

What is health? How do we measure health?

This issue of SPM presents interesting articles dealing with this challenging issue: Himmel¹ discusses the lay concepts of health and health related quality of life. Muller et al.² attempts to look into whether a commonly used instrument such as SF-36 is applicable to measure health related quality of life in hospital patients. Manz et al.³ examine the issue of anxiety and depression in a large scale epidemiological survey in a youth population and see whether these may be a target for primary prevention.

The way we conceive health and measure it is an important input to manage outcomes of a whole range of clinical and political systems. Both people and scientists live in a “spontaneous ideology” of health. Our daily practices form a notion in our minds as to what constitutes health. It may change from “bodily functioning” to “complete well-being”. Indeed, World Health Organization’s constitution provides an idealistic definition: “Health is not only the absence of disease or infirmity, but a state of complete physical, mental and social well-being”. This definition rightly carries the concept of health away from a narrow biomedical understanding of health, however, it falls short of giving boundaries between health and other elements of well-being. For example, social well-being may also be a function of one’s economic income, education, or quality of environment.

To measure health in a way that makes sense of clinical outcomes and compares impacts of other factors, it is important to provide a precise operational definition of health. It is not sufficient to ask people how they would rate their health today. It is a vague “Gestalt” concept which has arbitrary determinants. People may be referring to their bodily functions such as vision, hearing, digestion, or sleep, energy and vitality, or to their emotional state; whether they have pain, breathing difficulty, or fatigue. How they understand the

world, communicate with people, go from one place to another, take care of themselves, do housework or other jobs, relate to others and join in community activities are all important factors that may constitute part of health in every-one’s mind.

For this complex framework there should be a good descriptive system that brings clear, operational definitions to various elements that are thought to be as health or health related. WHO’s International Classification of Functioning, Disability and Health (ICIDH-2)⁴ is developed to meet this objective. It is a classification and description of health domains and a selection of health-related well-being domains. It systematically describes what people do when they suffer from a disease or disorder. The ICIDH-2 classification covers all possible health domains described at body, individual, and society dimensions. These dimensions are (1) body functions and structure; (2) activities at the individual level; and (3) participation in society.⁵

Today, it is necessary to go beyond identification of signs and symptoms of diseases, and look at functional outcomes. Diagnosing a disease, or looking at mortality statistics alone does not give us sufficient information about health of a person or population. We need to know more including how people function in their daily tasks and value their lives. For example, in this issue, Manz et al.³ show that 30% of 15 year old students suffer from mental disorders or at risk for development of mental disorders. These findings are enormously important, since they may account for at least 40% of all cases of lifetime alcohol or drug dependence in an international survey in seven countries.⁵ Not only will these young people have more health and school problems, but there will also be more social consequences such as accidents, fights, broken relationships, reduced employment. Hence this a desirable target for primary prevention since there is a window of opportunity for intervention. School

populations would be a feasible target for such the intervention and the school setting might be a practical location too. We, therefore, need better tools to understand impacts of various diseases and health conditions. We hope that given the operational tools like the ICDH-2 we can build better

understanding of health, and measure outcomes of our interventions. As our practice to date has shown us unless we measure, we cannot manage or make a difference.

References

- 1 *Himmel W.* Subjektive Gesundheitskonzepte und gesundheitsbezogene Lebensqualität: Gibt es einen Zusammenhang? *Soz Präventivmed* 2001; 46: 87–95.
- 2 *Müller H, Franke A, Schuck P, Resch KL.* Eine kliniktaugliche Version des deutschsprachigen SF-36 und ihr psychometrischer Vergleich mit dem Originalfragebogen. *Soz Präventivmed* 2001; 46: 96–105.
- 3 *Manz R, Junge J, Margraf J.* Anxious and depressive symptoms in adolescents: epidemiological data of a large scale study in Dresden. *Soz Präventivmed* 2001; 46: 115–22.
- 4 World Health Organization. International Classification of Functioning, Disability and Health (ICIDH-2). Geneva: WHO, 2000
- 5 WHO International Consortium of Psychiatric Epidemiology. Cross-national comparisons of mental disorders. *Bull World Health Organ* 2000; 78: 413–26.

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