Setting the Stage

The longer I work in health promotion, the more I realize that helping people change health behaviors is difficult and complex. I see that people are overwhelmed with the complex directions we provide to help them change. I even see health promotion professionals who are confused about the most important strategies to draw upon. I have found success when I express complex concepts in simple terms, so I developed a model to summarize these complex change concepts in a simple and memorable framework. I hope it can be used to guide people who want to improve their own health habits and by professionals who want to succeed in helping individuals and organizations change. The model is called The Face of Wellness.

The Face of Wellness

I chose the face image because it's easy to remember and because it reminds us that the core of what we do is not about theoretical concepts, analytic methods, budgets, incentives, or equipment. It is about people. It is about understanding people's priorities and helping them change in ways that profoundly effect their lives. As our field becomes more complex, as we depend more on computer technology to deliver our programs, as we are pressured to show a positive return on investment, it is easy to forget that the core of what we do is helping people in very personal ways.

The Face of Wellness model (Figure 1) has three basic components: (1) an Aspirational Vision of Health, (2) a Renewing Health Behavior Change Process, and (3) a Balanced Portfolio Approach to Planning Change Strategies. The two eyes represent the aspirational vision of health and the renewing health behavior change process, while the nose represents the balanced portfolio approach to planning change strategies. These components are described in detail below.

An Aspirational Vision of Health

I admit it. I am a health nut. I want to be physically fit. I want to eat a nutritious diet. I want to be effective in managing stress. I will always manage my weight. I would not consider using tobacco or putting any abusive substances in my body. I want to be healthy because I want to be healthy. I also realize that I am a bit unusual in this regard. For me, health is the reward in and of itself. Many of my professional colleagues are the same; they, too, are health nuts.

We health nuts are like money nuts. Money nuts like to make money because they like to make money. Most other people work to make money so they can provide for their family, do fun things, help other people, or feel proud of themselves. Health nuts want to be healthy because they want to be healthy, while most other people who make a point of taking care of their health do so because it leads to other rewards. The more typical person might maintain good health to be a good role model for their kids, to allow them to work...
They really don't care. About health, much of the time they are just being polite; often really don't care. Yet the idea: When people listen to us talk about health so he can study fish. IIT basketball stars, I try to be polite, but I really don't care. When we talk to people about health, we assume they are. From motion make is that we don't realize we are health nuts. Exposed to human influences. He is a fish nut. He maintains pristine wilderness areas to study fish that have not been exposed to human influences. He is a fish nut. He maintains great health so he can study fish.

The mistake many of us working in the field of health promotion make is that we don't realize we are health nuts. When we talk to people about health, we assume they care. Usually, they do—not as much as we do, anyway. When my daughter talks to me about music groups, I try to be polite, but I really don't care. When my brother talks to me about basketball stars, I try to be polite, but I really don't care. When my neighbor talks to me about his lawn, I try to be polite, but I really don't care. Get the idea? When people listen to us talk about health, much of the time they are just being polite; often they really don't care.

For this reason, I try to think and talk about health in very broad terms. This led to my defining optimal health as "a balance of physical, emotional, social, spiritual, and intellectual health" when I started the American Journal of Health Promotion in 1986. These five dimensions of optimal health are briefly described in Table 1. Most organizations have focused their programs on the physical and emotional dimensions, but some have addressed all five areas.

This broad definition of optimal health is scientifically reasonable because there are compelling links between each of these dimensions and medically based measures of morbidity and mortality. Equally important, this broad definition is engaging to many lay people because it encompasses the elements of life that are typically important to them. This broad definition is inspirational or aspirational because it provides a vision of what might be. It stimulates thinking about personal growth. This is in contrast to compliance-oriented definitions that focus on limiting consumption of certain foods, maintaining a certain weight, exercising a certain number of minutes per week—in other words, directions for reducing "risk" factors.

In reflecting on this broad definition over the years and trying to apply it to my own life, I have realized that it is very difficult to know when I have achieved "balance" among the dimensions. I have also realized that different dimensions are more important to me at different times in my life. Sometimes I need to focus virtually all of my attention on my work (intellectual dimension) to complete an important project. Other times I need to focus on family members (social) to help them through crucial periods. Other times I need to learn new strategies to help me through stressful circumstances (emotional). I tend to be a bit obsessive about fitness and eating right (physical), so I rarely let down in those areas, but occasionally I need to remind myself that even I need to go to the doctor for preventive checkups. Every so often, I need to step back to reflect on what, indeed, is important to me, and get myself back on track (spiritual). I have come to realize that optimal health is not a static condition; it is a dynamic condition. I have come to realize that we should not expect to reach that magic point of perfect balance and stay there. I realize that the process of striving for balance under changing circumstances better reflects reality and provides more opportunity for growth.

Recognizing this, I have revised the optimal health definition to reflect this. Table 2 outlines the original and evolving definitions of health promotion and optimal health. I have also come to realize that people are more likely to strive for growth in each of the dimensions when they discover synergies between those dimensions and their personal passions. If my passion is to be a super athlete (physical), I can achieve that passion faster if I embrace other dimensions of the model. I can engage a great coach to guide me and teammates to compete against (social). I can learn how to harness my failures and successes to push me further (emotional). I can learn more about physiology and the mechanics of motion (intellectual) to perfect my technique. I can also work to understand how my athletic aspirations should fit within my broader life (spiritual). If my passion is to be a great parent (social), I need to model nutritious eating habits and physical activity (physical) for my children. I also need to know how to keep my wits about me when my children are driving me crazy (emotional). I need to know when and how to draw on other people for support (social), learn about effective parent skills (intellectual), and help my children discover their own priorities in life (spiritual).
Table 1
Dimensions of Optimal Health

Physical Health is the condition of your body. Programs include fitness, nutrition, weight control, quit smoking, alcohol and drug abuse prevention, and medical self-care.

Emotional Health is the ability to cope with or avoid stress and other emotional challenges. Programs include employee assistance programs (EAPs), stress management, and programs to enhance happiness.

Social Health is the ability to form and maintain nurturing and productive relationships with family, friends, coworkers, neighbors, and others. Programs can include training in parenting, conflict resolution, assertiveness, and other skill-building areas, as well as opportunities for employees to get to know each other in fun social activities and to serve others through volunteer projects.

Intellectual Health encompasses achievements in academics, career, hobbies, and cultural pursuits. Programs can include job-focused mentoring and skill enhancement programs, as well as more broadly focused tuition reimbursement policies, book clubs, and cultural outings.

Spiritual Health is having a sense of purpose, love, hope, peace, and charity. For some people, this is drawn from being part of an organized religious group; for others, it is having a sense of values inspired by other influences. Programs can include workshops to help people clarify life priorities and set goals as well as allowing people to embrace their religious beliefs.

Table 2
Evolving Definitions of Health Promotion and Optimal Health

Original Definition
"Health promotion is the science and art of helping people change their lifestyle to move toward a state of optimal health. Optimal health is defined as a balance of physical, emotional, social, spiritual, and intellectual health. Lifestyle change can be facilitated through a combination of efforts to enhance awareness, change behavior and create environments that support good health practices." (O'Donnell, American Journal of Health Promotion, 1986,1,1,1)

1989 Revision
"Health promotion is the science and art of helping people change their lifestyle to move toward a state of optimal health. Optimal health is defined as a balance of physical, emotional, social, spiritual, and intellectual health. Lifestyle change can be facilitated through a combination of efforts to enhance awareness, change behavior and create environments that support good health practices. Of the three, supportive environments will probably have the greatest impact in producing lasting change." (O'Donnell, American Journal of Health Promotion, 1989,3,3,5)

2008 Revision
"Health promotion is the science and art of helping people change their lifestyle to move toward a state of optimal health. Optimal health is the process of striving for a dynamic balance of physical, emotional, social, spiritual, and intellectual health and discovering the synergies between core passions and each of those dimensions. Lifestyle change can be facilitated through a combination of efforts to enhance awareness, increase motivation, build skills and most importantly, to provide opportunities for positive health practices. (O'Donnell, American Journal of Health Promotion, 2008,23,2,1)

People are much more likely to be open to our message of health if we help them discover their true passions and help them understand how the other dimensions of health can help them realize these passions. For this reason, I have started to illustrate these five dimensions with one of the dimensions at the center (Figure 2). Placing physical health at the center is my default illustration of the five dimensions, because physical health is most closely aligned with medically inspired measures of health. This illustration will be most compatible with medically driven health promotion programs. However, the concept might be more engaging to each of the many individuals in an organization if each person is encouraged to put the dimension that best represents his or her passions in the center (Figure 3). Some organizations will choose to feature these five dimensions as central tenets of their programs and will offer specific opportunities to support each dimension. Other organizations will feel that this framework is not sufficiently scientific to feature it broadly, but will use it as an undergirder in helping them to understand their population's needs.

I am partial to defining optimal health in terms of these five dimensions because they allow a nice balance of parsimony and comprehensiveness. They also closely align with the types of programs that can be provided in a health promotion program. However, other aspirational definitions of health may work just as well or better for other groups. See definitions from the YMCA, World Health Organization, and National Wellness Institute in Table 3. Colleagues have
suggested that additional dimensions be added, the most common being environment and sexuality.

Regardless of the definition of health, the key is discovering your life passions and the synergies between those passions and each of the dimensions of optimal health.

Renewing Health Behavior Change Process

Health promotion programs typically engage people in lifestyle change by offering lifestyle questionnaires (health risk assessments) and biomedical screenings that identify health risk factors and help employees understand the link between lifestyle and health. The next step is to recruit employees into educational and activity programs to support these changes. The more systematic the program offerings, the more likely employees are to follow through. I advocate guiding people through a six-step Renewing Health Behavior Change Process. I try to encourage people to start at the first step and progress through each step sequentially, because I believe this is the most effective way to change. However, I realize that each person needs to start where he or she is ready to start. Some people start in the middle or the end with no intention of following a set sequence, but eventually realize the wisdom of the sequential process. Our goal in offering programs should be to help people eventually cover as many of the steps as possible. The six steps are listed and described below and illustrated in Figure 4. The process renews annually or when people are ready to adopt a new health habit. The steps in this process were inspired by a different but similar set of strategies developed by StayWell Health Management in the early 1980s.

These steps also have similarity to 12-step models used in addiction recovery programs.

1. Get ready
2. Measure your health
3. Set goals
4. Build skills
5. Form habits
6. Help others

One of the keys to success in this process is to include activities in each step that stimulate the person to move to the next step.

Step 1. Get Ready
Getting ready is about opening your heart and mind to change. It is about imagining what might become of your life. It is about reflecting on what is most important to you in life and starting to think about health relative to other priorities. This is also a time to reflect on how better health can help you realize your passions. Asking people to open their minds in this way can reduce some of the resistance people often feel about making any type of change in life. This step can be part of the process that moves people from the precontemplation to the contemplation stage of readiness to change. The critical element of this step is empowering people to dream about what might be and helping them believe they control their own destinies.

- A health promotion program can support the Get Ready step through multimedia promotional campaigns and interactive discussions.

Step 2. Measure Your Health
People who open their hearts and minds to change will be eager to measure their health. In the context of a health promotion program, the best measures of health are a health risk appraisal (HRA) and a basic health screening. The most important measures to include in the screening are blood pressure and resting heart rate; blood glucose, triglycerides, and cholesterol (total, high-density lipoprotein [HDL], low-density lipoprotein...
Table 3
Other Aspirational Definitions of Health

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

National Wellness Institute

YMCA
"To put Christian principles into practice through programs that build healthy spirit, mind and body for all." http://www.ymcamission.org/default.asp

Figure 4
Renewing Health Behavior Change Process

- A health promotion program can support the Measure Your Health step by offering an HRA and health screening programs.

Step 3. Set Goals
Setting goals is important to success in any area of life. If you don’t know what you want, how do you know the first step to take to get there? How do you know if you are making good progress? Setting goals is also one of the most important things you can do to improve your health. In fact, a review by Goetzel and Heaney concluded that personal goal setting can double success rates in health promotion programs. Goal setting is part science and part art, but there is more science than most people think. Both are briefly summarized below.

Impact of Setting Goals
Setting goals, especially challenging goals, increases performance in many ways. Setting goals helps us focus our attention on activities that will lead to achieving these goals. Setting goals also increases the physical effort we are willing to exert when we get fatigued, and helps us tolerate repetitive tasks that lead to our goal. Setting goals also helps us prolong effort, and stimulates us to draw on our knowledge to develop strategies to meet our goals.

Types of Goals
There are three types of goals, and different rules apply to the best strategies for setting each type of goal. The goal types are aspirational, learning, and performance. Aspirational goals are dreams about what the future may be. These might include career ambitions, romantic relationships, raising a family, athletic performance, a specific body image, a sense of confidence, living a life of integrity, or other dreams. Aspirational goals do not need to be realistic, specific, or static. They should be about dreams, about what makes you feel fulfilled, about priorities in life. They often evolve as life evolves. Learning goals can be tied to gaining specific knowledge necessary to achieve an aspirational goal, but people tend to be more committed to learning and actually learn more when they allow themselves some latitude to explore what interests them. This is especially true in areas that are complex or novel to them. Once a person has acquired the knowledge and ability to perform specific tasks, setting specific goals leads to higher performance. For example, the aspirational goal might...
be to get rid of all the junk food in your diet and replace it with nutritious food. The learning goal might be to learn how to identify, shop for, and prepare delicious nutritious foods. Once the knowledge and skills are acquired, the performance goal might be to eat nutritious foods at least 90% of the time.

**Challenging Goals**

Once skills and knowledge are acquired, setting specific performance goals increases performance by 42% to 82%, while setting challenging goals tends to increase performance or effort 52% to 82%.

**Setting Your Own Goals**

Setting your own goals rather than relying on an expert or advisor can increase performance by 11%, probably because people tend to better understand goals they set for themselves. Nonetheless, skilled advisors can be very helpful in helping to set goals.

**Commitment**

Goal performance is strongest when commitment to goals is strongest. Commitment can be enhanced by reinforcing the importance of the outcome and by enhancing self-efficacy. Commitment can also be increased by making a public commitment to the goal, and by receiving support from leaders. Self-efficacy can be enhanced by providing adequate training to increase mastery, observing positive role models, and hearing persuasive communication from experts or peers who express confidence in your ability to achieve the goal.

**Feedback**

Regular feedback also enhances performance. When people realize they are falling short of their goals, they normally increase their effort or shift to a more effective strategy.

In summary, goal setting will be most effective when five principles are followed:

1. Allow aspirational goals to evolve over time.
2. Allow some latitude in setting learning goals to acquire the skills and knowledge necessary to tackle a goal.
3. Set challenging and specific performance goals with input from experts if possible. Include short-term, intermediate measurable milestone targets. Limit performance goals to activities that are under your control.
4. Seek feedback and monitor progress. Increase effort or modify strategies if goals are not being met.
5. Enhance commitment through public statements of commitment and inspiring comments from leaders.

- A health promotion program can support the Set Goals step by offering goal-setting sessions in group, print, and web format. Aspirational goals typically begin to emerge during the initial Get Ready step. Learning and performance goals take form during the Build Skills step.

**Step 4. Build Skills**

If you were going to learn a new language, what would you do? The best strategy would be to immerse yourself in a culture that speaks that language, so you could hear people speak, watch how their lips and faces move as they express each of the words and phrases, and learn about their customs so you could better understand the underlying meaning of phrases. You would also need to learn grammar rules and vocabulary. Using books, tapes, or a language coach might help you. You would also need to practice, practice, practice. If you were going to learn how to play soccer, you could start by watching others play. You would need to learn the rules by reading manuals and talking to people. At some point you would need to meet people who play soccer so you could play with them. To get good, you need to learn the individual moves, how to dribble with your feet, how to trap (or catch) a ball with your feet or any other part of your body (except your hands), and how to pass or take a shot on goal. If you want to get really good, you need to learn how to dribble past a defender with speed or finesse, how to kick a ball that is 6 feet off the ground by doing a modified back flip, or put spin on the ball when you kick it so it changes direction in midair to go over or around a defender. Having the right books, a coach, and patient teammates really helps during this process. Eventually, you need to internalize the rules, know the rules without thinking, so you don’t go offside, commit a foul, or get yourself thrown out of the game. To play at the highest level, you need to master the individual moves so you perform them instinctively when an opportunity presents itself. You also need to learn mental toughness so you can keep playing full speed when you are exhausted, hurt, or way behind.

Changing a health behavior is a lot like learning a new language or playing a new sport, except it is usually a lot harder, because you need to break habits you have formed over decades of time. If you could immerse yourself in a culture that supports your new lifestyle, it would be a lot easier, but that is not an option for most people. So you have to find or build subcultures that can support you, and teach you how to resist the influences of the cultures that have supported the unhealthy habits you have learned and practiced for decades. Think about it. You have indeed boned these habits through decades of practice, practice, practice. They are part of you. You perform them without thinking. They are comfortable. They are part of your identity. You need to learn new habits, and learning new habits usually takes months and often takes years. In the case of quitting smoking or chewing tobacco, you also have to overcome a chemical addiction to nicotine. Weight loss is even more complicated because you cannot just quit eating. You must learn how to eat differently. If you are going to be successful in changing your health habits, you need to build new skills.

The skill-building process has three basic stages: learning, practicing, and building support. Celebrating progress in moving through these stages reinforces each of them. The stages are described in more detail below.

**Learning**

One of the first steps in learning is figuring out how you like to learn and how much help you need. The key is to match the complexity of the change you want to make with the amount and form of help you draw upon. If you want to change something simple, like starting to floss your teeth every night, you can probably get a brochure from your dentist or simple instructions on the web. If you want to lose 100 pounds, you need more help. Individually directed options include reading, listening to tapes, or following web-based programs. Expert-directed options include working with a counselor or coach through individual or group sessions on the telephone or
face-to-face. People are more likely to stick with learning formats suited to their learning style and schedule. Most people benefit from some direct interaction with a real person, even if most of their learning is self-directed. Utilizing the most scientifically validated strategies can have tremendous benefit. For example, people who try to quit smoking cold turkey are successful about 5% of the time, while those who use a combination of behavioral therapy and medication are successful about 30% of the time.

**Practicing**

The simple act of practicing a new behavior is an important step in building confidence that you can perform the behavior. This is called enhancing self-efficacy.22 The higher the level of self-efficacy, the longer the newly acquired behavior will be practiced before relapse.

**Building Support and Reinforcement**

Most people are successful in continuing a behavior if they have access to a physical environment that makes that behavior easy to perform, and a network of people to encourage them. Making sure these pieces are in place during the skill-building stage can increase the chances of maintaining these new behaviors long term. For example, if you want to exercise on a regular basis, you need a place to do it. Some people can be successful walking or running in their neighborhoods and doing calisthenics without equipment. Other people need the equipment provided by a fitness center. Similarly, some people can maintain their programs on their own, but most people benefit from having a network of friends to join them in workouts. The same concepts apply to all health behaviors. For example, to eat a nutritious diet, you need to have access to grocery stores and cafeterias that sell the right food. If you live with other people, they need to at least tolerate the foods you choose to eat.

**Celebrating Progress**

Recognizing and celebrating milestones is very reinforcing for many people. Milestones might include (1) making a commitment to change; (2) developing a change plan; (3) learning the skills you need to change; (4) trying out each new skill for the first time; (5) practicing each new skill on a regular basis; (6) achieving performance goals—for example, exercising for 30 minutes three times a week for a full week; and (7) making incremental improvements in your aspirational goals (i.e., losing a certain number of pounds, reaching different strength levels, etc.). For many people, just pausing to reflect on the effort you have exerted to reach this goal, and realizing you have achieved it, is a sufficient celebration. Many people like to include some more significant celebrations. The key is to choose celebrations that you value, that support your wellness goal, and that are healthy for you in general. Many cultures around the world equate celebration with splurging on food ... usually high-fat, sweet food, or drinking lots of alcohol. Why not? It’s fun and it feels great ... at first. It also leads to all the health problems we have been discussing. Splurging on food might not be a great way to celebrate your wellness milestones, especially if you are trying to lose weight. Working through each of these issues during the Build Skills stage increases the chances of maintaining long-term behavior change.

- A health promotion program can support the Build Skills step by offering skill-building programs for each of the health change areas (fitness, nutrition, stress management, weight control, quitting smoking, etc.) in multiple learning formats (i.e., print, web, telephonic, video, face-to-face, etc).

**Step 5: Form Habits**

Dieting doesn’t work. Virtually everyone who goes on a diet to lose weight fails. They fail not because they don’t lose weight. In fact, most well-conceived diets do produce weight loss ... for a few weeks or months. Diets usually fail because most people revert to their old eating habits when they reach their weight goal ... and they regain their weight. People succeed in losing weight and keeping it off when they change how they eat ... forever. The same is true for getting fit. Working out for a month or a year gets you in shape for that month or year, but when you stop exercising, you eventually get out of shape. The key to successful long-term health behavior change is to build your newly formed health skills into habits you practice every single week, and in most cases, every single day. When you add a new positive behavior to your life, it often takes months of diligent discipline to keep practicing the new behavior. An addictive behavior, like smoking cigarettes, can take as much as 5 to 12 years of diligent discipline to change permanently. Most of the time you feel the immediate rewards of your new behavior, and that keeps you going, but remaining disciplined is draining work for most people. If you can build the new behavior into your routine, you take away the need to discipline yourself.

Your routines change over the span of a lifetime, and you need to adapt with these changes in routines to form new habits around exercise. In high school, I exercised during varsity sports practices. Practice was always after school. In college, I exercised whenever my various gym classes were held. The changing schedule of classes did not matter because my habit was that I always took gym classes. When I graduated, I joined a swim team that worked out in the morning before work, usually at 5:30 A.M. Learning to get up for early-morning workouts was tough. It took me months of pain to make that adjustment, but after a few years the habits were ingrained; 30 years later, I still wake up at 5:00 A.M. without an alarm and I need my morning fix of exercise or the day just does not feel right.

One of the reasons we have an obesity epidemic in the United States is that we have engineered activity out of our lives. When I was a child, I walked to school every day. My children took the bus or were driven. People used to live in complete neighborhoods that allowed them to walk to the store, to a movie or restaurant, and sometimes to work. Today, many communities are so spread out that a car is necessary to go anywhere. Most communities are built for cars. Rather than walk to the corner for the bus or subway, we back out of the garage, drive to work, and often park in the basement of the building we work in. We use remote clickers to turn on the TV, send emails at work rather than walking down the hall, and surf the net to do research rather than browsing through the library. These advances have significantly improved our productivity, but they have also made us sedentary.

When I try to form a new habit, I try to look for opportunities to practice it in my daily routine. If I am trying to learn a new word, I look for chances to use it in conversation. When I am trying to add a new stretch to my routine, I do it when I am having a conversation or waiting for a meeting. I always look for opportunities to add a short walk, or just add some activity to my day. If I am in a boring meeting, I stand up and get a drink, or walk to the bathroom. When I am on a long telephone call, I put the phone on speaker and mute and walk around my office. I am now trying to add more walking meetings to each of my days. We have buttons in our office that say “Meeting in Progress” in bold letters. We wear these when we want to have a walking meeting. The buttons make it clear we are working and not just goofing off, but more importantly,
they publicize the idea that you can add physical activity to work and still be productive.

Looking for these opportunities gives me a double bonus. First, it really does help me find ways to add new habits to my day, and I get the benefit of practicing that new behavior. Second, it shifts my focus from trying to be compliant—trying not to be "bad"—to looking for ways to be successful or good. Each time I find an opportunity, I feel a tiny burst of satisfaction, and this reinforces the new behavior.

- Health promotion programs can support the Form Habits step through programming, community networks, policy changes, and enhancing the physical environment. Programming options include offering ongoing classes on nutritious cooking, aerobics, yoga, ballroom dancing, and other types of physical activity and support groups for people who have quit smoking or lost weight. Community networks can include sports teams and leagues, discounts negotiated with local fitness centers, and improved access to fresh produce markets. Physical environment supports can include cafeterias that serve nutritious foods, worksites built to make stairs more accessible than elevators, and floor plans that encourage other forms of walking. Policy supports can include smoke-free policies, health insurance coverage of health promotion services, and many other options.

**Step 6: Help Others**

The final step in the Renewing Health Behavior Change Process is helping others. Helping others can take the form of serving as a peer mentor, organizing or leading a support group or an activity group, learning how to teach a skill-building course, serving on a planning committee, helping to promote a program, or many other forms. Helping others has at least four benefits.

First, it reinforces a newly adopted behavior. Everything you learn to help yourself become a leader can help you learn how to maintain the new behavior in your own life. Additionally, knowing that other people are depending on you makes you want to serve as a good role model for the new behavior and reinforces your commitment to that behavior.

Second, helping others provides an inspiration for others to change. When people see that someone else has been successful in changing their behavior and has progressed beyond that to helping other people, it increases their belief they can be successful in making the same kind of change.

Third, helping other people seems to have a direct protective effect on health, especially for older adults. Helping others also allows us to show compassion, which seems to have a direct positive impact on our health.

Finally, as more and more people extend themselves to help others, more people can be helped.

- Health promotion programs can support the Help Others stage by making it very clear that peer leaders are critical to the success of the program, carving out defined leadership opportunities, training people to serve in these roles, and thanking them for the contributions they make.

**Ongoing Renewal**

Helping Others is listed as the sixth and final step in the Renewing Health Behavior Change Process, but there is really no final step. The Process is illustrated in a circle, because it is really an ongoing process. When you are successful in achieving one health behavior change, this is a good time to reflect on progress, celebrate success, renew your commitment to that change, take a deep breath, and ask yourself if you are ready to tackle another health behavior change. The satisfaction and self-confidence you feel from successfully making the first change will often propel you through the difficult early stages of the next change. Other great times to reflect on your health and get ready to make another change are anniversary dates and the beginning of the new year.

- A health promotion program can support the overall Renewing Health Behavior Change Process by making the steps in the process clear, encouraging people to move through each of the six steps, and providing tools to help people document and celebrate their progress through the steps.

**Balanced Portfolio Approach to Planning Change Strategies: Awareness, Motivation, Skills, and Opportunities**

In 1984, I suggested that we think of health promotion programs in terms of three components: Awareness, Behavior Change, and Supportive Environments. I am now advocating that we shift the paradigm to think in terms of balancing investments in Awareness, Motivation, Skills, and Opportunity. My goal in doing this is to shift the focus of our work from us as providers to the people and organizations we serve. The final facet of included in the Balanced Portfolio Approach to Planning Change Strategies: Awareness, Motivation, Skills, and Opportunity. I call this the AMSO Framework (Figure 5). The discussion below is largely excerpted from my earlier writing on this Framework.

**Awareness**

The origins of health promotion are in health education, and as the term implies, health education focuses on making people aware of the risks of unhealthy behaviors such as eating an unhealthy diet, drinking excessively, and smoking, as well as...
the benefits of positive behaviors such as regular health screenings, physical activity, and stress management. Our belief was that people would make the right choices if they just had the right information, the right education. Most health promotion programs in the 1970s and 1980s were based on an educational model, and many still are. Over time, we have learned that education is not enough to change behavior for most people. Most people know that they SHOULD exercise. Most smokers know that smoking causes many forms of cancer, respiratory problems, and heart disease, and that it is likely to contribute to their early demise. If knowledge were enough, no one would smoke and everyone would exercise.

This is not to say that education is not important. Education plays at least two important roles. First, effective education campaigns do make people aware of health risks and health improvement opportunities. For people who are considering making a behavior change, education can help them weigh the pros and cons of making the change, and lead them to the resources they need to support their change efforts. Second, education campaigns can be critical in mobilizing organization or nationwide change efforts in building broad support for an idea or plan. For example, when people realized that secondhand smoke is not just irritating, but a class A carcinogen, efforts to create smoke-free workplaces were perceived as strategies to protect workers instead of strategies to punish smokers. Despite the limited impact of education on behavior change, it is still important to improve the effectiveness of our education efforts, and we have certainly seen many improvements in our ability to educate people during the past decade. These have included learning how to tailor messages to address people's individual needs, providing multiple formats in which to convey content (lecture, print, audiotape, Internet, e-mail, etc), and harnessing data management and communication capabilities to store, manage, retrieve, and deliver data. Despite these developments, education simply is not enough to change behavior for most people, and managers need to realize this in designing and evaluating programs.

**Motivation**

When a person is motivated to make a behavior change, he or she will strive to gain the knowledge and skills necessary to make that change, and will create the opportunities to make it possible. If a person is not motivated to change, all the knowledge and skills in the world will still not cause change. For example, testing of the Theory of Planned Behavior developed by Fishbein and Aizen has shown that attitudes and norms have little effect on behavior unless a person has intentions to change. We have made some excellent progress in understanding the importance of motivation and measuring motivation. One of the most important developments in this area has been articulation of the concept of motivational readiness to change, as articulated in the Trans-theoretical Model by Prochaska and DiClemente. This model shows us that different strategies are important to motivate people to change at different levels of readiness to change. For example, it shows us that people who are not thinking about change in the near future (precontemplation) have no interest in hearing about how to change their behavior, but those thinking about changes (contemplation) might be interested in this information. It also shows us that enhancing self-efficacy is important to those getting ready to make changes (preparation), those in the process of making changes (action), and those who are working to maintain changes (maintenance).
Enlighten programs do not increase behavior change success in thinking about making a change (precontemplators) because they are not feasible for most health promotion programs.

One form of incentive that shows great promise in work settings is to increase the medical insurance premium for all employees and waive the increase for those who participate in a health promotion program. These types of incentives are likely to be most effective in motivating people to complete an HRA, or perform other distinct behaviors, but not to improve complex health behaviors. The biggest shortcomings in our efforts to motivate people have been our focus on extrinsic rewards such as money and small gifts, which capture short-term attention, rather than intrinsic rewards that are part of a person's basic values. If we want to be effective in motivating people, we need to first understand their passions in life, long-term goals, and current priorities. For example, I spent a year in Seoul, Korea, as a visiting professor in the department of preventive medicine of a university. Although most of the faculty in my department did not smoke, the smoking rate among physician professors in departments of preventive medicine in Korea as a whole was close to the smoking rate of men in general, which was over 60%. Lack of knowledge of the health risks of smoking was clearly not the issue with these physicians; I quickly learned that discussions of the health risks of smoking were fruitless. After a few months of observing the culture, I realized the importance within this culture of being a good role model, especially among physician educators. When I asked my smoking colleagues about the message their smoking behavior was sending to their medical students, their patients, and their own children, they were far more receptive to thinking about quitting. Discussing smoking in this context shifted them from precontemplation to contemplation.

This strategy could probably work with anyone. For example, I once met an older woman who was sedentary and overweight. She had no interest in exercise and had become content with the belief that she always had been and always would be overweight. The priority in her life was spending time with her grandchildren. When she realized that playing with her grandchildren for a few hours exhausted her, and that she might not live long enough to attend her granddaughter's wedding, she decided to start a regular exercise program in the form of playing with her grandchildren. Another example: A friend in college started smoking when he was in high school and continued smoking when he went to college. He was smart and energetic and felt impervious to any health risks smoking might cause someone 20 years down the road. He did not stop smoking until he got a serious crumb on a beautiful young woman. She made him leave the room whenever he smoked, her feelings were hurt when he said the food she cooked for him was bland, and she hated kissing him because it tasted so bad. He decided to quit smoking because he thought he would lose her. He was sure he had made the right decision when he saw how much money he was saving and now had available to take her out on dates. I share these examples to illustrate that improving health is often not the motivation for many behavior changes, even though most health professionals think it is. If we are to be successful in helping people change their health behaviors, we must understand their passions, long-term goals, and current priorities. The process of Motivational Interviewing developed by Miller and Rollnick provides an excellent framework for this process. Some health promotion professionals are beginning to apply this important process in their...
programming efforts. Describing optimal health in terms of the five dimensions discussed above, and encouraging individuals to put their passions in the heart of their programs, is also likely to engage many people. The challenge, of course, is the high cost of taking the time to do this on a one-to-one basis. It may be possible to develop computer-based strategies for this work. Some health promotion providers have developed online tailoring programs that do much of this.

Enhancing self-efficacy is another way to enhance motivation. Self-efficacy is the belief that one can do something, like exercise regularly, quit smoking, give a speech, etc. Behavioral efficacy is the belief that a specific behavior will produce a specific outcome—for example, that quitting smoking will reduce the likelihood of developing lung cancer. The higher the self-efficacy and the behavioral efficacy, the greater the motivation.

Our overall understanding of how to motivate people in the context of a health promotion program is probably the biggest gap in our health promotion knowledge. If we can fill this gap, we are likely to see the participation and success rates soar.

Skills
The biggest shortcoming of awareness programs is that they tell people WHAT to do, but not HOW to do it. Skill-building programs show people HOW—to perform the actual behaviors they should perform, how to integrate these behaviors into their lives, and how to change their environment and surroundings to create opportunities to practice the behaviors they need to practice. Skill-building strategies are discussed above as the third step of the individual Renewing Health Behavior Change Process.

Opportunity
Previously, I articulated the concept of a supportive environment as one that includes supportive culture, policies, facilities, and programming. Now I am suggesting that we think in terms of the broader concept of opportunity, which shifts the focus to the individual we are trying to reach. Having access to these opportunities is one of the most important factors in helping a person advance from building new skills (step 4 above) to forming habits (step 5 above).

A person who is highly motivated to practice a healthy lifestyle and has well-developed skills to integrate these practices into his or her life can do a lot to create the opportunities necessary to make this a reality. However, sometimes a person's life situation is so demanding, or his or her physical surroundings so limited, that creating the necessary opportunities is very difficult, even for a highly motivated and skilled person. Most people are only moderately motivated and moderately skilled and need even more support to make a behavior change. They need convenient access to affordable, delicious, nutritious foods; safe and fun places to be physically active; smoke-free air to breathe at home, work, and play; exposure to supportive friends and family, and to a culture that values and rewards good health; freedom from media, advertising, and other marketing influences that are peddling risky behaviors; time to devote to healthy endeavors that are difficult to integrate into daily routines; and sufficient protection from the stresses of finances, overly demanding work, abusive social situations, and safety threats to be able to focus on good health practices.

At the other extreme, an abundantly supportive environment can cause an unmotivated, unskilled person to practice very healthy habits. When I go to a health spa, it's easy to eat delicious, low-calorie, nutritious food at every meal, because that's all that is served. I can go for a swim when I wake up, go for a long hike before lunch, do yoga before I take a late afternoon nap, and take time to reflect on priorities in my life in the evening. There are talented and charming experts to guide me, interesting, motivated people to accompany me, and all the time I need to do whatever I want. The biggest shortcoming of a spa experience is that the wonderful supports that make it easy to practice a healthy lifestyle stay at the spa when I leave. For some people, the experience of eating well, exercising regularly, and relaxing in a spa setting shows them that it is possible to do these things, and gives them a sense of the physical and emotional rewards these things provide. This enhances their self-efficacy and behavioral efficacy. This sense of enhanced self-efficacy and behavioral efficacy increases motivation to continue performing these behaviors. If the spa can also teach people the skills to integrate the new behaviors into their lives and continue them as part of a normal life, successful maintenance is much more likely. The other great shortcoming of a spa situation is that most people do not have the financial resources to spend the $1000-per-day fees charged by the best spas. It is possible to create supportive environments in any workplace or community setting if there is sufficient will. The cost is on the order of $200 to $400 per person per year for a comprehensive program, including the awareness, skill-building, motivational, and supportive environment components.

In a workplace setting, supportive environments will include physical environments, organizational culture, and ongoing programs and structures that encourage healthy lifestyles, and strategies to ensure that employees feel a sense of ownership for the program (see Table 4).

Relative Importance of Different Strategies
I am not aware of any empirical studies that test the relative importance of these four basic factors in stimulating sustained behavior change, but my experience and knowledge of the literature tells me that awareness is by far the least important. Opportunities are the most important, and motivation is slightly more important than skills. One way to think about the relative importance of these factors is in the context of multivariate analysis. If these four factors could explain all the variation in successful lifestyle change, my hypothesis is that awareness would be responsible for 5% of the change, motivation for 30%, skills for 25%, and opportunity for 40%. Another way to think of this is in the context of an investment portfolio: 5% of our efforts and resources should be invested in enhancing awareness, 30% in enhancing motivation, 25% in building skills, and 40% in providing opportunities to practice healthy lifestyles.

Conclusion and Implications
The underlying purpose of this integrated model (Figure 6) is to create positive movement and sustained momentum for people and organizations. The Five Dimensions of Optimal Health will capture people's attention. At worst, they will laugh and say "That's flaky." More likely, they will see the dimensions as reflecting priorities in their own life, and will look closer into programs built around these concepts. The six steps in the Renewing Health Behavior Change Process are specifically designed to keep people marching closer to building one positive behavior after another into their lives. The Balanced Portfolio Approach to Planning Change Strategies is designed to stimulate organizations to continually reflect on their programs to make sure they are investing the appropriate resources in areas that are most likely to make a difference, especially to stimulate people
who are not health nuts ... a description that probably fits most of the people reading this article.

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References

Closing Thoughts

By Larry Chapman, MPH

This edition's article on the Face of Wellness Model provides a simplified "Rubik's Cube" approach to successful health promotion and wellness programming, if you will. If each stand-alone concept or component of the model were arranged as subsurfaces or dimensions on a Rubik's Cube, you would essentially rotate each side of the cube to find the most optimal combination for formal programming. In a three-dimensional sense, one of the "eyes" in the model is on one side of the cube and represents the five dimensions of optimal health, the other eye and/or surface is the renewing behavior change process, and the nose represents the third surface or dimension or the AMSO strategies for behavior change. As you rotate each of the three dimensions, you end up applying each of the subcomponents to each other subcomponent, potentially creating a very comprehensive approach to program planning.

For me, the approach provides a very useful and at the same time a very tangible model for programmatic success that helps to simplify an often daunting program-planning process. However, most of us recognize that the real value of any model rests with its ability to help us predict the future, achieve a desired outcome, and/or remember its characteristics. As you consider using the Face of Wellness Model in your own programming efforts, you would do well by keeping these three outcomes in mind.

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