

UCSF

UC San Francisco Previously Published Works

Title

Defining Health in a Comprehensive Context: A New Definition of Integrative Health

Permalink

<https://escholarship.org/uc/item/9rz0t354>

Journal

American Journal of Preventive Medicine, 53(1)

ISSN

0749-3797

Authors

Witt, Claudia M
Chiaromonte, Delia
Berman, Susan
[et al.](#)

Publication Date

2017-07-01

DOI

10.1016/j.amepre.2016.11.029

Peer reviewed

Defining Health in a Comprehensive Context: A New Definition of Integrative Health

Claudia M. Witt, MD, MBA,^{1,2} Delia Chiamonte, MD,¹ Susan Berman, BA,³ Margaret A. Chesney, PhD,⁴ George A. Kaplan, PhD,⁵ Kurt C. Stange, MD, PhD,⁶ Steven H. Woolf, MD, MPH,⁷ Brian M. Berman, MD^{1,3}

INTRODUCTION

Despite investments in health care, good health remains elusive for many people. Healthcare systems generally are disease-focused and concentrate resources on treatment modalities that often work well for acute or life-threatening illnesses such as physical trauma or infectious disease, but sometimes are poorly suited to the management of chronic illness.¹⁻³ Modifying the healthcare system to recognize the importance of social, behavioral, economic, and environmental determinants of health might better address current population needs.⁴⁻⁶ Such changes face many challenges, but a fundamental step is to incorporate emerging concepts such as integrative medicine and social determinants of health in order to create a working definition of integrative health. Creating a more inclusive definition could support strategic planning of initiatives promoting health across multiple sectors of daily life, not just the clinic.

In 1948, WHO defined health as: "... a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."⁷ Although this definition has positive elements that have kept it in active use for decades, it has significant shortcomings that limit its usefulness. For example, Huber et al.⁸ noted that WHO's emphasis on "complete" well-being fails to capture the longevity and high functioning of many individuals living with chronic conditions and disabilities.

With the contemporary shifts in health care that focus increasingly on wellness, health management across the lifespan, patient-centeredness, evidence-based medicine, and the integration of complementary medicine, "integrative medicine" is a term that is increasingly used to describe healthcare interventions.⁹ For example, integrative medicine has been defined by the Academic Consortium for Integrative Medicine and Health (previously named the Consortium of Academic Health Centers for Integrative Medicine) as, "the practice of medicine that reaffirms the importance of the relationship between

practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic and lifestyle approaches, healthcare professionals and disciplines to achieve optimal health and healing."¹⁰

Though care delivered in the clinical setting is important to health and wellness, it is only one factor among multiple determinants of health—for individuals, communities, or populations.¹¹ Thus, it is helpful to differentiate between integrative medicine and integrative health. A broader notion of health that expands "beyond the clinic" is establishing itself not only in medicine but in society at large. For example, HRH The Prince of Wales recently wrote about integrative health, adding that it "represents an approach to individual and population health which respects and includes all health related areas, such as the physical and social environment, education, agriculture and architecture."¹² This expanded definition parallels recent interest in the social and environmental determinants of health, and in linking health care with public health.^{5,13} In the U.S., NIH's National Center for Complementary and Alternative Medicine recently changed its name to the National Center for Complementary and Integrative Health.¹⁴

Thus, although the term "integrative medicine" has a well-established definition,¹⁰ the term "integrative

From the ¹University of Maryland School of Medicine, Center for Integrative Medicine, Baltimore, Maryland; ²Institute for Complementary and Integrative Medicine, University Hospital Zurich, University of Zurich, Zurich, Switzerland; ³The Institute for Integrative Health, Baltimore, Maryland; ⁴Osher Center for Integrative Medicine, University of California School of Medicine, San Francisco, California; ⁵Center for Social Epidemiology and Population Health, University of Michigan, Ann Arbor, Michigan; ⁶Departments of Family Medicine and Community Health, Epidemiology and Biostatistics, and Sociology, Case Comprehensive Cancer Center, Case Western Reserve University, Cleveland, Ohio; and ⁷Department of Family Medicine and Population Health and Center on Human Needs, Virginia Commonwealth University, Richmond, Virginia

Address correspondence to: Claudia M. Witt, MD, MBA, Institute for Complementary and Integrative Medicine, University Hospital Zurich, Sonneggstrasse 6, 8091 Zurich, Switzerland. E-mail: claudia.witt@uzh.ch. 0749-3797/\$36.00

<http://dx.doi.org/10.1016/j.amepre.2016.11.029>

health” does not. The growing popularity of the term makes it critical to adopt a common definition than can better facilitate discourse and be used to design relevant research, create metrics, and effectively advance the field.

METHODS

A definition was developed using a systematic, stepwise approach. A group of public health and medical experts—including several with established backgrounds in integrative medicine—developed a preliminary draft definition after reviewing existing definitions.^{8,12,15,16} The preliminary draft definition was circulated as an online survey to the Scholars of The Institute for Integrative Health¹⁷ ($n=10$), researchers and clinicians at the University of Maryland School of Medicine’s Center for Integrative Medicine ($n=8$), and the Institute for Social Medicine, Epidemiology and Health Economics at the Charite Medical School in Berlin ($n=10$). The first version of the definition was based on those survey results and the input of a focus group involving senior scholars at The Institute for Integrative Health.

For broader input, the first version was highlighted in newsletters of the Academic Consortium for Integrative Medicine and Health (1,704 subscribers) and the International Society for Complementary Medicine Research (105 members) and linked with an online survey. Quantitative responses were analyzed using SPSS, version 22.0, and free-text answers were analyzed according to Mayring¹⁸ using MAXQDA, version 10.

The survey results were discussed in a Scholars focus group, and the definition was further modified based on two conference calls and two written Delphi rounds.

RESULTS

The first version of the definition contained 145 words:

Integrative health is an approach to individual, community, and population health across the lifespan that respects the inter-relationships among all health-related domains including body, mind, and spirit. It recognizes that health is shaped not only by health care, but by personal behaviors, genetics, and protective and risk factors (e.g., economic status, stress response, working conditions). Integrative health also recognizes that these health-impacting factors, in turn, are shaped by the physical, social, and economic environments, as well as by neighborhood and community conditions, public policy, and social values. Integrative health empowers individuals, social groups, and communities to achieve ways of living that promote health, resilience, and well-being, and prevent disease. It advocates for person-centered healthcare that is informed by evidence and makes use of appropriate healthcare professionals, disciplines, healing traditions, and therapeutic approaches. Integrative health leverages community- and population-based strategies to improve health and prevent disease.

This definition covered eight domains:

1. inter-relationships among all health-related domains;
2. the role of health determinants outside of health care (e.g., personal behaviors, genetics);
3. the role of upstream determinants (e.g., physical and social environment);
4. empowerment of individuals, groups, and communities;
5. the value of person-centered, evidence-based care;
6. receipt of appropriate services;
7. community-based strategies; and
8. population-based strategies.

The newsletters were sent to 1,809 e-mail addresses, with 188 (10.0%) responses (72.3% from North America). Respondents had clinical (40.4%), research (22.3%), and teaching (22.9%) backgrounds. Nearly three quarters (73.9%) of participants acknowledged a difference between integrative medicine and integrative health. On a scale from 1 to 10 (where 1 = *not at all* and 10 = *fully*), respondents expressed agreement (median, 7.0; mean, 6.5; $SD\pm 2.6$) that the definition captured the difference between integrative medicine and integrative health. There was even greater agreement (median, 8.0; mean, 7.7; $SD\pm 2.2$) that the definition helped clarify the meaning of integrative health. There was >80% support for the eight elements of the definition, with the exception of social groups (73.9%), neighborhood conditions (79.8%), and care informed by evidence (79.3%). Two thirds of participants (68.6%) agreed that the definition encompassed all relevant aspects of integrative health. In qualitative data, the most commonly mentioned omissions from the definition included a patient-centered approach in which the patient is described as an engaged partner in health care and the importance of emotions, relationships, and environmental factors.

The strongest criticism, cited by many survey respondents, was the length and complexity of the definition. In addition, the definition was criticized as being difficult to read, overly academic, and more oriented to an academic

Integrative health is a state of well-being in body, mind and spirit that reflects aspects of the individual, community, and population.

It is affected by: (1) individual biological factors and behaviors, social values, and public policy, (2) the physical, social, and economic environments, and 3) an integrative healthcare system that involves the active participation of the individual and the healthcare team in applying a broad spectrum of preventive and therapeutic approaches.

Integrative health encourages individuals, social groups, and communities to develop ways of living that promote meaning, resilience and wellbeing across the life course.

Figure 1. Final definition for integrative health.

audience than to patients, healthcare providers, or the public.

There were strong suggestions to simplify the definition, but also to retain the components that distinguish integrative health from integrative medicine. Some respondents were concerned that the phrase, “person-centered healthcare that is informed by evidence,” would marginalize helpful therapies that have not yet been researched thoroughly. Some suggested that the phrase could imply that integrative health only includes therapies verified in RCTs. Other classes of evidence can be also useful and are often pursued for interventions in the community.¹⁹

Based on the results of the survey and the systematic consensus of the working group, a revised version of shorter length (96 words) was proposed and the reference to evidence was removed (Figure 1).

DISCUSSION

The term “integrative health,” though gaining popularity, requires an accepted definition to reduce confusion about its meaning. The National Center for Complementary and Integrative Health, for example, uses the term integrative health for “incorporating complementary approaches into mainstream health care.”²⁰ The definition suggested here is defining health plus acknowledging its social determinants. In fact, confusion already surrounds the term “integrative medicine,” and both terms “integrative medicine” and “integrative health” are sometimes used interchangeably—an imprecision that this definition will hopefully remedy. Despite other common themes for both terms, such as a commitment to whole-person health, integrative medicine and integrative health are discrete concepts with distinctly different applications. Integrative medicine, as defined by the Academic Consortium for Integrative Medicine and Health,¹⁰ is clearly a subtype of the practice of medicine, whereas integrative health is a much broader state. Integrative medicine, which includes conventional treatment approaches such as surgery, can be considered a component of integrative health. It is noteworthy that the Academic Consortium changed its official name to include both integrative medicine and health and expanded its vision to include promoting health in every individual and community. Survey methods were used to get the feedback from a broader audience. However, it is unclear if those who did not respond would have had a similar opinion.

Integrative health, as defined here, takes the discussion of health and well-being beyond what occurs in the offices of health professionals to include the work of self-empowered individuals within their communities.

Integrative health incorporates concepts such as resilience, active participation of the individual, a focus on prevention, and the effect of public policy on health. When considering a patient with asthma, the integrative medicine approach might include additions to conventional care such as anti-inflammatory diet and testing for food sensitivity, whereas the integrative health approach might add community educational programs on proper use of inhaled beta agonists and housing interventions to control cockroach infestations in subsidized housing units. In the case of diabetes management, the integrative medicine approach would include nutritional counseling, stress management to modulate cortisol secretion, and exercise prescriptions. Integrative health interventions might add a focus on ensuring availability of fresh vegetables in economically disadvantaged communities and organizing community-based groups, such as churches, to engage members in weight loss competitions.

Key components of the definition include the concepts of well-being in body, mind, and spirit of individuals, communities, and populations, as well as the physical, social, and economic environments in which people live, study, and work. This is consistent with the Robert Wood Johnson Foundation’s new vision for a “Culture of Health,” which they describe as “a culture that empowers everyone to live the healthiest lives that they can, even when they are dealing with chronic illness or other constraints... a health care system that couples treatment with care, and considers the life needs of patients, families, and caregivers, inside and outside the clinic.”²¹ Defining integrative health is an obvious first step toward creating a culture of integrative health, but there is more to do: Creative innovation is required to achieve this lofty goal. Examples of next steps include modifications in public policy, reassessment of funding priorities, financing reforms, enhancement of community-based programs, and the creative use of social media. Emerging technologies, such as applications for handheld devices, are already being harnessed in the service of integrative health by providing users valuable feedback about their health behaviors, such as steps taken each day or physiologic responses to the natural environment.

CONCLUSIONS

A broader vision of health is emerging under the term “integrative health,” but until now an accepted definition of this term has been lacking. This paper proposes a definition developed by experts with stakeholder support, which hopefully will facilitate the work of society to achieve greater integrative health.

ACKNOWLEDGMENTS

This work was supported by The Institute for Integrative Health in Baltimore, Maryland. We thank the Executive Committees of the Academic Consortium for Integrative Medicine & Health and the International Society for Complementary Medicine Research for distributing the survey to their members. Furthermore, we thank Beverly Pierce for her comments on the first draft of the definition, Nadine Mittring for supporting the qualitative data analyses, and Andrew Ahn, Kirsten Aschbacher, George Brainard, Paul Dieppe, Fred Foote, Jeff Greeson, Richard Hammerschlag, David Jones, David Larry, John Randall, and the staff of the Institute for Integrative Health for their helpful comments and Katja Icke for programming the survey and descriptive analyses of the survey data.

This was an anonymous expert survey and participants in the survey were informed about the aims of the project and that they provide consent to use their data by completing the survey. An ethics approval is not necessary for this type of study in the U.S., Germany, or Switzerland.

BMB, CMW, GAP, MAC, SB, and SHW were involved in the concept and design of the study and analysis of the data. All authors (BB, CMW, DC, GAP, KCS, MAC, SB, and SHW) interpreted the data, drafted and revised the manuscript, and approved the final version.

No financial disclosures were reported by the authors of this paper.

REFERENCES

1. Wagner EH, Austin BT, von Korff M. Organizing care for patients with chronic illness. *Milbank Q*. 1996;74(4):511-544. <http://dx.doi.org/10.2307/3350391>.
2. Wagner EH, Austin BT, Von Korff M. Improving outcomes in chronic illness. *Manag Care Q*. 1996;4(2):12-25. <http://europepmc.org/abstract/med/10157259>.
3. Coleman K, Austin BT, Brach C, Wagner EH. Evidence on the Chronic Care Model in the new millennium. *Health Aff (Millwood)*. 2009;28(1):75-85. <http://dx.doi.org/10.1377/hlthaff.28.1.75>.
4. Marmot M, Wilkinson R, eds. *Social Determinants of Health*, 2nd ed., Oxford: Oxford University Press; 2006.
5. Commission on Social Determinants of Health - Final Report 2008. Geneva: WHO. www.who.int/social_determinants/thecommission/finalreport/en/. Accessed January 16, 2016.
6. Benn H. The environmental determinants of health. *Glob Health Promot*. 2009;16(1 suppl):42-43. <http://dx.doi.org/10.1177/1757975909103748>.
7. WHO Definition of Health. Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference NY, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948. www.who.int/about/definition/en/print.html. Accessed October 23, 2016.
8. Huber M, Knottnerus JA, Green L, et al. How should we define health? *BMJ*. 2011;343:d4163. <http://dx.doi.org/10.1136/bmj.d4163>.
9. Schultz AM, Clao SM, McGinnis JM, Institute of Medicine, eds. *Integrative Medicine and the Health of the Public. A Summary of the February 2009 Summit*. Washington: The National Academies Press; 2009.
10. Definition of Integrative Medicine. Consortium of Academic Health Centers for Integrative Medicine. May 2004. (Edited May 2005, May 2009, November 2009; Updated November 25, 2009; September 17, 2013; May 3, 2015.) www.imconsortium.org/about/about-us.cfm. Accessed January 16, 2016.
11. Social determinants of health. Geneva: WHO. www.who.int/social_determinants/sdh_definition/en/. Accessed October 30, 2015.
12. HRH The Prince of Wales. Integrated health and post modern medicine. *J R Soc Med*. 2012;105(12):496-498. <http://dx.doi.org/10.1258/jrsm.2012.12k095>.
13. Braveman P, Egerter S, Williams DR. The social determinants of health: coming of age. *Annu Rev Public Health*. 2011;32:381-398. <http://dx.doi.org/10.1146/annurev-publhealth-031210-101218>.
14. NCCIH Facts-at-a-Glance and Mission. Maryland: National Center for Complementary and Integrative Health. <https://nccih.nih.gov/about/ataglance>. Accessed June 16, 2015.
15. Antonovsky A. The sense of coherence as a determinant of health. In: Matarazzo JD, *Behavioral Health: A Handbook of Health Enhancement and Disease Prevention*. New York: John Wiley, 1984:114-129.
16. WHO. Ottawa Charter for Health Promotion. First International Conference on Health Promotion. 1986. www.who.int/healthpromotion/conferences/previous/ottawa/en/index4.html. Accessed October 30, 2015.
17. Scholars & Fellows. The Institute for Integrative Health. <http://tiih.org/who/people/scholars-and-fellows/>. Accessed January 08, 2016.
18. Morse J, Tashakkori A, Teddlie C. Principles of mixed methods and multimethod research design. In: Tashakkori A, Teddlie C, eds. *Handbook of Mixed Methods in Social and Behavioral Research*. Thousand Oaks: SAGE, 2010.
19. Braveman PA, Egerter SA, Woolf SH, Marks JS. When do we know enough to recommend action on the social determinants of health? *Am J Prev Med*. 2011;40(1 suppl 1):S58-S66. <http://dx.doi.org/10.1016/j.amepre.2010.09.026>.
20. Complementary, Alternative, or Integrative Health: What's In a Name? 2016. <https://nccih.nih.gov/health/integrative-health#types>. Accessed October 23, 2016.
21. Building a Culture of Health. Princeton: Robert Wood Johnson Foundation. <http://www.rwjf.org/en/library/annual-reports/presidents-message-2014.html>. Accessed November 17, 2015.