have non-celiac gluten sensitivity. Nothing dramatic. Not a disease. Just my personal terrain to navigate as I get older.

And here's what surprised me: I looked healthy externally. Friends would tell me I was in great shape. But my numbers told a different story: elevated visceral fat despite consistent training due to my genetics, inflammation markers higher than expected, and lipid patterns worth watching. The data didn't make me obsess. It gave me agency. Finally, I could understand what I was actually working with.

Later, when I explored testosterone optimization, I had to learn discernment all over again. My total and free T were low, and the numbers matched how I felt. But I also learned the tradeoffs: monitoring CBC (my complete blood count) and hematocrit (red blood cell levels), understanding how sleep and stress affect levels, resisting the urge to chase a number, weighing delivery methods. It wasn't about optimization. It was about maturity. And yes, I know testosterone can become another rabbit hole. That's not what I'm talking about. I'm talking about making informed decisions with eyes open.

Your genetics, your history, your current metabolic state, your goals: these all determine whether an intervention makes sense for you. Which means you can stop feeling guilty about protocols that didn't work. They probably weren't designed for your body in the first place.

Testing and self-knowledge aren't about chasing every biomarker. They're about knowing yourself well enough to stop wasting time on the wrong things.

And here's what's changed: with the acceleration of AI, you can now make sense of your own data in plain English. Blood panels, genetic reports, hormone tests—information that used to require a team of medical professionals to decipher is now accessible to anyone willing to engage with it. The gatekeepers are gone. The leverage has shifted to you.

### **3. Tradeoffs: What does this actually cost?**

Not just in terms of money (though that matters), but time, cognitive bandwidth, stress, sleep, and relationships.

A few years ago, I heard an interview with a doctor discussing the latest alcohol research. The headlines were framing any amount, even moderate drinking, as toxic. Now, I'm not going to argue that alcohol is good for you. But the doctor made a point that stopped me.



He said: yes, excessive drinking is clearly harmful. But if cutting out alcohol entirely means you stop joining friends for that occasional glass of wine, if it means you avoid the dinner parties and backyard gatherings where connection happens, then you need to weigh what you're actually trading.

Here's the math: a few glasses of wine a week might, at worst, shave a small amount of time off the end of your life. But loneliness and social isolation? The research shows that can take *years off* your life. If optimizing one variable damages another that matters far more, you haven't made a good trade.

**This is the tradeoff trap.** A protocol that requires two hours of daily preparation, constant tracking, and rigid scheduling may technically "work" while making your life worse. Some interventions trade one form of health for another: the supplement that helps your liver but disrupts your sleep; the exercise regimen that builds muscle but leaves no time for friends; the diet that optimizes your bloodwork but makes every meal a source of anxiety.

Everything has a cost. The question is whether you're paying it consciously.

#### **4. Sustainability: Can you do this for six months, or six years, without your life shrinking?**

I know this one intimately because I'm that guy. The one who reads about a new protocol, gets fired up, and goes all in. New diet? I'm meal prepping on Sunday and throwing out everything in the pantry. New exercise program? I'm at the gym six days a week, tracking every rep. New morning routine? I'm setting my alarm for 5 AM and stacking habits like I'm trying to win a productivity Olympics that nobody else entered.

And it works... for about six weeks.

Then life happens. A work crisis. Travel. A family obligation. One missed day becomes three. The guilt kicks in. And because the whole system was built on perfect compliance, one crack brings down the entire structure. I'm not just off the wagon. I'm watching it disappear over the horizon while I stand there holding a kale smoothie I no longer believe in.

(I've done this more times than I'd like to admit. You'd think I'd learn. Well, I *am* learning... it's an ongoing process.)

The research confirms I'm not alone. A comprehensive UCLA analysis of 31 long-term diet studies found that while people typically lose 5 to 10 percent of their starting weight in the first six months, one-third to two-thirds regain more weight than they lost within four to five years. Other research shows that roughly 80 percent of people who lose significant weight fail to maintain it for even 12 months.

Why? Because **protocols are performances. And performances end.**

The problem isn't willpower. It's that intensive, all-or-nothing approaches create a gap between the intervention and the life you're actually living. Long-term success comes from changes small enough to survive real life.

Here's the reframe that changed everything for me: **It's not about perfection. It's about consistency.**

A 70% effort sustained over five years beats a 100% effort abandoned after two months. Every time. The math isn't even close. The person who walks 20 minutes a day, every day, will always outperform the person who runs marathons for three months and then stops. The best longevity practices are ones you can maintain without white-knuckling your way through them. Look for interventions that integrate into your actual life, that you can sustain through travel and stress and holidays, that leave room for joy and spontaneity.

The goal is a bigger life, not a smaller one organized around optimization.

## The Biological Opportunity

Here's the good news: the tools we have now are genuinely remarkable.

For the first time in human history, you can see what's happening inside your body. Bloodwork, metabolic panels, continuous glucose monitors, hormone testing, genetic analysis, gut microbiome mapping. These tools give us real visibility into our internal terrain.

And **visibility creates agency.**

When you know your actual numbers (not population averages, but your numbers) you can see what's working and what needs attention.

I recently had genetic testing, and it was humbling in the best way. I learned about detox and methylation pathways that explained some of my sensitivities. I learned about joint and collagen vulnerabilities that, in retrospect, connected to injuries I'd written off as bad luck and aging. A recent bout of tendonitis suddenly made more sense.

The body keeps receipts. Genetic testing helped me read them.

I'm not suggesting you obsess over this. It's information, not destiny. I'm talking about useful information that helps you make better decisions. No more, no less.

But the goal isn't to know *everything*. It's to know enough to act wisely.



This matters because the goal isn't longevity in the abstract. It's **physical independence in your last decade**. The ability to move without assistance. To travel. To play with grandchildren. To do the things that bring you joy without relying on others to make them possible.

That kind of independence doesn't happen by accident. It's built through the choices you make today, informed by data that actually reflects *you*.

MEA doesn't dismiss the biological. We embrace it. But we also insist that biology alone isn't enough. The tests show you *what's* happening in your body. Purpose, community, and meaning tell you *why* to do something about it and give you the support to follow through. That's why workshops like Cultivating Purpose and The Power of Friendship sit alongside our longevity programming. They're not soft add-ons. They're the missing half of the equation.

## Our Worldview: Longevity as Practice

At Modern Elder Academy, we believe **longevity is not a product. It's a practice**.

There's a difference between buying a longevity protocol and building a longevity practice. **A protocol is something you follow. A practice is something you become.**

Protocols are rigid. They assume your life will cooperate. They work until they don't, and then you're back to zero, wondering what went wrong. I've abandoned more protocols than I can count. You probably have too.

A practice is different. It bends. It adapts. It survives the business trip, the sick kid, the holiday season, the stress of real life. It's not about perfect execution. It's about showing up, again and again, even imperfectly.

A practice takes the science seriously without becoming a slave to it. It puts you in charge, because no influencer, algorithm, or protocol knows your body better than you can learn to.

The path to living longer *and* better isn't found in a generic plan. It's found in learning your own biology, understanding your context, and building something sustainable that fits your actual life.

**Not someone else's highlight reel.**

## What the Extra Years Are For

Here's what the longevity conversation almost never talks about: **what all those extra years are for.**

Most people focus on living longer without asking what they're living for. But extra decades without

purpose is just a longer wait. And extra decades without the physical capacity to act on that purpose? That's a different kind of trap.

**This is why healthspan and meaning aren't separate goals. They're the same goal.**

Healthspan gives you independence. The ability to move without assistance, to travel, to play with grandchildren, to keep doing the things that bring you joy.

Meaning gives you relevance. The sense that you still matter, that your experience is useful, that younger generations want what you have to offer.

One without the other falls short. Physical vitality with no purpose is just a fit body with nowhere meaningful to go. Purpose without physical capacity is wisdom trapped in a life that's shrinking.

At MEA, we don't separate these. The choice isn't young vs. old. **It's elder vs. elderly.** Someone who's still growing, still contributing, still showing up. Versus someone who's just getting older.

And midlife is the pivot point. The transition where we either drift into irrelevance or grow into the people our communities need us to become.

**It's a rite of passage. Which is why you should treat it like one.**

## Where We Stand

After everything I've learned, here's what I've come to believe, and what I've stopped believing.

**What we're for:**

- **Personalization.** The protocol that worked for that guy on YouTube probably won't necessarily work for you.
- **Your biology, finally visible.** You're not a statistic. You're not an average. For the first time, without having to navigate the medical system, you can get your own biological data and make decisions accordingly.
- **Fewer, better levers.** You don't need 47 supplements and a two-hour morning routine. You need the basics, done consistently. That's it.
- **Community as infrastructure.** The people around you will do more for your longevity than any pill. This isn't soft. It's science.
- **Extra years that mean something.** Living to 95 sounds great until you ask: doing what? With whom? For what purpose?

- **Wisdom as a longevity multiplier.** Half the battle is knowing what not to chase. The other half is having the maturity to actually stop chasing it.
- **Agency, not dependency.** We're not here to make you need us. We're here to make you need us less. Our goal is to ensure you have full control over your life and are able to live independently for decades to come.

### What we're against:

- **Longevity as consumerism.** That drawer full of supplements you don't take anymore? That's not a strategy. That's shopping.
- **Content addiction disguised as research.** At some point, listening to one more podcast becomes a way to avoid actually doing anything.
- **Optimization that erodes aliveness.** If you can't eat dinner with friends because of your protocol, you've optimized yourself into a smaller life.
- **Fear as a sales tool.** If a longevity influencer makes you feel worse about yourself, they're not helping you. They're monetizing your anxiety.
- **Outsourcing your health.** No influencer, algorithm, or guru knows your body better than you can learn to. Stop waiting for someone else to figure this out for you.

## The Longevity Stack

So if biology isn't enough, what is?

For years, I chased every shortcut I could find and obscene amounts of money on hacks and interventions. Some of them even helped. But I was skipping the foundations. The free stuff. The hard stuff. Sleep. Movement. Relationships. Purpose. I was optimizing the margins while ignoring the fundamentals that actually make the biggest difference. Sound familiar?

A true longevity practice addresses four interconnected domains. I call them the Four B's: Body, Behavior, Belonging, and Becoming. Miss one, and the others eventually collapse. I know because I've been out of balance in all of them at different points.

**Body.** Movement. Nutrition. Sleep. Metabolic health. Strategic testing and intervention.

This is where most people start, and for good reason. You can't show up for your life if your body won't cooperate. But here's the trap: the body domain is **the most measurable, which makes it the easiest to obsess over**. I spent years chasing biomarkers and buying supplements while skipping sleep and running on stress. The goal isn't perfect numbers. It's a body that lets you do what matters to you for as long as possible.

**Behavior.** Habits. Routines. Stress regulation. Cognitive engagement. The daily practices that shape your baseline.

Your body responds to what you do repeatedly, not what you do occasionally. This is where the unsexy work lives: showing up consistently, managing stress before it manages you, staying cognitively engaged instead of coasting. I used to think behavior change was about willpower. Now I know it's about systems. **The right environment and routines will beat motivation every time.**

I'll be honest: this is still my hardest domain. I have ADD (Attention Deficit Disorder) and am prone to chasing every new and exciting thing while neglecting the fundamentals. It's a constant practice, not a problem I've solved.

**Belonging.** Relationships. Community. Intergenerational connection. The people who make life worth extending.

Here's the part most longevity conversations skip entirely. The research is unambiguous: social connection is as powerful as any intervention we have. Isolation will kill you faster than obesity, faster than inactivity. And yet nobody's selling you a belonging supplement.

This one is hard to talk about, especially for men. But I'll say it: **a few years ago, I realized I didn't have any real friends.**

I had spent decades working. I had plenty of transactional relationships. People I'd do business with. People I'd see at events. If I was invited somewhere, I'd show up. But I had let every deep, meaningful friendship outside my immediate family wither. I couldn't name five people I could call at 2 AM.

That was a brutal realization. And it's more common than most people admit.

Now, thanks to what our co-founder Jeff Hamaoui teaches, I've made friendship a practice. Not a thing I hope happens, but something I actually work at. It's still uncomfortable. It still takes effort. But friends and loved ones aren't a "nice-to-have". They're the load-bearing walls that bring joy and meaning to your life.

**Becoming.** Purpose. Identity. Contribution. Growth. The answer to the question: *What are these extra years for?*

This is the domain that ties it all together. Without it, the other three become maintenance for a life you're not actually living.

I know what it feels like to lose this one. Before MEA, I ran a supplements company for ten years. The last few were a grind. I had entered with ideals and plans. I left disenchanted. Not because the

business failed (it didn't), but because I realized the whole industry was broken. The best-marketed products won, not the best-formulated ones. I was successful and miserable.

I could have stayed. The money was good. A lot of people in my position would have accepted the dissatisfaction as a tradeoff. But I couldn't. And now, leading MEA, I have renewed purpose. That's not a small thing.

### **The integration is the point.**

I've met people who are physically optimized but profoundly lonely. People with deep purpose but deteriorating bodies. People with great habits but no community. None of them would call themselves thriving.

No single domain is enough. You can't supplement your way to a life of meaning. You can't meditate away a body that's falling apart. You can't optimize yourself out of loneliness when you lack real relationships. The magic isn't in perfecting one domain. It's in keeping all four in play, even imperfectly.

## **The “Study of One” Compass**

So how do you actually do this? How do you move from overwhelm to agency?

We offer a framework. Not a rigid protocol, but a compass you return to as your life evolves:

- 1. Learn.** Build a longevity literacy base. Understand what the science actually says and what's marketing. Develop your ability to distinguish signal from noise.
- 2. Assess.** Create your baseline snapshot: biological markers, behavioral patterns, social connections, sense of meaning. Know where you're starting. Honestly.
- 3. Clarify.** Define your "longer-better life." Not just years, but capacity. What do you want to be able to do, feel, and contribute in your 70s, 80s, beyond?
- 4. Design.** Pick one to three highest-leverage moves. Not twelve. The best plan is the one you'll actually do.
- 5. Experiment.** Run a 30-day test with clear markers, both subjective (energy, mood, clarity) and objective (if relevant). You are the scientist of your own life.
- 6. Integrate.** Turn what worked into routines and relationships. Build the support structures that make good practices automatic.

7. **Review.** Reassess quarterly. Adjust without drama. Life changes. You change. The practice evolves with you.

## If You Feel Lost

If you're reading this and feeling overwhelmed, like you've tried to keep up with the longevity conversation and somehow fallen further behind, I want to name something clearly:

**The confusion isn't your fault.**

The landscape is genuinely chaotic. The incentives are misaligned. And you've been handed a fire hose when what you needed was a filter.

But here's the reframe: **You don't have to master everything.** You don't have to try every protocol. You don't have to optimize every biomarker. You don't have to spend a fortune to be taken seriously.

What you need is a practice. Not a routine, which is something you do robotically until you burn out. The difference? In a routine, you go through the motions. In a ritual, you're willing to be altered by what you do. In a practice, you commit to improving based on that willingness. It's alive. It evolves with you.

## What MEA Offers

Look, **philosophy without practice is just information.** MEA exists to help you move from theory to action.

If you want an on-ramp to practice today, start with the Seven Longevity Levers Assessment. Barbara Waxman, the MEA faculty member who coined "Study of One," developed this framework based on Stanford's seven pillars of Lifestyle Medicine, expanded to include the relational and meaning-based factors that research shows are equally critical.

This free assessment gives you a baseline snapshot across the domains that matter most for longevity. Not just biological markers, but the behavioral, relational, and meaning-based factors that research shows are equally critical. In less than 10 minutes, you'll see where you're strong, where you're vulnerable, and where you might want to focus first.

It's not a diagnosis. It's a starting point: the beginning of your Study of One.

[Take the Assessment →](#)

From there, through **workshops** (in-person and online) and **community**, we help you build on what you learn. With guidance, not alone. Our programs bring together people navigating the same transition you are: curious, skeptical of hype, and serious about making real changes.

**We won't give you a protocol. We'll give you a framework, a filter, and a community of fellow practitioners.**

## The Invitation

This is not a pitch. It's an invitation to practice.

An invitation to step out of the rabbit hole and into something more grounded. To approach longevity not as a consumer, but as a practitioner. To stop outsourcing your health and start owning your practice.

We won't tell you what to do. We'll help you learn how to think. Frameworks, not prescriptions. Community, not dependency. Science, not hype.

If you're ready to become a Study of One, here's where to start:

Start with the free assessment. The Seven Longevity Levers Assessment gives you a baseline snapshot across the domains that matter most. In less than 10 minutes, you'll see where you're strong, where you're vulnerable, and where to focus first.

[\*\*Take the Assessment →\*\*](#)

Go deeper with us in person. If you want more than a snapshot, Barbara Waxman and I are leading a 4-day workshop at our Santa Fe campus this March 1-5 where we'll help you build your own Longevity Lifeplan. You'll leave with a personalized roadmap that integrates biological testing, the lifestyle levers, and the purpose and community factors that make everything else stick. It's the Study of One, in practice, with guidance.

[\*\*Learn more about the Longevity Lifeplan Workshop →\*\*](#)



# Closing

The longevity conversation will keep evolving. New science will emerge. New products will launch. New influencers will rise and fall.

But the fundamentals won't change.

**How you move. How you eat. How you sleep. How you connect. How you learn. How you find meaning. How you navigate stress. How you spend your days.**

These are the levers. And they belong to you.

Longevity isn't just adding years to life. It's adding life to years, and then using those years to become someone whose presence makes other lives better.

That's what we're here for. That's the point. That's the practice.

**The best longevity strategy? Become someone the world isn't ready to lose.**

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