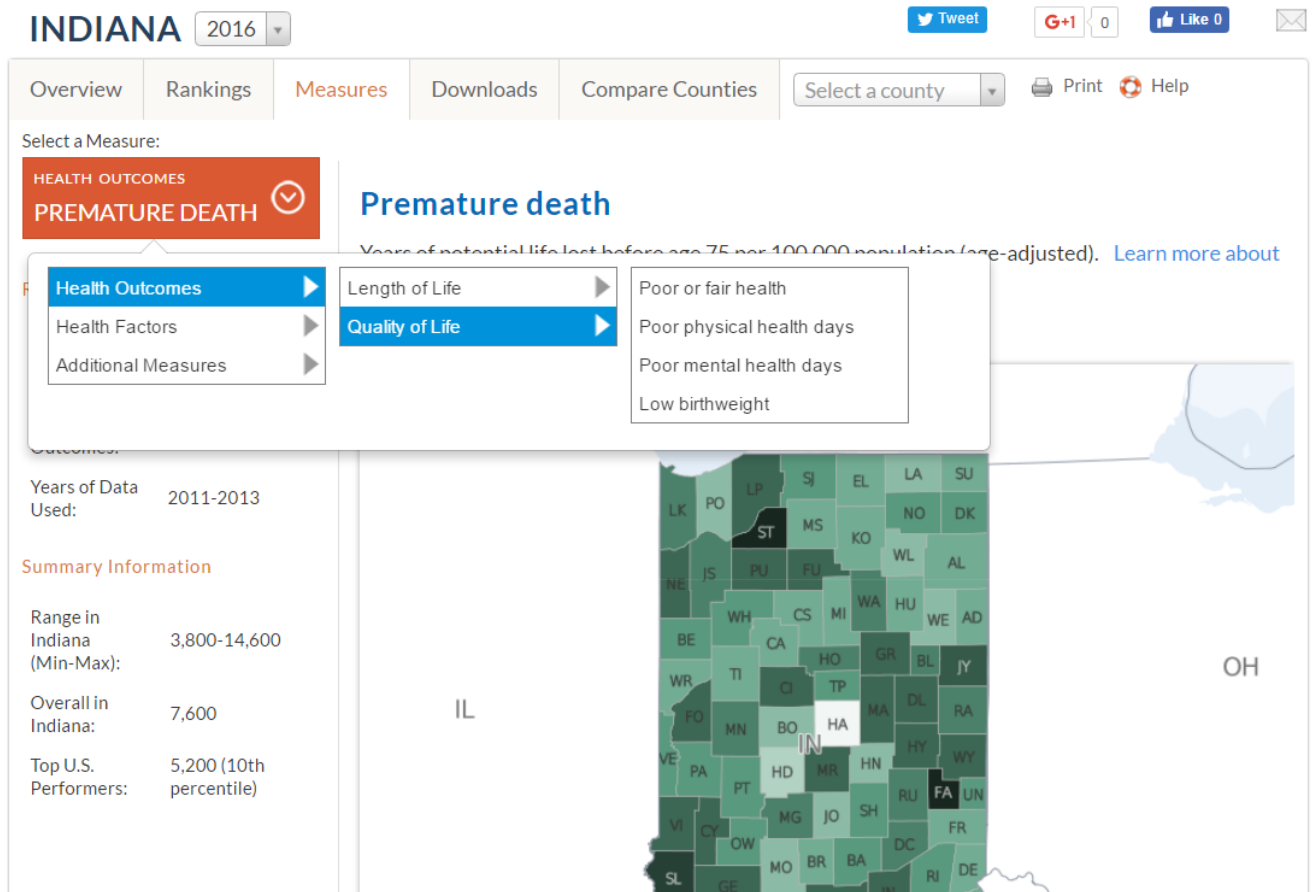


HOW CAN WE MAKE A HEALTH IMPACT?

By: Jane Ellery, Ph.D., Graduate Program Coordinator, Wellness Management, Ball State University & Co-Chair, Wellness Council of Indiana's Academic Fellows!

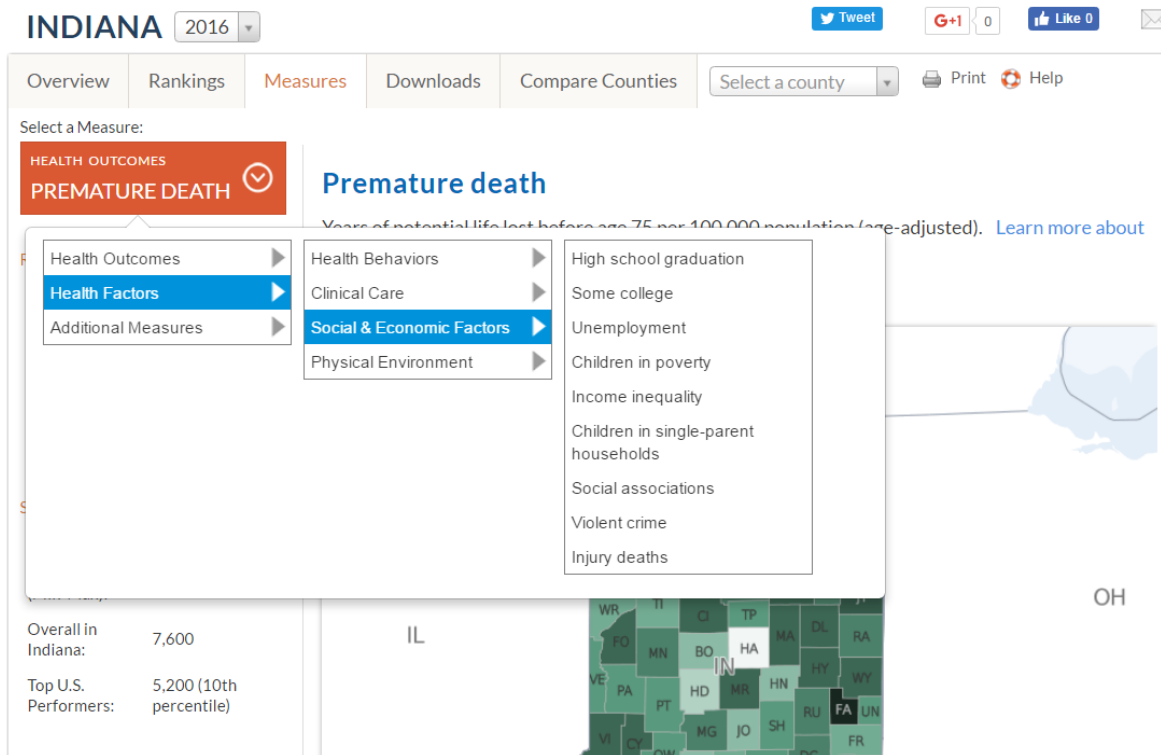
Where to start? So much depends on how you define health. If you work from an individual focus using a pathogenic (origins of disease) and deficit-based model, which is the most prevalent model in the US, you get related measures like the ones seen in the Indiana Indicators Index like this:



If you take an individual focus with an emphasis on risk reduction and disease prevention, most of the individuals in our communities fall far below the national norms for these measures. Not only is Indiana below the national norms, the national norms are not promising! Unfortunately, these measures are also not going to improve very quickly. It has taken decades to get to this point, so it is fair to say that initiatives we put in place today are not likely to impact these measures for many years or even decades.

A question we should be asking, when is it appropriate to use “poor or fair health,” “poor physical health days,” “poor mental health days,” and “low birth weight” as Quality of Life measures? We typically use these lagging indicators as proxy or substitution measures simply because we know how to make these.

Here is another screen capture from the County Health Rankings:



Again, disease and deficit-based measures. These measures do start to look at the determinants of health and what puts us at risk for poor health outcomes, but they are still too often focused on disease-management and risk-reduction efforts. These are important measures that highlight the problems we face, however, they do not do a lot to help us think about useful ways to change the trends we are facing.

Related to their wellbeing and life satisfaction work, Gallup has highlighted shortcomings that occur with traditional economic measures (<http://www.gallup.com/poll/157049/tunisia-analyzing-dawn-arab-spring.aspx>). I think similar concerns arise with traditional health measures.

Einstein has been recognized for the quote. "We can not solve our problems with the same level of thinking that created them," providing us with the understanding that we must seek solutions based on higher levels of thinking. Indiana and the United States are in a health crises, but we will not find useful changes as long as we place our focus solely on health-care, disease management, and risk-reduction related solutions.

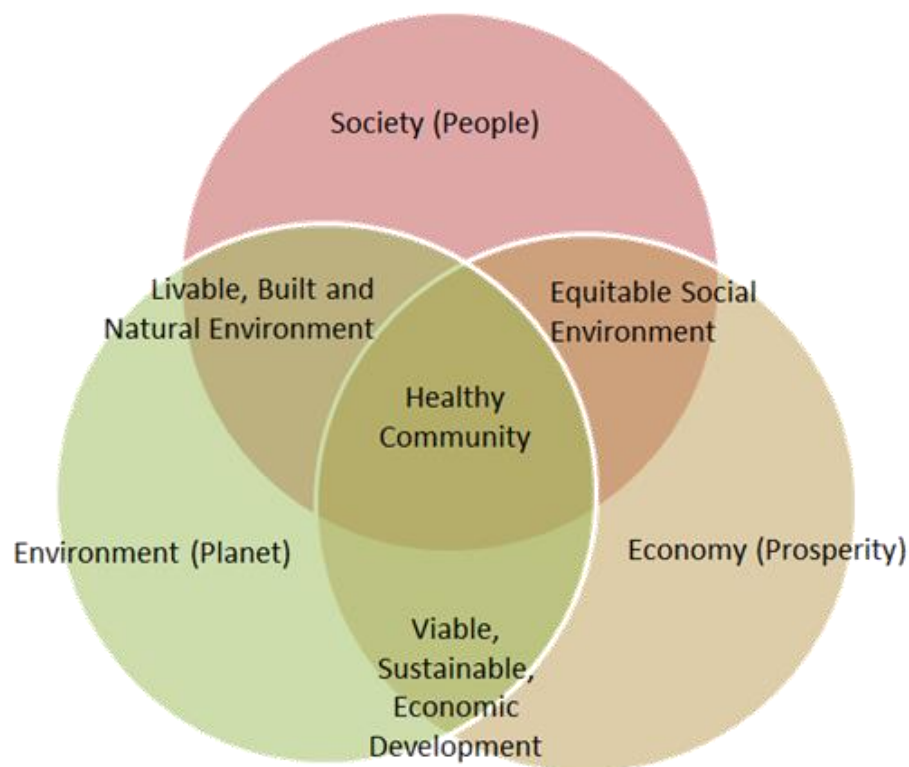
The Wellness Council of Indiana's *Indiana Healthy Community* designation was created to help change the level of thinking that we are using to try to encourage community-level change, moving from a pathogenic focus (traditional health measures) to a salutogenic focus. Salutogenesis was coined by Aaron Antonovsky as the origins of health (as opposed to pathogenesis and the origins of disease). Antonovsky talks about how we are all in the river of life and how we need to continuously grow and develop as individuals and how we need to develop meaningful relationships.

Antonovsky suggests that our goal should be to experience a Sense of Coherence (a life that is meaningful, manageable, and understandable). All the while we are learning new skills and creating resource-rich networks that allow us to live life to the fullest in this challenging, ever-changing river of life.

A “Healthy Community” is one that offers people both opportunities for growth and resources for living. We envision a Healthy Community as one that exists where People, Place/Environment, and Prosperity intersect. Here is another post explaining this focus. It is the UN-Habitat’s “Placemaking and the Future of Cities” 2014 report which includes 10 strategies for Transforming Cities and Public Spaces through Placemaking: <http://www.pps.org/reference/ten-strategies-for-transforming-cities-through-placemaking-public-spaces/>.

Also, here is a link to a paper that my husband, Dr. Peter Ellery, and I wrote for the FUTURE OF PLACES III conference in Stockholm, Sweden: <http://www.sustasis.net/FOPIII-Academic-Papers.html> (half way down the page under HEALTH). It focuses on measures related to a Sense of Coherence and PLACE.

We are still working on the model shared below. Important to note, however, is the presence of employer groups in this process. Employers are a key link (for many reasons) in bringing People, Place, and Prosperity together to achieve “healthier communities!”



The Wellness Council of Indiana’s “Healthy Community” designation deliberately focuses on recognizing communities for the transformative initiatives that they select to focus on and then work toward as they encourage community change. Now we are just trying to better understand what some

of those changes may look like. How can we identify what matters to communities and then help them positively impact those areas.

Research suggests that zip code may be a better predictor of individual health than genetic code (see <https://www.hsph.harvard.edu/news/features/zip-code-better-predictor-of-health-than-genetic-code/>). So what happens in a zip code that has such an impact? A recent conversation with my colleague Dr. Joey Vrezel at Leverage Points Consulting, had us coming back to the concept of opportunities.

Where you live certainly impacts the opportunities available to you. Also, the most recent director of the Harvard Alumni Study (75 years of longitudinal data), Dr. Robert Waldinger shares in his TED Talk (https://www.ted.com/talks/robert_waldinger_what_makes_a_good_life_lessons_from_the_longest_study_on_happiness?language=en) that the only thing that predicts that someone in their 40s and 50s lives into their 80s is the quality of their relationships. Opportunities and zip code are not measures that we would typically look at in health-related initiatives.

Since the end of the last century, greater attention to how lifestyle has an impact on health is also emerging, with Lifestyle Medicine coming into greater prominence. One of my favorite colleagues in this area is Dr. Dexter Shurney. Dr. Shurney is the Chief Medical Director and Executive Director Global Health and Wellness for Cummins Engine. Lifestyle medicine is an important component of the change model. My understanding of this group's focus is on determinants of health with emphasis being placed on individual decision making around healthier behaviors/lifestyle choices. I find this to be the most promising of what I consider the more traditional models.

Let's shift our focus some and take a look at the World Health Organization definitions for some terms we may regularly use. They look somewhat different than what we would typically see in the US:

- **Placemaking:** As both an overarching idea & a hands-on approach for improving a neighborhood, city, or region, Placemaking inspires people to collectively reimagine & reinvent public spaces as the heart of every community. With community-based participation at its center, an effective Placemaking process capitalizes on a local community's assets, inspiration, & potential, & it results in the creation of quality public spaces that contribute to people's health, happiness, & well-being. (Project for Public Spaces)
- **Health:** A state of complete physical, social & mental well-being, & not merely the absence of disease or infirmity. Health is less as an abstract state & more as a means to an end which can be expressed in functional terms as a resource which permits people to lead an individually, socially & economically productive life. Health is a resource for everyday life, not the object of living. It is a positive concept emphasizing social & personal resources as well as physical capabilities. Certain pre-requisites exist for health which include peace, adequate economic resources, food & shelter, & a stable eco-system & sustainable resource use. A comprehensive understanding of health implies that all systems & structures which govern social & economic conditions & the physical environment should take account of the implications of their activities in relation to their impact on individual & collective health & well-being. (World Health Organization)
- **Wellness:** the optimal state of health of individuals & groups. There are two focal concerns: the realization of the fullest potential of an individual physically, psychologically, socially, spiritually & economically, & the fulfilment of one's role expectations in the family, community, place of worship, workplace & other settings. (World Health Organization)

- **Quality of Life:** an individual's perceptions of their position in life in the context of the culture & value system where they live, & in relation to their goals, expectations, standards & concerns. It's a broad ranging & complex concept, incorporating a person's physical health, psychological state, level of independence, social relationships, personal beliefs & relationship to salient features of the environment. The domains of health & quality of life are complementary & overlapping. (World Health Organization)

Here is a World Health Organization link to support the definitions discussed above
<http://www.who.int/healthpromotion/about/HPR%20Glossary%201998.pdf?ua=1>.)

My favorite line in the definition of health is "Health is a resource for everyday life, not the object of living." With the medical system being so privileged in our society, I think too often we forget that our goal should be a great life and that individual health is just one of the MANY contributors to that great life. A critical one - but still just one! A healthy community is one that believes people, place, and prosperity are all important contributors to a great life. Our work in this area will pay off with positive health because living a great life is also likely to improve traditional health outcome measures.

We also recognize that there are many ways to balance People, Environment, and Economy to create healthy communities, so it is not going to look the same for every community. I have been doing some work with Project for Public Spaces (see <http://www.pps.org/reference/11steps/> for 11 placemaking steps). I recently returned from a Placemaking Leadership Council meeting in Vancouver where we asked a group of placemakers from all over the world to help us think about the connection between Place and Health. I am currently analyzing the data from that experience.

I also had the privilege of sharing the story of Muncie/Delaware County, Indiana in a presentation at the Placemaking Leadership Council. We have amazing people in Delaware County who are coming together to think about the difficult situations that we face, and I know that Hancock County is heading in a similar direction thanks to the people in their community supported by the processes delivered by the Indiana Healthy Community Initiative. The following slide does a good job as a summary:

Are We...
 A Great Place?
 ...we're getting there!
 A Healthy Community?
 ...not even close!

Thanks to a shared vision we are...
 ... **WELL on our way down a path that points in the right direction!**

WHAT MAKES A GREAT PLACE?

SOCIABILITY
 USES & ACTIVITIES
 ACCESS & LINKAGES
 COMFORT & IMAGE

PLACE

Society (People)
 Livable, Built and Natural Environment
 Equitable Social Environment
 Economy (Prosperity)

Healthy Community

Environment (Planet)
 Sustainable Economic Development

fppt.com

Recognition as an Indiana Healthy Community rewards us for the hard work that thousands of people from all over our county are coming together to “co-produce.” What is exciting is that a placemaking approach understands that the relationships evolve during the act of making great places, and these relationships are as important as the places that emerge. I am very proud of what our community is accomplishing, and interestingly, pride and belongingness are probably measures that we should be considering as we measure healthy communities in the future!