

# Focusing on the Solution

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How are we doing? ?



## How have we done?

1988-2006  
ADHERENCE TO HEALTHY LIFESTYLE HABITS\*

Risk	1988	2006
BMI (>30)	28%	36%
Physical Activity (12+/month)	53%	43%
Smoking	27%	26%
Eat 5 fruits/veggies/day	42%	26%
Moderate alcohol use	40%	51%
Adherence to health behaviors	15%	8%

King, D. E., Marnous, I. I., A. G., Camarillo, M., & Everett, C. J. (June 01, 2009). Adherence to Healthy Lifestyle Habits in US Adults, 1988-2006. American Journal of Medicine, 122, 6, 528-534.

## Disparities Exist

- "Significant racial disparities persist...that may contribute to an increased risk for premature cardiovascular disease." (Cummings et al., 2010)
- Significant differences between socioeconomic groups were found on the following dependent variables: percent fat, mile run, activity level, and perceived barriers to exercise. (Fahlan, Hall, & Lock, 2006)

## Meaning??

- These results suggest that minority and low socioeconomic groups should be given separate and different interventions....
- Is that possible (more costs/resources)???
- Could we extend a poorly working system?

## Simpson-Bowles deficit Commission

- Biggest problem health care spending
- US HealthCare Spend 2x other developed Countries
  - Worse results
- 25-50 Countries better (i.e. Life expectancy, infant mortality)

## ACCESS TO GOOD CARE

BYPASS IN 2004

2 STENTS IN 2010

...AFTER SURGERY FOR TWO STENTS, CLINTON SAYS HE DECIDED HE HAD TO DO SOMETHING.

"I ESSENTIALLY CONCLUDED THAT I HAD PLAYED RUSSIAN ROULETTE"

## Doctors Explain Clinton's Healthy Changes



## SURGERY VS. LIFESTYLE CHANGE

- Costs: \$20k to 100,000 vs. About <\$1000
- Results:
  - Recurring symptoms vs. Better health
  - No control vs. Control

## What can we do??

## HEALTH CARE REFORM SYMPOSIUM

Creating Our Health Care Future Together:  
Eastern North Carolina

Friday, January 13, 2012  
East Carolina Heart Institute  
at East Carolina University  
115 Heart Drive  
Greenville, North Carolina

East Carolina University | UNIVERSITY HEALTH SYSTEMS of Eastern North Carolina

SATURDAY, January 14, 2012: The buck stops here' - Collaboration, quality to be key under health reform

Work together, coordinate care, improve quality for law of 2014

"We have to engage. It's not about coming to a meeting and talking."

Summary: Health care focus of symposium

The theme was clear:

- The law will require changes
- Quality, not quantity, will be the new buzz
- More transparency; more accountability
- Consequences, based on patient outcomes

## How different?

- Sounded like, adjust chairs on deck of Titanic



Same Result!

## The 8th Annual Jean Mills Health Symposium:

Enhancing Community Health in North Carolina:  
Looking in the Mirror

**Focus** Populations who do not get same quality of care



Objectives

- Showcase successful programs that produce positive health outcomes
- Focus on solutions that close gaps

**Re:Focus** Might there be another way?  
SIMPLE IDEAS TO HELP YOU THRIVE

## What determines how fast a ship moves?



Ship Designer - Determines ability to move

What is our design?

Is a better one available?

Seeing problem out there is problem  
Problem Solving is not the Answer



Need to Focus on:

## Desire Improvement

or +3 ↑  
Quality of Life  
Status Quo or 0

Positive desired!

Kind of...  
**Actually not worse**

NonNegative

**Problem Solving is Not Enough!**

## Transformation Required

Transformation - to go through a dramatic change in form, appearance or character

## New Thinking Required

"Insanity, doing the same thing over and over expecting different results."  
- Albert Einstein

NEW THINKING.

BLURRY  
INTERESTING  
USEFUL  
ALWAYS IN BETA.

## BUDDHIST TRADITION

"WE MUST FIRST MASTER THE ART OF SEEING OR WE ARE NOT VERY LIKELY TO HIT WHAT WE ARE AIMING FOR"

## What do we want?

Increase in access to care???

**I SAY** **NOT ENOUGH!**

*We want better health for all*

## We can't forget!

Health, as defined in World Health Organizations Constitution (1948)

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

## current thinking

- Guided by Pathogenesis
- The Origins of Disease
- Resultant thinking
  - Health = Absence of Disease
  - Is it?

## Brief Evolution

EMERGENCY

DETECTION & TREATMENT

FIRST

PREVENTION

## Process of Pathogenesis

Scientific Explanations:

Outcome = NOTS  
Avoid sedentary and High Fat Foods  
NOT GET HEART Disease

## Traditional Objectives

Dirt, Bacteria, Toxins, Pollution, Accidents, Injury, Risks

## Traditional Objectives

## My Understanding of Health's Evolution

Early Death → Health → High Level Wellness

Focus: NOT BAD (Negative Avoid Problem Responsibility Reactive Prevent Illness)

Focus: GET GOOD (Positive Approach Potential Opportunity Proactive Promote Wellness)

## Evolved Positive Health Focus as Outcome

Optimal Well-Being

Promote Positive Health for all!

Positive Outcome Focus

No Illness

Low Level Health

Low Wellness

Positive & Negative Health are Unique!  
Positive & Negative Health exist simultaneously!

## Evolutionary Progress

ADD Something Good

TAKE AWAY Something Bad

## Value of adding a positive!

As continually improve health, a better life is enabled and **prevention just happens.**

## Can we see health differently?

- Currently: Health is the absence of disease
- Guide: Pathogenesis - disease origins
- Need: See health as the presence of well-being
- New concern? Causes of health...

# We can Train Ourselves to Get Health Differently



- What's Required? - Deliberate Practice
  - A Theoretical Guide
  - Evidence that it works!
  - Series of Positive Health Practices

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# Theoretical Guide

- Theory's are Predictions
- Salutogenesis - study of health's origins
  - Aaron Antonovsky, developed salutogenesis
    - Origins or creation of health
    - Study of Holocaust survivors
    - Must be health causing factors
- Using Salutogenesis with health

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# Parts of Health

Saw health as having 2 parts:

PART I = Positive Health  
PART II = Negative Health

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# My Emphasis Neglected Positive Side

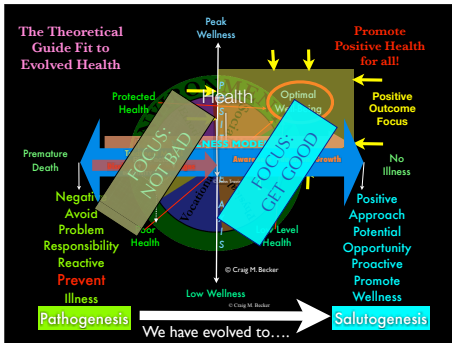
...or health's better half

Complete state of physical, mental and social well-being



This is the presence of Health

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## Salutogenesis

Pathogenesis studies origins/causes of disease  
Salutogenesis studies the origins/causes of Health

**Pathogenesis Assumptions** AND **Salutogenesis Assumptions**

- Start Point=Disease/Problem
- About Avoiding Problems
- Reactive - Absence Disease
- Disease/Illness an anomaly
- Idealistic - Treat Disease
- Against pain or Loss
- Prepares one to live
- About not falling Back
- Avoid Getting Worse
- End Point = Measure Neutral
- Minimized Problems

- Start Point=Health/Potential
- About Approaching Potential
- Proactive - Presence of Health
- Realistic - Go Get Health
- Inherently flawed, entropy
- For Gain or Growth
- Discover how to live fully
- About How to move Forward
- Continuous Improvement
- Progress Pt = Measured Gain
- Optimized Potential

Like Mother Theresa's Empowering Philosophy



## Thinking Salutogenically

- Salutogenesis Requires:
  - Look at data differently
  - Ask different questions
  - Form unique hypothesis

## Health Not Created at Doctors Office

- Environments should nurture, encourage, support and reinforce health promotion

- Physical - incorporate
- Social - use interactions
- Intellectual - help people learn
- Environment - make healthier
- Vocational - make fulfilling
- Spiritual - common good
- Emotional - provide reasons

## Interdependent Focus Areas

Address simultaneously to create salutogenic environment...

Knowledge, Attitude, and Perceptions	Personal Skills and Resources
<b>EMOTIONALLY COMMITTED</b>	
Reinforcement of Desired Behavior	Conducive Policy and Environment

Overall  
Desired actions should be easier  
Undesired actions should be more difficult

## New Thinking...

What determines how fast a ship moves?  
Ship Designer - Determines ability to move  
Pathogenesis is the design of health efforts?  
Salutogenesis Provides a new design!

## What do you see?

• Which is correct?

Pathogenic + Salutogenic  
Allows for more effective Health Services

Pan=all eu=Good,well genic=creating

Action Needed: **Paneugenic**  
Creating Interactions so everyone benefits  
In the Short & Long Term

Be Paneugenic!  
Everyone Benefits!

## Thank You

???Questions???

## Comments...