

# THE Art OF Health Promotion

ideas for improving health outcomes

## CROSS-GENERATIONAL HEALTH PROMOTION AND ENGAGING FAMILIES

We were winding down at the end of a half-day consultative visit. Heidi (a pseudonym), a senior leader of a large corporation, was as inquisitive as she was astute and, as we parted, Heidi said, “The main thing I’m taking away from our meeting today is that one size doesn’t fit all.”

“Bingo!” I thought. Then I said: “If it did, I expect you’d be after a new fashion soon enough anyway. As we discussed, let’s not confuse diffusion of innovation with adoption. There would be no innovation were it not for you early adopters.”

It was a session that made me mindful of the competing demands we often face as health promotion practitioners. On the one hand, we bring specialized experience and knowledge to guide leaders in program planning but, on the other hand, complex organizations often present with questions for which there is scant empirical evidence for offering definitive answers. Those of us who serve many clients have all manner of different bosses. Heidi has two attributes common among great bosses: she is easy to work for but difficult to please. We had been discussing how to take her already successful program to the next level. Adding a family component had emerged as the next priority. Heidi has shrewd marketing instincts and had begun considering the steps she’d need to sell the initiative through the right channels.

As a young, highly educated leader with considerable resources available to her, Heidi fits the profile of an early adopter, and I never doubted her authority or ability to move ahead decisively. She intuitively understood what social scientists have confirmed: diffusion of a new idea is more commonly accompanied by subjective impressions than by scientific data. Early adopters like Heidi are embracing family programming as the next phase of their health promotion journey even though they have few examples to build upon. At the same time, she is not yet fully pleased with the engagement level of many of her employee subgroups, particularly younger and ethnically diverse parts of her organization. The question for the employee health management field is not whether innovations in service of families and generational differences will be adopted; it is more a matter of how long it will take for such ideas to spread, be tested, and mature into offerings with proven effectiveness.

In this issue of *The Art of Health Promotion* (TAHP) our goal is to bring the kind of opinion leadership that is so vital to the diffusion of innovation. Judd Allen has pioneered the need for a culture of health as a predicate to successful health promotion, and he and his colleagues advance a related case for the importance of families in achieving success in health improvement. To enlarge upon Heidi’s adroit conclusion that one size doesn’t fit all, I offer a case study exploring whether generational differences affect program engagement. In appreciation of Allen and colleagues’ conviction that good health and good ideas run in families, I offer up this case for the reflections of the progeny of passionate health advocates.

### From Our Blog and Webinar

In response to our case study and expert views on return on investment (ROI), Bill Pokluda wrote:

We’ve had the “it’s hard to measure ROI” conversation with senior leadership and finance. They understand that philosophically we need to offer preventive care, targeted wellness programs and support work/life balance. So for the near term, they are not expecting an ROI. However, we do expect to see significant positive changes in certain key metrics like participation in preventive care and health status. Coincidentally, since our wellness programs were rolled out, our medical trend has been virtually zero. Once we have a number of years under our belt we plan to seriously evaluate our programs on their own merits.

Bill’s comments are consistent with results from polling 400 participants during our TAHP Webinar with Drs Dee Edington and Tom Parry. We asked: “What is the primary justification for continued investment in health promotion in your organization?” Responses to our forced-choice items indicated the following:

1. Our leaders simply believe this is the right thing to do on behalf of our employees/members (28%).
2. We need to prove a financial ROI including analysis of health claims trends (34%).
3. If we can demonstrate health improvement and/or program satisfaction, that is sufficient justification; we do not need to prove a financial ROI (33%).
4. Our investment in health promotion defies explanation (5%).

In the years ahead, I expect ROI will become easier to measure but ever more difficult to achieve given the aging and growing diversity of the U.S. population. This issue’s focus on families offers another way to counter an obesogenic culture and bolster chances at achieving an ROI. ☑



Paul E. Terry, PhD  
Editor, *The Art of Health Promotion*

Blog your ideas and reactions at:  
<http://www.healthpromotionjournal.com/blog/>

Follow me on Twitter: @pauleterry

### In This Issue

Family Wellness: The Power Is in Being Healthy Together by Judd Allen, PhD; Mari Ryan, MBA, MHP, CWWPC; and Ed Framer, PhD . . . . .	2
The Case of the Colluding Wellness Champions: How Can Programs Be Tailored for Organizations? by Paul E. Terry, PhD; Tsitsi Masvawure, PhD; Allison O'Donnell, MPH; Brett Powell, CWPC; and Anna Terry, BA. . . . .	7
The Salience of Authenticity by Paul E. Terry, PhD . . . . .	11



# FAMILY WELLNESS: THE POWER IS IN BEING HEALTHY TOGETHER

*Judd Allen, PhD; Mari Ryan, MBA, MHP, CWWPC; and Ed Framar, PhD*

## Setting the Stage

What is the impact of your family on your health and well-being? Do negative family dynamics add stress to your life? Do close family ties improve your mental health? Does your family influence your lifestyle in positive ways? Do these influences work for or against your lifestyle improvement efforts? If you are like most people, family plays an important role in your health and well-being. As such, the creation of supportive family environments is a vital, and largely untapped, health promotion strategy.

- Work sites, religious organizations, schools, government, and health care providers all have a stake in family wellness.
- Work sites will benefit because employees need supportive household and family environments to achieve personal health and productivity goals.
- Many employers pay for the health care of dependents. Family wellness may be a key strategy for reaching those covered by health plans.
- Wellness activities may be a good method of strengthening the relationship between schools and families. Lessons learned in health and physical education classes can be reinforced through family activities.
- Healthy behavior at home also is likely to improve learning at school.
- Health care providers also have a stake in family wellness. Most illnesses, such as heart disease and cancer, are best treated with a combination of medical care and lifestyle changes. Families could play a supportive role in helping family members to achieve medically indicated lifestyle goals. This would improve health outcomes and lower the cost of care.

## Addressing the Contemporary Family

Once upon a time in America, “family” carried a simple meaning, i.e., the classic nuclear family with mom, dad, and two kids. Over the last century the family unit in the United States has undergone significant changes. The American definition has expanded to include a variety of combinations of individuals, related and unrelated. To the genetic, nuclear family, we added more single-parent families, gay and lesbian families, multiracial families, nonrelated housemate semifamilies, families with adult children who have moved back home, multigenerational families, and unmarried partners. The following trends help define the contemporary family:

- Although it still is thought to be something of an ideal in our culture, the traditional, nuclear family (mother, father, and biological children) now accounts for less than one-fourth of all American households.<sup>1</sup>
- As lifespans increase, more families are composed almost exclusively of adults. The 2010 Census found that only 33% of households include a child younger than 18 years.<sup>1</sup> The focus on child rearing takes up a smaller proportion of family function and experience, while the need to care for older family members is becoming a more prominent family function.
- People are on the move. In 2010, 15% of U.S. residents moved during the course of the year.<sup>2</sup> The extended family is less likely to be nearby. Increasingly, the family is a group you visit, call, text, or e-mail.

- People are forming family relationships, or pseudofamilies, that fall outside the traditional biological and matrimonial definition of family. Nonfamily households now make up approximately 34% of American households.<sup>1</sup> Close friends and neighbors are starting to fulfill roles once reserved for family. Domestic partners and cohabitation outside of marriage have expanded the family sphere. There are diverse types of families, many of which include people related by marriage or biology, or adoption, as well as people related through affection, obligation, dependence, or cooperation.<sup>3</sup>
- Families evolve. Most people belong to at least two nuclear families at different times in their lives.<sup>4</sup> People are born into and grow up with one family group. They then may marry and have children with another family group. With divorce and remarriage, it is common for the family to change again. Children and other family members add to this dynamic state by forming family relationships and having children.

## Key Idea

Health promotion initiatives should define family in a highly inclusive way. While issues of healthy child rearing still are important, most families are multigenerational with adults and older adults making up most of the family composition.

## Families as Systems

The family is an organization of influence that can inhibit or encourage healthy lifestyle choices. A family is a system because of the “social interactions, patterns, and interdependencies that exist between family members.”<sup>5</sup> That system has a stasis that locks in behavior—for better or for worse. For individuals attempting to make and sustain healthy lifestyles, family interactions and dynamics can be an inhibitor. To pursue these healthy lifestyles, changes may need to be made to the system.

Family systems have stimulated intense scientific interest by sociology, anthropology, child development, psychology, and psychiatry, to mention just a few disciplines. This intense interest has driven the study of normal family processes, visions of healthy families, family therapy for families deemed currently dysfunctional,<sup>6</sup> and multiple family theories whose predictions can be tested and whose research results help both researchers and practitioners improve their views on how families function.<sup>7</sup> Some of the family theories are social exchange theory,<sup>8</sup> feminist family theory,<sup>9</sup> biosocial theory,<sup>10</sup> symbolic interactionism theory,<sup>11</sup> and structural functionalism theory.<sup>12</sup> Each approach tries to address complex family systems.

Most of us who work in health promotion or disease prevention are not likely to become family theorists or family therapists. However, we can benefit from reading in both literatures, our goal being the design of increasingly family friendly programs. Health promotion could build upon and draw from these disciplines. So, for example, the anthropologic concept of cultural norms could play an important role in a health promotion program designed to support healthy lifestyles within family systems.

## Key Idea

While some families may benefit from a persuasive argument, a transformative event, or a charismatic leader, many families are likely to benefit from a systematic and systemic health promo-

tion approach that takes multiple influences and opinions into consideration.

### The Health Benefits of Family

There is substantial evidence that social connections are essential to health and happiness. Infants do not survive without a long period of nurturing and physical touch. Dozens of studies have found that social connectedness is one of the most powerful determinants of life expectancy, ill health, and recovery from illness. Dean Ornish's book, *Love and Survival*, provides a review of the research linking social connection to health.<sup>13</sup> Robert Putnam summarizes the general finding in his book, *Bowling Alone*, "People who are socially disconnected are between two and five times more likely to die from all causes, compared with matched individuals who have close ties with family, friends, and the community."<sup>14</sup> This evidence supports the health promotion goal of strengthening the social connection provided by families.

Unfortunately, past experiences in dysfunctional social groups and relationships make many of us slow to embrace the power and benefits of achieving wellness together. Bad social experiences can lead us to resist social ties. The fear is that we will become dependent on others and that this will undermine our personal responsibility and freedom.

Creating a healthy and productive family social climate is an important goal of family wellness. Climate is the dimension of culture that has to do with whether people get along, work well together, and feel connected. It functions with other cultural dimensions, such as norms, shared values, and peer support, to shape health behavior. Healthy family climates tend to have a strong sense of community, a shared vision, and a positive outlook.<sup>15</sup>

- *A sense of community.* Some family members may have grown apart. Where this is the case, wellness could be a mechanism for getting reacquainted. Wellness initiatives could be organized in such a way that family members have opportunities to help one another. While family members may not share the same lifestyle goals, they can be an important source of mutual support.
- *A shared vision.* Many families could benefit from a sense of broader meaning and purpose. Health and well-being could be that purpose. A family might be inspired by the aspirations of individual family members to, for example, be a competitive athlete, recover from an illness, or do well in school. The high costs associated with medical care and lost work may make wellness an economic necessity within the family system. Other inspirational family goals are likely to have a lifestyle component. For example, the family might join together to promote peace, social justice, or a healthier planet.
- *A positive outlook.* A family wellness initiative could be the catalyst for a "can do" philosophy within a family. An emphasis on achieving wellness goals makes it possible to better appreciate achievements. In addition, wellness activities offer ready opportunities for families to enjoy time together.

### Key Idea

Health promotion activities can be designed so that they strengthen family bonds. For example, time spent in health promotion activities need not reduce the amount of time available for family activities. Family members can do healthy activities

### Mollie Allen Talks About Family Wellness

**TAHP: Your Dad (Judd Allen) never seems to get older Mollie. How old are you?**

**Mollie:** I'm nine and in the fourth grade this year. My Dad says I'm the perfect age. He always says that.

**What do you think wellness is about?**

Wellness is about spending time with family and friends and having fun together. I'm the only kid so I like to mix it up with others.

**And what do you think is the most fun?**

I love to dance and run. Anything outside is really fun.

**Your Dad told me wellness for him means having a father/daughter adventure!**

Yeah, many days Daddy and I ride a tandem bike to school. That is always an adventure!

**He also says wellness works best when the whole family is involved.**

My Grandma grew up by Coney Island. I love rides! Coney Island has a great beach and lots of rides. We went there last summer. We had a blast.



together. Strengthening relationships is an important health promotion objective.

### For Better and for Worse, Family Behavior Influences Lifestyle Practices

Families influence health behavior through social networks. In their book *Connected*, Nicholas Christakis and James Fowler<sup>16</sup> review groundbreaking research based on 30 years of data from the Framingham (Massachusetts) Heart Study, one of the longest

**Table:** Work-Site Wellness Approaches Adapted to the Family Context

Family Wellness Strategies	Examples
Have family members discuss personal wellness goals and how new wellness norms might contribute to their achievement.	A dad talks about getting better sleep. A mom talks about managing her weight. A teenager talks about improving his athletic abilities. They agree that they would all benefit from a new norm for going to the health club together most evenings.
Create wellness traditions.	A family decided to take annual vacations, such as a bike trip, which include physical activity.
Reduce resource barriers.	Parents decide to share in childcare responsibilities so that they both can get a daily workout.
Learn from role models.	A family decides to spend more time with another family that they believe is particularly health oriented.
Develop a wellness learning agenda.	Family members decide to take a healthy cooking class together.
Increase the quantity and quality of peer support for healthy lifestyle goals.	Two family members form a buddy system whereby they take a walk once a week for the purpose of discussing progress toward their wellness goals.
Reward and recognize wellness.	A family celebrates the achievement of a weight-loss goal by going shopping for new clothes.
Use community wellness resources.	A family selects restaurants that feature healthier food choices.

Source: *A Family Guide to Wellness*<sup>8</sup> and in *Kitchen Table Talks for Wellness*.<sup>9</sup>

## Connecting Work-Site Health Promotion With Families

Traditionally, work-site health promotion programs focus on the individual employee, providing awareness and education programs, behavior change programs and creating a culture of health in the workplace through environmental policies and practices. In the United States, we function in an employer-funded health care model. Typically, for every one employee on the health plan there are two or more family members covered under this plan.<sup>1</sup> That means that work-site health promotion programs are targeting only half of those covered on their plans and driving costs.

The opportunity exists for work-site programs to look beyond the employees to “bringing wellness home.” Work-site programs that involve families have demonstrated that incorporating education for family members is beneficial. In the Treatwell 5-a-Day study,<sup>2</sup> total fruit and vegetable consumption increased 19% in a work–site-plus-family group, in comparison to 7% for the work-site–only group, and 0% for the control group.

A program offered at IBM promoted active engagement in families by targeting children’s healthy weight.<sup>3</sup> IBM was able to demonstrate that obese children incurred nearly twice the average cost of nonobese children (\$2907 versus \$1640) and that children with type 2 diabetes incurred an average cost of \$10,789. The objective of the Children’s Health Rebate Program was to stimulate parental role modeling and joint activities with children as a method of fostering change in the home environment. The program demonstrated that in the near term, active parent role modeling and coparticipation in activities, such as food preparation and family physical activity, promote positive behavior change. In conversations with a health promotion professional at IBM, we noted that this program was specifically designed for children. As such, they reached only a small portion of the potential population; in IBM’s case, 10% of the worldwide workforce has children aged 2 to 18 years at home. Family programs can teach skills, such as increasing water intake, to any family member, not just children.

Work-site health promotion programs can take the lead by empowering families through skill building in parenting, meal planning, and behavioral management. Benefits employers will see from supporting family health have the potential to translate into direct health care savings, reduced absenteeism, and improved productivity.

### References

1. Tollen L, Ross M, Poor S. Risk segmentation related to the offering of a consumer-directed health plan: a case study of Humana Inc. *Health Serv Res.* 2004;39(4, pt 2):1167–1189.
2. Sorenson G, Stoddard A, Peterson K, et al. Increasing fruit and vegetable consumption through worksites and families in the Treatwell 5-a-day study. *Am J Public Health.* 1999;89(1):54–60.
3. Sepulveda M, Lu C, Sill S, et al. An observational study of an employer intervention for children’s healthy weight behaviors. *Pediatrics.* 2010;126:e1153–e1160.

epidemiologic studies. They found that social networks may be the most important influence on behavior. This is true even when family members live at a distance. Families were not the only social connection to influence health behavior, but they were found to be an important factor. For better and for worse, people tend to make lifestyle changes in groups. A good way to predict someone's health behavior is by observing his or her social network.

### **Key Idea**

People are most likely to change unhealthy behavior at the same time as those in their social networks. Health promotion should help families to make similar changes together.

### **Families Can Use Some Workplace Health Promotion Strategies**

Some workplaces have adopted formal and informal mechanisms for supporting healthy lifestyles. Although families do not typically have formal policies, very similar social influences play a role in influencing long-term behavior (see table).

### **Key Idea**

Shift the balance of social influences so that healthy choices become the easy choices within the family culture.

### **Wellness Leadership**

Just as leadership has been found to play an important role in work-site wellness, families also benefit from wellness champions. Although parents traditionally are charged with leadership responsibilities, any family member can serve as a wellness champion.<sup>17</sup> Allen identified four primary wellness leadership opportunities:

#### **Sharing the Wellness Vision**

This responsibility includes raising awareness about all the benefits of healthy lifestyles. A wellness champion can help each family member to identify why he or she has a personal stake in the health and well-being of family members. Creating a shared vision also includes helping to set family wellness goals and engaging family members in conversations about achieving a healthier family environment.

#### **Serving as a Wellness Role Model**

Leading by example really helps. A family member can show through his or her actions that wellness is a priority. A good role model is not necessarily someone with a stellar lifestyle. A good role model can be someone who is taking steps to improve his or her health practices. A good role model is someone that makes his or her healthy choices more visible. A good role model no longer brags about unhealthy choices.

#### **Aligning Cultural Touch Points**

Unlike a workplace, very few families have a handbook of policies and procedures. However, family leaders can set informal policies such as limits on television viewing, recreational drug use, drinking, and smoking. Family leaders can also free up time and money to reduce barriers to healthy lifestyles. So, for example, there could be money in the family budget for purchasing healthier foods, a health club membership, and fitness equipment.

### **Convenience Survey—Work-Site Health Promotion Work With Families**

The authors conducted an informal survey among health promotion providers who manage programs for medium to large employers. The 12 respondents work with 30 employers ranging in size from 1,000 to 45,000 employees and collectively represent more than 175,000 lives.

Results from this survey are below:

- Seventy-five percent of employers reported that they allow or encourage adult dependents to participate in company health assessment processes.
- Fifty percent made health coaching available to some or all adult dependents
- In all, 41.7% opened courses or other interventions to family members and/or made participation incentives available to family members.
- Only 8.7% expressly created programs for employees' family members.
- The chief barrier to encouraging family participation was reported to be perceived cost.
- Fifty percent of account staff reported that they believe the key reason companies wanted to involve family members was to increase lifestyle-change success rates among employees.
- For success in incorporating family participation into work-site health, the account staff reported that the most important elements were that the process be simple, accessible, and easy to implement.

The overall trend is growing interest in health promotion programs for families, but the telling point was that only 8.7% of programs were thought to have expressly created programs for the families of their employees. These results should be interpreted with caution because of the small sample size of this study.

### **Monitoring and Celebrating Success**

Too often healthy lifestyle choices go unacknowledged. Leaders can help celebrate the lifestyle improvement efforts of family members. They can also call attention to the intrinsic rewards that coincide with healthy lifestyles.<sup>18</sup>

### **Key Idea**

Leadership can contribute to the success of family health promotion. Developing the leadership potential of family members is a promising health promotion strategy.

### **Shifting the Focus in Organizational Health Promotion Programs to Include Family Wellness**

Given the important role of families and other social networks in shaping health behavior, it seems likely that greater attention to family would be an effective health promotion strategy. Such a family-oriented strategy could include any or all of the following approaches:

- Change health promotion communication strategies to incorporate stories of how families achieve healthy lifestyles together. For example, such communication could tell how family members formed a buddy system to achieve personal wellness goals. Stories also could be told that highlight healthier food traditions and vacations that feature physical activity.
- Invite families to sign up for health promotion activities together. For example, work-site health promotion programs and fitness facilities could encourage family members to join in.
- Reduce barriers to family wellness. Child care and elder care could be incorporated into wellness program design. Money also can be a barrier. Sponsoring free or low-cost healthy activities could engage families on a tight budget. Increase communication about family-friendly activities available in the community. Many people are unaware of the best places to purchase healthy foods, exercise indoors, or enjoy local recreation.

### Key Idea

It could be helpful to reframe health promotion goals so that they incorporate families in the strategies that are adopted and so that supportive family environments are one of the strategic objectives.

### Outlook

In his book *Blue Zones*, Dan Buettner<sup>19</sup> offers vivid examples of how family can play a supportive role in wellness. *Blue Zones* is about the healthiest and longest-lived people on the planet. Blue Zones exist in Sardinia, Italy; Okinawa, Japan; Loma Linda, California; Ikaria, Greece; and Nicoya, Costa Rica. People in these places demonstrate close family and community bonds that support healthy behaviors such as physical activity, healthy eating, and productive work. Their stories reveal what can be accomplished when the entire community embraces vibrant families and wellness. From their examples, we can learn to build our own versions of such Blue Zones in other settings.

“ For better and for worse, people tend to make lifestyle changes in groups. A good way to predict someone’s health behavior is by observing his or her social network. ”

The family is likely to continue to be an important social institution for supporting health. Research supports the general finding that strong social connections directly relate to personal health. There also is evidence that family networks play an important role in determining whether individuals can maintain positive health practices.

Additional research is needed to document the best approaches to promoting family wellness. One approach would be to help family members to better understand and change the influence of family cultures. Developing the capacity of wellness champions within the family system is another promising ap-

proach. Such champions could foster a shared vision of family wellness, serve as role models, align social influences such as rewards, and celebrate success. Work sites, schools, government and the medical system are likely to benefit substantially from health-oriented families. Community-level wellness initiatives also are likely to contribute to family wellness.

If we are successful with family wellness, our need for each other may no longer be viewed as an obstacle to be overcome but, rather, as a distinct part of the human experience worthy of celebration. ☺

### References

1. US Census Bureau. Household Families 2010 Census Summary, File 1, American Fact Finder. Available at: <http://factfinder2.census.gov>. Accessed month day, year.
2. US Census Bureau. Population and housing narrative profile: 2010 American Community Survey 1-year estimates, American FactFinder. Available at: <http://factfinder2.census.gov>. Accessed month day, year.
3. Rothausen TJ. ‘Family’ in organizational research: a review and comparison of definitions and measures. *J Organ Behav.* 1999;20:817–836.
4. Kottak CP. *Cultural Anthropology: Appreciating Cultural Diversity*, 14th ed. New York, NY: McGraw-Hill; 2011:241–242.
5. Jonas W. *Mosby’s Dictionary of Complementary and Alternative Medicine*. St. Louis: Elsevier; 2005.
6. Walsh F, ed. *Normal Family Processes: Growing Diversity and Complexity*. 3rd ed. New York, NY: The Guilford Press; 2003.
7. Peterson G. *Making Healthy Families*. Vol 1. With notes from the Web. Berkeley, Calif: Shadow and Light Publications; 2000.
8. Emerson RM. Social exchange theory. *Annu Rev Sociol.* 1976;2:335–362.
9. Goodrich TJ, Rampage C, Ellman B, Halstead K. *Feminist Family Therapy: A Casebook*. New York, NY: WW Norton & Co; 1988.
10. Izard CE. Basic emotions, relations among emotions, and emotion-cognition relations. *Psychol Rev.* 1992;99:561–565.
11. Stryker S and Kasdin A, eds. *Encyclopedia of Psychology*. Vol. 7. Washington, DC: American Psychological Association; New York, NY: Oxford University Press; 2000.
12. Structural functionalism theory. Available at: <http://family.jrank.org/pages/1645/Structural-Functional-Theory.html>. Accessed October 31, 2012.
13. Ornish D. *Love and Survival: The Scientific Basis for the Healing Power of Intimacy*. New York, NY: Harper Collins Publishers; 1998.
14. Putnam R. *Bowling Alone: The Collapse and Revival of American Community*. New York, NY: Simon & Schuster; 2000.
15. Allen RF, Allen J. A sense of community, a shared vision, and a positive culture: core enabling factors in culture-based health promotion efforts. *Am J Health Promot.* 1987;1 (3):40–47.
16. Christakis NA, Fowler JH. *Connected: The Surprising Power of Our Social Networks and How They Shape Our Lives*. New York, NY: Little, Brown & Company; 2009
17. Allen J and Hunnicutt D. *Fostering Wellness Leadership: A New Model*. Absolute Advantage Special Report. Omaha, Neb: Wellness Councils of America; 2006.
18. Allen J. *Wellness Leadership: Creating Supportive Environments for Healthier and More Productive Employees*. Burlington, Vt: Human Resources Institute; 2008.
19. Buettner D. *Blue Zones*. New York, NY: National Geographic; 2010.

# THE CASE OF THE COLLUDING WELLNESS CHAMPIONS: HOW SHOULD PROGRAMS BE TAILORED FOR ORGANIZATIONS?



Paul E. Terry, PhD

“You know, I’m like, *so* frustrated when, like, I hear managers say that my generation of twenty-somethings expects to have things handed to them,” Jenny said rolling her eyes. “Just because I want to do meaningful work doesn’t mean that I’m not willing to, like, work hard and earn my way.”

“Maybe it’s the ‘balance’ thing,” Bill said with a leer, adding “air quotes” around the word balance. “We baby boomers read *Lord of the Rings* and *Zen and the Art of Motorcycle Maintenance*. We think *balance* means we toil endlessly for the ring only to realize that a job well done is its own reward.”

Jenny was partly amused and partly aggravated as she fished through her salad and flicked aside the croutons. “Well, I’m not sure whether having read every *Harry Potter* book means I have magical thinking about doing something good with my life. But at least when I think about what I want from a job, it’s like, I’m not about to settle for a *Dilbert* cartoon work life.”

Bill sometimes wondered why he had taken a special interest in Jenny’s career potential given how righteous she often seemed to him. Still, he admired her smarts and resolve and enjoyed their cheeky banter.

“You mean you want people to actually care and be accountable?” Bill said, baiting her as usual.

“I want you to acknowledge that working with integrity is every bit as important as working hard. Your generation doesn’t have the corner on ambition,” Jenny said more heatedly than she intended.

“My role models were John Glenn and Martin Luther King,” Bill replied.

“Well mine are Bill Gates and Michelle Obama,” Jenny quickly rejoined.

“Hey, can I join my favorite wellness champions?” Kimberly said as she sat down at the lunch table. It was a perfect day to be outside under the shade cast by Spiral Company’s massive warehouse. “I can tell by Bill’s scowl that you two are bickering again. I’m ready to referee as usual.”

As Spiral’s new employee wellness program director, Kimberly made the recruitment of a wellness champion network her top priority. She had become fast friends with Jenny and Bill and considered them her “kitchen cabinet” for decision making about the direction of the program. Bill was a production manager on Spiral’s busiest assembly line and was a well-respected company veteran. Jenny joined Spiral right out of college and was in her fourth year on the systems engineering team.

“You’ll be disappointed that we’re not debating about what’s best for your wellness program for a change,” Jenny said.

“But, come to think of it,” Bill cut in, “maybe Jenny’s angst about being a young whippersnapper in an old boy’s workplace has a lot to do with why I don’t see many younger employees at our wellness events.”

“And, thinking of that,” Kim said, suddenly alert, “this is the first time it’s occurred to me that we musketeers probably represent each of the major demographic shifts in America.”

“I’d guess you’re right,” Bill said carefully. “It’s at my peril that I’d presume to guess the ages of you women, but I blame my newly arrived beer belly on growing up watching Elvis go from a gyrating icon to an obese drug addict. I’m a bona fide boomer. You know: rock and roll, Rosa Parks, Vietnam, Sputnik?”

“Why guess?” Jenny said. She had been tapping into her smart phone. “Here’s a generational differences chart.”<sup>1,2</sup> She held it up so Bill and Kim could join her in skimming the chart:

	Tradition- alists	Baby Boomers	Generation X	Millennial (Gen Y)
Birth years	1922–1945	1946–1964	1965–1980	1981–2000
Current age	68–91	49–67	33–48	13–32
Number		80 million	51 million	75 million

“Yup. Guilty as charged,” Kim said. “I’m smack dab in the middle of Gen X. And yes, I was a latchkey kid. And yes, one of my parents was ‘downsized.’”

“And, Bill, since we millennials are supposed to question authority figures,” Jenny said, poking her finger toward Bill’s stomach, “Calling that flat stomach a beer belly is like calling this lettuce leaf a tomato. I’m sure if Elvis tried to keep up with you on a run he’d have died even younger.”

“That’s good, Jen.” Bill laughed, deflecting her pokes. “Being generous with praise plays well with my generation. Seriously though, I don’t typically generalize, but I do think my generation is the first to see that the wellness programs are a great benefit at Spiral, probably because we’re old enough to see how quickly we put on weight if we don’t keep working at it.”

Kim thought immediately about the wellness program enrollment data she had been reviewing. Bill was correct that for both biometric health screening and for the phone-based health coaching program, participation skewed toward older females. She had been surprised enough by the demographic variation that she ran an analysis and found the differences in both enrollment and retention in programs to be statistically significant according to age and gender. There was some evidence that if younger persons got into a program, they might actually stay in it long enough to do some good, but younger males, in particular, just weren’t engaged in her offerings. They weren’t even taking the first step. She didn’t want to bias this discussion so she made a mental note to bring the data for review at the next wellness champions meeting.

“That’s interesting Bill,” Kim said, picking up on his formal tone. “Because in the early days of work-site wellness, the rap against investing in prevention and health promotion was that the only people who would take advantage of programs would be the fitness nuts or the ‘worried well.’ So you’re saying that you think wellness is naturally more popular with the boomers? Why do you think that would be?”

“Well, I don’t mind personalizing this. I was simply floored the first time my doctor said I better start taking a statin. Me? A pill-taker? Jenn’s right that I’ve tried to take care of myself, and I think there are a lot of us who aren’t about to throw in the towel and acquiesce to afflictions of aging. I have a love-hate relationship with my health coach because he knows just how to goad me on but keeps me in touch with what I really value at the same time.” Bill said patting his stomach but then pointing at his heart. “I also think my coach knows that being a workaholic

is in the baby-boomer job description, so the guy rides me like I'm a dim-witted pony."

"I have no doubt your coach deserves plenty of credit," Kim said with a chuckle. "But I'm sure the better metaphor is that after a call with you, he probably feels like a cowboy who has just been thrown and he's hoping like hell the rodeo clown shows up fast!"

It wasn't typical for Jenny to remain quiet for long. Kim grew conscious of Jenny's silence as she and Bill turned to their lunches. It wasn't just the demographic variation that fascinated Kim. She felt duty bound to offer programs that would be considered engaging and relevant for everyone. Kim had recently read persuasive studies showing how the health care costs avoided from keeping healthy people healthy had even more potential for producing a return on investment than the more traditional focus on reducing the health risks of those who were already living with a chronic condition.<sup>3</sup> She knew the stakes would only get higher for defending her wellness budget given how Spiral's company growth was increasingly being pinned on its ability to reduce costs.

It occurred to Kim that, as a Gen Xer, she was suspicious of boomer values but that she also embraced diversity, technical literacy, and entrepreneurship. Maybe that gave her a unique vantage point for building programs that appealed to values and beliefs most commonly shared across generations. She already avoided the "one size fits all" programs that so many of the wellness vendors seemed to be offering, but wasn't confident that anyone had produced convincing evidence that they had found the answers to generational differences in health promotion. Kim felt that, at this juncture in the maturation of the wellness field, great strides had been made in tailored messaging, and there were countless innovations happening to help her match the right type of program at the right time for the right person. But as much as individual tailoring had been proven to increase the effectiveness of targeted programs, how would she go about tailoring her overall curriculum to Spiral's demographics?

As much as it was fun to reflect on generational differences, Kim thought, this was no party game. She had read one commentary from a generational differences expert that some assumptions about Gen Y in particular were plainly wrong.<sup>4</sup> An interest in work-life balance, for example, may be better explained by life stages than by the influence of having grown up in an era that included the 9/11 attack and Columbine shootings. Kim needed to sort out her own feelings as a Gen Xer. She knew she was driven by fun as well as pragmatism, and was intent on bringing both to her wellness programs. And she was equally intent on listening carefully to her kitchen cabinet.

"Well, Jenny, no pressure here," Kim said with a teasing voice. "But I'm all ears if you care to speak about wellness on behalf of the 75 million in your entire generation. Or, maybe the better question is: how can we tailor our wellness program to fit our organizational demographics?"

## References

1. Generational differences chart. Available at: <http://www.wmfc.org/GenerationalDifferencesChart.pdf>. Accessed September 6, 2012.

2. Workplace characteristics. Available at: <http://www.fdu.edu/newspubs/magazine/05ws/assets/table2.4.jpg>. Accessed September 6, 2012.
3. Nyce S, Grossmeier J, Anderson DR, Terry PE, Kelley B. Association between changes in health risk status and changes in future health care costs: a multi-employer study. *JOEM*. 2012;54(11):1364-1373.
4. Deal JJ. Five millennial myths. Available at: <http://www.strategy-business.com/article/12102?gko=0334d>. Accessed September 6, 2012.

## Viewpoints on Generational Differences

Three Gen X or Y'ers were asked for their reactions to our case study and thoughts on recognizing generational differences in engaging people in health promotion programs.

### Health Seeking Is Informed by Many Factors

*Tsitsi B. Masvawure, PhD*

*Post Doctoral Research Fellow, HIV Center for Clinical and Behavioral Studies at New York State Psychiatric Institute and Columbia University*



As a thirty-something woman, I *know* that I need to be proactive in managing my own health; however, I *choose* how I want to do this. You will not, therefore, find me jogging daily or restricting my intake of red meat to once weekly. And I *will* have that nightly glass of beer—or that slab of chocolate—when the baby finally falls asleep at

10:00 p.m. I really am more interested in finding a "balance" that I feel works for me and which I can easily fit into my hectic new life as a *working parent*. I think that the competing demands of family and career must be taken into account when developing wellness programs for Gen X employees because they shape what we are willing, and able, to invest our time in. Personally, I would love to be able to dash off to the gym or go jogging *during work hours* and have that count for something to my employer. I am therefore more likely to participate in wellness programs that occur during official work hours rather than outside of these.

That said, I think that it is worth taking a moment to reflect on the term *generation*. What does it mean and is it adequate for fully explicating differences in wellness program uptake in the workplace? I believe not. Many of the challenges that I face as Gen X, and which influence my health-seeking behavior, are *also* informed by other factors, namely, my age, gender, socioeconomic status, and life stage. This means that on some issues I might identify more closely with the "Bills" of this world than with the "Jennys" or "Kims." On other issues, however, I might identify more with a Gen Y man than I would with a fellow Gen X woman. To add yet another layer of complexity to this issue, employee job satisfaction must be taken into account in wellness programs. Employees who feel underappreciated in the workplace will be less interested and motivated to participate in extracurricular activities and will, frankly, prefer to limit how much time they spend at their workplace outside officially designated times. Personally, I know that I would work that much harder

toward finding that elusive work-family “balance” if I felt that my employer truly valued my contributions.

Kim’s greatest challenges as a wellness champion, therefore, are three-fold. First, she has to convince her employer that there is a relationship between employee interest and participation in wellness programs and how valued and appreciated they feel at the workplace. Second, Kim has to figure out when “generational” differences are at play and when they are not. Third, and more important perhaps, Kim must decipher when generational and other factors are simultaneously at play—which is most likely to be the case.

### What’s Health Got To Do With It?

Allison O’Donnell, MPH

2012 Graduate, Department of Health Management & Policy, University of Michigan School of Public Health



I must admit that I don’t feel qualified to speak about wellness on behalf of my entire generation. Being the daughter of a self-proclaimed “health nut,” I am a bit biased. While I didn’t exactly like tofu growing up and would get extremely excited about eating Lucky Charms at a sleepover, as I got older I, too, became a “health nut.”

Needless to say, I don’t think I speak on behalf of my generation when I gush about how important wellness is.

I may not even be able to speak on behalf of my generation regarding *any* issue, considering the fact that I didn’t know what generation I was, or the characteristics associated with it, until I looked it up to write this commentary. Turns out I am part of the Millennials (Gen Y) and that my generation is hopeful, collaborative, determined and confident, part of the *Internet generation*, very direct with feedback (including to higher-ups), inquisitive, and we value diversity, just to name a few characteristics. I would agree on all accounts, but am not sure if identifying generational differences will help a workplace wellness manager improve participation in programs. However, I do think that understanding the intrinsic motivation of employees will.

To illustrate this point, I would like to share two of my experiences with tobacco-control policy. As an undergraduate, I engaged in research and advocacy regarding tobacco-control policies on college campuses. Many nonsmokers supported a smoking ban in all dormitories and around building entrances and windows, but there was an outspoken minority that felt that stricter rules would be an infringement on their liberty. Being young and invincible, they were not concerned about the health impact of smoking but more with their perceived freedom to do as they wished. Meanwhile, there was a strong push to ban products from a beverage company in order to protest corporate actions. A “health nut” might like to see this same ban to get sugar-sweetened beverages off the shelves, but what mattered most to these college students was how the company treated its workers in South America. Health had nothing to do with the students’ motivation. In retrospect, an antitobacco campaign against corporate practices of the tobacco industry linked to marketing to youth, minorities, and vulnerable populations

(or any other reprehensible corporate strategy of big tobacco) might have been the most effective route to get smokers to support stricter policies.

As a graduate student still interested in campus smoking-control policies 7 years later, I observed the process of implementing a completely smoke-free campus. Like many institutions that go smoke-free, the planning committee anticipated strong pushback but, in the end, there was little opposition. I believe that this demonstrates two things. First, it reflects a shift change during the past decade in acceptance of smoke-free laws as more states continue to pass comprehensive smoke-free laws and campuses all over the country go smoke-free. Second, it is clear that the students at these two institutions had very different priorities even though they are all millennials.

If workplace wellness managers want to engage all segments of their employee population, it is necessary to discover their intrinsic motivation (which may or may not correspond to their generational standing) and engage them in that way, recognizing that health may not have anything to do with it. In other words, *know your audience*. I know that this is not new advice, but it can be a helpful reminder to those of us who value health for health’s sake. Figure out what motivates your employees and use creative solutions to incorporate wellness into that passion.

### Many Don’t Fit the Mold, but Enough Do

Brett Powell, CWPC

Regional Vice President, American Institute for Preventive Medicine



Bill, Kim, Jenny, it’s nice to meet you. My name is Brett and I’m a millennialholic.

Two months ago I told the interested stakeholders in my life that I was leaving on a 1-year sabbatical (adventure) to South America. My girlfriend promptly greeted me with an ultimatum. My father doubles as my boss, so he felt twice as compelled to keep me around.

The rest of my family attempted to guilt-trip me out of leaving, and most of my good friends asked what took me so long. I eventually compromised (a word I don’t particularly care for anymore) on a 5-month trip that includes *some* professional responsibility.

I share this anecdote for a reason: generations *can* be stereotyped. My desire for work/life balance is very characteristic of Gen Y. We are often taught not to judge people by a group they are affiliated with. However, in the case of the various generations, we can and should generalize. Even if all members of a particular generational cohort don’t fit the mold, enough do.<sup>1</sup> In the case study presented, we didn’t need the characters to introduce their generational identity. Bill, you’re as boomer as they come.

We also know that certain generations have preferred learning methods. According to the Center on Aging and Work, one of the most effective methods to reach the different generations is to provide the information in multiple formats. Younger people will gravitate toward online/mobile offerings while boomers and traditionalists are more likely to take advantage of paper-based options. Rather than choos-

ing between online or offline, offer both: bricks and clicks, if you will. Ridgeview Medical Center in Waconia, Minnesota, surveyed employees on their motivation for getting a biometric screening and, not surprisingly, people of different ages respond differently to incentives. Gen Y ranked the \$75 dollar incentive as the primary reason they got screened, while their boomer counterparts noted the recent onset of chronic disease and the desire to get healthier as their top inspiration.<sup>2</sup>

Kaiser found that age, and age alone, can account for as much as a 10% variance in tobacco quit rates,<sup>2</sup> supporting the long-anointed notion that the longer a person's been fine-tuning their poor health habit, the harder it is to change.

Kimberly's situation at Spiral is a common one: She's trying to gather all the right components to assemble a workplace wellness masterpiece, taking into account her employees' unique needs and health concerns. Kimberly already got word that it's not wise to ignore your healthy folks. Although we often see young people as the "picture of health" on magazine covers, they, too, lead sedentary lives, eat a poor diet, and abuse prescription drugs while perceiving that they are healthy.

Bill, simply by being older than Jenny, is at higher risk for chronic disease. We have the information, and it's free: no needles, no health assessments, no incentives. It's just a matter of researching what the primary risk factors are for each generation and using a little creativity to target them.

*Hey Jenny, can you pass those croutons that you're not eating? Tengo hambre. Oops! I mean, I'm hungry. My mind is already in South America.*

## References

1. Smith Stanton W. *Decoding Generational Differences*. 1st ed. New York, NY: Deloitte Development LLC; 2008.
2. Employee Benefits News. With health and wellness for all. Available at: <http://eba.benefitnews.com/news/with-health-and-wellness-for-all-2683711-1.html>. Accessed June 15, 2010.

## Gen Y Milestones Are Different

Anna Terry, BA

Graduate Student, School of Nursing, University of Minnesota



Speaking on behalf of Generation Y seems a daunting task; still, there are a few things that I think might be wise for Spirals' wellness committee to consider in regard to creating wellness programs for my generation. Many of us from "Generation Y" are still busy shaping our identities, slowly becoming independent from our parents, and eager to try new things. Some psychologists refer to us as being in a state of "emerging adulthood,"<sup>1</sup> reflecting the delay in transition from adolescence to the full-fledged adulthood associated with buying a first home, getting married, and having children. In fact, that's part of what makes our generation different from our predecessors; our milestones are different. We're not as quick to commit to a person, a place, or even a

profession; instead we are exploring the world, getting advanced degrees, and volunteering. This transient and experimental phase also has led many young people to value a more comprehensive approach to health care. Many among us have a holistic view of health and would respond well to wellness programs that incorporate a body, mind, and spirit approach. Wellness programs often narrow in on physical measurements, but they would do well to broaden their scope to include holistic options with more focus on mindfulness, positivity, and stress management.

This also is a time when we are laying the foundation of our health to come, although some of us are more aware of that than others. So how can employers ensure many happy, healthy, and productive years ahead? Create a work environment compatible with good health.

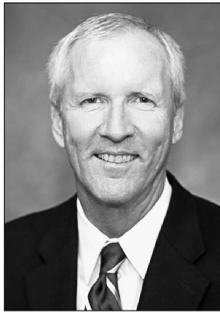
While the numbers from a biometric health screening may not mean much to us now, and the offerings of a health coach may not seem relevant to all of us yet, it doesn't mean we don't value our health, or that we're not interested in engaging in healthy behaviors. For example, many people my age are excited by incentives to bike to work. Though money does not need to be the motivating factor, it just feels nice to know our healthy lifestyle choices are being recognized. We also respond well to limiting junk food in the office. Many of us grew up in schools where unhealthy vending was banned and thus are not interested in picking up bad snacking habits in the workplace. I think many are annoyed by wellness offerings in a work environment otherwise unsupportive of good health. I wonder if Spiral has bike racks and showers, and is there somewhere other than your desk to eat lunch? Are breaks encouraged? There are many small changes a company can make to improve the work environment and in so doing, the health of its employees.

Another hallmark of Generation Y is our reliance on technology. Jenny is clearly a very resourceful young woman and, like many of our generation, is used to having information at her fingertips. Not only can Jenny quickly Google or ask *Siri* any immediate pending question, being the health-conscious girl that she is, she likely has exercise and calorie-counting apps right on her phone. What can a health coach provide that an app can't? Accountability! No one knows if you don't follow through with the goal you set on your exercise app. Incorporating technology into a health coach's repertoire is essential. What's more, health coaches should meet us where we're at; we may not be ready to talk about blood pressure, but we may be interested in information about good nutrition while pregnant or training for a marathon or both.

Despite great improvements in access to health information via the Internet, there still are disturbing health disparities within my generation. Health promotion strategies for my generation will be most effective if they are not only designed for our age group but also tailored according to our health literacy level and cultural beliefs. 

## References

1. Marantz Henig R. What is it about 20-somethings? *New York Times*. Available at: <http://www.nytimes.com/2010/08/22/magazine/22Adulthood-t.html?pagewanted=all>. 2010. Accessed October 3, 2012.



“Hey kids!” Denver Nuggets’ NBA coach Steve Hess yelled excitedly despite his hoarse voice, “We have two options every day. One is getting better, the other is getting worse.”<sup>1</sup> Hess screamed, “What do we want to do today? Get *better!*” Dozens of kids yelled back and, again from Hess: “What do we want to do today?” The kids: “Get *better!*” And back and forth they went, as if in a pregame frenzy. Most families couldn’t afford to send kids to be

coached by our country’s elite players and coaches, but some companies are seeing the value in sponsoring just such a memorable opportunity.

Parents and their kids from the American Express Company were invited to participate in a half-day of basketball drills and learn about healthy eating at the NBA Fit Program. “We think family and community support is critical for sustainable behavior change,” says Anita Shaughnessy, Vice President of US Benefits and leader of the Healthy Living Program at American Express. Shaughnessy thinks company interest in family and community health will increase in the years ahead. Other examples underway at American Express include a kids calendar with original art about healthy living from the kids, a raffle for a Family Fitness Quest for those who submitted a month of fitness activities, and a kids club designed to tap the influence of children in family decisions that affect health. “We recognize that these kids may be our employees someday so we’ve taken an aggressive, creative, and marketing-based approach to engage our employees and their families. It ultimately benefits our brand and our business,” said Shaughnessy. The Singapore office, for example, launched a new family focus for its Healthy Living Program by building “the world’s longest healthy sandwich.”

And feedback from employees shows that they appreciate such programs beyond the health benefits. When with the kids, Hess and his players were radiating energy and expertise teaching basketball basics. They also offered the kids tips on healthy eating for budding athletes. Later, for the camera, as representatives for their teams and the NBA, their message was just as easy to get enthused about: “We not only want them to enjoy their workout, we want them to understand working out can be a huge amount of fun,” said Hess. It was a message affirmed by the NBA players: “It’s all about the smiles on these kids’ faces.”

Involving families in a company’s wellness program has broad social as well as health benefits as highlighted by Allen and colleagues in this issue of *The Art of Health Promotion* (TAHP). As much as connecting kids with legendary superstars is a pretty sure way to garner engagement, I expect this is just the

beginning of the work on social norms and creation of wellness traditions for families that Allen suggests can be inculcated by employers. Another great example comes from Eastman Chemical Company, a Koop Award-winning company with a growing focus on families. While the initiatives are sponsored by Eastman’s Wellness Program staff, Diane Reed, Integrated Health Manager at Eastman, makes it clear that offerings need to be organized and led by volunteers from employees’ families.<sup>2</sup>

More than 150 Eastman families are checking in to the “Families for a Healthier Eastman” Facebook page to connect with others on projects ranging from a fitness road race expo to cooking demos and sharing gazpacho recipes (a Spanish cold soup).<sup>3</sup> It’s also the Web site where employee families seem determined to outdo each other concerning the colors and sizes of vegetables from their home gardens. Move over 4-H, here’s a recent Facebook dispatch from the “Families for a Healthier Eastman” team about a farmers market event they hosted: “‘Farmhouse Gallery & Gardens’ will return with a variety of homemade breads and granola bars. They were a hit last week! Also, to celebrate back-to-school time in Tennessee, stop by the educational table, where you can learn how to use the produce purchased at the farmers market to pack healthier lunches for school.”

### The Yoke of Taking the Lead

Leaders push boundaries, and every profession benefits when norms are challenged and natural experiments are shared for all to examine. I don’t anticipate that advocacy for families in employer health programs will spawn many conscientious objectors, but I could be wrong. The vitriolic accusations of a nanny state after Mayor Blumberg’s soda size law are a recent reminder of how polarizing health policies can become. As with most innovators in health, the leaders in a movement toward family engagement will need to be mindful of the scarce science as well as the potentially volatile ideologic reactions that can accompany advocacy attached to innovation. I’ve written elsewhere about how the intersection between health care business and public policy is not a playing field for the meek.<sup>4</sup> It’s a playing field that Dr Toby Cosgrove, CEO of the Cleveland Clinic, the hospital consistently ranked as the top health center in the nation, is well acquainted with. I have assumed that his equanimity about the controversy that surrounds his ban on hiring tobacco smokers is grounded in the righteousness that only a cardiovascular surgeon can feel at

his core after having performed 22,000 operations, at least half of which were to treat conditions that were lifestyle induced. What else explains his more recent foray into smoking bans at universities?<sup>5</sup> In a speech to the Harvard Business School Club of Cleveland, Cosgrove said: “The fact that American universities are not smoke-free appalls me.” Though I’ve personally

**“As with most innovators in health, the leaders in a movement toward family engagement will need to be mindful of the scarce science as well as the potentially volatile ideologic reactions that can accompany advocacy attached to innovation.”**

felt being right is a powerful buffer on such matters, it doesn't change the likelihood that Cosgrove may be cruelly disparaged by libertarians and special interest groups.

In an issue of *Fortune Magazine* this year, Steward Health Care System's CEO, Dr Ralph de la Torre, was cast as "Health care's new maverick."<sup>6</sup> I found it perplexing that, early in the interview, de la Torre, also a former cardiac surgeon, so persuasively builds the case for prevention but, by the end of the interview, argues that "one of the hard realities is that health care reform is not about public health." On the one hand de la Torre notes: "We have to get young people involved. We have to get people who for all practical purposes really don't need health insurance." But later in the interview we learn that "Health care reform is public finance. In a business plan you need an end picture of where we want to be in 5 to 10 years."

“ Principles that appear past due for some of us still represent a mystery or a threat to others. ”

On reflection, though, perhaps such contradictions represent the inevitable tension great leaders readily balance between accountability for a business and responsibility for a mission such as Steward's to "provide the highest quality care with compassion and respect." If, as *Fortune Magazine* suggests, de la Torre is building a model for the future, it also suggests that principles that appear past due for some of us still represent a mystery or a threat to others. For example, as much as C. Everett Koop was a polarizing national figure, who was vilified by some when he elevated HIV prevention to a nationwide education campaign, hindsight shows that the campaign was already past due. Many today hold up Dr Koop as our most effective surgeon general, largely because it was only clear years later how often he needed to eschew popularity in service to his convictions. His authenticity is what made him great.

Those who are the early adopters for engaging families in work-site health promotion may need to carry the maverick mantle to get on with what, to them in the moment, and to others in retrospect, are policy no-brainers. We should take inspiration from leaders like Koop and Cosgrove and accept that, on occasion, if we need to take cover, our authenticity offers a durable shroud. Even when in doubt, we should enjoin NBA Coach Hess's chant: "We want to get *better!*"

### Be the Change You Want to See in This World

The famous Mahatma Gandhi quote, "be the change" is one of those truisms tailor made for health promotion professionals committed to testing innovations that improve health outcomes. Perhaps the best story behind the quote is an aphorism, but I'm hopeful that the story is actually true.<sup>7</sup> (Readers, please let me know if you have a more definitive reference.) As the story goes, an avid follower of Gandhi has a child growing up obese because of the boy's overconsumption of sugar. The mother goes to extraordinary lengths to earn an audience with her spiritual leader. She presents her child and asks his holiness to counsel her son to refrain from sweets. Instead of offering advice, Gandhi tells the woman to return with her child after 2 weeks.

Upon their return the woman was pleased, though somewhat bemused, when Gandhi simply and clearly told the boy that he

should refrain from sweets, something the boy vowed he would do. The woman asked this famous guru, "Why did you need 2 weeks before you could offer us your teaching?" To which Gandhi demurred and said, "I wasn't able to offer advice yet, Mother. You see, 2 weeks ago I also was eating too many sweets."

It is usually no coincidence when a new generation of leaders follows their parents into a chosen profession. There is arguably no more perceptive observer of one's authenticity than one's child, and each of our commentators in this issue of TAHP has a parent who has been a career health educator and advocate. Tsitsi Masvawure grew up in Bulawayo, Zimbabwe, where her mother worked in health care. Tsitsi, our first commentator in the generational differences case, recalls feeling special as her mother went off to work in her white starched uniform when most other kids in the community had mothers who were teachers. "We weren't allowed to touch the books in my parents' little professional library," Tsitsi said as we talked about what she considers the veiled influence of her mother. "I was twelve years old when I first snuck in to read the textbooks. They were mostly about psychiatry and mental health issues. Of course, I had to put them back on the shelf exactly as I found them." Tsitsi giggled like a little kid when she first dredged up this memory. Then, with quiet earnestness Tsitsi recalled: "You know, my mother worked late into the night so often, I ended up reading many of those books cover to cover. I thought they read like novels. I found them fascinating, maybe because I knew it was about the work that my mom was doing every day to help others in my community. Now, on reflection, I wonder if these experiences influenced my decision to work in public health promotion and research."

Tsitsi's mother continues her important work as a health care worker in Bulawayo today and I consider Tsitsi one of Zimbabwe's most important future leaders in advancing health and health care reform. As this month's TAHP issue on the role of families and generational differences shows, it is no surprise that her early successes are firmly grounded in one of the most salient gifts her parent ever gave her, their abiding authenticity. As a Shona proverb says: "Munhu munhu navanhu." (A person is a person because of others.) ☺

### References

1. NBA Fit Program. Available at: <http://www.nba.com/nbafit/video.html>. Accessed October 8, 2012.
2. Reed D. *Engaging Families in the Wellness Journey*. HERO Forum12. Minneapolis, Minn; 2012.
3. Eastman Chemical Company. Families for a healthier eastman. Available at: <http://www.facebook.com/groups/311970388859912/?fref=ts>. Accessed October 8, 2012.
4. Terry PE. Leading through contradictions. *Managed Care*. Available at: <http://www.managedcaremag.com/content/leading-through-contradictions-0>, 2012. Accessed August 23, 2012.
5. Cleveland Clinic CEO: it's appalling campuses are not smoke free. Available at: <http://medcitynews.com/2012/03/cleveland-clinic-ceo-its-appalling-that-college-campus-arent-smoke-free/>. Accessed October 5, 2012.
6. Health care's new maverick. *Fortune Magazine*. Available at: <http://management.fortune.cnn.com/tag/ralph-de-la-torre/>. Accessed October 5, 2012.
7. Metha A. Breaking someone's sugar habit. Available at: <http://www.avani-mehta.com/2008/08/14/breaking-someones-sugar-habit-gandhis-story/>. Accessed October 8, 2012.
8. Allen J. *A Family Guide to Wellness*. Burlington, Vt: Healthyculture.com; 2011.
9. Allen J. *Kitchen Table Talks for Wellness*. Burlington, Vt: Healthyculture.com; 2011.