

# Time for Health Education Reform by Dr. Meridel I. Gatterman

If 2009 was the year of health care reform, then 2010 most certainly should be the year to reform health *education*. We look to medicine for input into reform of health care, but what we currently have is not a health care system, but a medical delivery system. Medicine only treats disease after it occurs, with 95 cents out of every dollar paid out on health care spent on treating illness. The best way to reduce costs (the stated goal of health care reform) is health promotion and wellness. Changing who is covered is no more important than changing what is covered. The conservative use of medications and technology with an emphasis on wellness should be as much the focus of health care reform as how to ensure that all citizens have health care insurance.

We must ask ourselves this fundamental question: "Is the lack of emphasis on health promotion and wellness caused by the Western medical paradigm that emphasizes the treatment of disease once it can be validated through pathological observation?" Foucault suggests that rather than observing the patient as a whole, the medical paradigm has shifted to a gaze whereby **observable pathology becomes the focus of treatment**.<sup>1</sup> This hegemony of vision has left medicine with a **focus on the pathology of disease**, often overlooking and not listening to the patient as a whole.<sup>2</sup>

## Preventing Disease vs. Promoting Health: A Big Difference

Of course, the most important aspect of health promotion and wellness is not disease prevention, but an emphasis on the patient as an integrated whole. Sickness is not just a body part or system exhibiting pathological changes. The medical solution holds that the best way to approach the patient is to not only treat disease after it occurs, but to prevent disease from occurring. This promotes a vision of the absence of disease as health, rather than a forward-looking goal of *promoting* health and wellness through healthy lifestyles. This point of view is exemplified by the chairman of the American Association of Integrative Medicine, who notes that to **control health care costs**, "We only treat disease after it occurs. The best way to reduce costs is prevention."<sup>3</sup>

If the medical paradigm continues its focus on disease and its underlying pathology, then how can we change disease care to health promotion? Broadly speaking, the emphasis on health care reform is not going to solve the problem without a paradigm shift in medicine. This is more difficult than the proverbial camel passing through the eye of a needle. The answer would seem to be health education reform.

The group within the health care system ostensibly charged with health education is no more focused on health promotion than is medicine. Health and physical education instructors, especially those in middle schools, high schools, colleges and universities, are often more focused on athletics than health promotion. The image many carry of physical-education teachers is that of an overweight coach who promotes athletic participation rather than promoting healthy lifestyles and lifelong activities that maximize fitness. **The win-at-all-costs ethos** is often fostered by the current health education system, rather than emphasizing excellence that promotes a healthy body and ethical character.<sup>4</sup>

How can we have a healthy society that fills the stands and couches with vegetative spectators? Where is health promotion in a society that tears apart the bodies of athletes while the masses become less fit watching the spectacle? Just as destructive to the bodies of individuals are the activities of the weekend warriors who participate in adult sports that lead to disability as they age. Activities that promote lifelong fitness are safer and more appropriate.

## Promoting Healthy Lifestyle Choices

I have sat through health education courses in which the instructors presented the current medical paradigm with little emphasis on healthy lifestyle choices. While there is more emphasis today on eating healthy food, smoking cessation and promoting positive lifestyle changes, there needs to be more

discussion of alternative and complementary therapies. For those chiropractors who wish to serve their patients as healthy lifestyle coaches, it is important that they also educate health and physical education instructors as to the role the chiropractic profession plays in health promotion and wellness.

Patients are choosing alternative care and looking for practitioners who have the knowledge and education to help them make healthy choices. Why not teach students in our educational institutions as to alternative options for health promotion and wellness? The current disease-prevention model of busy medical practitioners encourages costly screening for risks of specific diseases, but commonly does not allow time for conservative health promotion counseling. Health education reform and health care reform must emphasize reimbursement for those disciplines, including chiropractors who choose to practice as health educators.

One of the most successful chiropractic educational contributions to public service has been the Straighten Up program, which now has worldwide recognition. This type of program should serve as a model for other ways of fostering positive lifestyle changes. An animated presentation of the Straighten Up program to health-education classes gives true public service while presenting the chiropractic profession in a positive way. A presentation whereby students participate in the activity is suitable for grade school on up. The Straighten Up program is being expanded to other areas of fitness. We are far beyond screening for postural analysis in malls as a practice-building activity, under the guise of public service.

A discussion of the importance of individual motion segment movement of the spine can be presented to health educators. Research headed by Henderson at Palmer University and Cramer at National University of Health Sciences demonstrates the effects of induced hypomobility and restricted motion on the zygapophyseal joints of the spine. This series of studies suggests the practicality that a line of research can attain when funding and cooperation from more than one chiropractic institution are maintained.<sup>5-9</sup>

Employing an external link model (ELM) these two labs demonstrated the characteristic changes caused by induced hypomobility, the reversibility of induced hypomobility, time-dependent articular-surface degeneration, adhesion development, and involution of synovial fold within restricted spinal joints. **Preliminary data also suggest** that chronic vertebral hypomobility at L4-L6 in rats affects synaptic density and morphology in the dorsal horn at the L2 spinal cord level.<sup>9</sup>

This series of studies has suggested that biomechanical lesions in the form of induced hypomobility (subluxation) can produce both functional and pathological changes in the spinal motion segments. A patient with a healthy moving spine who is free of back pain is far more likely to participate in activities that involve movement of the entire body. With the pandemics of obesity, diabetes and low back pain, the importance of exercise in reducing these conditions cannot be overstressed.

Less money, fewer pills and less technology can help to reform the health care system, but the best long-term influence on a person's health is a clear understanding of what promotes health and wellness. Changing the focus of health educators is not a quick fix and requires effort and perseverance. Nevertheless, the chiropractic profession has much to offer in the way of health promotion and wellness, and it is time we did something about it.

#### References

1. Foucault M. *The Birth of the Clinic. An Archaeology of Medical Perception*. Translated from French by Sheridan Smith AM. New York: Vintage Books, 1994.
2. Levin DM. *Modernity and the Hegemony of Vision*. University of California Press, 1995.
3. Visscher M, Sautter U, Wroth C. "**Five Steps to Better Health Through Integrative Medicine: How Integrative Medicine Can Make Health Care Simpler, More Effective and More Affordable.**" *Ode Magazine*, November 2009.
4. Weiss P. *Sport: A Philosophical Inquiry*. Carbondale Ill.: Southern Illinois University Press, 1969.

5. Henderson CNR, Cramer GD, Zang Q, et al. **Introducing the external spinal link model for studying spine fixation and misalignment: Part I, Need, rationale, and application.** *JMPT*, 2007;30:239-45.
6. Henderson CNR Cramer GD, Zang Q, et al. **Introducing the external spinal link model for studying spine fixation and misalignment: Part II, Biomechanical features.** *JMPT*, 2007;30:279-94.
7. Henderson CNR Cramer GD, Zang Q, et al. **Introducing the external spinal link model for studying spine fixation and misalignment: current procedures, costs, and failure rates.** *JMPT*, 2007;30:294-302.
8. Cramer GD, Fournier JT, Henderson CNR, Wolcott CC. **Degenerative changes following spinal fixation in a small animal model.** *JMPT*, 2004;27:141-54.
9. Bakkum B W, Hong SP, Henderson CNR, Cramer GD. **Preliminary morphological evidence that vertebral hypomobility induces synaptic plasticity in the spinal cord.** *JMPT*, 2007;30:336-42.