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TWENTY-TWO HEALTH PROMOTION PIONEERS

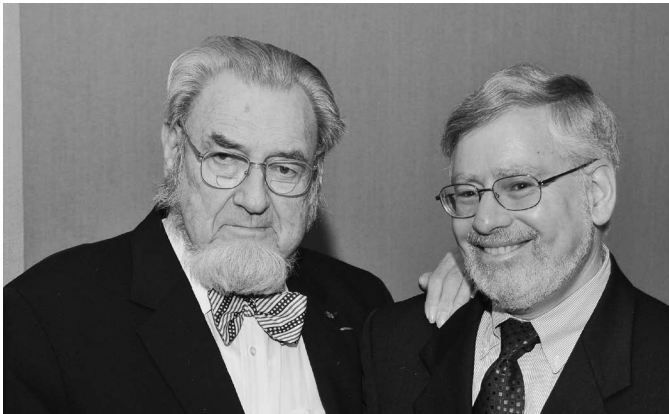
C. EVERETT KOOP

Ron Z. Goetzel

Koop Is Best Known For:

Koop was 13th Surgeon General of the United States under President Ronald Reagan from 1982 to 1989. Although he is most widely known among Americans for his years being the surgeon general, the vast bulk of Koop's career was spent as a practicing physician. While a surgeon in Philadelphia, Koop performed groundbreaking surgical procedures on conjoined twins, invented techniques that today are commonly used for infant surgery, and saved the lives of countless children who otherwise might have been allowed to die.

We remember Dr. Koop for three facets of his work:



Abortion: Though Koop was philosophically opposed to abortion on personal and religious grounds, he declined to state that abortion procedures performed by qualified medical professionals posed a substantial health risk to the women whose pregnancies were being terminated, despite political pressure to endorse such a position.

Tobacco: In 1984, Dr. Koop wrote that nicotine has addictiveness similar to that of heroin or cocaine. Koop's report was somewhat unexpected, especially by those who expected him to maintain the status quo in regard to his office's position on tobacco products. Koop also instituted the practice of requiring rotated health warning labels on cigarette packs and required advertising to include the labels, although some warnings had been required since 1965.

AIDS: Dr. Koop wrote the official U.S. policy on the disease and took unprecedented action in mailing AIDS information to every U.S. household.

Applying Dr. Koop's Ideas

Dr. Koop epitomized the importance of science in policy making, especially in a partisan political climate. Although Dr. Koop was a conservative Republican with strong religious beliefs, his public pronouncements were loud, clear, and evidence-based. To this day, he is still the individual most remembered as the nation's doctor. Significantly, Dr. Koop was a strong proponent of health promotion, never failing to remind his audiences that modifiable

health behaviors exert a significant influence on the onset of acute and chronic diseases. Dr. Koop's influence is still felt today: he founded The Health Project (www.thehealthproject.com), which each year awards the Koop Prize to organizations that have improved population health and saved money and have the data to support their accomplishments.

Koop's Seminal Papers and/or Web Resources (See More at the AJHP Blog)

Fries J, Koop CE, Beadle C, et al. Reducing health care costs by reducing the need and demand for medical services. *N Engl J Med.* 1993;329:321–325.

http://en.wikipedia.org/wiki/C._Everett_Koop

Ron Z. Goetzel, PhD, is Senior Scientist at the Johns Hopkins Bloomberg School of Public Health and Vice President at Truven Health Analytics.

KAREN GLANZ

Edith Parker

Glanz Is Best Known For:

"The Theory Book," formally known as *Health Behavior: Theory, Research and Practice*. Dr. Glanz coedited the book with Drs. Rimer, Lewis, and Viswanath. The book is now in its fourth edition and has been a staple of health promotion programs since it was first published in 1990. The popularity of the book arises from its ability to introduce and explain theory at all levels of the ecological framework while providing practical examples of applications of the theories in health promotion programs. Dr. Glanz is also coauthor of another seminal work in the health promotion field, "An Ecological Perspective on Health Promotion Programs," with Drs. McLeroy, Bibeau, and Steckler. Glanz is also internationally known for her research in cancer prevention and control, particularly around environmental interventions to prevent and reduce obesity and skin cancer prevention intervention research.

Applying Dr. Glanz's Ideas

The popularity of health and wellness has drawn many practitioners to the field who lack formal training in health education and health promotion. Many tend to focus only on individually



Photo credit: Peter Tobia.

oriented interventions without considering behavioral theory or ecological or environmental determinants of behavior. For example, studies to date concerning apps and other gamification-oriented programs show that they do not utilize behavior change principles or theories. As entrepreneurs and other allied health experts join the effort to advance health, familiarity with Glanz and colleagues' compilations of the best available for what is proven to work is ever more important, as is Glanz's research supporting the importance of thinking ecologically and going beyond individual-focused strategies to consider and address environmental determinants in interventions.

Dr. Glanz is a member of the Institute of Medicine (2013) and a fellow in the Society for Behavioral Medicine (2008). She is a prolific author, with over 400 articles, books, and chapters. She has been acknowledged as a most highly cited researcher in the area of general social sciences by the Institute for Scientific Information. Dr. Glanz also has demonstrated a personal commitment to wellness, having participated in many triathlons, biathlons, and road and bike races, including the Ironman Triathlon World Championship.

Glanz's Seminal Papers (See More at the AJHP Blog)

Glanz K, Rimer BK, Viswanath K. *Health Behavior: Theory, Research, and Practice*. 5th ed. San Francisco, Calif: Jossey Bass Publishers; 2015.

Edith Parker, DrPH is Professor and Head, Community and Behavioral Health, Director, Prevention Research Center for Rural Health, and Professor, Public Policy Center, Office of the Vice President for Research in the School of Public Health at the University of Iowa.

LAWRENCE W. GREEN

Paul E. Terry

Green Is Best Known For:

Developer of the PRECEDE model and codeveloper with Marshall Kreuter of the PRECEDE-PROCEED model through four editions of *Health Program Planning: An Educational and Ecological Approach* (New York, NY: McGraw-Hill; 2005), which has long been essential to the training of public health educators and other professionals. Green's research has shown how policies and well-designed community-based programs can fundamentally

alter health through preventive screenings, tobacco use, and chronic disease management.

Applying Dr. Green's Ideas

A concept that Dr. Green has presented worldwide and more than any other in his extraordinary portfolio of papers and presentations is: "If we want more evidence-based practice, we need more practice-based



evidence." Though Green's teachings emphasize the need to assess and plan systematically for the cultural and organizational forces that abet behavioral choices, there are still far more practice-based examples that focus on factors that predispose individual behaviors than there are ecological factors that enable or reinforce behaviors. Work in each area is too often segregated rather than fully integrated per Green's model. Just as individual health risk assessments have become a staple for health promotion assessment and planning, organizational health scorecards that provide reference norms are needed. This maturation will occur when there is evidence-based consensus on the ecological variables that best predispose, enable, and reinforce healthful behaviors and environments. Full integration of tools such as individual risk assessments and organizational or community health scorecards will support practitioners and researchers alike in measuring improvement in sociocultural and health practices concomitantly.

Green's Seminal Papers and/or Web Resources (See More at the AJHP Blog)

Green LW, Terry PE. What's past is prologue: views from Dr. Lawrence Green. *Am J Health Promot*. 2015;29(3):TAHP2-TAHP8. Available at: <http://www.ajhpcontents.com/doi/pdf/10.4278/ajhp.29.3.tahp>
<http://www.lgreen.net/authors/lwgreen.htm>

Paul E. Terry, PhD, is President and CEO of HERO, The Health Enhancement Research Organization and is Editor of The Art of Health Promotion, a feature of the American Journal of Health Promotion.

AMELIE G. RAMIREZ

Rena J. Pasick

Ramirez Is Best Known For:

Tireless leadership to reduce disparities among Latino-Americans through research, training, and groundbreaking health communication interventions. Dr. Ramirez developed two national research networks, *Redes en Acción* (funded by the National Cancer Institute, 2000-2015) and *Salud America!* (Robert Wood Johnson Foundation, 2007-present), which identified chronic disease risk factors and disparities, increased rates of cancer screening and access to health care, and fostered behavior changes that reduced cancer and obesity risk.

Applying Dr. Ramirez's Ideas

With Dr. Alfred McAlister, Dr. Ramirez pioneered the diffusion acceleration model, based on the social cognitive and diffusion of innovation theories, which uses mass media plus interpersonal communication to deliver and reinforce positive messages, empowering individuals and families



to make healthy choices that prevent/control cancer. Her 30+ years designing, implementing, and evaluating more than 100 large-scale collaborative research studies and randomized controlled trials focused on human and organizational communication and led to novel models that accelerate behavioral and policy changes affecting Latinos. One example is the first comprehensive assessment of cancer risk among Mexican Americans in San Diego, San Antonio, and Brownsville, Texas; Cuban Americans in Miami; Puerto Ricans in New York City; and Central and South Americans in San Francisco.

Importantly, Dr. Ramirez has personally trained/mentored more than 200 Latino undergraduate, predoctoral, and post-doctoral students and early-career faculty members; many are now dedicated to cancer research and medicine.

Rena J. Pasick, Professor, Department of Medicine, USCF; Assistant Director, Community Education and Outreach, UCSF Helen Diller Family Comprehensive Cancer Center.

DEE EDINGTON

Wayne N. Burton

Edington Is Best Known For:

His over three decades of research and teachings demonstrating the association of health risk factors with medical, pharmacy, disability, absenteeism, and presenteeism costs for employers. He and his University of Michigan colleagues first published the concept of excess costs associated with health risks and also the landmark Steelcase study showing that changes in costs follow changes in risks, which is a fundamental basis of health promotion. He has taught health care purchasers that keeping healthy people healthy is an essential part of the management of the spiraling cost of health care.

Applying Dr. Edington's Ideas

Through Dee's over 800 publications and presentations around the world, his research has demonstrated that the management of health risks is the key to the management of population health. Although corporations devote a large percentage of their budgets to employee health care costs, CEOs and other company managers have no training in how to help employees be healthy and high-performing people. Edington's research speaks to the importance of helping healthy people stay healthy as well as addressing the high risks of the small percentage of employees who incur the greatest percentage of costs. Furthermore, organizations that have created a "culture of health" are experiencing far more favorable health care cost trends. Yet he emphasizes that it is important to treat each individual as a whole person rather than focusing on the individual's health risk factors. Dee successfully translated his research on the linkages between health risks, which are easily measured by a health risk appraisal and biometric testing, into practical steps for companies, health plans, and other public and private organizations. In his landmark book, *Zero Trends: Health as a Serious Economic Strategy*, he defines five pillars for achieving a successful "culture of health" in organizations and communities. Edington enjoys working with organizations committed to reversing the unsustainable trend in rising health care costs and decreasing productivity measures while establishing themselves as a best place to work.

Edington's Seminal Papers and/or Web Resources (See More at the AJHP Blog)

Edington DW. Zero trends: health as a serious economic strategy. University of Michigan Health Management Research Center. 2009. Available at: www.hmrc.edu.

Edington DW, Yen L, Witting P. The financial impact of changes in personal health practices. *J Occup Environ Med.* 1997;39:1037-1049.

Burton WN, Conti DJ, Chen CY, et al. The role of health risk factors and disease on worker productivity. *J Occup Environ Med.* 1999;41:863-877.

www.edingtonassociates.com

Wayne N. Burton, MD, is Chief Medical Officer at American Express.

ALBERT BANDURA

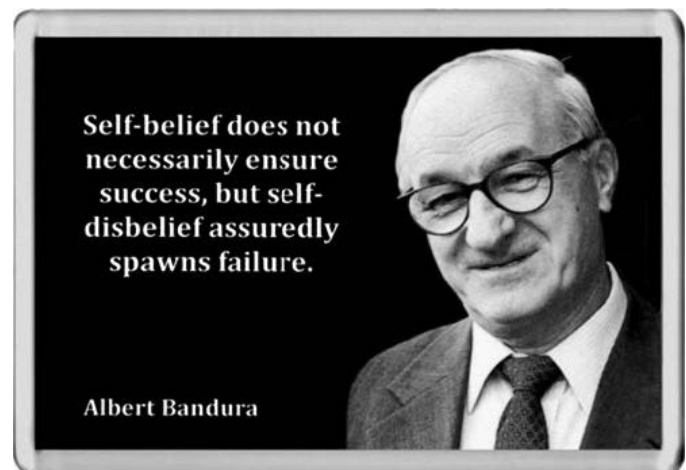
Larry Green

Bandura Is Best Known For:

His development and broad empirical testing of his three broadly applied theories, serialized in his four most recent of nine books on social learning theory, social cognitive theory, and self-efficacy. These have built one upon the other in cementing a cohesive theoretical foundation for much of what psychology has offered as a justification for health education within health promotion and public health during a time when rank behaviorism, social engineering, technology, genetic manipulation, mass media advertising, and economic "nudge theory" gave policy makers and practitioners the illusion that people had little control over their own lives, no agency, in the face of environmental, commercial, and technological controls.

Applying Dr. Bandura's Ideas

Applying these ideas to future challenges in health promotion involves his central concepts of social modeling and self-efficacy, both of which posit individuals not as empty vessels into which we pour information, but as educable, thinking agents balancing their predispositions and social reinforcements. As behavioral challenges, opportunities, and rewards present themselves, people who develop through observation of others (social learning) and coping with adversity a stronger sense of self-efficacy, he said (and demonstrated empirically), deploy their attention to overcoming obstacles through greater effort to apply what they have learned. As applied to populations, his revival of the ecological concept of reciprocal determinism offers a perspec-



tive on how policies and environmental changes can affect the behavior of individuals, but also how educational experiences of individuals can be mobilized to influence the environments and policies that affect them.

Lawrence W. Green is Professor, Department of Epidemiology & Biostatistics School of Medicine & Helen Diller Comprehensive Cancer Center & Center for Tobacco Research & Education at University of California at San Francisco.

MICHAEL P. O'DONNELL

David Hunnicutt

O'Donnell Is Best Known For:

Michael is one of the original pioneers in the field of health promotion. With more than 30 years of experience as a practitioner, researcher, and leader, he has been an indefatigable champion of health and well-being—both in the United States and abroad. As the founder and editor-in-chief of the *American Journal of Health Promotion*, Michael has created an impressive repository of science-based literature that documents both what works as well as what doesn't in the domain of health promotion and disease prevention.

Although his contributions to the field are legion, perhaps his greatest gift and most enduring legacy will be the discipline and rigor he has brought to what is still an emerging field. Because of his foresight, unwavering standards, and high expectations, scientists, business leaders, health practitioners, and policy makers have been challenged to think systematically, act carefully, and proceed confidently.

Applying Dr. O'Donnell's Ideas

With a unique repertoire of being both a scholar and a practitioner, O'Donnell's ideas and concepts have been applied in a wide variety of settings by numerous individuals. Drawing from both the art and science of health promotion, Michael has developed the AMSO framework, which is an evidence-based, practice-driven model of change. AMSO is an acronym that stands for Awareness, Motivation, Skills, and Opportunities—all the major elements of the change process. By utilizing the AMSO framework, practitioners can critique existing programs, plan new ones, help individuals change habits, and even chart a course personally.

Elegant in its design, the AMSO model has powerful implications for all who are involved in promoting health and preventing disease. And if there's anything that we've learned from Dr. O'Donnell's research it's this: health promotion programs and interventions work when they are thoughtfully planned and judiciously applied—a lesson that we are still learning as those who are committed to advancing the concepts of health, vitality, and improved quality of life.

O'Donnell's Seminal Papers and/or Web Resources (See More at the AJHP Blog)

<http://www.dr-michaelodonnell.com/biography.html>

<http://www.amazon.com/Health-Promotion-The-Workplace-4th/dp/1502509466>

<http://healthpromotionadvocates.org/board-of-directors/michael-p-odonnell-ph-d-m-b-a-m-p-h/>

David Hunnicutt, PhD, is Past President of Welcoa and serves on the Welcoa Board.

KATE LORIG

LaVaughn Palma-Davis

Lorig Is Best Known For:

Director of the Stanford Patient Education Research Center, Lorig is best known for her work in chronic disease self-management training. She developed and researched the effectiveness of peer-led self-management programs for patients with chronic



disease. Her research confirmed the value of the activated patient, who works collaboratively with his/her health care provider in managing illnesses and disability. Dr. Lorig's research has shown that participants in chronic disease self-management programs can improve their health behaviors, reduce their pain, improve their ability to carry out activities of daily living, achieve better health outcomes, and reduce their health care utilization. She

also found that participants in such programs identified "learning from other patients and helping other patients" as the most valuable aspect of their participation and that online programs can be as effective as in-person programs. Thus, such programs are efficient and effective.

Applying Dr. Lorig's Ideas

People with chronic diseases live the majority of their time outside the health care system and must continuously address the challenges of their health conditions. Thus, chronic disease self-management skills are essential to giving patients confidence in their ability to control their symptoms and their quality of life. Given the increasing prevalence of chronic diseases in the United States and the significant costs associated with them, health education professionals can make critical contributions to improving health status, health costs, and quality of life by replicating Dr. Lorig's work.

LaVaughn Palma-Davis is Senior Director, Health and Well-Being Services, University of Michigan.

JOHN W. HATCH

Eugenia Eng

Hatch Is Best Known For:

His seminal work on the black church as a unifier for community-based health promotion programs to achieve equity in health outcomes in the United States and throughout the world. Born in Kentucky during segregation and raised by an AME Zion pastor and a school teacher, Hatch experienced firsthand how the black church is the single most important social institution in African-American communities for nurturing leadership and community capacity and serving as an agency for social change. Building on this foundation, he joined Jack Geiger in Bolivar County, Mississippi, in engaging African-American communities to establish the Tufts-Delta Health Center, our nation's first

rural comprehensive community health center. Hatch joined the faculty at the University of North Carolina at Chapel Hill's School of Public Health in 1971 and retired as Kenan Professor of Health Education in 1995. During this period, Hatch initiated the Community Health Education and Resources Utilization Project (Black Churches Project) to train lay members of congregations to be health education resources for their local communities. With the North Carolina General Baptist State Convention, he led its Center for Health and Healing in grafting statewide health promotion interventions, such as lay health advisor programs to address hypertension, onto church-based structures for decision making and service to communities. Hatch's international health promotion projects include the Practical Training in Health Education project in Cameroon, West Africa; his service on the World Council of Churches' Christian Medical Commission; and his consultations in South Africa under the aegis of the Progressive Primary Health Care Network.

Applying Dr. Hatch's Ideas

As our field moves toward addressing social determinants of health to achieve health equity, Hatch contributes a clear voice for building on the conditions that ensure communities' good health and well-being. His writings and teaching emphasize that for African-American communities, historically marginalized from mainstream service-delivery systems, how people worship has been a social determinant of good health, fostering the communitarian ethos of service and social support from natural helpers. In this era of the Affordable Care Act and its mandate to enlist community health workers (CHWs) to link communities to health care systems, Hatch's congregation-based lay health advisor work cannot be more timely. He offers concrete and practical recommendations for CHWs and health promotion professionals alike on how to enter and listen to a community, so that people will talk. And then, how to talk so that people will listen.

Eugenia Eng, DrPH, MPH, is Professor in the Department of Health Behavior, Gillings School of Global Public Health, University of North Carolina at Chapel Hill.

BARBARA A. ISRAEL

Amy J. Schulz and Meredith Minkler

Israel Is Best Known For:

Being a pioneer in the development of community-based participatory approaches to public health research and intervention. Dr. Israel is lead author of *Methods in Community Based Participatory Research for Health*, now in its second edition, a text that is essential in the training of health education and promotion professionals. Her research has informed community-based participatory research (CBPR) practice and demonstrated its contributions to interventions that address asthma, social and environmental determinants of health, cardiovascular health, and health equity, and that build capacity to inform policies that influence health and equity.

Applying Dr. Israel's Ideas

Dr. Israel is perhaps best known as author of foundational principles for collaborative engagement of community and academic partners in promoting health and addressing health inequities. These CBPR principles have been applied in, and informed by, her own work as founder and leader of the Detroit

Community-Academic Urban Research Center (URC). One of the longest and strongest CBPR partnerships in the country, the URC celebrated its 20th anniversary in 2015. The literature on CBPR in health education and promotion has been substantially informed by her research. Her ideas continue to influence new generations of health educators, including widespread use of *Methods in Community-Based Participatory Research for Health* in health education courses; dissemination of CBPR principles through the Kellogg Community Health Scholars Post-Doctoral Program and in classes, research, and presentations nationally and globally; development of new opportunities for funding that emphasize CBPR approaches; and an increasing focus in the field of health promotion on collaborative partnerships that equitably engage community members and health educators in the development and implementation of interventions to promote health.

Amy J. Schulz, PhD, is Professor, Department of Health Behavior and Health Education, University of Michigan School of Public Health, and Meredith Minkler is Professor in the Graduate School, Public Health, University of California, Berkeley.

JAMES O. PROCHASKA

David R. Anderson

Prochaska Is Best Known For:

Developing the transtheoretical model of behavior change that describes the process people go through in eliminating a problem behavior or acquiring a positive behavior. This model, which integrates concepts from psychodynamic, humanistic, experiential, cognitive, and behavioral theories of psychotherapy, provides a comprehensive framework for developing interventions for health behavior change. It is often referred to as the "stages of change" model because it posits that individuals change by cycling through a series of discrete psychological stages from precontemplation, to contemplation, to preparation, to action, to maintenance and, ultimately for some, to termination.

Applying Dr. Prochaska's Ideas

Prior to being influenced by Dr. Prochaska's work, health promotion program interventions were designed primarily to help individuals acquire knowledge that enabled them to set behavioral goals consistent with health guidelines and skills that enabled them to modify current behaviors to achieve those goals. However, seminal early research with tobacco users by Prochaska and his colleagues showed that up to 80% of smokers were not ready to engage in such "action paradigm" programs. His team's research further demonstrated that outreach tailored to these smokers who were "not ready to quit" could attract them to participate, and that interventions applying the primary change processes in these smokers' prebehavioral stage of change could help them increase their readiness to take action. A large body of subsequent research has demonstrated that these change principles initially found in smokers generalize across a wide range of health behaviors. Although the premise that change occurs through discrete stages rather than as a single continuous process is still an open scientific question, the transtheoretical model originated from and informed Prochaska's work as a clinician trying to better apply theory to his practice. Applying these ideas broadly in the health promotion field provides the potential to greatly increase overall program

impact by engaging a far larger portion of the population in relevant, effective interventions.

Prochaska's Seminal Papers and/or Web Resources (See More at the AJHP Blog)

Prochaska JO, DiClemente CC. Stages and processes of self-change in smoking: toward an integrative model of change. *J Consult Clin Psychol*. 1983;51:390–395.

Prochaska JO, DiClemente CC, Norcross J. In search of how people change: applications to addictive behaviors. *American Psychologist*. 1992;47:1102–1114.

<http://www.uri.edu/research/cprc/transtheoretical.htm>

<http://www.prochange.com/transtheoretical-model-of-behavior-change>

David R. Anderson, PhD, LP, is Executive Vice President and Chief Health Officer at StayWell and has been on the Editorial Board of the American Journal of Health Promotion since its inception.

MARSHALL BECKER

Victor J. Strecher

Becker Is Best Known For:

It's impossible to imagine my friend Marshall Becker without his humor. Marshall's class on Psychosocial Factors of Health Behavior was the most popular in the University of Michigan's School of Public Health. His stories were so funny I once literally fell out of my chair laughing. But with his humor came a deeper wisdom.

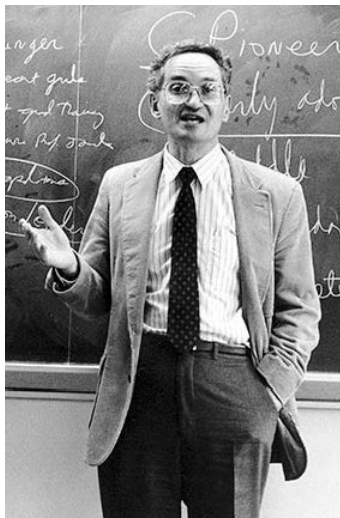
Not afraid to challenge the hype of 1980s-era health promotion, Marshall humorously, but deftly, excoriated "researchers" who pushed a vast array of behavior changes with flimsy evidence. "All is not well with wellness!" he would say. "It's a new religion, one in which we worship ourselves, attribute good health to our devoutness, and view illness as just punishment for those who haven't yet seen the Way—social Darwinism, say hello to the Me Generation! I feel certain that when Socrates said, 'The life which is unexamined is not worth living,' he wasn't thinking of health risk appraisal."

Eating Chinese food at his favorite lunch place, Marshall Becker would point the newspaper at me: "First cholesterol is supposed to be bad for you. But look at this headline: 'Impulsive homicidal behavior can be connected with low cholesterol

levels.' Does adhering to a low-cholesterol diet make one wish to commit murder? Tell you what, Vic. Next time someone is chasing me down the street with a knife, I'm leading him here for General Tso's chicken!"

Applying Dr. Becker's Ideas

Although noted for his development of the health belief model, Marshall saw the behavior of individuals within a broader context. And with the advent of the AIDS epidemic in the 1980s, the world needed



this perspective; he was asked to join the effort and contributed immensely to our understanding of risk reduction behaviors of different populations in different environments.

In his early 50s, Marshall fell ill to a cancer that swept through his body. Despite this devastating blow, Marshall remained funny, positive, and insightful. And poignant. In an address he gave in 1992, Marshall said:

The purpose of life is not only to be happy; it is to matter—to be productive, to be dedicated to goals higher than one's own self-indulgence; in other words, to have it make some difference to the world that you have lived at all.

These words have stared at me in my office for the past 20 years and continue to resonate with me both personally and professionally.

Vic Strecher, PhD, MPH, is a Professor and Director for Innovation and Social Entrepreneurship at the University of Michigan's School of Public Health.

DEAN ORNISH

David Katz

Ornish Is Best Known For:

Dean Ornish is the founding father of lifestyle medicine in the modern age. Lifestyle is the greatest of medicine. Nothing in the modern medial armamentarium compares. Nothing for which a Nobel Prize has ever been conferred can rival it.

Nothing else has the potential to eradicate some 80% of the global burden of chronic disease. Nothing else has comparable potential to add years to lives, and life to years. Nothing else can offer such universal application, stunning absence of adverse side effects, cost efficiency, and sustainability.

Lifestyle is the best medicine. And with almost embarrassing (for the rest of us) consistency, the arguments in support of that contention lead to the seminal contributions of one man: Dr. Dean Ornish.

Publishing in 1990 research begun in the 1980s, Dean and colleagues demonstrated actual regression of atherosclerotic plaque in the coronary arteries in response to a lifestyle intervention comprising the customary elements: an optimized, plant-based diet; physical activity; avoidance of toxins such as tobacco; ample sleep; mitigation of stress; and strong social interactions. This has been established ever since as the six-cylinder engine of lifestyle as medicine: our daily recourse to feet, forks, fingers, sleep, stress, and love.

By the late 1990s, Dean and his team were able to demonstrate that this same intervention reliably translated into the prevention of myocardial infarctions. Looking to diversify applications of the "lifestyle is medicine" message, Dean went on to study prostate cancer, showing a marked increase in prostate-specific antigen doubling times and salutary changes in gene expression.

Ultimately, working with Nobel laureate Elizabeth Blackburn, Dean has been able to translate lifestyle intervention into telomere lengthening, at the very bedrock of senescence.

Applying Dr. Ornish's Ideas

As impressive as is his body of scholarly contributions, I admire Dean even more for his relentless defense of what is right. It took some 17 years to establish his heart disease reversal program as a federally reimbursable alternative to coronary bypass

surgery, but he did not relent until it was done, and countless patients are now the beneficiaries of that indefatigable effort.

Lifestyle medicine can be ascribed an ancient vintage, in which case Hippocrates may be its archaic sire. But in the modern age, if Dean Ornish is not the founding father of lifestyle medicine, I would need to see the paternity claims of any others.

I can say for sure that all of us committed to the enterprise, to health promotion and disease prevention, owe him an enormous debt for his scholarly contributions and tireless trail blazing; for the great insights of his creative intellect, and the validation of methodical study. He is a clinician scientist I am deeply honored to call a colleague; he is a man I am very proud to call a friend.

David L. Katz, MD, MPH, FACPM, FACP, is President, American College of Lifestyle Medicine, and Director, Yale University Prevention Research Center, Griffin Hospital

LESTER BRESLOW

Seth Serxner

Breslow Is Best Known For:

The seminal study in which Dr. Breslow followed the behavior of 7000 people in Alameda County, California, for 35 years.



He concluded that seven simple daily health habits can predict how long people will live and how healthy they will be during their lifetime. The study showed that following the recommended habits not only predicted lower mortality, but those who lived longer also suffered fewer disabilities. Subsequent research on Breslow's data showed the strong influence of social connectivity on health. The "Seven Healthy Habits"—as Dr. Breslow referred to his key tips—are:

1. Get a good night's sleep of 7 or 8 hours.
2. Exercise 30 minutes at a time, several times a week. Walking vigorously is a top choice.
3. Forget the scales. Eat moderately to maintain weight in relation to height.
4. Eat breakfast every day.
5. Eat regularly, whether that's two meals a day, three, or five. Whatever you do normally, keep it up because it's the regularity of life and moderation in eating, sleeping, and exercising that makes all the difference.
6. Don't drink at all or drink moderately.
7. Don't smoke.

Applying Dr. Breslow's Ideas

An entire wellness/health promotion industry has emerged since Breslow and team conducted their research on lifestyle factors associated with death and disability. Key healthy lifestyle factors continue to be validated in current research; however, these simple behaviors have been known for almost 50 years and they continue to be applied in health risk assessments, lifestyle

coaching, and chronic condition care. Areas of well-being and the managing of an aging population will continue to benefit from applying these principles.

Breslow's Seminal Papers and/or Web Resources (See More at the AJHP Blog)

Belloc NB, Breslow L. Relationship of physical health status and health practices. *Prev Med.* 1972;1:409–421.

Breslow L. From disease prevention to health promotion. *JAMA.* 1999;281:1030–1033.

http://en.wikipedia.org/wiki/Lester_Breslow

Seth A. Serxner, PhD, MPH is the Chief Health Officer and Senior Vice President at Optum, a United Healthcare Group company.

PEKKA PUSKA

Laurie Whitsel

Puska Is Best Known For:

Dr. Puska, considered by many as the "father of health promotion," is currently the Director General of the National Institute of Health and Welfare of Finland, overseeing a broad range of health and welfare issues including disease prevention, nutrition, lifestyles and environment, vaccination programs, health surveillance, and infectious disease control. For decades, he has had a significant influence on public health research and practice. Previously he worked as Director General of the National Institute for Health and Welfare in Finland and the Director for Noncommunicable Disease Prevention and Health Promotion at the World Health Organization (WHO). The work of his department at WHO culminated in adoption of the Global Strategy on Diet, Physical Activity, and Health by the World Health Assembly in 2004. He has been part of countless scientific conferences; he has served on expert advisory panels, completed international consultations, and been part of multinational research projects. He has served as President of the World Heart Federation, Vice-President of the International Association of National Public Health Institutes (IANPHI), Chair of the Governing Council of the WHO International Agency for Cancer Research (IARC), and Chairman of the Scientific Committee of the VIII World Conference on Health Promotion. He has over 500 scientific publications in the fields of epidemiology, preventive medicine, health promotion, and public health. He holds several degrees, including an MD, an MPOlSc, and a PhD in epidemiology and public health. Among his many honors, he has received WHO's annual Health Education Award, the WHO Tobacco Free World Award, the Nordic Award for Public Health, and the Rank Prize.

Applying Dr. Puska's Ideas

For 25 years, Dr. Puska was the director and principal investigator of the North Karelia Project, which addressed prevention of cardiovascular diseases in North Karelia and across Finland. The project demonstrated a dramatic improvement in public health and a decline of over 80% in annual heart disease mortality among the working-age population. This project is widely referenced as one of the most successful population-based models for prevention of noncommunicable diseases.

Laurie Whitsel, PhD, is the Director of Policy Research for the American Heart Association.

KENNETH H. COOPER

Nicolaas P. Pronk

Cooper Is Best Known For:

Cooper authored the 1968 book *Aerobics*, a best seller now translated in 41 languages and Braille that earned him the nickname “the father of aerobics.” He created one of the first fitness field tests based on a 12-minute distance run, known as the Cooper test. Dr. Cooper founded the Cooper Aerobics Center in Dallas and the nonprofit research and education organization, the Cooper Institute, which houses the largest computerized exercise database in the world that utilizes an objective measures of fitness, the treadmill stress test.

Applying Dr. Cooper’s Ideas

Dr. Cooper has been a tireless advocate for moving the medical field from a disease treatment to a disease prevention paradigm by showing that “it is easier to maintain good health through proper exercise, diet, and emotional balance than it is to regain it once it is lost.” The applications of his ideas pro-

motivate a long and healthy life. His challenge to all is to follow these eight healthy steps: maintain a healthy weight; eat healthy most of the time; exercise most days of the week; stop smoking; control alcohol; manage stress; take the right supplement for you; and get a regular comprehensive physical exam. At a later age, staying active can help optimize function for as long as possible and reduce the need for extended periods of care before dying, a process he refers to “squaring off the curve”—referring

to the downward arc aging associated with reduced physical and mental function and ability and increased morbidity. His philosophies help address obesity, especially childhood obesity, and in Texas, Dr. Cooper has his fingerprints all over the passage of Senate Bill 530, which brings quality physical education along with annual physical fitness testing back into the school systems.

Nicolaas P. Pronk, PhD, MA, is Vice President for Health Management and Chief Science Officer at HealthPartners, Inc., in Minneapolis, Minnesota, and Adjunct Professor of Social and Behavioral Sciences at Harvard University School of Public Health in Boston, Massachusetts.

MEREDITH MINKLER

Nina Wallerstein

Minkler Is Best Known For:

Breadth of commitment to health education’s core values of equity and community participation, and her unflagging use of research tools and findings to promote health-enhancing policies and social change. Although her fields have ranged from family planning to grandparent caregiving to gerontology/aging, disability, and workers’ rights, she has maintained a commitment to community-driven policy advocacy strategies, best encapsulated in two of her books: *Community Organizing and Community Building for Health and Welfare* and *Community Based Participatory Research (CBPR) for Health: Process to Outcomes*.



Meredith Minkler receives the Bobby Singer Leadership Award for community health advocacy from Arnold Perkins.

Applying Dr. Minkler’s Ideas

From her seminal work with grandmother caregivers that pointed the way for CBPR research to fully integrate advocacy and education for community benefit, Dr. Minkler has maintained this ethical stance throughout her career. Minkler’s work has been anchored in Nyswander’s founding principle of “starting where the people are,” with a deep understanding of cultural humility and the importance of addressing issues of race, racism, and social class. Her two major multisite case studies on policy impacts of CBPR (see PolicyLink below) showcased community leadership development for local ownership and sustainability and the need to work with policy makers, so that communities are not left to shoulder the burden of inequities on their own. Minkler’s political economy lens was well represented by the San Francisco Chinatown partnership’s use of CBPR research findings to successfully advocate for the second municipal wage theft ordinance in the country. Her commitment to mentorship of minority postdoctoral students and faculty of color to transform academia has been mirrored by her support for communities to strengthen or build their own organizations, such as the California Senior Leaders Program. Dr. Minkler’s lifetime of work within academia and with grassroots communities provides a guide for advocacy for systemic change and social justice.

Minkler’s Seminal Papers and/or Web Resources

Minkler M, ed. *Community Organizing and Community Building for Health and Welfare*. 3rd ed. New Brunswick, NJ: Rutgers University Press; 2012.

Minkler M, Wallerstein N, eds. *Community Based Participatory Research for Health: Process to Outcomes*. 2nd ed. San Francisco, Calif: Jossey-Bass; 2008.

UC Berkeley School of Public Health. <http://www.sph.berkeley.edu/meredith-minkler>

Nina Wallerstein, DrPH, is Professor, Public Health Program; Director, Center for Participatory Research, Department of Family and Community Medicine, School of Medicine, University of New Mexico.

KEN PELLETIER

Ron Loepfke

Pelletier Is Best Known For:

Pelletier started the Corporate Health Improvement Program (CHIP) at the University of California School of Medicine

(UCSF), San Francisco, in 1985. From 2001 to the present, CHIP is cosponsored by the University of Arizona School of Medicine and UCSF School of Medicine, where Dr Pelletier is a Clinical Professor of Medicine and Professor of Public Health. Member companies included IBM, Apple, Levi Strauss, Bank of America, Chevron, American Airlines, and others. Pelletier published over 50 research articles focused on clinical and cost outcomes focused on the worksite. Also, has published a series of eight seminal reviews in the *American Journal of Health Promotion* and the *Journal of Occupational and Environmental Medicine* on the clinical and cost outcomes of worksite interventions. Overall, he has had a major impact in establishing an evidence based approach with clinical and cost outcomes of worksite-focused interventions.

Applying Dr. Pelletier's Ideas

His current research projects include: (1) An "Epigenesis" research project to use a highly selective set of genetic markers of major chronic diseases as a means of individualizing care and empowering individuals to influence (i.e., turn on and turn off) their genetic expressions. (2) Ingestible nanotechnology for the identification and management of diabetes. Using Bluetooth technology, this device transmits its data to a cell phone for the individual and clinician to use to monitor diet, pharmacology, stress, and other variables for enhanced diabetes regulation.

Ron Loepfke MD, MPH, is vice chairman of U.S. Preventive Medicine and a past president of the American College of Occupational and Environmental Medicine.

WILLIAM R. MILLER

Ken Resnicow

Miller Is Best Known For:

William R. Miller, along with Steven Rollnick, whom he met while on sabbatical in Australia in 1989, led the development, testing, refinement, and dissemination of the behavior change counseling method motivational interviewing (MI). Since publication of his seminal 1983 paper in *Behavioural Psychotherapy*, over 220 randomized trials testing MI, addressing a wide range of health issues, have been conducted, including studies by Miller himself and those he has mentored and trained. A prolific writer, Miller has published over 50 books/monographs and more than 400 articles. He is also a poet and choral composer.

A current definition of MI is, "A collaborative, goal-oriented style of communication with particular attention to the language of change, designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion." Compared with nondirective counselling, it is more focused and goal-directed. Yet MI does not rely on direct persuasion, positing that it is more effective to have the client, rather than the counselor, voice arguments for change. MI assumes that pushing or arguing against client resistance generally evokes further defense of risk behaviors, i.e., reactance. MI comprises both a unique interpersonal spirit as well as a set of technical skills. The spirit of MI includes seeking to understand the client's frame of reference (i.e., subjective reality), expressing empathy and acceptance, a collaborative approach, and affirming the client's autonomy and past efforts. MI technical skills include extensive use of reflective listening as well as eliciting and selectively responding to client change talk.

Applying Dr. Miller's Ideas

Over the past 10 to 15 years, MI has been applied to a broad range of health behaviors and conditions beyond its initial roots in addiction, including diet, physical activity, weight management, HIV and sexually transmitted infection risk behaviors, medical adherence, heart disease, and diabetes. Numerous national and international clinical guidelines recommend MI as a preferred means to build motivation for change. There are several ways through which the public health impact of MI can be enhanced. With the proliferation of telemedicine and remote disease management programs, MI can be employed by more practitioners using these platforms. Secondly, whereas most applications of MI to date have involved human counselors, both the spirit and technical components of MI can be used to inform e-Health interventions and virtual counseling systems. Finally, further incorporating MI skills during initial or postgraduate clinical training, from physicians and nurses to dietitians, health educators, and exercise counselors, could help substantially improve the impact of their counseling.

Miller's Seminal Papers and/or Web Resources (See More at the AJHP Blog)

Miller WR, Rollnick S. *Motivational Interviewing: Helping People Change*. 3rd ed. New York, NY: Guilford Press; 2013.

Miller WR, Rollnick S. Ten things that motivational interviewing is not. *Behav Cogn Psychother*. 2009;37:129-140.

Ken Resnicow, PhD, is Professor, Health Behavior & Health Education, School of Public Health, University of Michigan.

BARBARA K. RIMER

Laura Linnan

Rimer Is Best Known For:

With 300+ peer-reviewed articles and book chapters, Barbara K. Rimer, DrPH, Dean and Alumni Distinguished Professor of the UNC Gillings School of Global Public Health, is probably best known as coeditor, with Glanz and Lewis (and more recently Viswanath), of *Health Behavior and Health Education: Theory, Research, and Practice*. First published in 1990, and with the fifth edition now in preparation, this text is among Jossey-Bass's very best sellers and is the best-selling public health publication they offer. It is, by far, the most influential textbook on behavioral science theory. Its innovation is to marry important social and behavioral theories with intervention strategies designed to improve health at various levels of the social-ecological framework. The book has helped prepare health educators and other social scientists for over a quarter century. At UNC-Gillings, one of the nation's leading schools of public health, Rimer has continued to be a positive force for improving the professional preparation of the public health workforce more broadly. She has helped shape new curricular initiatives at the school and, most recently, has been instrumental in the American Schools and Programs of Public Health's initiative, Framing the Future, to redesign the MPH curriculum to meet the public health needs of the future.

Applying Dr. Rimer's Ideas

Rimer is internationally recognized as being among the very top echelon of cancer control researchers. She has made groundbreaking contributions to several disciplines, including cancer risk communication, cancer prevention and control, smoking cessation, the psychosocial impact of genetic testing, and

mammography decision making. Rimer has made it part of her life's work to communicate research results in understandable, actionable ways for clinicians, policy makers, leaders, and the public, thereby ensuring wide adoption. A highly visible case in point is her recent service on the President's Cancer Panel, where she has helped the nation take action on curbing human papillomavirus and, by extension, cervical cancer.

Rimer is a member of the Institute of Medicine (2008) and a recipient of the American Society of Preventive Oncology's Distinguished Achievement Award (1998), DHHS's Secretary's Award for Distinguished Service (2000), NCI's Health Diversity Award (2002), and the American Cancer Society's Medal of Honor (2013).

Laura Linnan, PhD, is Professor of Health Education and Health Behavior at UNC Gillings School of Global Public Health.

DOROTHY B. NYSWANDER

Meredith Minkler

Nyswander Is Best Known For:

Her leading role as a founder of the field of health education. Receiving her own early education in a one-room schoolhouse, she took a special interest in school health, developing a rigorous methodology for "solving school health problems" through the development and careful testing and refinement of each step in the experimental program planning process. Dr. Nyswander cofounded the first school of public health west of the Mississippi in 1943 at the University of California, Berkeley, and led its health education program until her "retirement" to a second career in international health. To younger generations, Dr. Nyswander is perhaps best known for critical reflections on her own career, and her profession, against the criteria of an open society and her call to all of us to live up to the ideals of the civil rights movement in our professional and personal lives. Living to age 104, and an active and articulate spokesperson for human rights, social justice, and health education to the end, Dr. Nyswander truly "walked the talk" in a career of over 60 years and her subsequent active engagement in life. In 2005, under the presidency of Dr. Kathleen M. Roe, the Society for Public Health Education created the Open Society Task Force and an Open Society Award to honor the legacy of this giant in the field.

Applying Dr. Nyswander's Ideas

Long before it was popular, Dr. Nyswander called upon health promotion professionals to reach across silos and beyond their job descriptions to work "across disciplines and with communities." She further emphasized that the methods we use, particularly in engaging communities, are more important than the goals. At a time when Dr. Larry Green and others are challenging us to call for and contribute to "practice-based evidence," Nyswander's early emphasis on developing and rigorously testing the processes involved in effective health education and public health practice appears prescient. Similarly, as our field increasingly embraces an emphasis on the social determinants of health and health equity, Dr. Nyswander's early call for furthering the goals of social justice and an open and inclusive society has never been more timely.

Meredith Minkler, DrPH, MPH, is Professor in the Graduate Division, School of Public Health, University of California, Berkeley.

DAVID SATCHER

Barbara Israel and Meredith Minkler

Satcher Is Best Known For:

His seminal terms as Surgeon General of the United States from 1998 to 2002, during which he remarked that he "wants to be known as the Surgeon General who listened to the American people and responded with effective programs," and as the Director of the Centers for Disease Control and Prevention from 1993 to 1998. Many of the programs he fostered were deeply embedded in his strong commitment to health education and disease prevention aimed at addressing social determinants of health and eliminating health disparities.



Applying Dr. Satcher's Ideas

As Surgeon General, Dr. Satcher released a critical report on climbing rates of tobacco use among minority youth, with recommendations for education and action to turn this around. He also issued a call to action to promote sexual health and responsible sexual behavior, stressing the importance of doing this through the schools and not only a doctor's office. Many of the myriad school-based sexual health and tobacco control programs that exist today owe their genesis to Dr. Satcher's reports and continuing advocacy. Through his leadership positions in the federal government and in the Department of Community Medicine at Morehouse University, Dr. Satcher has been steadfast in his promotion of a public health approach that fosters diversity and the elimination of health disparities, through work at the individual, community, and policy levels. Dr. Satcher was honored in 1998 by the Society for Public Health Education with the Honorary Fellow Award, the highest award to someone outside of health education who has made substantial contributions to the field. ☞

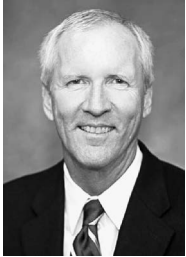
Barbara A. Israel, DrPH, MPH, is Professor, Department of Health Behavior and Health Education, School of Public Health, University of Michigan, and Director of the Detroit Community-Academic Urban Research Center. Meredith Minkler, DrPH, MPH, is Professor in the Graduate School, Public Health, University of California-Berkeley.



WHO CREATES THE CULTURE OF THE HEALTH PROMOTION PROFESSION?

Paul E. Terry, PhD

Consider these terms: disruptive innovation, transformative leadership, fanatical engagement, and high-performance culture. These are concepts that leaders covet, and each alone represents a worthy aspiration for organizations that want to distinguish themselves as best in class. But they are also terms that are patently difficult to define and elusive to achieve. When business journals extol these concepts, they rely on case studies because we need “best examples” when concepts are impalpable. Who typifies visionary leadership? Jeff Bezos, Oprah Winfrey, or Malala Yousafzai? Were it not for the title of this article, it is doubtful the question would evoke thoughts about the state of the health promotion profession. Nevertheless, if



we look reflectively at the leaders who personify what we value as professionals, what does it tell us about our professional culture?

This issue of *The Art of Health Promotion* offered brief synopses of the work of many of the most accomplished, and disruptive, leaders in the field of health promotion. Our contributors, exemplary leaders all, answered the question: “How should the work of this leader inform our thinking about the future of our field?” Although these short reviews offer useful insights into what drove progress in health promotion, as instructive is how our views of our leaders are a reflection of our professional culture. Using tenets of the theory of reasoned action, these leaders represent our subjective norms, and we as people, and professionals, tend to imitate those we admire.

Although the leaders profiled here evoke any of the terms above, their role as disruptive innovators is especially apparent. These leaders won our attention and esteem because they sprinted ahead and turned things upside down. C. Everett Koop’s defiance of his political foes to break the silence about HIV/AIDS, Ramirez’s use of mass media, Nyswander’s advocacy for social determinants of health, Green’s educational and environmental diagnosis, Breslow’s “Seven Healthy Habits,” and Puska’s global strategies: they are each wondrous examples of how all of the leaders profiled here were, and/or are, impatient with the status quo. They were also brilliant, creative, and prolific and, because of all that, extraordinarily influential. This meant that once they turned things in a new direction, the diffusion of their innovations was accelerated. They were leadership “force fields” who transformed our profession’s culture.

How Generative Leaders and Mentors Matter

For me, the pleasure of working as a health educator for 35 years has been amplified by several mentors who were leaders in health services research and medicine. I’ve profiled my mentors Drs. Stuart Hanson and Jinnet Fowles in prior publications. Of special note relating to the “how” of disruptive innovation, Jim Toscano was my boss for 20 years and also remains a beloved mentor. He personifies the traits of a leader of a high-perfor-

mance culture. Toscano was a political science graduate from Yale, taught at The Wharton School and led the World Press Institute before we worked together at Park Nicollet’s health education and research institute. He is an expert in power and wielded it mightily around highly accomplished researchers and educators. He was effective because he understood that the clout that comes from respectful relationships and deeply informed decision making is ever more impactful than pulling rank to get things done.



Jim Toscano

Staff meetings with Toscano were hypothesis fests, and if he wasn’t soliciting ideas he was wreaking them. What’s more, the only thing more frequent than his giving hearty credit to teams that produced something new was his urging on of more of the same. Reflecting on his tenure, Toscano described the institute’s extraordinary portfolio of accomplishments as a product of the “Golden Age” of health care. If history proves him right, it will be because of mission-driven health executives like Toscano who had a boundless capacity to inspire those around them and who put service above self.

Many in the health promotion profession have had the great fortune of working with one or more of the seminal health promotion leaders profiled above. Countless more have learned from these leaders from afar as we have read their writings and put their study findings to work in our practice. Watch for a future issue of *The Art of Health Promotion* where I enjoy an in-depth interview with Dr. Don Ardell, one of the forefathers of the wellness movement. In that issue we also profile disruptive leaders such as Surgeon General Luther Terry, who released the game-changing report on the health hazards of tobacco; Halbert Dunn, a physician who coined the term “wellness”; Dr. Robert F. Allen, a leader in the culture of health movement; and Senator Edward Kennedy, the author of the Health Promotion Act of 1975.

For most of us, our professional culture is a mash-up of the teachings of these seminal leaders alongside the influence of our close colleagues and bosses. Where our national leaders create the ideals of our profession’s culture, our local leaders and workmates produce the esprit de corps that advances our culture. The biographies of our profession’s national leaders show us “the what” of our culture, but it is our everyday mentors like Toscano who show us “the how” for sustaining a march toward excellence. 📖

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