

1

An Invitation to Health and Wellness

IF NOTHING ELSE, MY STUDENTS SHOULD LEARN...

After studying the material in this chapter, students should be able to:

- **define** health and wellness [Bloom's Taxonomy: Remember]
- **describe** and **discuss** health-promotion and wellness models [Bloom's Taxonomy: Understand]
- **name** the six dimensions of wellness and describe how they relate to total wellness [Bloom's Taxonomy: Remember]
- **list** and **describe** the social determinants of health [Bloom's Taxonomy: Remember]
- **list** the factors that shape the development of positive health behaviours [Bloom's Taxonomy: Remember]
- **describe** how beliefs and attitudes influence behaviour [Bloom's Taxonomy: Understand]
- **apply** a behaviour-change theory to a personal health and wellness action plan [Bloom's Taxonomy: Apply]

WHY IS THIS CHAPTER IMPORTANT TO HEALTH SCIENTISTS?

I. Health and Wellness

Many health and wellness programs are based on very similar health risk–reduction strategies.

A. *First Nations Health and Wellness*

1. Aboriginal health emphasizes the interconnectedness between the physical and spiritual world, between individuals and their environment, and between the mind, body, and spirit, which guides the concept of holism. First Nations Medicine Wheels encourage a balance through the four aspects of self: physical, mental, emotional, and spiritual.

II. Health and Health Promotion

A. *What Is Health?*

1. The World Health Organization defines health as “not merely the absence of disease or infirmity, but a state of complete physical, mental and social well-being.”
2. In 1974 the Lalonde Report acknowledged that vast sums of money were being spent to treat illnesses that could have been prevented. The definition of health moved from measuring morbidity (disease) and mortality (death) rates to viewing health as part of everyday living.
3. The 1986 *Ottawa Charter* report identified three national health challenges: reducing inequities, increasing prevention effort, and enhancing people’s capacity to cope. The three mechanisms to health promotion were identified as self-care, mutual aid, and healthy environments.
4. Canadian health agencies, programs, and initiatives include the Canadian Institute for Health Information (CIHI); Canadian Population Health Initiative (CPHI); Public Health Agency of Canada; Canadian Institute of Health Research (CIHR); First Nations, Inuit & Aboriginal Health Branch of Health Canada; a special commission headed by Roy Romanow, which delivered its report recommending sweeping changes to Canada’s health-care system; ParticipACTION; Physical and Health Education Canada (PHE Canada, formerly called CAHPERD); and individuals working in the health field, such as Dr. Joan Wharf Higgins.

B. *What Is Epidemiology?*

1. Epidemiology can be used to evaluate health strategies, prevent certain illnesses, and guide health-care providers.
2. Researchers can examine the distribution of disease in a specific population, called descriptive epidemiology, or investigate hypothesized causal factors, called analytical epidemiology.

III. Wellness and the Wellness Movement

A. *What Is Wellness?*

1. Wellness means taking steps to prevent illness and involves a capacity to live life to the fullest.
2. Dr. Bill Hetler cofounded the National Wellness Institute and developed the Lifestyle Assessment Questionnaire (redesigned as TestWell) and the Six Dimensions of Wellness Model (Figure 1-5).

B. *Social Dimension*

1. This dimension encourages a collectivist view of the world: that of contributing to society, helping others, and valuing the concept of interdependence between ourselves and our environment.
2. Health educators are placing a greater emphasis on the social dimension of wellness.

C. Occupational Dimension

1. A “well” occupation is consistent with personal values, interests, and beliefs.
2. In a well work environment, you contribute your unique gifts, skills, and talents, and enjoy work that is meaningful and rewarding.

D. Spiritual Dimension

1. Identifying your basic purpose in life; learning how to experience love, joy, peace, and fulfillment; and helping ourselves and others achieve our potential are all aspects of the spiritual dimension.
2. Spirituality has been described as transcendence, connectedness, a power, a force, an energy, and a connection to a formal religion or faith.

E. Physical Dimension

1. Physical wellness is met through participating in regular physical activity, maintaining a healthy body weight, and avoiding harmful behaviours such as tobacco use, drug misuse, and excessive alcohol consumption.
2. It is also important to get medical attention when needed and take care to use medical interventions such as prescription drugs properly.

F. Intellectual Dimension

1. Intellectual wellness refers to your ability to think and learn from life experience, your openness to new ideas, and your capacity to question and evaluate information.

G. Emotional Dimension

1. Emotional wellness includes the degree to which one feels positive and enthusiastic about oneself and life.
2. When you are emotionally well you have the capacity to express and manage your own feelings, to work independently, but also to recognize the importance of being able to ask for help or support when needed.

IV. Health Challenges

A. Demographic Growth

1. Trends in demographic growth affect the demand for health-care services.
2. Cancer and heart disease are the two leading causes of death for Canadians followed by lower respiratory diseases and Type 2 diabetes.
3. Hypertension (high blood pressure) is a major contributor to poor health, affecting one in five Canadians.
4. Mental health issues are also a concern.
5. Canadians are now living longer; however, health-care costs rise greatly as Canadians age.

B. Social Determinants

1. New research in the area of the social determinants of health (SDOH) supports the notion that income and income distribution, education, unemployment and job security, employment and working conditions, early childhood development, food insecurity, housing, social exclusion, social safety net, health services, Aboriginal status, gender, race, and disability are also very important to health and wellness status.

C. Taking Action

Six key strategies to enhance the social determinants of health:

1. adopting a framework for social inclusion;
2. promoting full employment, job security, and healthy working conditions;
3. protecting universal access to our high-quality health system;
4. protecting Canada's high-quality public education system;
5. ensuring the right of all Canadians to adequate housing and food;
6. reducing income disparities by ensuring minimum wages and levels of social assistance.

V. The Health of College and University Students

1. College-aged men are more likely than college-aged women to engage in risk-taking behaviours.
2. Dormitories have proven to be breeding grounds for serious infectious diseases such as meningitis; second-hand smoke can pose a long-term threat to smokers' roommates; and binge drinking imperils drinkers and those surrounding them.
3. Undergraduates face risks to their psychological health. College students reported more distress than the general population or their peers not enrolled in college.
4. First-year students suffer the most in terms of physical and emotional well-being.
5. Increased education has long-term health benefits.

VI. Making Healthy Changes

A. Understanding Health Behaviour

Three types of influences shape behaviour: predisposing, enabling, and reinforcing factors.

1. Predisposing Factors
 - a. Predisposing factors include knowledge, attitudes, beliefs, values, self-efficacy, behavioural intentions, and existing skills. Other predisposing factors that play a role in a lifestyle change process include age, sex, socio-economic levels, ethnicity, family background, health-care access, and level of education.
2. Enabling Factors
 - a. Enabling factors include skills, resources, accessible facilities, physical and mental capacities, living conditions, societal support, and accessible facilities, programs, and services.

3. Reinforcing Factors

- a. Reinforcing factors may include praise from family and friends, rewards from teachers or parents, or encouragement and recognition for meeting a goal, but lasting change depends on an internal commitment and sense of achievement.

B. *Decision Making*

1. The process of maintaining or restoring health depends on your decisions
2. Decision making is a process: you can break down even the most difficult choices into manageable steps, which include setting priorities, informing yourself, considering all your options, tuning into your intuitive feelings, and considering a worst-case scenario.

C. *The Health Belief Model*

1. According to this model, people will take a health-related action based on the following factors: perceived susceptibility, perceived severity, perceived benefits, cues to action, and self-efficacy.
2. This model has been used over the years to help people change unhealthy behaviours such as smoking, overeating, and inactivity, or to encourage them to take positive health actions such as using condoms, and getting needed vaccinations and medical checkups.

D. *How Can I Begin to Make Lifestyle Changes?*

1. Researchers have identified various approaches that people use in making beneficial changes, including the moral model, the enlightenment model, the behavioural model, the medical model, and the compensatory model.
2. Before they reach the stage where they can and do take action to change, most people go through a process that includes reaching a level of accumulated unhappiness that makes them ready for a change, and then they have a moment of truth that makes them want to change.
3. Social and cultural norms: behaviours that are expected, accepted, or supported by a group: can make change much harder if they're constantly working against a person's best intentions.
4. If you're aware of the norms that influence your behaviour, you can devise strategies either to change them or adapt to them.

E. *Strategies for Prevention: Setting Realistic Goals*

1. SMART Model: Goals and objectives must be Specific, Measurable, Achievable, Realistic, and Trackable (and time-based.)

F. *Strategies for Change: More Options for Change*

1. Modelling
2. Positive Visualization
3. Shaping

G. *Stages of Change*

1. Pre-contemplation
2. Contemplation
3. Preparation
4. Action
5. Maintenance
6. Termination

H. *Successful Change*

1. Some people find it helpful to sign a “contract,” a written agreement in which they make a commitment to change.
2. Change also depends on the belief that you can and will succeed (self-efficacy).
3. Another crucial factor is locus of control.
 - a. If you believe that your actions will make a difference in your health, your locus of control is internal.
 - b. If you believe that external forces or factors play a greater role, your locus of control is external.
4. Reinforcements (either positive or negative) can also play a role.
5. Self-talk, the messages you send yourself, also can play a role in change.

VII. Health and Wellness Education

A. *The Power of Prevention*

1. No medical treatment can compare with the power of prevention.
2. Prevention can take many forms: primary (or before the fact); consumer education; identifying people at risk; targeting a specific community, group, or individual.
3. In the past, physicians did not routinely incorporate prevention into their professional practice; however, medical schools are now providing more training in preventive care.

B. *The Potential of Protection*

1. There is a great deal of overlap between prevention and protection.
2. The very concept of protection implies some degree of risk: immediate and direct or long-term and indirect.

C. *Assessing Risks*

1. We all face a host of risks, from the danger of being the victim of violence to the hazards of self-destructive behaviours like drinking and drugs.
2. At any age, the greatest health threats stem from high-risk behaviours: smoking, excessive drinking, not getting enough exercise, eating too many high-fat foods, and not getting regular medical checkups, to name just a few.
3. Environmental health risks also need to be assessed.
 - a. Are there possible benefits? Some advantages may make some risks worth taking.
 - b. Is the risk voluntary?

- c. Is the risk fair?
- d. Are there alternatives?
- e. Are lives saved or lost?

D. The Future of Health and Wellness

1. Medical science is moving ahead at an astonishing speed.
2. Even with advances in medical science it is still important to make healthy lifestyle choices that support all the dimensions of health and wellness.

WHY SHOULD STUDENTS CARE?

- Learners can develop their understanding of health through the perspective of a college or university student (see pages 15–16)
- Students can measure themselves on the illness/wellness continuum, understand the factors that may affect their place on the scale, and envision their optimum state of health.
- It is important to understand the process of behaviour change and how it can be applied to one's life. Individual students are likely to have different ways in which they want to change their present lifestyle.
- Students may recognize how attitudes about health can be informed by varying cultural, ethnic, and socio-economic backgrounds.

WHAT ARE COMMON STUDENT MISCONCEPTIONS/STUMBLING BLOCKS?

- Differentiating between **gender** and **sex** and understanding what the concepts mean in terms of health-related conditions. See Figure 1-7 (page 14) for some direct comparisons, and find additional information in the *X And Y Files: Do Sex and Gender Matter?* (page 13).
- Differentiating between **health** (pages 4–5) and **wellness** (pages 9–11).
- Understanding **self-responsibility** and **social responsibility**, and how having an appreciation for self-responsibility will allow students to better take care of others as well.

WHAT CAN I DO IN CLASS?

Discussion Questions

Six Domains of Health: Discuss with students which domain of health is most prominent in their lives. Why do they feel this way? Which are they least concerned with? Ask students what they could do in order to incorporate all components into their lives. What are some of the

obvious differences between those who do incorporate all of these aspects into their lives and those who only concentrate on one or two of these components?

Canadian Health Agencies and Initiatives: What Canadian health agencies, programs, or initiatives have had an impact on students' health or the health and wellness of their friends and families? How did they enable the students to improve their health and wellness? What programs and initiatives are lacking or need improvement? Where are there gaps in the system?

Diversity and Social Exclusion: What challenges do the social determinants of health bring to the health-care system? What actions can government, universities, hospitals and other health-care facilities, and individuals take to address these differences? Identify some of the aspects of social exclusion that might affect the overall health of an individual. What factors in the health-care system might keep various individuals from keeping up with their health? One example is when brochures only display one race, and are only in one language. Another example is when physicians do not clarify health questions, such as "Are you sexually active?" Does this mean in the last week, two hours ago, in your lifetime ...? Also, what does "sexually active" mean? How is this term interpreted if you are lesbian or a gay man? What about, "Do you drink alcohol?" A person might reply, "Yes, but only once a week." This may still be a problem if the one time a week he or she drinks five to eight drinks.

Personal Health Assessment: After reviewing the Precede-Proceed Model for Health Promotion Planning and Evaluation (Figure 1-2, page 6), and the Quality of Life Model (Table 1-1, page 7), encourage students to keep a small journal handy in order to record their thoughts, reactions, and experiences related to each chapter's materials. How does the information presented in each chapter apply to their values, attitudes, and behaviours? What might they do in order to change unhealthy behaviours? What are some of the barriers that might keep them from a healthier lifestyle? What are some of the benefits of a healthy lifestyle? Is a healthy lifestyle the same for everyone?

College/University Students and Health: Ask students how they handle the possible newfound freedom they have achieved since attending college/university. How do their parents handle and react to it? How does this sense of independence affect their health? What health challenges do they face?

Illness/Wellness Continuum: Have students identify where they are on the Illness/Wellness Continuum (Figure 1-4). Be sure they include all six domains of health. What does the Illness/Wellness Continuum represent? Can you fluctuate on this continuum?

Changing Health Behaviour: Ask students to reflect on a personal change attempt. Discuss positive strategies they used. Discuss unsuccessful attempts. Why were they unsuccessful? What could they have done differently? Point out the Stages of Change (Figure 1-10) and compare successful and unsuccessful changes.

Guest Speakers and Panel Presentations

- Compose a panel of class members or community representatives from diverse ethnic, religious, and racial groups to discuss their cultures' views about health and illness. In particular, you might invite members of the First Nations community to your classroom to discuss their spiritual beliefs and culture so that others might have a better understanding of their perspective on health and wellness.
- Form a panel, possibly comprising a psychologist, sociologist, environmentalist, and physician, and have the members share their definitions of health and how they work to protect it.
- Invite someone who has recently overcome a major health obstacle or problem to discuss what helped them to adjust to or overcome the problem.
- Invite a member of a community support group (e.g., Alcoholics Anonymous, Weight Watchers) to share their methods/steps to creating behavioural change.

In-Class Activities

Activity #1 Meet Your Classmates

Purpose:

1. To meet your classmates and learn to appreciate the differences we all share
2. To appreciate nonverbal communication

Time:

10–15 minutes

Method:

1. Go to an area where students can easily move around.
2. Divide the group into two or three teams.
3. Have them stand in a straight line.
4. Give them a topic regarding health (e.g., times a week you exercise, number of fruits and vegetables eaten daily, number of sports teams played on in high school)
5. Have them line up accordingly (e.g., most to least, least to most).
6. Keep track of time to see which group lines up first (and then compare times afterwards).
7. To add a twist, don't let them talk while trying to line up.
8. Repeat many times so that the students get a chance to be in different location each time.

Discussion:

1. Elaborate on the following communication facts:
 - a. Verbal messages(words) account for 7 percent of communication.
 - b. Nonverbal cues (e.g., expression, gesture, or dress) account for 93 percent of communication.
2. Discuss with the students how they felt when they couldn't talk.What did they rely on to communicate?
 - a. How did each of them communicate? Were there different styles?
 - b. Is nonverbal communication as effective as verbal communication? Explain.
3. Discuss whether anyone was always in the same place in line or not. Discuss differences amongst each other.
4. How might these differences reflect how we treat ourselves? Our lifestyle behaviours?

Activity #2
The Dimensions of Health

Purpose:

1. To introduce and investigate the dimensions of health and how various individuals perceive these dimensions
2. To analyze human behaviour in the context of physical, psychological, social, intellectual, environmental, and spiritual health
3. To meet your classmates

Time:

20–30 minutes

Method:

1. Form a circle in the room.
2. Instruct students to introduce themselves and identify a dimension of health that represents their lifestyle by acting it out.

Discussion:

1. Discuss the various ways that people perceive the dimensions, not only through how individuals act out the dimensions but also from the audience's reactions.

Activity #3
Presentation on Various Cultures

Purpose:

To better understand the health needs and practices of various cultures

Time:

Two to three class periods

Method:

1. Have students select (or assign) various cultures to research the health needs and practices of each culture. You may want to put them in groups.
 - a. Ask students to research the various dimensions of health regarding their selected (or assigned) culture.
2. Give the students ample time to research their given culture.
3. Have students present to either small groups or to the entire class; whatever time allows.

Discussion:

1. Discuss the various ways that people perceived the dimensions and how others from different cultures might interpret these dimensions.
2. Ask the students how they feel about these various cultures after having a chance to look at them more closely.

Activity #4 **How Do We Compare?**

Purpose:

To introduce and investigate the various health concerns and illnesses around the world and compare them to those in Canada

Time:

One class period

Method:

1. Reserve a classroom that has access to enough computers for your class.
2. Have students investigate the World Health Organization website and the Health Canada website, and make a list of the top illnesses around the world.
3. To add another dimension, give the students a particular case study and ask them to identify symptoms or methods of treatment as reported by these two organizations.

Discussion:

1. Discuss why certain countries are more susceptible than others to particular diseases.
2. What prevention methods are in place to combat those diseases in Canada? Are they effective? Why or why not?

WHAT OTHER RESOURCES ARE AVAILABLE?

Commission on the Future of Health Care in Canada. (2009, April 30). *Final report. Health Canada*. Available at <http://www.hc-sc.gc.ca/hcs-sss/com/fed/romanow/index-eng.php>

- Constitution of the World Health Organization. (1947). *Chronicle of the World Health Organization*. Geneva, Switzerland: WHO. Available at http://www.who.int/governance/eb/who_constitution_en.pdf
- Edwards, P., et al. (2004, May–June). ParticipACTION: The mouse that roared: A marketing and health communications success story. *Canadian Journal of Public Health*, 95 Supplement 2. Available at <http://scaa.sk.ca/gallery/participation/english/impact/CPHA.html>
- Epp, J. (1986). *Achieving health for all: A framework for health promotion*. Ottawa: Minister of Supply and Services Canada. Available at <http://www.hc-sc.gc.ca/hcs-sss/pubs/system-regime/1986-frame-plan-promotion/index-eng.php>
- Federal/Provincial/Territorial Advisory Committee on Population Health (1999). *Toward a healthy future. Second report on the health of Canadians*. Ottawa: Health Canada.
- Health Canada. (2004). *Young people in Canada: Their health and well-being. Report*. Available at http://www.phac-aspc.gc.ca/hp-ps/dca-dea/publications/hbsc-2004/pdf/hbsc_report_2004_e.pdf
- The Health of Canada's Young People: A Mental Focus (2011). Available at <http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/school-scolaire/behaviour-comportements/publications/hcyp-sjc-eng.php>
- Kulchyski, P., McCaskill, D., & Newhouse, D. (1999). Introduction. In P. Kulchyski, D. McCaskill, & D. Newhouse (Eds.), *In the words of elders: Aboriginal cultures in transition* (pp. iv, xi–xxv). Toronto: University of Toronto Press.
- LaLonde, M. (1974). *A new perspective on the health of Canadians*. Ottawa: Government of Canada. Available at www.hc-sc.gc.ca/hcs-sss/com/fed/lalonde-eng.php
- McKenzie, B., & Morrisette, V. (2003, April). Social work practice with Canadians of Aboriginal background: Guidelines for respectful social work. *Envision: The Manitoba Journal of Child Welfare*, 2(1).
- McKenzie, J.F., Neiger, B., & Thackeray, R. (2013) *Planning, implementing, and evaluating health promotion programs: A primer* (6th ed.). Don Mills: Benjamin Cummings.
- Ottawa Charter for Health Promotion. (1986). World Health Organization, Health and Welfare Canada, and Canadian Public Health Association. Available at <http://www.phac-aspc.gc.ca/ph-sp/charter-chartre/>
- Public Health Agency of Canada (2011). What determines health? Available at <http://www.phac-aspc.gc.ca/ph-sp/determinants/>
- Quality of life model. (n.d.) QOL Concepts. Quality of Life Research Unit, University of Toronto. Available at www.utoronto.ca/qol/qol_model.htm

Scott, K. (2002, November). *A lost decade: Income equality and the health of Canadians*. Paper presented at the Social Determinants of Health Across the Life-Span Conference, Toronto.

Videos

Health and Lifestyles

(Lifestyles have an effect upon health; it's never too late to begin the change process.)

Spectrum Films

2755 Jefferson Street, Suite 108

Carlsbad, CA 92088

Homeostasis

(Observes what happens to the body during a marathon race.)

Films for Humanities and Sciences

P.O. Box 2053

Princeton, NJ 08543-2053

Influences on the Health of Individuals

(This program examines how individuals, sociocultural, socio-economic, and environmental factors impact people's lives, and what individuals can do to positively shape their health, both in the present, and for the future.)

Films for the Humanities and Sciences

132 West 31st Street

17th Floor

New York NY 10001

Promoting Healthy Behavior

(This program introduces the basic concepts of health and wellness, emphasizing that well-being is a multi-dimensional concept that exerts an ongoing influence throughout one's life.)

Films for Humanities & Sciences

P.O. Box 2053

Princeton, NJ 08543-2053

The Science of Wellness

(This program investigates the ramifications of applying the theories of prevention medicine: modifications in diet and lifestyle.)

Films for Humanities and Sciences

P.O. Box 2053

Princeton, NJ 08543-2053

Start at the Top: Engaging Executives in Personal Wellness to Drive the Success of Worksite Health Promotion

(This program deals with teaching executives to model a healthy lifestyle in order to provide a good example for employees.)

School Media Associates
5815 Live Oak Parkway, Suite 2B
Norcross GA 30093-1700

Strategies to Promote the Health of Individuals

(This program takes a close look at lifestyle approaches, preventive medical approaches, and public health approaches to health promotion.)

Films for the Humanities and Sciences
132 West 31st Street
17th Floor
New York, NY 10001

To Live or Die

(How lifestyle choices affect diseases is demonstrated. Connection between disease and behaviour in the lives of two individuals is discussed after their deaths.)

Perennial Education, Inc.
1560 Sherman Avenue, Ste. 100
Evanston, IL 60201

You Can't Buy Health

(Health maintenance program described by medical authorities.)

Produced by Burd and Cavan Communications Company.
Order from Blue Cross and Blue Shield Insurance Company.

Internet Resources

Canadian Institute for Health Information (CIHI)

Access information about national health indicators and standards, health spending, current health research, and the Canadian Population Health Initiative (CPHI).

www.cihi.ca

Canadian Institutes for Health Research

Learn about Canada's lead federal funding agency and funding opportunities for health research in four areas: biomedical, clinical, health systems and services, and population and public health.

www.cihr-irsc.gc.ca/e/193.html

The First Nations, Inuit & Aboriginal Health Branch of Health Canada

Discover public health and health-promotion services for First Nations, Inuit & Aboriginal people in Canada.

www.hc-sc.gc.ca/fniah-spnia/index-eng.php

Health Canada

Health information can be found at this federal government website. Check out *The Daily*, a special page that keeps Canadians on top of current health issues.

www.hc-sc.gc.ca

Public Health Agency of Canada

Find credible and practical e-health information gathered from federal, provincial, and municipal agencies; university libraries; and community groups.

www.publichealth.gc.ca

Chapter Key Terms

Action: A modification of behaviour according to a plan. A commitment of time and energy is required.

Attitude: A somewhat stable set of beliefs, manner, disposition, feeling, or position with regard to a person or thing.

Belief: An opinion; a conviction; a confidence in truth.

Contemplation: Awareness that there is a problem behaviour and consideration of changing it within the next six months.

Enabling Factors: Factors that make it possible or easier for people or populations to change their behaviours; include individual physical capabilities and mental capacities, resources, living conditions, societal support, and accessible facilities, programs, and services as well as developing skills in addition to predisposing existing skills.

Epidemiology: The study of how often diseases occur in different groups of people and why.

Globalization: The increased transnational movement of capital, goods, people, and political systems, and a rapid turnover of ideas and images through new communication technologies.

Health: A state of complete physical, mental, and social well-being.

Health Belief Model: Developed in the 1950s by social psychologists Hochbaum, Rosenstock, and Kegels, and updated in the 1980s, the model helps to explain and predict health behaviours.

Health Promotion: The process of enabling people to increase control over and to improve their health.

Healthy Environments: The creation of conditions and surroundings conducive to health.

Holism: An emphasis on the interconnectedness between the individual and his or her mind, body, and spirit.

Hygiene: Healthy; akin to well and to living; a science of the establishment and maintenance of health; conditions or practices conducive to health.

Locus of Control: An individual's belief about the source of power and influence over his or her life.

Maintenance: Continued work at changing behaviour. The change may take up to six months to a lifetime. Some lapses may be temporary.

Modelling: Observing other people and emulating their behaviours, successes, or positive lifestyle choices.

Morbidity: The number of disease rates in one period of time or in one place.

Mortality: The number of deaths in one period of time or in one place.

Mutual Aid: The actions people take to help each other cope.

Norms: The unwritten rules regarding behaviour and conduct expected or accepted by a group.

Panacea: A remedy for all difficulties; a cure-all.

Population Health: A way of thinking about the social and economic forces that shape health. It builds upon public health and health promotion, but goes beyond our more traditional understanding of the causes of health and illness.

Positive Visualization: Creating a mental picture of a goal or a behaviour change and visualizing yourself making that change.

Precontemplation: Not even aware that you have a problem, whereas others around you might be. No intention of making a change.

Predisposing Factors: Factors that encourage or inhibit us from changing such as knowledge, attitudes, beliefs, values, self-efficacy, behavioural intentions, and existing skills.

Preparation: Intention to change a problem behaviour within the next month.

Prevention: Information and support offered to help healthy people identify their health risks, reduce stressors, prevent potential medical problems, and enhance their well-being.

Protection: Measures that an individual can take when participating in risky behaviour to prevent injury or unwanted risks.

Rational-Emotive Therapy (RET): Form of therapy developed by Ellis that focuses on changing irrational beliefs and faulty interpretations, which result in negative emotions and severe anxiety.

Reinforcements: Reward or punishment for a behaviour that will increase or decrease one's likelihood of repeating the behaviour.

Reinforcing Factors: Factors that reinforce behaviour change. They include praise from family and friends, rewards from others, or encouragement and recognition for meeting goals. They also include healthy community policies such as smoke-free facilities and on-site workplace health and wellness programs.

Self-Care: The decisions and actions individuals take in the interest of their own health.

Self-Efficacy: Belief in one's ability to accomplish a goal or change a behaviour.

Self-Instructional Methods: The practice of positive self-talk to help an individual cope better with stressful situations.

Self-Talk: Repetition of positive messages about one's self-worth to learn optimistic patterns of thought, feeling, and behaviour.

Shaping: Building desired behaviour in small steps and rewarding positive changes over time.

Social Determinants of Health (SDOH): Income inequity, job security, working conditions, housing and food security, education and care in early life, and social exclusion of individuals and groups: all aspects that are very important to health and wellness status.

Termination: Can take two to five years for a behaviour to become so deeply ingrained that a person can't imagine abandoning it.

Wellness: A state of optimal health.