

Toward a Contemporary Definition of Health

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ABSTRACT Aristotle saw that the striving of humanity was toward being well – a physical, mental and spiritual state where life flourished. A contemporary definition of health recognizes that disease and disability can and often do co-exist with wellness. In this new conception, health is transformed from a state that requires the absence of disease to a state where the central theme is the fullness of life. Health becomes not a static state of being, but a dynamic quality of living where body, mind, and spirit are fully employed to make the most of each day.

“Healthy citizens are the greatest asset any country can have.”¹ – Winston Churchill

Too often in the USA, *health* is synonymous with *health care*. This is not merely a philosophical failure, but an economic one. In a health care-centric paradigm faced with ever-rising costs, citizens are categorized according to their disease burden and related financial demands, causing individuals to be viewed as generators of costs rather than as assets.

A health care and cost-centric paradigm also has a *de facto* emphasis on diseases – the source of nearly all costs – rather than on health. This makes it difficult not only to value health as an intrinsic good but also to envision a scenario where disease is tantamount to failure, both on a system and an individual level.

To make a transition from health care to health requires reframing the belief that individuals belong on the negative side of a balance sheet. When viewed as an expense, all actions are oriented around reducing costs. This tendency is, of course, understandable; it is easier to focus on what we see – expenses – rather than what is unseen – human potential. The tendency to focus on what is seen explains why we think about health in terms of disease versus potential, emphasizing sick care over wellness and prevention. Harry Truman shared this sentiment 60 years ago, when he looked to improve the health status of the nation. “We should resolve now that the health of this nation is a national concern,” Truman said, “that financial barriers in the way of attaining health shall be removed; that the health of all its citizens deserves the help of all the nation.”² It may be decades later, but now is the time to adopt Truman’s argument and reorient our health care system toward health. When

viewed as an asset, rather than a cost, individuals are incentivized to maximize their full potential.

First, we should define what is meant by health. The World Health Organization defines health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”³ This definition expands health into well-being, but it lacks clarity. The “not merely” suggests the prerequisite of health as the absence of disease or infirmity. In other words, the absence of disease is necessary, but not sufficient – it is still part of the equation.

A contemporary definition of health could reach beyond this paradigm to recognize that we are all, to some extent, less than perfect, that we each have aspects that need care, and that we all are in some way infirm or even “diseased.” It is not the absence of disease that sets the stage for health but the fullness of life. To borrow a phrase from the literature of mindfulness, health is about being present in the moment. The question of health becomes an observational one, focused on the individual: In this moment, do you feel like you are fully alive? Are you in your optimal state of being based on your current conditions? Health becomes contextual and functional. By this definition, an individual with a chronic disease may still be healthy. And by this definition, we can experience health until the day we die. Indeed, we can even experience health *as* we die.

HEALTH AS A SOCIAL FORCE

“When health is absent, wisdom cannot reveal itself, art cannot manifest, strength cannot fight, wealth becomes useless, and intelligence cannot be applied.”⁴
– Herophilus

The Greeks understood living well as *eudaimonia*, which translates to well-being or happiness. At its core is a notion of flourishing, in mind, body, and spirit. This is not purely a philosophical abstraction. It also has relevance when applied to the strength of a nation, or a nation’s fighting force. Former Chairman of the Joint Chiefs of Staff, Admiral Michael Mullin, observed that “regardless of one’s beliefs in a mind–body duality, a growing body of scientific evidence,

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as I read it, certainly links the general health of the body with the state of one's perceptions of well-being. Scientists have also gathered ample evidence that one's attitudes toward wellness influence how one maintains one's physical health."⁵ Hippocrates picks up on this theme when he refers to regimens in the Hippocratic Oath. The original Greek term is *diatia*. The regimen, when taken from its original context, is speaking about the food or diet but in its secondary meaning means a way of living or mode of life or "rules of life" that is the way one lives one's life.⁶

Moreover, the notion of individual health is intertwined with our national ideals of society, justice, and ethical decision-making. Healthy citizens make for a healthy society. This association suggests a tangible link between social factors and determinants of individual health. Factors such as financial well-being, geographic location, family dynamics, safety, access to healthy food, to name just a few create buffers or magnifiers that support or hinder our ability to reach our potential. Our health is not a unique attribute that is determined in isolation by our genetic make-up. Our health is shaped largely by a host of environmental and societal factors that allow for a unique expression of our genetic make-up.

In many ways, this is an old idea. Ancient philosophers argued that community was inextricably related to the creation of health. Even before germ theory proved it, the number one threat to humankind throughout history has been infectious diseases. One's state of mind or emotional health, albeit helpful, did little to thwart deadly microbes such as cholera, yellow fever, and tuberculosis. Today in the USA, these diseases are largely absent from mainstream consciousness; instead, chronic diseases have become both the leading cause of death and the main preoccupation of medicine.

Today, it is possible for individuals to live for decades, years, or even the majority of their lives with a chronic illness. In turn, the increasing tendency to define preconditions as disease states, from pre-diabetes to metabolic syndrome to hypercholesterolemia, implies that more people fall under the classification of diseased. This phenomenon, where disease is the new normal, has saved and improved thousands of lives through an emphasis on prevention and early detection. But it likewise means that the traditional disease-centric orientation of health is woefully out of date. It demands that society acknowledge the inadequacy of previous conceptions of disease and health, and respond.

But how? By comparison, the response to infectious disease was fairly obvious. The germ theory gave humanity a better understanding of the etiology of infection, and the power to physically pinpoint a cause that had previously been invisible. The response, then, was linear: Clean up our communities with investment and policies that supported basic hygiene. These steps, mounted decades before the advent of antibiotics, helped push infectious disease to the margins and created the conditions for modern health.

The best response to counteract the growth of chronic illnesses is not so self-evident. With chronic diseases now the

norm, what is the necessary collective societal response? What does it demand us to *do*? Perhaps the answer lies in the lessons provided through several vignettes.

CONTEMPORARY HEALTH VIGNETTES

"Example is not the main thing in influencing others. It is the only thing." – Albert Schweitzer

First, let us meet Mark, a high school counselor who effuses health from his wheelchair. Diagnosed with multiple sclerosis nearly 20 years ago, he determined that this chronic condition was not going to hold him back. He is consistently in the classroom teaching and in his counseling office supporting his students. Yes, he has several significant physical limitations that his progressively disabling disease created. But he has maintained a positive outlook on life and constantly is learning and growing.

This willingness to be open to new experiences, learn, and reflect created what we would call wisdom. Mark's wisdom, in turn, helped students frame their life issues. Here is a person who clearly is optimally healthy – he had a physical condition that limited his activity but he remained highly productive and would view himself overall as healthy. This individual's situation is repeated by millions of people who live with a chronic condition. One lesson is that health is not binary – either you have it or you do not – and neither are its core domains of body, mind, and spirit. You can be healthy despite significant assault on one particular domain – body, mind, or spirit.

Now let us take the case of Johnny. He was diagnosed with schizoaffective disorder and became a threat to himself and others. He often had delusions and uncontrolled violent outbursts. His body was built like Atlas. If you were to ask Johnny if he was healthy he would say sure he was – he could bench press 300 lbs and felt fine. However, Johnny was not at all healthy. He was barely able to function in society. His case suggests that the condition of health may be more heavily weighted toward the mind and spirit. Descartes authored the phrase, "I think therefore I am." The mind is a creative force that is energized by the spirit. To some extent, the body appears to be more of a sideline contributor.

Now, let us meet Susan – an alcoholic who has been sober for 10 years. Susan is not easy to pinpoint on the traditional spectrum of health and disease. Would you consider her healthy? More important, would she consider herself healthy? Does she have a disease? It is tempting to say yes, but consider her physical condition: her liver functions normally. She is functioning well in her job and is genuinely happy. She volunteers her time, like many alcoholics who manage to stay sober, helping others in a support group. By all accounts, to include her own, she is healthy but she knows that when her spirits are low she is vulnerable to the call of old thoughts that could lead to alcohol.

These vignettes highlight individuals who are living with chronic conditions. Are they healthy and if so, why? Peeled

to its essence, health is not a condition or state but the very substrate of life. To have health is to have life. To be full of health is to be full of life. The substrate has a physical element but it also has a mental and emotional component. As with soil, the elements of physical (body), mental (mind), and emotional (spirit) can be optimally balanced to create a fertile ground for life. Each element becomes necessary but not sufficient. It is not necessarily the equal parts but the blend that is optimal for each individual to grow and thrive.

In this new definition, health is the combined elements of the body, mind, and spirit working in harmony to create the basis for the fullness of life. “Healthy” is a description of a flourishing life. How to develop this flourishing life moves us beyond the physical and beyond our genetic endowment. A flourishing life is determined by those actions and forces that impact our body, mind, and spirit.

It is helpful, here, to consider the determinants of health: those inputs that coalesce into the output of our relative state of health. Previous research has found that, in proportion to their contribution to premature death, the major determinant of human health is behavior. Even more profoundly, when behavior is combined with the influences of social circumstances and environmental exposure, these account for over 50% of one’s health. The opportunity here is profound, because these influences – behavioral, social, and environmental – are eminently modifiable, but have yet to be well addressed by conventional approaches to medicine and health (Fig. 1).⁷

To address these issues, though, requires that society place a renewed emphasis on the underlying psychosocial components of behavior, environmental choice architecture, and societal policies that shape the links between poverty, literacy, and health. A great deal of work is being done in these areas; community-based public-private partnerships are showing promise, though they remain the exception in today’s health care interventions. A contemporary definition of health would recognize the significant role of these determinants and bring a renewed vigor and force of action to these very relevant factors and pathways. Doing so will undoubtedly result in a healthier nation.

HEALTH IN AMERICA TODAY

“We can easily forgive a child who is afraid of the dark; the real tragedy of life is when men are afraid of the light.” – Plato

The USA spends more money on health care per capita than any other country in the world.⁷ One would expect us to have the healthiest nation, but because we are still measuring health by the old construct of disease, our expenditures simply illustrate how sick our nation has become.

A new definition of health will address the growing number of individuals who are developing preventable conditions and those who are poorly managing their conditions. We must also address the inefficiencies in our system and the poor alignment of incentives. It is paramount that we acknowledge that the present construct measures health by measuring failure. We track the faults of the health care system, instead of our individual and collective successes. It is ironic that, despite the volume of data and laboratory values and clinical measures that abound in contemporary medicine, health is, in fact, an incredibly complex concept to quantify. To date, the typical metrics for the health of a nation are mortality rate and health care costs as a percentage of GDP. As with any number, there is some reductive thinking that applies when relying solely on these two numbers. If a country has a low mortality rate, can we be assured that its population is living in optimal health? Similarly, it is understood that higher spending on health care is no guarantee of the health of the nation. As Kevin Murphy and Robert Topel have well argued, health care expenditures could rightly be seen as a measure of success and national priority, rather than defined as an expense line needing pruning.⁸

Still, while it is unlikely that any one number will capture the health status of a nation, we must make the attempt, and consider the broader definition of health (and not health care) as the integration of mind, body, and spirit.

A contemporary measurement should not just reflect the prevalence of disease, but also the prevalence of health-giving opportunities. It should encompass not just the health of the individuals within the population, but also the community factors that impact the health of these individuals. A suitable measurement must recognize the multidimensional contributors to health and require input from not only physicians but economists, urban planners, demographers, educators, and a variety of allied health professionals. This approach will direct resources to areas of greatest need. It will also help streamline the efforts of those who aim to improve the health of the nation by creating a uniform standard of measurement that is valid and practical.

There are some promising attempts to measure health in a multidimensional construct that encompasses the body, mind, and spirit with various social determinants. One very promising approach is the Gallup-Healthways Well-Being Index. The Well-Being Index measures six domains of well-being. Each domain is based on a scientific study of responses to survey questions that include life evaluation, emotional health, physical

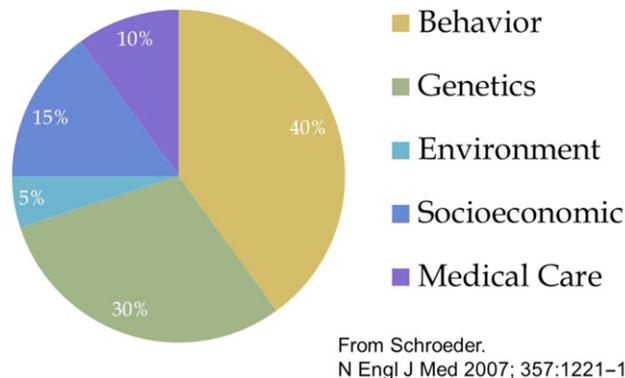


FIGURE 1. Influence of health determinants.

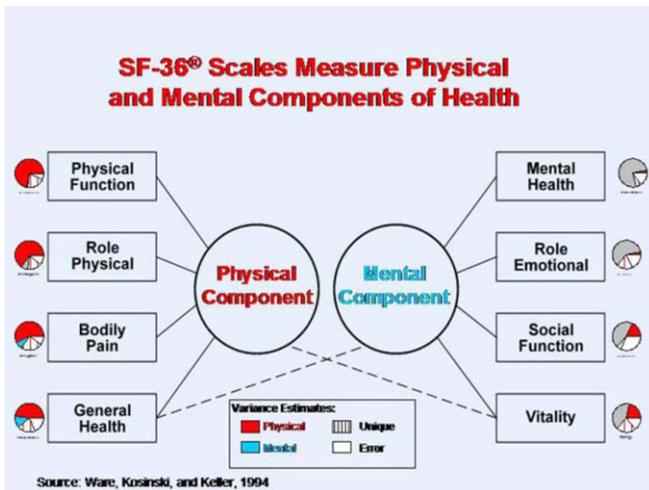


FIGURE 2. SF-36 Health Survey components.¹³

health, healthy behavior, work environment, and basic access.⁹ Similarly, the Optimal Healing Environment Assessment from the Samueli Institute evaluates the health of a population by examining the internal, interpersonal, behavioral and external domains.¹⁰ The Health Enhancement Research Organization (HERO) Scorecard is another tool organizations can use to measure health using a systems-oriented approach. This tool, traditionally used by employers seeking to implement effective population health programs, covers six elements of employee health management: strategic planning, leadership engagement, program-level management, programs, engagement methods, and measurement and evaluation.¹¹ The Centers for Disease Control has developed the Worksite Health Scorecard, a survey that recognizes a broader definition of health by including specific elements an employer should consider when establishing chronic disease prevention programs.¹² Yet another promising tool is the U.S. Army Global Assessment Tool, an individual assessment developed to support its Comprehensive Soldier Fitness program in addressing the issue of resiliency. This self-report survey measures psychosocial fitness in emotional, social, family, and spiritual domains. Additionally, the SF-36 survey is a health survey that measures Quality of Life and incorporates components for physical (disease burden) as well as mental health (Fig. 2).

It is essential that a contemporary measurement of health connects with what we know to be the determinants of health. To date, we have done an inadequate job of accurately measuring our nation's health. One of the fundamental aspects of measurement science is establishing validity: whether or not the metrics being used are the most appropriate measures of what is being assessed. We recognize that measuring all determinants of health accurately is a challenge, but approximations can be made to at least capture the domain of interest. A host

of options already exist for measuring health in a new, more pragmatic and more holistic framework. Each of these presents an opportunity to better characterize, and ultimately improve upon, the determinants of health which our society has failed to adequately address.

SUMMARY

Humanity strives toward health from an infant's first breath and his first connection with another human being. A contemporary definition of health recognizes that disease and disability can and often do co-exist with health. In this new conception, health is transformed from a state that requires the absence of disease to a state where the central theme is the fullness of life. Health involves the integration of body, mind, and spirit and recognizes the significant influence of sociologic, environmental and behavioral factors. Progress in understanding and applying this definition among key stakeholder groups requires appropriate measurement tools. As we examine the growing health care burden, we have an opportunity to seize the initiative and reframe the discussion toward a more contemporary definition of health.

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