THE INTERRELATIONSHIPS OF WELLNESS, PUBLIC HEALTH, AND CHIROPRACTIC

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ABSTRACT

Objectives: To explicate the relationships among the definitions and practices of chiropractic, wellness and public health and to make recommendations for strengthening these relationships.

Background: Public health-related topics comprise less than 2% of chiropractic coursework at most chiropractic colleges, and few connections currently exist between chiropractic and public health practice. The concept of wellness is common to both, and might serve to bridge the gap between the individual health services provided by chiropractors and the community health services provided by public health agencies.

Conclusion: It is time for chiropractic to join the public health movement to improve the health and promote wellness not just in their patient populations, but in their communities, and demonstrate their commitment to patient wellness by integrating their efforts with the healthcare mainstream. (J Chiropr Humanit 2005;4:191–194)

Key Indexing Terms: Chiropractic; Public Health; Health Promotion

INTRODUCTION

Public health has never been a popular topic with chiropractors. Public health-related topics comprise less than 2% of chiropractic coursework at most chiropractic colleges, with most of this coursework being devoted to the "worms and germs" aspects of public health.[1] Less than one-half of one percent of chiropractors in the United States (US) belong to the American Public Health Association (APHA), the oldest and largest public health organization in the world - and one of the strongest lobby groups in the US. However, chiropractic and public health share an important common area of interest: the concept of wellness. The following definitions make this commonality clear:

- *Wellness* is a process of optimal functioning and creative adaptation involving all aspects of life.[2] Wellness is an active process in which an individual changes his or her behavior in a manner which promotes health in all its dimensions.
- *Health promotion* is any service, provided by communities, organizations, agencies or practitioners, that motivates or supports healthy behavior.[3] Since wellness is a process individuals undertake for themselves, *health promotion* is what agencies or providers do to support the undertaking. Thus, in the arena of community health, *health promotion* is basically synonymous with *wellness care*.
- *Public health* is defined as a society's efforts to protect, promote and restore health.[4]
- *Chiropractic* is,[5] "a health care discipline which emphasizes the inherent recuperative power of the body to heal itself without the use of drugs or surgery," and its purpose is "to optimize health."[5]

Thus, by definition, both public health and chiropractic are concerned with health promotion—that is, in supporting people's quest for wellness. The chief operational difference between the two is that public health is concerned with the health of the community while chiropractic, like most health care disciplines, is concerned with personal health, that is, the health of the individual.

The Interface between Public and Individual Health

A primary emphasis on individual health care is common to most health professionals, not just chiropractors. However, perhaps due to the profession's development outside the healthcare mainstream,[6] chiropractors may be more inclined to view

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what they do as completely unrelated to public health activities. In reality, all healthcare disciplines, including chiropractic, have functions which overlap those of public health (Fig 1). These core functions are:[7]

1. Policy: Public health agencies are involved in policy development in areas that affect the health of the community. As stated above, large organizations like the APHA have considerable political power to affect health-related legislation.
2. Assessment: Public health agencies at both the national and local levels are responsible for conducting surveillance of factors affecting health. This surveillance contributes to the current state of scientific knowledge on prevention and health promotion as well as on risk factors for injury and disease.
3. Assurance of services: Public health agencies are tasked with assuring public access to a competent health workforce. It is in this area that there is the greatest interface with chiropractic practice, as shown in Figure 1.

Opportunities Related to the Interface between Public and Personal Health Services

By failing to see the areas of interest shared by their profession and public health agencies, chiropractors are missing many opportunities to increase their sphere of influence and patient base. Participation in public health organizations such as the APHA can provide chiropractors with a greater voice in health policy. Greater awareness and involvement in public health issues may also improve the profession's ability to secure extramural funding. Federal agencies, such as the National Institutes of Health and the Centers for Disease Control and Prevention, set funding priorities based on national health issues. Grant applications which do not recognize and emphasize the public health importance of their proposed projects will not fare well in the review process.[8]

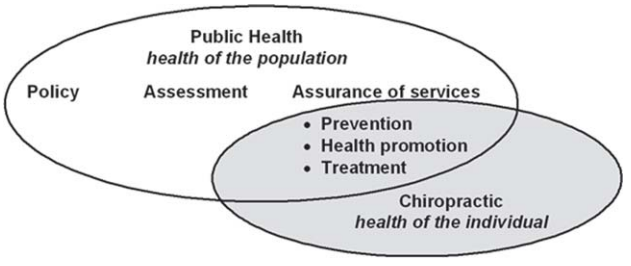

Figure 1. Interface between public health and chiropractic.

Combining Public Health and Chiropractic Perspectives on Wellness

Since public health is one of the most deeply embedded functions of society, it is important for the chiropractic profession to make a concerted effort to strengthen and highlight its interface with public health activities. Wellness-related activities, both in the public and personal health arenas, are the most appropriate means to do this. This will not require a change in chiropractic principles or practice, since these are already completely congruent with the concept of wellness. It requires only a shift in perspective.

For most of the first 100 years of the profession, chiropractic existed as what some have called a "marginal" profession outside and paradigmatically at odds with the rest of the healthcare community. However, with the global shift toward chronic diseases caused by health behavior, healthy lifestyle has become one of the world's leading public health issues. Chiropractors have been quietly assisting patients with healthy lifestyles since the beginning of the profession, but they have been doing so in isolation from the rest of the healthcare mainstream.

From the perspective of community health, rather than exclusively personal health, chiropractic practice is perfectly congruent with national public health priorities around the globe. However, chiropractors are not educated about public health priorities, so they do not realize they are actually contributing to national health objectives. Furthermore, those on the "outside", such as government agencies, other health professionals and the general public, also may not recognize this contribution.

Wellness: a Natural Link between Chiropractic and Public Health

Chiropractic needs to become a partner in community health and wellness activities, rather than continuing to function as the "Lone Ranger" of healthcare. This requires three actions: 1) learn about national priorities, initiatives and resources for disease prevention and health promotion; 2) provide patients with counseling on health behavior that is consistent with current evidence-based standards; 3) engage in community-based activities and organizations as a public service that will also serve to

demonstrate the profession's commitment to wellness.

National Priorities and Evidence-Based Patient Counseling

National priorities are similar in many countries. For example, both Australia and the US name asthma, cancer, cardiovascular disease, diabetes, injuries, arthritis, and musculoskeletal conditions as important national priorities.[9–11] Health behaviors that are internationally targeted as important risk factors include tobacco use, physical inactivity and poor nutrition, with tobacco use and physical inactivity being nearly equal in importance.[12]

The majority of US chiropractors already report providing counseling to patients on physical activity, nutrition and, to a much lesser extent, tobacco use.[13–15] Certainly a very large proportion of chiropractic patients seek help with chronic pain, especially back pain, which is a major health issue affecting quality of life. Physical inactivity and tobacco use are also factors which must be considered when dealing with musculoskeletal pain, especially back pain.[16] However, chiropractic education does not yet include standardized training in any of these areas - even, inexplicably, musculoskeletal disability and pain. So, methods used in the field vary widely from one chiropractor to another.

A vast body of knowledge on health promotion and prevention (ie, provider services related to patient wellness) is readily available, usually from the same government agencies which develop and address national health priorities. For example, the US Preventive Services Task Force has developed evidence-based recommendations on disease screening and health promotion counseling easily accessible online.[17] The Surgeon General of the US has readily available tobacco cessation materials appropriate for both providers and practitioners.[18] Only recently have chiropractic colleges begun to be aware of the existence of such resources, let alone to include them in their curricula.

Wellness-Related Community Activities and Organizations

Local public health departments are mandated by the government to address national health priorities. Chronically understaffed, most of these agencies welcome volunteers for their activities, such as health fairs and physical activity programs. Other avenues such as schools, senior centers, and service organizations such as the American Cancer Society also conduct an increasing number of wellness programs for their constituencies. Chiropractors need not rely on gimmicks from practice management companies to build their practices; volunteering with other community members to promote the health of populations in need is a good way to become a respected member of the community. Supporting and participating in wellness-related national and international public health organizations such as the APHA are also important. A small but active group of chiropractors not only succeeded in establishing the Chiropractic Health Care Section of the APHA, but was actually responsible for reversing this large and powerful organization's anti-chiropractic policy.[19–20]

Recommendations

There are 3 key actions that can help chiropractic join forces with public health toward the common goal of wellness.

1. *Incorporate information about national initiatives and priorities into chiropractic training.* Although this is done to some extent in public health courses, it is not done uniformly across institutions. Standardization of this information will only occur when the profession acts together at the national level. Currently, the National Board of Chiropractic Examiners in the US has acted upon this issue by incorporating questions on *Healthy People 2010,* the national initiative setting priorities and goals for improving the nation's health, into Part I board exams. This is a trend that should be continued in the US and followed in other countries.
2. *Develop coursework for chiropractic students and continuing education programs for practitioners on evidence-based health promotion counseling for the priority topics of tobacco use cessation, physical activity, and injury prevention*, at a minimum. These are top wellness issues for the population and have direct connections with the back pain and other musculoskeletal pain and injuries that are the most common complaints of chiropractic patients. A recent survey of 9 US chiropractic colleges showed that teaching clinic patients who were tobacco users were not consistently provided with appropriate cessation information by student doctors.[21]
3. *Establish relationships with local, regional and national organizations to pursue wellness-related goals of*

mutual interest. An example of this is the relationship the World Federation of Chiropractic (WFC) has developed with the World Health Organization. Through this partnership, WFC has created the "Chiropractors Against Tobacco" campaign, which provides chiropractors and their patients with tobacco use cessation materials.[22] The American Chiropractic Association is in the process of becoming a partner in the *Healthy People* consortium in the US. On the individual level, chiropractors and chiropractic students can join their national, or, in the case of the APHA, international, public health associations.

CONCLUSIONS

It is time for chiropractors to join the public health movement to improve health and promote wellness not just in their patient populations, but in their communities, and demonstrate their commitment to patient wellness by integrating their efforts with the healthcare mainstream.

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REFERENCES

1. Coulter ID, Adams AH, Sandefur R. Chiropractic training. In: Mootz RD, Cherkin DC, editors. Chiropractic in the United States: training, practice and research. AHCPR Pub. No. 98-N002, 1997:17–27.
2. Cardinal BJ, Krause JV. Physical fitness: the hub of the wellness wheel. Dubuque: Kendell Hunt Publishing; 1989.
3. Green LW. Community health. Boston: Times Mirror/Mosby College Publishing; 1990.
4. Last J. A dictionary of epidemiology. 3rd ed. New York: Oxford University Press; 1988.
5. Padgett K. Opening address. Proceedings from a Conference on Philosophy in Chiropractic Education. 2000 Oct; Toronto, Ontario, Canada. Toronto: World Federation of Chiropractic; 2000. p. 11–12.
6. Hawk C, Buckwalter K, Byrd L, Cigelman S, Dorfman L, Ferguson K. Health professions students' perceptions on interprofessional relationships. Acad Med 2002; 77:81–4.
7. Centers for Disease Control and Prevention. Public health surveillance [slide set]. Atlanta: Centers for Disease Control and Prevention; 2000. Available from: http://www.cdc.gov/epo/dphsi/phs/overview.htm.
8. Gotlib A. Now what? Pursuing the agenda. Proceedings of the 2005 Association of Chiropractic Colleges-Research Agenda Conference; 2005 Mar 17–19; Las Vegas, NV. Bethesda: Association of Chiropractic Colleges; 2005.
9. Australian Institute of Health and Welfare. National health priority areas (website). Bruce, ACT: The Association; c 2005 [updated 2005 Feb 28; cited 2005 Aug 30]. Available from: www.aihw.gov.au/nhpa/.
10. US Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Steps to a healthier US (website). Rockville, MD: The Department; updated 2005 Oct 20; cited 2005 Aug 30. Available from: www.healthierus.gov/steps/.
11. US Department of Health and Human Services. Healthy People 2010: understanding and improving health. 2nd ed. Washington, D.C: U.S. Government Printing Office; 2000. Available from: www.healthypeople.gov.
12. Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000. JAMA 2004;291:1238–45.
13. Rupert RL. A survey of practice patterns and the health promotion and prevention attitudes of US chiropractors. Maintenance care: part I. J Manipulative Physiol Ther 2000;25:1–9.
14. Hawk C, Long C, Perillo M, Boulanger KT. A survey of U.S. chiropractors on clinical preventive services. J Manipulative Physiol Ther 2004;25:287–98.
15. Christensen MG, Kollasch MW, Ward R, Webb RE, Day AA. Job analysis of chiropractic 2005. Greeley, CO: National Board of Chiropractic Examiners, 2005.
16. Rechtine GR, Frawley W, Castellvi A, Gowski A, Chrin AM. Effect of the spine practitioner on patient smoking status. Spine 2000;25: 2229–33.
17. US Preventive Services Task Force. About USPSTF: the new US Preventive Services Task Force (homepage on the Internet). Rockville, MD: The Task Force; c 2005 [updated 2005 Feb]. Available from: http://www.ahrq.gov/clinic/uspstfab.htm
18. US Department of Health and Human Services. Treating tobacco use and dependence. Washington, DC: The Department; c 2000 [updated 2000 Jun]. Available from: http://www.surgeongeneral.gov/tobacco/smokesum.htm
19. Mootz RD, Vear HJ, Baird R. Public health and chiropractic: the importance of professional activity in the American Public Health Association. J Chiropr 1990;27(5):31–6.
20. Vear HJ. The anatomy of a policy reversal: the APHA and chiropractic, 1969–1983. Chiropr Hist 1987;7(2):17–22.
21. Hawk C, Evans MW. Does chiropractic clinical training address tobacco use? J Am Chiropr Assoc 2005;42(4):6–13.
22. Hawk C, Baird R. 'Chiropractors Against Tobacco' pilot project: a practice-based research study. J Am Chiropr Assoc 2005;42:8–15.