

Whole Person Health (WPH) at the Global Health Catalyst (GHC) and the Religion and Global Health Forum (RGHF)

Whole Person Health “Treat Diseases, Heal Persons”

What is Whole Person Health?

Whole Person Health (WPH) is an interdisciplinary commitment and approach to health that sees, engages, and treats persons with dignity that recognizes and celebrates their whole selves. Whole Person Health sees people first as humans, not as patients; and focuses not just on disease treatment but also on prevention and flourishing. According to the National Center for Complementary and Integrative Health (NCCIH), “Whole person health involves looking at the whole person—not just separate organs or body systems—and considering multiple factors that promote either health or disease. It means helping and empowering individuals, families, communities, and populations to improve their health in multiple interconnected biological, behavioral, social, and environmental areas. Instead of just treating a specific disease, whole person health focuses on restoring health, promoting resilience, and preventing diseases across a lifespan.”

Source: NCCIH: <https://www.nccih.nih.gov/health/whole-person-health-what-it-is-and-why-its-important>

WPH Propositions:

- **Care:** Whole Person Health is an interdisciplinary approach to health that emphasizes the relation between the treatment of specific body organs and the health of the whole person (Body, Mind, Spirit).
- **Advocacy:** Whole Person Health engages the person in the community, and therefore addresses the social determinants of health (SDOH) for persons and communities.
- **Research:** Whole Person Health builds on existing health-related work and research on pathogenesis (the cause of disease) and salutogenesis (the origin of health) through the lens of whole persons, not just body parts.
- **Education:** Whole Person Health work emphasizes the importance of education in advancing disease prevention, treatment, survival, and flourishing.

Why WPH?

Major advances in modern scientific medicine, including the eradication of some diseases, have provided opportunities to address disease prevention, the challenges of global and public health – the health of populations, not just individuals – and the quality of health and life experiences for people undergoing treatment. These challenges and opportunities escape the capacities and resources of any singular discipline. Not only do chronic diseases remain unsolved, but the wider experiences of human suffering, aging, life expectancy, and death continue to raise questions about the meaning of life and the need for all-of-life-care. Environmental crises and cultural

traumas continue to produce distress and marginalization that has lasting effects on the health of individuals, communities, and the earth. Furthermore, historically marginalized and underserved communities suffer from illnesses and internalized traumas that require medical, spiritual, and cultural analyses to diagnose and address. Feelings of shame and stigma, rejection, abandonment are part of health-related social experiences that produce or enhance dis-ease. Whole Person Health offers an intentional approach to these challenges, to foster the flourishing of humans and the environment. Whole Person Health invites careful, ethical, rigorous, and empathetic engagement with the care, the research, the advocacy, and the education necessary to foster dignified living and flourishing.

Approach/Methodology

Whole Person Health comes out of decades of research and practice in the fields of the social, medical, and health sciences. It assumes deeply connected selves (human and non-human), experiences, and capacities, and operates on the theory that the whole is greater than the sum of its parts. It is as deeply connected, richly experienced, and multiply resourced subjects that we live out the best forms of our lives. The healthiest bodies are not only highly productive and resilient but also highly connected, purposeful, and intentional.

At the GHC and RGHF, we believe that Whole Person Health (WPH) connects the medical to the social. We speak to four integrated areas of personal and communal flourishing and quality of life. We believe in forging a partnership between the medical principle of “do no harm” and the philosophical concept of Ubuntu: “I am because We are.” That is, we treat the person as a dignified whole and connect the personal to the communal. Within that framework, we think of:

- **A healthy sense of Self:** How do I care for my Body (physical) + Mind (Mental) + Spirit (Spiritual) together? How do I understand the relation between my body, mind, and spirit? How do all three parts of my being communicate with one another?
- **A healthy sense of Belonging:** What relations and structures offer the most durable and nurturing sense of belonging? For example, Family + Religious/faith/Cultural community + professional community + Peer mentoring, etc.
- **A healthy Sense of Purpose:** What value propositions inform professional and personal offerings/work? For example, in Industry + Academia + Medical Institutions, FBOs, NGOs, etc. How do you distinguish between your “job” (what you do) and your “work” (why you do it)? Develop a sense of fulfillment.
- **A healthy sense of Impact:** How do you make tomorrow better than today? How do you become someone that future generations remember fondly? What is the lasting emotional, material, and cultural impact or legacy of your life in local + global spaces?

Whole Person Health (WPH) and Social Determinants Of Health (SDOH)

The WHO defines SDOH as “the circumstances in which people are born, grow up, live, work, and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.”

(CSDOH, *Closing the Gap: Health Equity through Action on the Social Determinants of Health. Final Report of the Commission on Social Determinants of Health*. Geneva: WHO, 2008, i).

From GREAT Barriers to GREATeR Solutions

The Covid-19 pandemic spotlighted several SDOH, including especially the so-called GREAT barriers to health, namely, Geography, Race, Economics, Attitude, and Technology. The C-4 platform not only addresses these structural barriers but also insists on the inclusion of Religion as a social determinant of health, resulting in the acronym, “GREATeR.” Hence, GREATeR solutions to GREAT barriers.

- Geography: The C-4 platform transforms “health deserts” into “health hubs.” Additionally, the C-4 platform allows for an expanded engagement with phytochemistry through the possibility for “citizen science.”
- Race: The C-4 platform shrinks health disparities based on race, and offers opportunities for equitable, quality service across races and ethnicities
- Economics: The C-4 platform democratizes healthcare access and thus reduces overall healthcare costs
- Attitude: C-4 platform emphasizes cultural and psychological wellbeing as key elements of health
- Technology: C-4 platform envisions healthcare kiosks in multiple locations, significantly scaling up healthcare infrastructure and access in remote areas.
- Religion: C-4 platform bridges the gap between science and religion, offering spiritual resources to enhance the wellbeing of users.

Other Resources

C-4 Paper with nature medicine. (<https://www.nature.com/articles/s41591-024-03119-y>)