We need to start a conversation about Health. A conversation with our patients, our peers in the health care professions, and our communities across this nation. I believe that our American health care system today, including military medicine, is focused on disease rather than Health. That’s understandable—but it has to change.

Over the last 100 years, we have seen significant improvements in the way we treat illness, injury, and disease. We are living longer and can diagnose and treat almost every condition. But the focus on diagnosing and treating has come at a cost. We spend more on health care than any other nation in the world, yet we are among the worst in terms of health outcomes among Western nations. Why the disconnect?

To understand the reason, we must acknowledge that to be healthy requires more than the absence of illness, injury, and disease. Health is a state of complete well-being. If we embrace this concept, it naturally follows that our traditional health care system today, with its focus on diagnosing and treating illness, injury, and disease, is not enough to ensure Health.

You might be wondering, what’s with the capital “H” in my references to Health? In the military, we like to make proper nouns out of really important words—Soldier, Sailor, Airman, and Marine. For those of us in health care, there isn’t a more important word than Health. Here’s what I mean.

Any health care system—including Army Medicine—has 3 primary goals related to Health. I like to remember them by borrowing an imaging acronym—MRI. In this case, MRI stands for Maintaining Health, Restoring Health, and Improving Health.

**Maintaining Health**

This goal includes efforts to help our patients maintain good Health, generally without coming into our hospitals and clinics. Historically, much of the effort here has been accomplished by Public Health agencies—clean water, immunizations, and disease surveillance—ensuring the environment supports the maintenance of Health within a community.

In the military, and specifically for uniformed personnel, Maintaining Health equates to maintaining readiness—preparedness to execute the missions directed by our nation’s leaders.

What I have found, though, is that from a patient’s perspective, the vast majority of Maintaining Health occurs at home and work, at school and at the gym, in a supermarket and when deciding where to stop to eat. In fact, in the absence of a specific illness, injury, or disease, the most important part of Maintaining Health is the thousands of decisions individuals make every day. In the Army, the average Soldier seeks health care for about 100 minutes a year—five 20-minute appointments on average. Our challenge is to find ways to positively influence the Health decisions they make in the other 525,500 minutes when they are not in our hospitals and clinics.

My challenge to all of us in health care is to talk to patients about those decisions and their ramifications for Maintaining Health. Because those decisions occur outside of our hospitals and clinics, we have to find ways to engage patients out in their “Lifespace.” This is new territory for us, but we have to engage where the decisions are made.

**Restoring Health**

This goal represents what most of us
would consider our jobs as health care professionals: to intervene once illness, injury, or disease occurs and return a patient to a higher Health status. We often do this through tests, procedures, medications, and rehabilitative therapies—primarily in our hospitals and clinics.

This is where the healing happens. Or does it? I would submit that our interventions are required to Restore Health; but most healing occurs at home, at work, or at school—in the individual’s Lifespace.

We should be thinking about the environment into which we are releasing our patients after hospital discharge or departure from outpatient clinics. We can positively influence healing and thus enhance Restoring Health, but only if we take the time to learn about and account for the environment of our patients’ Lifespace.

Improving Health

This goal represents our efforts to help patients move from their current Health status to a better one. I like to say that we need to turn the “Health” dial of our patients to the right: toward better Health. We should not stop coaching and mentoring our patients when the disease ends or the pain stops. We need to ensure they have the tools to get back to a healthy lifestyle.

When we look around, though, there isn’t as much focus on Improving Health by health care providers as one might hope. Often, this is because we don’t have enough time in a busy clinic to talk about getting better, beyond what it takes to restore Health.

Unfortunately, in many cases, because we are silent when it comes to Improving Health, our patients are left to the often dubious claims of pseudo-medical, health, or exercise companies pushing the latest and greatest extract, diet, or home fitness routine.

Like the other 2 goals, Improving Health doesn’t happen in our hospitals and clinics, it happens in the patients’ Lifespace. If we are to help inform our patients so that they have the best opportunities for Improving Health, we have to think differently about our roles as health care providers. We have to talk about things that are important to Health and not just focus on the acute reason they are seeking care.

What are those things that are important to Health? It turns out that most of them are behavioral issues. In Army Medicine, we are focusing on 3 in particular: sleep, activity, and nutrition. While each has an environmental component that must be addressed to be successful, the most difficult component is behavioral change.

We have to rethink how we engage with patients, and how we instruct and coach them toward better Health. For the vast majority of these lifestyle-induced conditions, the answer isn’t simply more pills and procedures—it’s not more metformin for diabetes; not more toe or foot amputations for peripheral vascular disease; and not more imaging, injections, and surgery for chronic low back pain. The answer lies in modifying the thoughts, choices, and behaviors of our patients well in advance of any onset of pathology.

An overview of some of the tools we can use to improve Health is included in this month’s journal and is titled “Key Enablers to Facilitate Healthy Behavior Change: Workshop Summary.”

We need to start a conversation about Health. One where maintaining and improving Health receive equal emphasis with Restoring Health. One where every medical intervention addresses the challenges of environment and human behavior—and their effects on Health and healing.

This won’t be easy; if it were, it would have been done long ago. So let’s get on with it—start the conversation about Health.

The views expressed in this article do not reflect the official policy or position of the US Department of the Army, the US Department of Defense, or the US government.

**REFERENCE**