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IPPA Newsletter

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The Robert Wood Johnson Foundation's Positive Health Project

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People are living longer, but not necessarily better or healthier lives. The United States spends \$2 trillion annually on health care, yet among developed countries has some of the highest rates of diabetes, obesity, and other diseases (www.oecd.org/unitedstates). Many healthcare systems are designed to identify and fix problems, and research predominantly focuses on understanding risk factors for disease. However, good health is more than lack of illness. The growing discipline of *positive health* focuses on cultivating and strengthening *health assets* – protective factors that buffer against illness and support healthy lives.

With funding from the Robert Wood Johnson Foundation, the Positive Health Project is empirically exploring which health assets might protect against disease, reduce healthcare costs, and promote longer, higher-quality lives. In an impressive collaboration led by Dr. Martin Seligman, four committees have worked to identify health assets, integrate positive health into the medical field, and share positive health with society. Here is a taste of some of the exciting findings and ongoing studies that the project is producing.

Health Assets

Depression, loneliness, and other negative factors are risk factors for disease, but what psychosocial factors might be health assets? To address this question, the teams have conducted literature reviews and empirical reanalyses of longitudinal datasets. In a review that garnered international media attention, Drs. Julia Boehm and Laura Kubzansky (2012) brought together more than 25 prospective longitudinal studies to explore positive psychological well-being (PPWB) and cardiovascular disease (CVD). Findings supported an association between higher PPWB and lower CVD, beyond ill-being (i.e., psychological problems) and other typical risk factors. Of the various well-being constructs reviewed, optimism was the most robust predictor. These findings provide empirical evidence for PPWB as a health asset although effects may depend on the type of well-being (e.g., hedonic well-being, eudaimonic well-being, optimism).

Drs. Ed Diener and Micaela Chan (2011) reviewed long-term prospective studies, animal studies, experiments, and quasi-experiments and found further support for well-being as a health asset. Subjective well-being predicted better health and longevity, separate from ill-being, although many questions remain.

In the past decade, nearly 20,000 studies have examined social relations and health. Dr. Louis Tay and colleagues (2012) compiled



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results from other reviews. Although evidence from these reviews supports social relations as a health asset, the pattern of associations is complex. For example, health behaviors inconsistently relate to social support, suggesting influence by social norms. Findings suggest it will be lucrative to study nuanced aspects of social relations, health behaviors, and health outcomes.

These reviews suggest that research should focus on mechanisms connecting subjective well-being and physical health, separate types of well-being, health outcomes, population groups, and methodological rigor. Ongoing projects are directly addressing these issues by further analyzing existing longitudinal datasets and developing an innovative lifespan analysis of well-being and health relationships.

Integrating Positive Health with Medicine

To integrate positive health into the medical field, the team is designing medical school curriculum and brief measures specifically for healthcare settings. Additionally, public policy initiatives have taken root.

Dr. Ray Fowler initiated development of a positive health medical school curriculum, with work extended by Dr. Marsha Snyder, a graduate of the University of Pennsylvania's Master of Applied Positive Psychology program. Healthcare centers often include brief assessments of health histories and risky health behaviors. To complement such assessments, Diener and colleagues have developed and are validating two measures targeting subjective health assets, with a 60-item scale for use in research and mental healthcare settings, and a brief 10-item checklist for use in medical practices.

In the public health policy domain, Dr. Darwin Labarthe is working to move policy from an emphasis on CVD to cardiovascular health (CVH), in line with the American Heart Association's goal to improve CVH and reduce CVD mortality by 20% (Labarthe, 2012). Dr. Steve Blair contributed important recommendations to public health policy, proposing that instead of directly targeting obesity, we should focus on physical activity, and positive effects will result across a myriad of health behaviors (Weiler, Stamatakis, & Blair, 2010). Programs such as Michelle Obama's *Let's Move* campaign reflect these recommendations.

Sharing Positive Health Publicly

To share positive health publicly, well-being measures are being developed, committee members are playing leading roles in globally advising government officials on incorporating positive psychology into measurement and policy, and Web-based dissemination is growing.

Seligman (2011) proposed that well-being is composed of five pillars: positive emotion, engagement, relationships, meaning, and accomplishment (PERMA). Brief, reliable adult and adolescent measures are being developed and will be available to researchers, organizations, and schools in the coming year (Butler & Kern, 2013; Kern et al., 2013). The World Well-Being Project (www.wwbp.org) is also developing a system to unobtrusively measure health and well-being through online social media such as Facebook and Twitter.

There is international interest in measuring and applying well-being research. Seligman, Diener, and others are playing a leading role working with officials in Bhutan, Australia, the United Kingdom, and other cities and countries around the world. Finally, in the next few months, PositiveHealthResearch.org will become the hub for research and activities pertaining to the Positive Health grant.

Looking Forward

Over the past five years, exciting progress has occurred. Yet there is still much more to come. For example, most research to date has explored CVD; new work will target other health domains (e.g., obesity, cancer). Committees are beginning to apply findings through intervention, focusing first on CVH (Boehm, Vie, & Kubzansky, 2012; Labarthe, 2012; Peterson, & Kim, 2011).

By incorporating the expertise of scientists from diverse fields, Seligman has set the stage for an exciting new field to take hold and garner public interest. Positive health research has implications for health promotion, medicine, and public health. In the years to come it will be exciting to see how the research is integrated to create what may become effective interventions to improve and promote health at the individual, national, and international levels.

For more information on the RWJF Positive Health grant, please visit this website:

www.authentic happiness.sas.upenn.edu/newsletter.aspx?id=1559.

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References

- Boehm, J. K., & Kubzansky, L.D. (2012). The heart's content: The association between positive psychological well-being and cardiovascular health.
- Boehm, J. K., Vie, L. L., & Kubzansky, L. D. (2012). The promise of well-being interventions for improving health risk behaviors. *Current Cardiovascular Risk Reports*, 6(6), 511-519.
- Butler, J., & Kern, M. L. (in preparation). *The Well-Being Theory Questionnaire*.
- Kern, M. L., Steinberg, L., Benson, L., & Steinberg, E. (in preparation). *The EPOCH measure of adolescent well-being*.
- Labarthe, D.R. (2012). From cardiovascular disease to cardiovascular health: A quiet revolution?. *Circulation: Cardiovascular Quality and Outcomes*, 5(6), e86-e92.
- Peterson, C., & Kim, E. S. (2011). Psychological interventions and coronary heart disease. *International journal of clinical and health psychology*, 11(3), 563-575.
- Seligman, M.E. (2008). Positive health. *Applied Psychology*, 57(s1), 3-18.
- Tay, L., Tan, K., Diener, E., & Gonzalez, E. (2012). Social relations, health behaviors, and health outcomes: A survey and synthesis. *Applied Psychology: Health and Well-Being*.
- U.S. Health in International Perspective: Shorter Lives, Poorer Health. (2013). The National Academies Press.
- Weiler, R., Stamatakis, E., & Blair, S. (2010). Should health policy focus on physical activity rather than obesity? Yes. *BMJ*, 340.

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