Cultural Transformation to a Whole Health System: Lessons Learned

Tracy Gaudet, MD

Abstract
Perhaps, the biggest risk facing the efforts to improve health and well-being for all, is to fail to realize that this requires not simply improvement upon the existing systems, but TRUE transformation. And, transformation not of one massive, complex system but of a multitude of systems. The Whole Health Institute has identified thirteen large systems that impact health and well-being and are in need of true transformation.

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“You never change things by fighting the existing reality. To change something, build a new model that makes the existing model obsolete.” Buckminster Fuller

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Lesson One: This is a CULTURAL TRANSFORMATION
Why am I using the qualifier of “true” transformation? In reality there is no other kind, but in practice the word transformation is used readily, and in my opinion, in most cases inaccurately. Far too often, the concepts being labeled as transformational, and are actually improvement of an existing system. Of course continuous improvement of our existing systems is essential, but transformation it is not. Whole Health empowers and equips people to take charge of their mental, emotional, spiritual, and physical health so that they can live their most meaningful lives. If the vision and promise of Whole Health is to be realized, this calls for true transformation, and not of only one system, but of a system of systems. This is not for the faint of heart!

LESSON TWO: Our strategies to drive cultural transformation must address both experience and incentives.

The nature of this transformation is a cultural one. If we are to transform a culture, we must first understand what a culture is and what drives it. Culture is individual and collective behavior based in experience and incentives. I like this definition because it helps operationalize the concept that far too often people assume is some nebulous thing that cannot be understood or driven to change. Once we pause to think about the drivers of behavior as experience and incentives, we see that this is as true at an individual level as a system level. If a person is merely incentivized to change behavior (for example, saving money if they improve their health status), it is rarely sustained. To sustain behavior change, which is very clearly difficult, one must be intrinsically motivated. And how does one become intrinsically motivated? Through their personal experience. This is true for positive and negative behavior change. Experiencing a change in something that really matters to them is often the catalyst. And these things are usually simple but are personally very important things—

1Whole Health Institute, Bentonville, AR, USA

Corresponding Author:
Tracy Gaudet, 5610 East Sagewood Drive, Idaho Falls, ID, 83406, USA.
Email: tgaudetwholehealth@gmail.com

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that they can fit in the roller coaster to ride with their grandson, or that they can go hunting with their buddies and not be in pain. These are the experiences that create the intrinsic motivation to sustain behavior change across time. And one without the other doesn’t work. A person can be truly motivated, but if everything around them incentivizes the opposite behavior, the change will not be sustained. The same is true at the system level. Systems are like living things, greater than the sum of their parts and also with characteristic behaviors. If the system does not have an experience of the change, it will not have the motivation to drive real change, and even if does, if the incentives of the system are not aligned (for example what the system is measured on and valued on) the change will not be sustainable.

LESSON THREE: We must be relentless in changing the purpose of healthcare, as well as the other systems that impact health and well-being. This means changing what we define as success, what we measure, and what we reward.

How do you know if you are driving system transformation? A system is transformed when the purpose of the system has changed. The primary purpose of the current healthcare system is to diagnose and treat disease, cure it when possible and manage it when not. The purpose of Whole Health is to empower and equip people to take charge of their physical, mental, and spiritual health to live a full and meaningful life. Our current system does not help people optimize their well-being or address their self-care because that is not the purpose of the system within which we are all working.

LESSON FOUR: We are starting from the wrong place. To change the outcomes of the system, we need to change the conversation. We need to start with discovering what gives each of us a sense of meaning and purpose. What matters most deeply in our lives?

The biggest revelation that I have had personally happened many years ago, and it has been fueling my work ever since. After listening to the reflections of patients who had been successful in making really big life and health changes, and hearing story after story about what had most significantly changed in their lives, I realized the core issue in our current approach is that we are starting from the wrong place. One woman talked about how the most significant thing for her was that now, for the first time in 15 years, she could bend over and tie her shoes. Only after whispered in her ear did she remember to share that “oh yeah…..I lost 70 pounds.” The next man, beaming, said he is dancing with his wife again. And only after he was reminded did he mention that oh yes, he had had something called metabolic syndrome and now he does not have it anymore—his blood pressure is good, his diabetes is gone, and he is off all of his medications. Is it any wonder that when we talk to people about their diseased body part or their risk of developing a disease, while we may momentarily get their attention, their day to day lives, their self-care does not change? What we need to do is dramatically change the conversation. We need to start with an exploration of what matters most to that person—what deeply matters. How many of us, in the course of our busy lives, pause long enough to really reflect on this? This is not something that most of us think about—unless or until we have a life event—a crisis. How many people with cancer have considered it a blessing because it caused them to pause—to stop—to reflect on what really REALLY matters to them… and then align their life with this—however long or short that life is. Imagine if the purpose of healthcare were to help people pause and reflect on what they actually want their health for, what brings them joy? Imagine if the purpose of healthcare were to provide people with the skill building and support they need to address their self-care so that they can live their most meaningful life. Imagine if THIS is the purpose of healthcare. Many, many things will change.

In closing, I would like to share a few key reflections:

- Large systems do not want to change. They are doing what they were designed to do.
- At the start of the journey to drive large system transformation, there is often little to no resistance. This is because the existing system, which is by definition the dominant paradigm, doesn’t take the effort seriously. And with good reason—it is really hard to truly transform systems and therefore efforts to do so almost inevitably fail.

| AS IS                                    | WILL BE                                                        |
|------------------------------------------|----------------------------------------------------------------|
| Focused on disease                       | Focused on the person and their purpose                        |
| Problem based                            | Aspiration based                                               |
| Physician-directed                      | Partnership with team                                          |
| Disease management                       | Health optimization                                           |
| Find it, fix it                          | Identify risk, minimize it                                     |
| Reaction                                 | Proactive                                                      |
| Sporadic                                 | Lifelong planning                                              |
| Biomedical interventions                 | Whole person approaches                                        |
| Individual left to enact                 | Skill building and support in the workplace and the community  |
• If and when you start experiencing resistance, this is a good sign. It means that the system is starting to take the effort to change seriously—which means you are making progress.
• If that resistance ceases, it means one of two things. Either the system has transformed and your work is done, or your effort has been co-opted by the dominant paradigm. Your words may be sprinkled in, improvements may have been incorporated, but the purpose of the system remains the same and your transformational effort has failed.

Given how hard this is, why do we all persevere in trying to drive this change? For one reason: Because of what is possible when we succeed.

**When we succeed, we will see…**

• Increase in physical and mental well-being (decrease in pain, obesity, depression, and chronic conditions)
• Increase in self-care
• Decrease in clinical and pharmaceutical needs and decreased healthcare costs
• Increase in employee engagement and business productivity
• Increase in people’s sense of meaning and purpose, connectivity, and compassion
• A transformation in social consciousness and a quantum leap in health, well-being, and collective humanity

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**ORCID iD**
Tracy Gaudet  [https://orcid.org/0000-0002-7394-0269](https://orcid.org/0000-0002-7394-0269)

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