

HOLD TO THE TRUTH

By Peter A. Townsley, Principle, Health Navigators, LLC, Atlanta, Georgia

The AWHP International meeting enlightened me to re-think the concept of solutions -- in the traditional sense, that is. Dr. Steven Aldana from Brigham Young University turned my light on during a compelling presentation when he exposed the concept that traditional health promotion wasn't working. Aside from a few exceptions, I have felt this way for a long time. Dr. Aldana came across as a caring and dedicated health educator who apparently "walks the talk" and works hard to improve the field of health promotion. By referring to "*traditional*" health promotion, which has "*traditionally*" delivered a message of "*moderate*" exercise and diet, he left room for the possibility for improvement. The term "*moderate*" is quite vague and allows for a broad range of interpretations which seems to breed inconsistency. It is this inconsistency that gets in the way of successful behavior change. The possibility for success was clarified by an eloquent closing address by Tyler Norris. He told of a small North Carolina town whose citizens had completely changed their eating and exercise habits on their own -- all by themselves. Without the help of "health promotion professionals". What an enlightening thought! To some, I'm sure, a terrifying one. In an effort to help others to achieve optimal health, our goal "should always be" to put ourselves out of business. Charles Mayo, a prominent physician once said "the ideal of medicine is to eliminate the need for the physician". Only a *great* physician can say this.

I reflected on the "*traditional*", the evolutionary and the revolutionary trends in health promotion described in sessions and discussed in conversations throughout the week. Incentives, marketing, communications, computerization, equipment, economics, organization and an assortment of measurement tools. I heard many say that "*a little exercise was O.K.*", "*a plant based diet was radical*" and many Americans "*couldn't do better*". Dr. Aldana said that 25% would "just do it" (with no encouragement) and 25% would "never do it"! Yes, I believe this. In fact, I've seen it -- we all have. I always wondered why 25% would "never do it". These are, after all, the individuals at greatest risk for disease -- those in greatest need. Those who represent the cost of preventable illness to major and minor employers. A group that can't be ignored.

Do we really have a segment of our workforce incapable of change and unworthy of our time or effort? Maybe, but I for one haven't lost hope. I asked myself -- who's at fault? Could we be part of the problem? Are we failing to identify their needs and help *them* to solve *their* problems? We're the ones claiming to be health educators. Are we only influencing the 25% who don't need us anyway? What if the missing ingredient to good health is as simple as commitment and motivation. Commitment to those we assume either aren't interested or can't learn -- who just can't do it. What if we're teaching and no body's learning. What if it's not the incentives? What if it has nothing to do with new technology or fitness equipment? What if it really doesn't cost anything to have good health? It was Dean Ornish who said "people don't like small changes any more than large ones -- but those who make large ones can see, feel and measure their changes". Maybe assuming others can't -- means *we* won't. Maybe we're just not being honest with ourselves. What if *we* are the problem? All these thoughts gave me a flashback

from the '60s -- a personal experience that offered some insight and maybe some answers. Somewhere within this story lies a message -- maybe more.

In 1969, as I prepared to enter my senior year at college, I received a special invitation to enter the U.S. Army's 8 week health promotion program -- it was called basic training and known as boot camp by many. There were no "T" shirts, water bottles, E-mail messages or clever posters for motivation. Even without incentives, this program has a track record worth paying attention to. A track record we seldom think of or talk about. A group of 25% who can't or won't -- not here! Readiness to change -- not important! A Drill Sergeant conducted a basic risk assessment -- from then on everyone was at risk! Of course, the goal was survival. But isn't that what good health goals are really about anyway? Aren't we teaching survival techniques to combat aggressors like heart disease, cancer and adult onset diabetes? This is no game!

To appreciate the challenges the military's "health promotion" leaders encountered that summer at Fort Leonard Wood, Missouri, picture the recruits you might see in a Bill Murray movie like Stripes. Every body type and level of conditioning imaginable was represented there. From college athletes, even stars at one end of the spectrum to the laziest of kids who had never missed a meal or TV show except to take a nap. Many had only smoked vegetables. Even Elvis was there -- somewhere. All together, sharing the same goal, the same food and for all practical purposes - the same room.

Remember, our national defense depends on the conditioning of soldiers. Those who graduate from this program have achieved high goals. Goals that people live and die over. Those who don't graduate are recycled until they do. There is nothing voluntary about basic training. Change is the goal, it's critical and it's mandatory. The results are incredible. After eight weeks, almost everyone looks the same. Abs and buns of steel without the help of sexy videos or fancy equipment. No easy monthly payments. Never saw an Abdominizer, Ab Flex, Keiser, Soloflex, Nautilus, treadmill, Nordic-Trac or HealthRider. No chrome, mirrors or fruit bars. The best term for describing the best work-out clothing was "clean" -- olive drab worked fine. Air soles, gel soles--hah! It was 26 miles a day in combat boots with leather tops and tire tread soles. There are probably more complaints about sore feet at your local 10Ks.

So how did these outstanding results happen? Does simple motivation and discipline sound too easy? No short cuts and no compromise. No excuses and no psychologist to rationalize your failure! Your Drill Sergeant already knows that it's too cold, too hot, too wet, too dry or you are too tired. Everyone is too cold, too hot, too wet, too dry and too tired. A person who says they can't do 5 push-ups does 500. A person who can't run - never stops running. They all do it, they all survive -- everyone changes and in the end they are proud of it.

Everyone has a story and I do too. Of all the recruits, there is always "one" you remember most. Mine was of a red headed, overweight, out of shape, uncoordinated Iowa farm boy with unhealthy skin. He drove everyone crazy as he cried himself to sleep each night. He was one sad soldier -- the worst. Everyone hated him -- no wonder, if he couldn't do the push-ups, the rest of us had to do them for him -- so we helped him -- and he did twice as many. One night I asked him why he cried himself to sleep. It was simple to him. He told me that the Army was his only hope in life. Just the fact that someone asked seemed to be important to him. I listened and watched as he

figured it out on his own. He was a failure for not trying -- that was all. Not because he was overweight, slow or uncoordinated -- he saw himself as all these things. Once he accepted the fact that this issue was not personal it was a survival issue, he started to accept his change. He really didn't have a choice about it but at least he understood that he wasn't alone. I'll never forget when we graduated from boot camp. He was one lean mean fighting machine. Funny thing -- his face had cleared up in the process. Mental health experts would say he had gained self-confidence. Perception is amazing. I wasn't the only one who thought this guy would fail -- even he thought so. But like everyone else, I was wrong. How could I have known he could change? I was having fun, boot camp was easy for me and everything was a challenge. We exercised so hard you could hear your muscles grow while you slept and we slept like babies. By the end of eight weeks, we had all moved our belts over at least two notches. You could, as Dean Ornish said, "see, feel and measure the changes". We had made huge changes.

So, what's the moral of this story? Health promotion can work. People can change. The '60s had few health promotion professionals, the Four Food Groups would have been a better name for a rock group and the U. S. Government gave every soldier free cigarettes. We've learned so much and come so far.

Don't compromise. Make no excuse. Take no excuse. Do what you've learned is right. Do what you know is right. Do it for the right reasons. Do it for your fellow man and woman. Get to know them well enough to help them change. Don't assume they can't or won't. The American Society of Bariatric Surgeons reports that 20,000 morbidly obese Americans have bariatric surgery each year. Think of what they are willing to do to change. They spend thousands of dollars to have a surgeon cut them practically in half. After surgery, they experience foul gas, explosive diarrhea, projectile vomiting and hair loss. They will never eat foods the same way again! They have already failed at "*traditional*" methods of "*moderation*". Assuming people don't want to change is absurd. Health promotion messengers, let's help our families and friends choose good health over bad. When you meet someone in need consider the following quote.

"I will be so harsh as truth, and as uncompromising as justice, Tell the man whose house is on fire to send a *Moderate* alarm, *Moderately* rescue his wife from the ravager, or the babe from harm, Urge me not to use *Moderation*!"

-Unknown

"Hold to the Truth" and future generations will say - *traditional* health promotion worked!

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