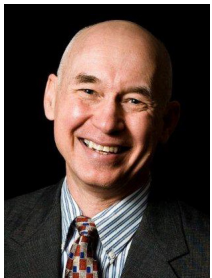


HealthCARING Accessible, Adoption Available



Author B. Helton

Tried-and-true or brand new? Three stories outline ongoing efforts to improve individual behavior and population health. They share a common plotline: a shorthand, inexpensive way to create widespread health behavior improvement. Each relies upon individual initiative, yet during a rollout, they also guide governmental action. That may be unexpected, like *a tail wagging the dog*. It is, nevertheless, explainable.

The Lead Story: Our book, **HealthCARING: A Reset for Health and Healthcare**, opens with Harvard Public Health's Jay Winsten. He wasn't a president, billionaire entrepreneur or even widely known beyond his professional circles. And Winsten still isn't. However, his coining of *designated driver* paid off in a big way. It has become a ubiquitous and accepted practice whenever friends go out drinking on the town.

Three years after Winsten's campaign launched, nine out of ten people were familiar with *designated driver*. This happened with the help of writers and producers of more than 160 prime-time television programs before the internet and cable splintered America's attention. By 1991, as a result of the sprinkling of 'five seconds' of dialogue featuring *designated driver* in shows like **Cheers**, **L.A. Law** and **The Cosby Show**, people were behaving differently. Fifty-four percent of those who drank frequently had been driven home by a designated driver.

Designated driver was not just life changing—it created "life saving" behavior. By 1992, alcohol-linked road fatalities had declined by twenty-five percent since 1988, occurring at a time when more vehicles were on the highways and more miles were driven. By now, the cumulative total far exceeds 100,000 deaths avoided on America's roads.

A Super-size Story: An ultra-small group of Californians fashioned the term *secondhand smoke* around 1970. This helped moderate the habits—even addictive ones—of millions. Secondhand smoke proved more powerful than prior health warnings, tobacco advertising bans, higher tobacco taxes and smoking cessation programs, yet it has complemented them all. The right to breathe smoke-free air in public gathering places is now an American standard.

Without this casual mechanism (or in our words, a behavioral definition) and supportive scientific research, the idea of a *No Smoking Area* would have been unthinkable. Again, in a role reversal, *secondhand smoke* didn't begin with government stepping in. Governments, however, followed as people organized, demanded and got anti-smoking ordinances and laws for, first,

restaurants and then eventually, other public arenas. Hotels, malls, hospitals and even entire college campuses merely followed along.

The authentic nature of its origin and the perceived innocence of those enlisted in the spread of *secondhand smoke* and *No Smoking Areas* was a major advantage. They redefined smoking and gave governments—large and small—a straightforward footing to organically spread restrictions on smoking across America. This created a cultural understanding and movement that led to a cut in the proportion of U.S. adult smokers from more than forty percent to less than twenty percent, saving countless lives and billions in medical costs.

A Timely Sequel: These two prior narratives set the stage for the third and featured story: *healthcaring*. It's a mechanism for spreading "caring" health and healthcare behavior that translates what we've long known about illness prevention and healthcare delivery into the power of routine action.



Every day, more people become attuned to caring about their health, wellness and the healthcare system. They include mothers, maybe you and others, nutritionists, wellness advisors and most providers whom anyone would, if asked, call caring. As obvious "healthcarers," they share a characteristic that isn't elusive, just underappreciated and inconclusive, until now... *caring more than the norm*, much more.

Health communicators can make use of *healthcaring* to prod cooperation as well as influence decision makers. This goes far beyond a singular focus like lifestyle health. *Healthcaring* will redirect physicians, patients, providers, payers,

prevention partners, pharmaceuticals, policy planners, plaintiffs, politicians and the public toward an all-embracing destination: caring health and healthcare. As in the two earlier examples, there is more enfolded in this storyline than meets the eye, including its self-defining and generative components.

Behavioral definitions form the shorthand of life. They frame an under-recognized pattern as distilled and potent for behavior as mathematics is for science and biology is for environmental efforts. That's the how and why of *designated driver*, *secondhand smoke* and, now, *healthcaring*. Each is causal, relies upon the initiative of seemingly ordinary people and grows with coordinated marketing. They spur behavioral change to guide governmental action (rather than governmental action prompting behavioral change).

Introduce more causal meaning into language. Adopt *healthcaring* and its associated behavioral definition *healthcarer*. "Sparingly sprinkle" these into writings, your thoughts and creative media to **bring health and wellbeing to life**—including yours.