

Leaders in the Wellness Pantheon

...by Paul Terry

In contemporary use, referring to a pantheon indicates recognition to notable people or illustrious places. If you visit the Pantheon in Rome, you learn it was a place built for all gods, only to later be purged of pagan gods in deference to royal tombs and Christian idols. Though some argue about which culture best preserved the building, it's widely agreed that the construction was masterful — and is to this day “a symbol of the highest architectural excellence.” Rome wasn't built in a day. Nor should the wellness pantheon be if it is to withstand the tests of time.

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The Roman Pantheon has been destroyed, reconstructed, and excavated so often over the centuries that historians still debate the various architects' intents. Reviewing the wellness pantheon suggests to me that so far we've been a profession benefiting from a rich blend of master builders interested in both form and function. It is surprising when wellness program detractors suggest that “traditional”

Leadership in health promotion



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individual and social responsibility for health has always been a basic tenet. Indeed, our field has grown because

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This article explains why building a foundation of wellness excellence requires that leaders carefully blend advocacy for new ideas with fidelity to science — plus humility about what

wellness is about focusing on individual behavior and that “a culture of health” is the new construct needed. A review of exemplary health promotion leaders shows that the need to balance

leaders who've been successful at popularizing this idea have always been undergirded by leaders who built a science base showing the vital interplay between environment and behavior.

Influencers Building the Wellness Science Base

Luther Terry and the Surgeon General's 1964, Report on Tobacco.

Terry (no relation to me), like C. Everett Koop who would follow him, was both a scientist and an astute leader. He issued his report on January 11, 1964 “choosing a Saturday to minimize the effect on the stock market and to maximize coverage in the Sunday papers.” As Terry remembered the event, the report “hit the country like a bombshell. It was front page news and a lead story on every radio and television station in the United States and many abroad.” Science and advocacy work in the years that followed blended policy changes with smoking cessation research.

1974 Lalonde Report. I have been unable to locate the original report, but historic references to its contents are abundant. For example, Glouberman and Millar suggest that “the idea of health promotion grew out of the 1974 Lalonde Report, which recognized that determinants of health went beyond traditional public health and medical care, and argued for the importance of socioeconomic factors.” Marc Lalonde was the Canadian Minister of Health and Welfare who posed a “health field” concept, where 4 interdependent fields influence health: biomedical, lifestyle, environmental, and healthcare organizations.

Julius Richmond's 1979 Surgeon General's Report. I consider this the genesis of our appreciation for the value of “keeping healthy people healthy.” It was the “thesis of this report” that further health improvements for the nation depended more on health promotion than on continued

investments in medical care. The report also launched “culture of health” thinking by detailing threats from unsafe jobs/environmental pollutants and presaged the CDC's “Healthy People” series.



Lawrence Green's 1980 Book on Health Education Planning. This pioneers the imperative of supporting lifestyle interventions with changes in organization culture. Green's model has been a staple in training health educators for decades with its emphasis on how social and cultural forces enable or mitigate individual behavior change.



Michael O'Donnell and American Journal of Health Promotion, 1986, Premier Issue. O'Donnell wrote: “Within 25 years, I believe health promotion will be a full fledged discipline, comparable in impact, sophistication and opportunity to medical practice.” 2014 will mark O'Donnell's 24th professional

conference devoted to the Art and Science of Health Promotion. His definition posits that the “most important” way to facilitate lifestyle change is “through the creation of opportunities that open access to environments that make positive health practices the easiest choice.”

Michael McGinnis, 1993 Paper on the Major Causes of Death in the US. This study offered scientific ratification of the long-held idea that lifestyle accounts for as much as half of preventable deaths. The obvious sometimes goes missing for policy advocates who lean most heavily on individual responsibility for health. That is, McGinnis's study also shows that fully half of ill health is attributable to something *other* than lifestyle.

Karen Glanz, Barbara Rimer, Vish Viswanath, Health Behavior and Health Education: Theory, Research, and Practice. The definitive compendium, this book has trained countless health promotion professionals. It balances behavioral theories like the health belief model with chapters covering social cognitive theory, social networks, social support, and models for community change.



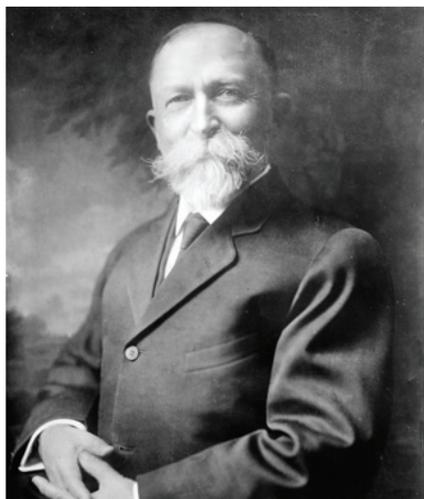
Photo courtesy of Eric Mencher

Influencers

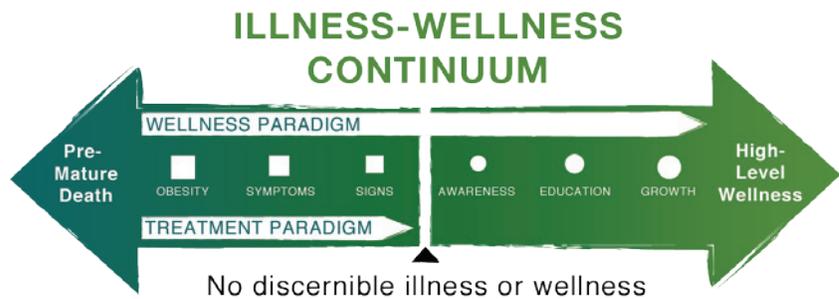
Popularizing Wellness

For a thorough rendition of historic influencers in wellness, read the online PDF by James Miller, *Wellness: The History and Development of a Concept*, where he details the interactions between wellness leaders. Additional references follow:

John Harvey Kellogg. Physician (1875), founder of the W.K. Kellogg Company, and developer of Battle Creek Sanitarium, he was dogmatic about rules of simple eating and living. His advocacy for improving lifestyle was steeped in his spiritual beliefs and a commitment to fostering supportive communities.



Halbert Louis Dunn. This National Office of Vital Statistics chief had a major impact through his lectures and research (over 30 citations in PubMed) in the 1950s. Miller notes that Dunn's concept of "high-level wellness" was defined as "an integrated method of functioning, which is oriented toward maximizing the potential of which the individual is capable." A central feature of his model for health improvement



was a diagram that showed the intersection between the individual and their environment. He suggested success at wellness depended on a healthful and supportive environment.

Donald Ardell. Miller describes how Dunn's 1961 book was popularized by Ardell after he profiled **John Travis**, a reader of Dunn's work and founder of the "nation's first wellness center" in 1975. In a sidebar of the April 1976 issue of *Prevention* magazine, "editor Robert Rodale welcomed the exciting field of wellness enhancement." Ardell remains an active writer and blogger on a decidedly wide range of topics. That his writings about a "lifestyle approach" revolve around religion and politics appears to be a testament to the powerful interplay between culture and individual choices.

Bill Hettler. This staff physician, influenced by Ardell and Travis, founded the National Wellness Conference at Stevens Point in 1977. This annual conference is a celebration of personal wellness and social connectivity.

Dan Rather introduced wellness on *60 Minutes* in 1979. Travis thought the word wellness "was stupid" and "would never catch on." Ironically, Rather's profile of the Travis Mill Valley Center for wellness may have, in fact, tipped the popularity of the word.

Preserving the Wellness Architecture

At the dome of the Roman Pantheon is an Oculus to bring in light, but it also lets in rain. The full fledged discipline O'Donnell predicted has arrived — replete with the challenge of balancing the continuous need for ratification with passion for moving ahead with ideas yet unproven. When I encounter a detractor of "traditional wellness," I tune in to what they say they're against. As important, I listen carefully for what they say they are for. If they offer up culture as if it's an alternative to behavior change programs, I usually assume they're new to the field or weren't formally trained in public health or health education. When culture is cast over lifestyle, I tend to agree. Nevertheless, the science behind behavior change is fully formed compared to the dearth of evidence for how to change an organization's culture. It behooves all of us to find opportunities to pair advocacy for culture with case studies and disciplined research.

American astronomer Carl Sagan often turned to the topic of separating truth from hope. He wrote: "The Truth may be puzzling... it may not be consonant with what we desperately want to be true. But our preferences do not determine what's true. We have

a method, and that method helps us to reach not absolute truth, only asymptotic approaches to the truth — never there, just closer and closer, always finding vast new oceans of undiscovered possibilities. Cleverly designed experiments are the key.”

As much as ideas like “keeping healthy people healthy” and “culture of health” need popular advocates, these concepts must be grounded in, and forever beholden to, science. Those we make a place for in the wellness pantheon are helping us get closer and closer to the truth — and they’re the first to acknowledge we’re never there. 📖

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“I Don't Have Time for Exercise”

But if you did have time, what would you do?

9 of 10 people will use too little time as a top 3 excuse not to get it done. Legitimate or not, it's real because people continue to use it. What it boils down to is exercise hasn't emerged as a high enough priority for them to make the time to do it.

A common mistake by fitness counselors is trying to dissect the person's day in an attempt to eke out 20 minutes to go for a walk or ride the stationary bike. What they're really doing is trying to solve the wrong problem — again, it's not time, it's priorities.



To get around the time barrier, try this approach — ask the person “If you did have time, what would you do?” Let them talk. If you let them talk long enough, they may just talk their way into finding the time in their day. If not, ask “So, if you had the time you'd do X, right? What else might you do if you had the time?” Again, let them talk. Repeat the question until they run out of ideas — they may just hit on one that's enjoyable enough to move it up in their list of priorities.

If they haven't talked themselves into finding the time, try asking them “If you could spend less time on something else, what would it be?” You guessed it: Let them talk themselves into less time on other things. Continue this routine until they've taught themselves how to rearrange their priorities.

Never jump in with “could you do this or that?” Let them figure it out. They'll come up with the answer if you let them. 📖