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FROM THE PRESIDENT'S DESK

Redefining Health: What Does it Mean to Be Healthy?

Sean Sullivan, JD

World Health
Organization
definition of
health needs to
be changed.

The article *Health: How Should We Define It?* (BMJ | 30 July 2011 V343 pg. 235-237) published in the *International Journal of Obesity* and authored by Machteld Huber and colleagues, propounds the radical proposition that the long-accepted 1948 World Health Organization (WHO) definition of health needs to be changed. The authors directly challenge the definition that health is “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

They question the fitness of the WHO definition as “complete well-being” because of the rise of NCDs (non-communicable or chronic diseases) worldwide, and propose to change the emphasis toward the “ability to adapt to and self-manage the social, physical and emotional challenges of chronic illness.” By successfully adapting to an illness, they argue, people are able to work and lead an active social life and, thereby, feel “healthy” despite limitations.

This “radical” proposition makes great sense to us at IHPM, with our sharp and persistent focus on the primacy of “functionality” as the concept of health most relevant to the work place and to employers

The WHO definition has been criticized over the past nearly 70 years, but never adapted to fit an aging population or changing patterns of illness. Its limitations – and proposals for making it more useful – were discussed at an invitational conference of 38 international health experts, organized in 2011 by the Health Council of the Netherlands and the Netherlands Organization for Health Research and Development.

LIMITATIONS OF THE WHO DEFINITION

The first problem with the WHO definition – emphasizing “complete” physical and mental well-being – is that it unwittingly contributes to the medicalization of health. The requirement for complete health would leave many if not most of us “unhealthy” at least some or even much of the time.

The second problem is the considerable change since 1948 in the demography of populations and the nature of disease. At that time, chronic diseases led to early death and acute disease was the main burden of illness. Now, aging with chronic illness has become the new norm for millions worldwide, and these diseases account for most health care expenditures.

The WHO definition has become counterproductive – declaring those living with chronic diseases and disabilities to be “ill.” This minimizes the role of human resilience to cope with physical and emotional challenges, and function with a sense of well-being despite chronic disease or disability.

NEED FOR REFORMULATION

The experts at the Dutch conference expressed support for moving from the present static WHO definition to a more dynamic one, based on human resilience and capacity to cope, and to maintain or restore a sense of well-being.

Their preferred view was to redefine health as “the ability to adapt and self-manage,” characterized thus for each of the three domains of health in the WHO definition – physical, mental and social:

Physical “ability to adapt and self-manage” means that a healthy organism can mount a protective response when confronted with physiological stress. This will reduce the potential for harm, and restore an “adapted” equilibrium. (The technical term is “allostasis” – or maintenance of physiological homeostasis through changing circumstances).

Mental “ability to adapt and self-manage” involves a sense of “coherence” that contributes

to a successful capacity to cope with, and recover from, strong psychological stress, and to prevent post-traumatic stress disorders. A strengthened ability to adapt and manage yourself can improve subjective well-being

Social “ability to adapt and self-manage” encompasses multiple dimensions: (1) capacity to fulfill one’s potential and meet obligations; (2) ability to manage one’s life with some degree of independence despite a medical condition; and (3) ability to participate in social activities, including work.

By successfully adapting to an illness, people can continue to work or participate in social activities and feel healthy despite any limitations. This is shown in evaluations of the Stanford chronic disease self-management program (one of the experts participating in the conference was Professor Kate Lorig from the Stanford Patient Education Research Center): closely-monitored patients with chronic illnesses who were trained to manage their life better and cope with their disease reported

- Improved self-rated health
- Less distress
- Less fatigue
- More energy
- Fewer perceived disabilities and limitations socially
- Lower health care costs

MEASURING HEALTH

The general concept of health can support physicians in communicating with their patients to empower them – by changing a lifestyle behavior, for example, instead of just changing symptoms by taking a drug. Operational definitions are needed, however, for purposes of measurement, research, and evaluation of interventions (IHPM measures everything it does in field studies).

Measurement should differentiate between the health status of individuals and populations, and both objective and subjective indicators of health. Measurement instruments should relate to health as an “ability to adapt and self-manage.” Examples of operational tools include those for assessing functional health status, and measuring quality of life and a sense of well-being.

The Dartmouth Cooperative Group/World Organization of Family Doctors assessment of functional status presents six (6) different dimensions of health, each measuring the ability to perform daily life activities on a 1-to-5 scale.

Such instruments offer valuable information about different aspects of health, from functioning to experienced quality of life. But Huber and colleagues found few instruments for measuring aspects like “capacity to cope and adapt,” or “strength of physical resilience.” They proposed these as a new 21st century formulation of measurable health dynamics.

FUNCTIONAL HEALTH, PRESENTEEISM AND WELL-BEING

Occupational health, with its focus on functionality, long has been closer to the mark set by Huber and colleagues. IHPM has used the Work Limitations Questionnaire (WLQ) from Tufts University Medical School to measure functional status and impairment – or “presenteeism” – in all its field research and demonstration work for more than a decade, translating the results into productivity gains or losses.

Now, with its clinically validated Well-being Questionnaire, IHPM also can assess individual well-being at the workplace level across the domains of thriving, physical and mental health, quality of life and workplace productivity – which relate to resilience, and to adaptive and coping skills.

The call to measure health this new way is long overdue. When put forth in 1948, the concepts stated in the WHO definition were new and bold; 70 years later, they are tired and old. The concept and reality of health have changed dramatically, calling for a new definition.

To learn more contact Sean Sullivan at sean@ihpm.org

IS YOUR COMPANY TOTALLY INVESTED IN ITS EMPLOYEES?

START INVESTING TODAY

“WHEN COMPANIES INVEST in the health of their workforce, they have the opportunity to reduce healthcare costs and increase productivity. No company should pass up that kind of leverage.”

SEAN SULLIVAN, JD

President & CEO, Institute for Health and Productivity Management
Fortune Magazine, 12.12.05

THE INSTITUTE FOR HEALTH AND PRODUCTIVITY MANAGEMENT (IHPM) is dedicated to demonstrating that improving employees' health also increases their productivity. IHPM is the

premier global resource on health and productivity, and can help employers maximize the workplace return on investments in the health of their “human capital.”

The health of the work force is the biggest unrealized source of competitive advantage in the global economy. The mind shift from viewing it merely as a labor cost to seeing it as a strategic business asset is fostering the growth of health and productivity management as a global discipline. Unhealthy employees are less productive and hurt the health of the corporate bottom line—IHPM has the measurement tools and

clinical expertise to help you make the best investments in health to improve performance and gain a market edge.

CONTACT US to learn how to practice the new discipline of workforce health and productivity management.

To learn more about how healthy human capital can contribute to your company's bottom line—changing employee health from a cost to an investment—request your copy of *Healthy Human Capital: An Essential—and appreciable—Asset Captures the Eye of the C-Suite* by calling 480-305-2100.

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