


BIGGER THAN
EVER, WITH A
PLACE FOR YOU
TO ENGAGE.

BY MEG JORDAN, PhD, RN, CWP

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*from movement
to profession*



For over half a century, the concept of *wellness* has infiltrated communities, schools, workplaces and healthcare throughout the United States and abroad, inspiring people to embrace healthier lifestyles. Wellness has been a movement, profession and industry, but most of all, wellness continues to evolve as a dynamic process that has now inspired four generations.

HISTORY OF IRONY AND INSPIRATION

While wellness as a concept is often criticized as a soft science with insufficient data or questionable return on investment (ROI), the irony is that its founding philosophy arose out of cold, hard statistics. The father of wellness is widely acknowledged to be a pioneering biostatistician who worked at the fledgling National Office of Vital Statistics from 1935 to 1960. Like another genius working in a clerical capacity,¹ Halbert L. Dunn, MD, PhD, must have had his stroke of insight while wrestling with the mundane. He witnessed the unmistakable trends in chronic disease due to poor health habits, such as the growth of heart and pulmonary disease during the peak years of per capita tobacco use in the U.S. His book, *High-Level Wellness* (1961), spurred the next generation of healthcare professionals and social scientists to shift the lens from sick care to prevention, and eventually to *salutogenesis*—the actual creation of health.²

GATHERING A MOVEMENT TOGETHER

Dunn's lectures and writings inspired Bill Hettler, MD, to gather like-minded individuals and establish the National Wellness Institute (NWI) in 1977. He created a six-dimensional model of wellness,³ while John W. Travis, MD, MPH, who called himself a "recovering allopath," developed an Illness-Wellness Continuum that conceptualized optimal health as a dynamic and flexible choice on the spectrum from health to illness.⁴ These tools facilitated the mission of NWI to serve the professionals and organizations that promote optimal health and wellness in individuals and communities.

For over 40 years, NWI's annual summer conference has served as a wellspring transforming the movement into a profession.

The launch of health and wellness as an academic discipline was fueled by *Health Values*, a journal founded by Betty Neilson, EdD. The journal later morphed into the *American Journal of Health Promotion*, replete with peer-reviewed research, the enduring legacy of Editor Michael O'Donnell. Other pioneers such as Anne Abbott moved wellness concepts into cardiac rehabilitation, while wellness philosopher Donald B. Ardell inspired with indefatigable writings about REAL (reason, exuberance, athleticism and liberty) wellness and a second version of *High-Level Wellness*, giving credit to Dunn.⁵

Thousands of wellness careers are launched at the National Wellness Conference each summer, as participants gather for both personal rejuvenation and professional advancement. Fitness trainers, exercise leaders, health coaches, teachers, doctors, nurses, and nutritionists work in collaboration by providing quality resources, workshops, continuing education trainings and professional development programs. The annual conference (June 27–29, 2016 in St. Paul, Minn.) is the largest single gathering of health and wellness coaches in the nation and brings together thought leaders on worksite health promotion, integrative health, multicultural competencies and school-based wellness.

EXPANDING NUMBER OF ROLES

As Co-President of the NWI board of directors, I can see that 2016 may well be a watershed year for wellness. The market for wellness products and services is estimated to be a \$3.4 billion industry, according to Global Wellness Institute.⁶ There are wellness labels on everything from dog food to medical marijuana therapies to the "WellnessMat[®]" I'm standing on to write this article. This explosive growth in products and services has some critics urging that we change the name *wellness* to *well-being*, and cleanse the trend of over

commodification. However, free markets will always attract commercial enterprises; I imagine the same would happen to a “well-being movement.”

Many allied health professionals seek to shift from a more narrowly focused career to encompass a broader vision of wellness, and they are in good company. Consider how millions of individuals could easily identify as wellness professionals: licensed healthcare providers, health educators, active lifestyle advocates, researchers, nutritionists, fitness trainers, group exercise leaders, natural health writers/bloggers, public health policymakers, wellness program directors and staff, health promotion and allied medical academics, physical education specialists, wellness program specialists, business leaders, HR personnel and benefits staff dedicated to wellness programming, fitness studio and health club staff, whole food activists, parks and recreational staff, even fitness technology and digital wearable entrepreneurs. One would think we could overcome any health crisis society faces in regard to lifestyle-induced chronic disease.

However, the unchecked rise in type 2 diabetes, obesity, elevated stress, and other chronic diseases in large segments of the population is supported by longitudinal studies that show three risk factors (current smoking, obesity/overweight and physical inactivity) persist as those chiefly responsible for poor health and premature death. According to the Centers for Disease Control and Prevention (CDC), a healthy lifestyle remains one of the foremost ways to halt or even reverse these trends.⁷ Health and wellness coaches specialize in just that.

LEGIONS OF WELLNESS COACHES

The wellness profession now boasts more than 30,000 wellness and health coaches, dedicated to facilitating lifestyle improvement. Organized to advance this profession, the National Consortium for Credentialing Health and

Wellness Coaches (NCCHWC) reports that scores of wellness and health coach training programs have emerged in the past two years, many of them applying NCCHWC’s newly published standards for education and training.⁸ An NCCHWC national certification exam is expected in late 2016. A job task analysis conducted by the consortium identified 21 tasks routinely performed by

coaches; the list was then sent to over 4,000 working health coaches, supporting the frequency and importance of those tasks. With a consensus-built definition of health and wellness coaching, researchers are able to design valid methods of comparative research.

The original pioneers who hoped to simply inspire people to lead healthier lives probably never predicted the inordinate stresses of our digital workplaces today, nor the challenges with built environments, or that Big Food would threaten health as much as Big Tobacco has. If the wellness movement became better organized, it could turn around more lives. Entering the workplace was, and continues to be, one strategy.

WELLNESS IN THE WORKPLACE

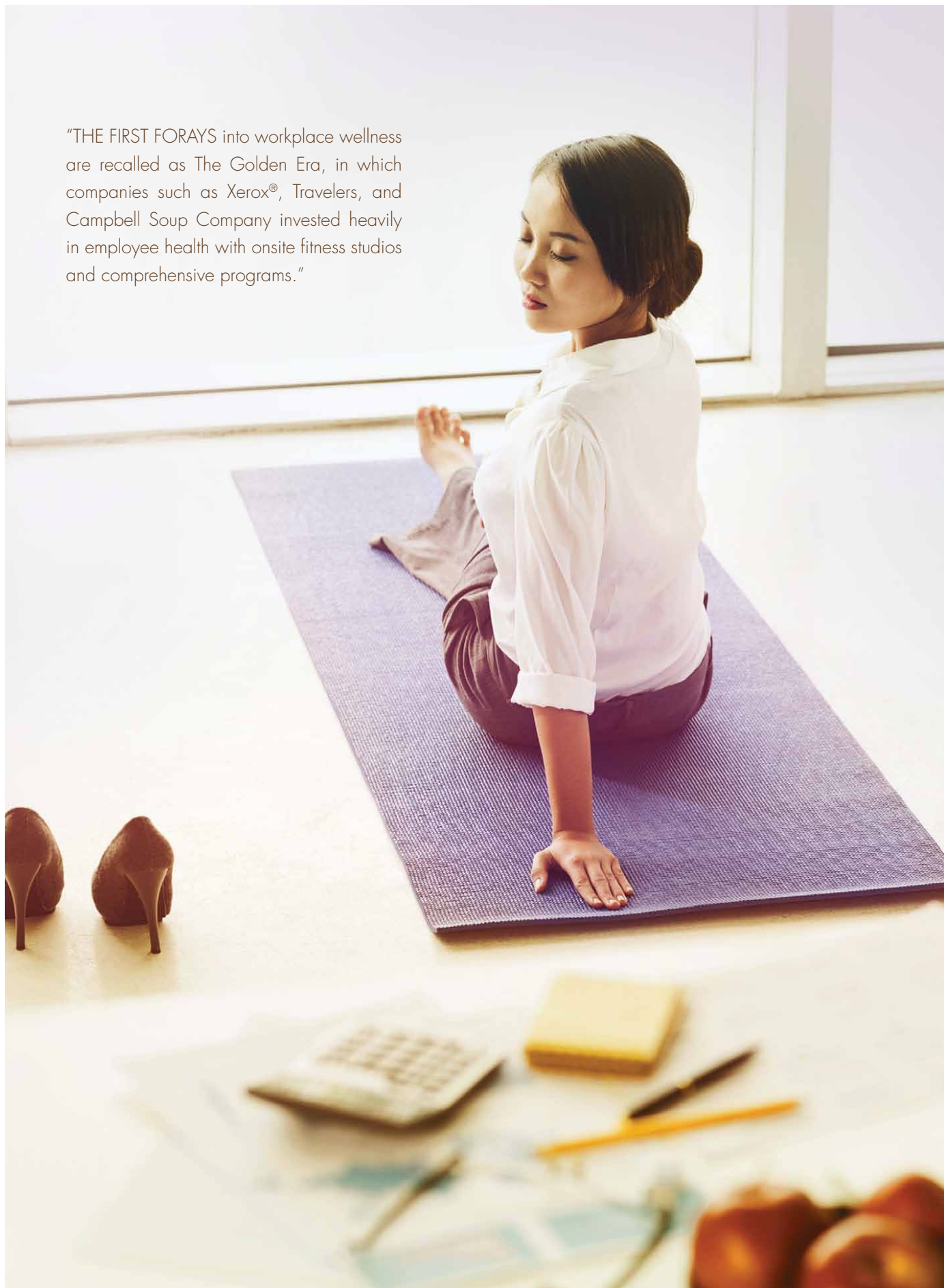
Skyrocketing hikes in health insurance rates in the ’80s and ’90s threatened to bring U.S.-based business to its knees, leaving economists wondering if it would ever regain a competitive edge in increasingly global markets. Unfortunately, many of these well-funded and impressive worksite programs were dropped in an era of cost-containment, giving way to a second phase in this century, which found wellness programming shifting to human resources and benefits personnel. These managers are challenged with parceling out wellness services to a host of external vendors. Sometimes this results in a fragmented and piecemeal approach with too many short-sighted and poorly designed programs.

An exhaustive evaluation of worksite health programs discovered a wide variance in quality and led to recommendations for critical components to be present in effectiveness programs.¹⁰ Lively and sometimes disruptive debates stormed through the Internet, dismissing the much-quoted 3:1 ratio of benefit to cost (for every dollar invested in a wellness program, companies can reap three times that in health cost savings.) as inaccurate or overreaching. A RAND report appeared in 2013, revealing that 92% of businesses still attempt to offer some type of wellness programming (mostly for exercise and weight loss), but actual participation rates were as low as 2 to 10%.¹¹ The report could not identify with certainty if this low participation was correlated with program intensity.

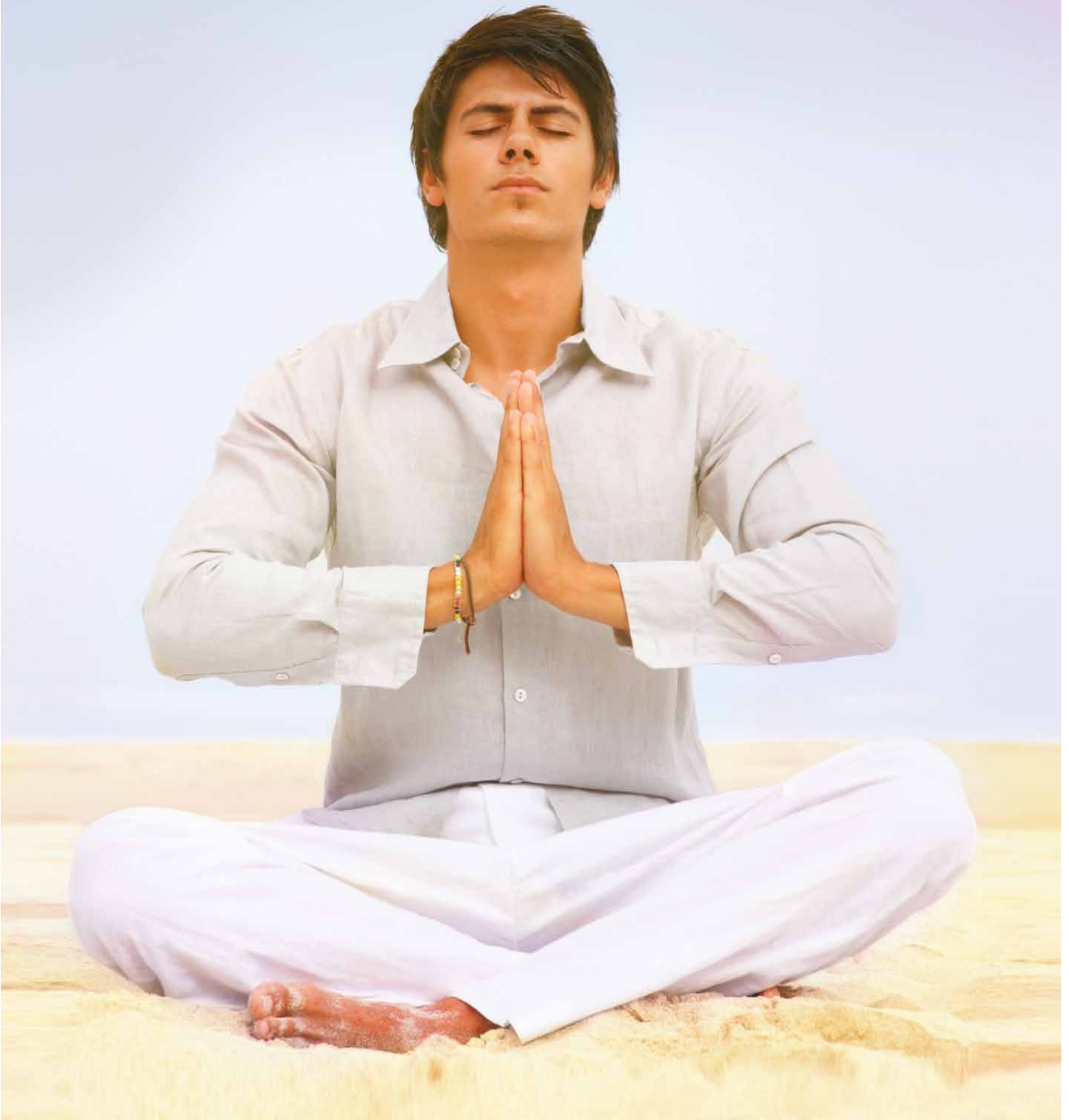
With fewer “touch points,” a concept developed by Human Resources Institute President Judd Allen for building support and connection for wellness, how could underfunded programs expect to communicate, motivate and sustain participation? The questionable benefit of programs with exceedingly low participation launched the current third phase of worksite wellness programming, which focuses on building a culture of engagement. Companies such as Patagonia® and Safeway® discovered that an engaged culture of well-being could effectively be supported by authentic leadership. Expand beyond wellness. Address the total employee experience. It’s an approach championed by authors Rosie Ward, Jonathan Robison and Laura Putnam, who interviewed many executives about what works for them.^{12,13} Executives didn’t need to just buy in to a well culture, they needed to be role models, too. Some effective new tools to measure engagement and culture are available now, such

“One new study found that bringing health coaches to the workplace has a positive impact on employees with chronic disease, along with alleviating disengagement burnout, improving job self-efficacy, resilience and personal well-being for individuals managing chronic illness.”⁹

"THE FIRST FORAYS into workplace wellness are recalled as The Golden Era, in which companies such as Xerox®, Travelers, and Campbell Soup Company invested heavily in employee health with onsite fitness studios and comprehensive programs."



“WHAT MAKES WELLNESS WORK? I like to quote John Travis, “The currency of wellness is connection.”¹⁴ We are only as well as our connections supporting each other’s optimal health and well-being.”



as the Denison Organizational Culture survey and the Gallup Q12 Employee Engagement Survey.

Addressing the need to rethink how we offer workplace wellness, leading nonprofit organizations provided rigorous, new educational seminars. NWI offers two certifications for specialists and program managers. International Association of Worksite Health Promotion Founder and President George J. Pfeiffer is convening a forum on healthy worksites with the CDC. The International Foundation of Employee Benefit Plans is looking at synergies among these groups to advance wellness professionals.

For several decades, wellness programming focused on individual choice and action. The conventional wellness program was designed to integrate tobacco cessation, consistent physical activity, healthy diet/nutrition promotion, stress management, early detection and screening, weight management, regular healthcare and proactive chronic disease management. This still makes sense today because three lifestyle behaviors account for 75% of chronic disease (including 80% of heart disease, stroke and diabetes, as well as 40% of cancers). In addition, roughly 75% of all medical spending, including 96% of Medicare and 83% of Medicaid, funds care for individuals with chronic disease.¹⁴ Wellness in the workplace cannot be separated from risk reduction counseling for high-risk employees. Well-conducted randomized trials suggest those opportunities need to be a crucial part of effective worksite health promotion programs.

FROM THE INDIVIDUAL TO THE COLLECTIVE AND BACK AGAIN

Although risk factors place the onus of healthy behavior change upon the individual, new research reinforces how the social determinants of health often overcome an individual's autonomy and disproportionately burden diverse populations. Societal factors such as the built environment can help or hinder the capacity and resources for individuals, families or groups to make and sustain healthy changes. These include environmental and social policies of municipalities, the creation of safe public spaces, parks and recreational areas, the presence or absence of healthy food choices (e.g., desserts versus fruit), the incidence of neighborhood and domestic violence, the availability of educational opportunities, racial/ethnic/gender discrimination, rates of employment, and socio-economic levels.

While the rallying cry of wellness may still have the ring of Nike's "Just do it" slogan, the harsh realities of downstream consequences resulting from short-sighted and biased upstream decisions and policies can derail the best of wellness efforts. In short, wellness professionals have learned that the actual making and sustaining of a healthy lifestyle requires a two-pronged approach of indi-

vidual commitment amidst proactive, ongoing community and cultural support. This includes sensitivity to multicultural diversity plus honoring and including voices from different backgrounds.

Wellness can never be summed up as risk factor reduction or a collection of strategies for preventive health. It's much larger than that. It's a day-to-day choice, an active process of increasing self-awareness, and community-supported, self-directed, holistic action. AF

"Wellness is multidimensional, positive and affirming. Its ground of being starts with providing loving and secure upbringings for children, along with a flourishing environment throughout the entire lifespan. Its reach extends to physical, social, emotional, mental, occupational and environmental dimensions."

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MEG JORDAN, PhD, RN, CWP, is Co-President of the National Wellness Institute Board of Directors, Professor and Chair of Integrative Health Studies, California Institute of Integral Studies, and author of *How to Be a Health Coach*. She can be reached at mail@megjordan.com.

REFERENCES:

1. ALBERT EINSTEIN'S THEORY OF RELATIVITY AROSE WHILE WORKING AS A CLERK IN THE U.S. PATENT OFFICE.
2. DUNN, H.L. *HIGH-LEVEL WELLNESS*. ARLINGTON: BEATTY PRESS, 1961.
3. NATIONAL WELLNESS INSTITUTE SIX-DIMENSIONAL MODEL OF WELLNESS BY BILL HETTLER, MD.
4. TRAVIS, J. AND RYAN, R.S. *THE WELLNESS WORKBOOK*. (3RD ED.) BERKELEY: CELESTIAL ARTS, 2004.
5. ARDELL, D. ARDELL WELLNESS REPORT. WWW.SEEKWELLNESS.COM/WELLNESS/ARDELL_BIO.HTM (ACCESSED OCT 7, 2015).
6. GLOBAL WELLNESS INSTITUTE REPORT, 2014. BLOG.GLOBALWELLNESS-SUMMIT.COM/2014/10/WELLNESS-IS-NOW-A-3-4-TRILLION-GLOBAL-INDUSTRY-THREE-TIMES-BIGGER-THAN-THE-WORLDWIDE-PHARMACEUTICAL-INDUSTRY/ (ACCESSED OCT 7, 2015).
7. THORPE, K. "THE PARTNERSHIP TO FIGHT CHRONIC DISEASE." (2009). IN O'DONNELL, M. *HEALTH PROMOTION IN THE WORKPLACE*. (4TH ED.) TROY: AMERICAN JOURNAL OF HEALTH PROMOTION. CREATESPACE INDEPENDENT PUBLISHING PLATFORM, 2014.
8. JORDAN, M., WOLEVER, R.Q., LAWSON, K., MOORE, M. NATIONAL STANDARDS FOR EDUCATION AND TRAINING OF HEALTH AND WELLNESS COACHES: PATH TOWARD NATIONAL CERTIFICATION. *GLOBAL ADVANCES IN HEALTH AND MEDICINE*, 4, NO. 3 (2015): 46-56.
9. MCGONAGLE, A.K., BEATTY, J.E. AND JOFFE, R. "COACHING FOR WORKERS WITH CHRONIC ILLNESS: EVALUATING AN INTERVENTION." *JOURNAL OF OCCUPATIONAL HEALTH PSYCHOLOGY*, 19, NO. 3 (2014): 385-98. DOI.ORG/10.1037/A0036601.
10. HEANEY, C.A. AND GOETZEL, R.Z. "A REVIEW OF HEALTH-RELATED OUTCOMES OF MULTI-COMPONENT WORKSITE HEALTH PROMOTION PROGRAMS." *AMERICAN JOURNAL OF HEALTH PROMOTION*, 11, NO. 4 (MAR-APR 1997): 290-307.
11. MATTKE, S., SCHNYER, C. AND VAN BUSUM, K. RAND HEALTH REPORT: A REVIEW OF THE U.S. WORKPLACE WELLNESS MARKET. (JULY 2012) SPONSORED BY THE U.S. DEPARTMENT OF LABOR AND THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES. WWW.DOL.GOV/EBSA/PDF/WORKPLACEWELLNESSMARKETREVIEW2012.PDF (ACCESSED OCT 9, 2014).
12. WARD, R. AND ROBISON, J. *HOW TO BUILD A THRIVING CULTURE AT WORK*. KALAMAZOO: IHAC, INC., 2014.
13. PUTNAM, L. *WORKPLACE WELLNESS THAT WORKS*. HOBOKEN: WILEY, 2015.
14. TRAVIS, J. LEGACY ADDRESS, NATIONAL WELLNESS CONFERENCE, JUNE 15, 2015, MINNEAPOLIS, MINN.