

RESETTING THE WORLD WITH WELLNESS:

A New Vision for a Post COVID-19 Euture

APRIL 22, 2020



GLOBAL WELLNESS INSTITUTE WHITE PAPER SERIES

RESETTING THE WORLD WITH WELLNESS:

A New Vision for a Post COVID-19 Future

Ophelia Yeung & Katherine Johnston

APRIL 22, 2020



GLOBALWELLNESSINSTITUTE.ORG

GLOBAL WELLNESS INSTITUTE WHITE PAPER SERIES:

Resetting the World with Wellness

The Global Wellness Institute (GWI) is honored to participate in the Health and Wellness taskforce and working group that will assist the Vatican in crafting an integral response to the aftermath of COVID-19. Health and Wellness is a key pillar of response in this initiative, along with Ecology, Economy, and Security. In these difficult times, wellness can offer a vision for the future and can provide a roadmap for healing and growth. This series of white papers builds on GWI's comprehensive understanding of wellness as a concept and in practice; integrates facts, data, and best practices; employs interdisciplinary thinking; and recommends strategies that can help the world reset with a proactive wellness-based mindset. The series will propose a wellness reset for the world in a number of areas, including the built environment, workplace, mental wellness, and more.

About the Global Wellness Institute

The Global Wellness Institute (GWI), a 501(c)(3) non-profit organization, is considered the leading global research and educational resource for the global wellness industry and is known for introducing major industry initiatives and regional events that bring together leaders and visionaries to chart the future. GWI positively impacts global health and wellness by advocating for both public institutions and businesses that are working to help prevent disease, reduce stress, and enhance overall quality of life. Its mission is to empower wellness worldwide.

About the Authors

This white paper was prepared by Ophelia Yeung and Katherine Johnston, Senior Research Fellows at the Global Wellness Institute. Together, they have four decades of experience leading research and strategy development for businesses, universities, research institutions, and multilateral and government organizations under the auspices of SRI International, a Silicon Valley-based technology and innovation company. Since 2008, Ms. Yeung and Ms. Johnston have worked with the team at what has become the Global Wellness Institute to pioneer groundbreaking research on the global wellness economy.

Copyright © 2020 by the Global Wellness Institute

Quotation of, citation from, and reference to any of the data, findings, and research methodology from this report must be credited to "Yeung, O., and Johnston, K. (2020). *Resetting the World with Wellness: A New Vision for a Post COVID-19 Future.* Miami, FL: Global Wellness Institute." For more information, please contact research@globalwellnessinstitute.org or visit www.globalwellnessinstitute.org.

COVID-19 is a wake-up call to focus on wellness.

COVID-19 is a wake-up call to the world. One moment people were going about their normal lives, jobs, school, and activities, and then in a matter of weeks, hundreds of thousands have died, millions have been infected, and half of the world's population is in some form of lockdown. Never before has health and wellbeing declined so rapidly and simultaneously for so many people across the globe. The Coronavirus pandemic is exposing great health schisms between the world's "haves" and "have nots." Wealthy countries and communities with ample healthcare resources are much better positioned to deliver care to COVID-19 patients. The "haves" also include individuals who are in good health, because our own health and immune systems form the first line of defense against infectious disease. Indeed, healthy people have a good chance of mild symptoms and recovery from COVID-19, while those with chronic conditions – such as diabetes, heart disease, and compromised immune systems – are at high risk for severe illness and death.

The global response to stop the pandemic's spread has necessitated unprecedented measures: stay-at-home orders, closure of schools and businesses, bans on social gatherings, travel restrictions, and so on. Families are separated, children cannot play outdoors, friends cannot meet, the faithful cannot worship together, and communities cannot gather to celebrate important events. The world's population is living in fear and uncertainty, not only of physical illness and death, but also of the crumbling of livelihoods, communities, and economies. Millions are struggling under financial strain, losing jobs and income, unable to afford daily necessities, and despairing of their future. The suffering is widespread – from loneliness, isolation, and heartbreak, to anxiety, anger, and despair. More than ever, our resilience as individuals and as a society is vital for survival. Healthy minds, healthy habits, strong families, a caring circle of friends, and supportive communities all strengthen our fortitude to cope with adversity, help others, stay hopeful, and emerge stronger from this crisis.

Wellness is never more important than in difficult times like these. Wellness is the active pursuit of activities, choices and lifestyles that lead to a state of holistic health. Our wellness is multi-faceted, encompassing physical, mental, emotional, social, environmental, and spiritual dimensions. We are not whole or truly well when any of these foundations of life are missing or deficient; each dimension strengthens or weakens another.



Wellness Is Multidimensional

Physical: Nourishing a healthy body through exercise, nutrition, sleep, etc.

Mental: Engaging the world with the intellectual mind.

Emotional: Being aware of, accepting, and expressing our feelings, and understanding the feelings of others.

Spiritual: Searching for meaning and higher purpose in human existence.

Social: Connecting and engaging with others and our communities in meaningful ways.

Environmental: Fostering positive interrelationships between planetary health and human actions, choices, and wellbeing.

This integration of body, mind, and spirit, and the need to take care of our total selves, is rooted in ancient philosophies and cultures from both the East and the West. In the modern context, wellness is different from healthcare. Our healthcare systems use a *pathogenic* and reactive approach, focused on causes, consequences, diagnosis, and treatment of diseases and injuries; in contrast, wellness is a *salutogenic* and proactive approach, focused on prevention, healthy lifestyles, and pursuit of optimal wellbeing. Ultimately, a solid foundation for wellness helps us prevent and overcome disease, both at present and in the future. It strengthens our spirits and our resilience to weather COVID-19 and other challenges.

Wellness requires individuals to be intentional, proactive, responsible, and empowered to engage in healthy behaviors. However, the environments we live in can limit and influence our choices, and external circumstances can make it difficult for us to practice healthy habits. Families and friends, communities, businesses, and governments all shape our lives and determine whether we have access to wellness. Some of the suffering related to COVID-19 can be lessened if we are able to strengthen our wellness foundations. These difficult times show us where we should place our priorities in the future, and where wellness can offer a roadmap for healing and growth.

Our wellness foundations have been weakened by deep and growing ill-health in our society and economy.

Unhealthy lifestyles lead to rampant chronic disease. Although our lifespans have increased over the last century, we are not living those added years in good health. Noncommunicable/chronic diseases are now the world's leading cause of death, responsible for 71% of deaths globally. In the current crisis, chronic disease weakens our defenses against COVID-19. For the longer term, chronic disease is public health's number one challenge and has been called an "emerging pandemic." It inflicts immense suffering on individuals and families, reduces quality of life, affects business operations, raises healthcare costs, and imposes enormous economic costs on society. Sadly, much of this chronic disease and the related deaths are preventable. At least 80% of heart disease, stroke, and type 2 diabetes, as well as 40% of cancers, are linked to unhealthy choices and lifestyles, such as sedentary behavior, poor eating habits, smoking, lack of sleep, stress, environmental toxins, etc.

Modern value systems drive stress, anxiety, and burnout, and are weakening our overall resilience. In a world largely driven by capitalism, efficiency, and profit-seeking, humans are often valued as no more than a factor of production or a cog in a machine. Our modern value systems lower mental wellness across the board. The poor and most vulnerable members of society face the daily trauma of survival and subsistence, alongside immense work-related risks and insecurities. Meanwhile, the wealthier and privileged have adopted an increasingly competitive, materialistic, and 24/7 work culture that brings rampant stress and burnout, without increasing happiness or life-satisfaction. Mental illness is now on the rise around the world. In 2017, there were an estimated 1.1 billion cases of mental and substance use disorders (affecting around 15% of the world's population), and the true scale is likely higher due to stigma and widespread underreporting. Depression, which increased by more than 18% from 2005-2015, is now the leading cause of illness and disability. Beyond clinical mental illness, all types of mental, emotional, and psychological issues – such as stress, anxiety, and burnout – are on the rise across all population segments. These challenges have immense mental and physical

health impacts. They decrease our coping skills and weaken our resilience to deal with crises - including COVID-19 and its enormous economic and social ramifications.

Loneliness and social isolation reduce our ability to comfort and help each other. According to a recent international study, 9% of adults in Japan, 22% in the United States, and 23% in the United Kingdom report always or often feeling lonely or socially isolated.xi The causes of isolation and loneliness are varied and complex, and are often linked with the rise of modern, individualistic, Westernized, technology-driven, and more affluent lifestyles. Global demographics are shifting toward urban living, later marriages, fewer births, and fewer intergenerational households. More people are living alone across all age groups.xii Neighborhoods and communities are increasingly segregated by socioeconomic class, race, and stage of life. Membership in churches, clubs, and other social and community groups is declining around the world. Research increasingly points to a worldwide decline in social capital, with decreasing trust in government, fellow citizens/neighbors, and strangers alike. The experience and effects of isolation are amplified in the current physical distancing and quarantining requirements. All of this social disconnection has major health consequences; loneliness is associated with a greater risk of heart disease, depression, anxiety, dementia, and premature death.xiii Without healthy relationships and social support networks, we cannot be well, whether during COVID-19 or into the future.

Our physical and socioeconomic environments are working against healthy lifestyles.

Many external and systemic factors in our lives and environments shape our behaviors and our ability to stay healthy. Recent research indicates that up to 80-90% of our health outcomes may be due to external and environmental factors, including health systems, housing, neighborhoods, transportation, education, culture, families and friends, and much more. We cannot stay healthy and well without creating environments that support our wellness rather than reducing it.

Our healthcare system is failing to keep us healthy. Health systems around the world are unprepared to to care for the rapidly growing number of aging, chronically ill, and mentally ill patients. Specific problems vary from country to country, but mainly involve widespread issues with costs, health inequity, and unequal access to care. Health expenditures have already reached roughly 10% of global GDP and are rising faster than economic growth.* And yet, these ever-growing expenditures are failing to stem the rising tide of chronic disease and poor mental health, because our existing health system is mainly a "sick care" system. It focuses on diagnosis and treatment of diseases and injuries, acute care, and pharmacological solutions, rather than using a holistic approach toward prevention and healthy lifestyles.

Our built environment facilitates unhealthy lifestyles. The major technological advances that shape modern living – from automobiles and household appliances to computers and mobile phones – mostly encourage sedentary behaviors. We can now stay on our sofas while we shop, buy food, socialize, or get news and entertainment. The proliferation of auto-centric infrastructure and urban sprawl often makes it easy to drive everywhere but very difficult to walk or bike. Our car culture also reinforces certain design conventions that discourage social interaction (e.g., less public space and green space, lack of sidewalks and trees, high-speed/wide roadways, lower-density building, single-use zoning, etc.). More and more people now

live and work in obesogenic built environments that reinforce a sedentary and even anti-social lifestyle – favoring driving over biking, sitting over walking, taking elevators rather than the stairs, texting rather than in-person conversation, and watching videos rather than being outdoors. It is no wonder that one in four adults do not get sufficient physical activity, obesity has nearly tripled worldwide since 1975, and 39% of adults are now overweight^{xvi} – all key risk factors that are directly linked to the rise of chronic disease. Meanwhile, car dependence and modern conveniences also increase the toxins in our air, water, soil, and food, negatively impacting our health. Pollution is now the largest environmental cause of disease and premature death.^{xvii}

Inequality amplifies our poor health. Income inequality is on the rise, both within countries and across the globe, *viii and with it, an unequal access to wellness. The poor and marginalized are exposed to the worst environmental risks and have the least access to healthcare, fresh foods, recreational facilities, and other resources that support healthy lifestyles. They face a vicious cycle of poor health and poverty that is passed down through generations.*ix At the global level, chronic disease was once considered a rich country problem, but not anymore. Now, more than three-quarters of the world's chronic disease-related deaths occur in low- and middle-income countries.*xx Globally, our ever-rising healthcare expenditures are a huge economic burden that diverts resources from the alleviation of poverty and inequality. Four major chronic diseases and mental illness are projected to reduce global economic output by \$47 trillion from 2011-2030, and this loss represents enough money to eradicate poverty among the 2.5 billion people who live on less than two dollars a day.*xxi

Wellness offers a new vision for a post COVID-19 world.

The response to COVID-19 is unprecedented because it compels us to work together to combat a global public health issue. Government decisions are now driven by the imperative to contain the physical and economic suffering of citizens. Businesses, communities, and individuals are urged to change their behaviors to contain the virus – from working and schooling at home, to hand-washing and wearing masks. Imagine if we applied this same resolve and collaborative action in the aftermath of the crisis, to address the pervasive and immense physical, mental, social, and environmental unwellness around us. There is much that we can do to strengthen our wellness foundations and build resilience for ourselves, our families, and our communities – but to do so will require us to shift our priorities and change our behaviors at all levels.

Lead with individual responsibility and agency.

The most important step toward wellness is to start in our own lives. We need to recognize that we cannot live a full life without a healthy body, mind, and spirit, and that we are connected to other people and to our natural world. As individuals, we need to take the responsibility to learn and practice essential healthy lifestyle habits. We need to nourish our bodies with nutritious food, stay strong and agile through exercise and movement, get adequate rest and sleep, and provide our minds with quiet time for contemplation and reflection. We need to nurture relationships by practicing love, compassion, and caring with family, friends, and neighbors; in our workplaces and schools; and in our wider communities. We need to be aware that our actions and choices have impacts on other people and on our planet. Wellness is about shifting our individual mindsets and behaviors – instead of just treating disease and reacting to

adversity, we need to be engaged and proactive in leading a full, healthy, and thriving life. When we are empowered, we can take care of ourselves and our family, and we have the capacity to help our friends and our community.

Community and business leaders can be wellness leaders.

Our individual behaviors are shaped by the people, community, and culture around us. In a neighborhood dominated by crime, joining gangs becomes a default for many youth. In a company that runs on a "profit above all" motto, employees may be encouraged to become ruthless and unethical. If we are surrounded by people who are stressed and angry, or who do not value relationships, we will be affected and may even become like them. Therefore, religious, business, and community organizations have a responsibility to shape and promote culture of wellness. This starts from the top-down, with leaders who model healthy behaviors and use a wellness mindset to drive their decision-making and values. Because so many people do not understand wellness or have the knowledge to practice healthy lifestyles, businesses and community organizations can be an important and trusted source of education and advocacy. Local leaders can also help their communities by improving the basic resources for living a healthy life – such as access to fresh and nutritious foods, basic preventive healthcare services, recreational and green space, and exercise and mental wellness programs. These resources are mostly local; therefore, schools, businesses, and community and religious organizations are all on the front lines of expanding access for their members, employees, and stakeholders.

Governments can adopt wellness as a core value for public policy and investments.

Gross domestic product, employment, trade, and investment have long been the primary decision drivers for governments and key metrics of "success." In the current crisis, it is more apparent than ever that economic growth is no guarantee of individual or societal health and wellbeing. As our economies and communities grow ever more polarized and unequal - and as the poorest and most vulnerable suffer most in the current pandemic - the saying "health is the new wealth" is more true than ever. With rising epidemics of chronic disease and mental illness, aging populations, and unsustainable healthcare costs all around the world, wellness is the only rational government approach to improving resilience and keeping citizens happy and healthy. Currently, wellness is not well understood by governments. Wellness is complementary to our healthcare systems and public health policies, but it is not the same thing. Wellness cuts across siloed policy domains and government departments, and it depends upon proactive approaches in policy areas that are not typically viewed as being related to health. At the broadest level, our transportation and infrastructure, environmental policies, labor policies, educational system, housing, and general economic system all impact our wellness both directly and indirectly (by influencing our behaviors). Our ability to practice healthy eating is influenced by national policies that favor industrialized farming and food production, as well as local zoning policies that determine whether fresh food is farmed locally or available in neighborhood markets. Similarly, to stay physically active, we need access to local gyms, parks, and recreational facilities, as well as urban planning, infrastructure, transportation policies that prioritize active transportation (i.e., walking, biking). To strengthen our wellness foundations and create wellness-supporting environments, governments must put human health and wellbeing at the forefront of their priorities and decision-making, using wellness as a lens through which they make public policies and investments at all levels (from national to local).

Endnotes

- i. Global Wellness Institute definition. See: https://globalwellnessinstitute.org/what-is-wellness/.
- ii. For a history of the wellness movement from ancient to modern times, see: SRI International and Global Spa Summit (2010). Spas and the Global Wellness Market: Synergies and Opportunities. https://globalwellnessinstitute.org/industry-research/spas-global-wellness-market/.
- iii. See, for example: 1) Mittelmark, M.B., et al, Eds. (2017). *The Handbook of Salutogenesis*. Cham, Switzerland: Springer. https://doi.org/10.1007/978-3-319-04600-6. 2) Fries, C.J. (2020). Healing Health Care: From Sick Care Towards Salutogenic Healing Systems. *Social Theory & Health*, 18(1), 16-32. https://doi.org/10.1057/s41285-019-00103-2. 3) Jonas, W.B., et al (2014). Salutogenesis: The Defining Concept for a New Healthcare System. *Global Advances in Health & Medicine*, 3(3), 82-91. https://doi.org/10.7453/gahmj.2014.005.
- iv. World Health Organization (2018, June 1). Fact Sheet: Noncommunicable diseases. http://www.who.int/en/news-room/fact-sheets/detail/noncommunicable-diseases.
- v. See: 1) World Health Organization (2005). Preventing Chronic Diseases: A Vital Investment. Geneva: WHO Press. http://www.who.int/chp/chronic_disease_report/contents/en/. 2) Adler-Waxman, A. (2017, Dec. 7). This is the biggest challenge to our health. World Economic Forum: Shaping the Future of Health and Health-care Initiative. https://www.weforum.org/agenda/2017/12/healthcare-future-multiple-chronic-disease-ncd/. 3) United Nations (2018, Feb. 16). New UN high-profile panel set to take on noncommunicable diseases, cause of seven in 10 deaths globally. https://news.un.org/en/story/2018/02/1002921. 4) Council on Foreign Relations (2014). The Emerging Crisis: Noncommunicable Diseases in Low- and Middle-Income Countries. Independent Task Force Report No. 72. New York: Council on Foreign Relations Press. https://www.cfr.org/report/emerging-global-health-crisis.
- vi. Terzic, A., and Waldman, S. (2011). Chronic Diseases: The Emerging Pandemic. *Clinical and Translational Science*, 4(3), 225-226. https://doi.org/10.1111/j.1752-8062.2011.00295.x.
- vii. See: 1) World Health Organization (2011). Global Status Report on Noncommunicable Diseases. Geneva: WHO Press. https://www.who.int/nmh/publications/ncd_report2010/en/. 2) Bloom, D.E., et al (2011, Sept.). The Global Economic Burden of Non-communicable Diseases. Geneva: World Economic Forum and Harvard School of Public Health. http://www3.weforum.org/docs/WEF_Harvard_HE_GlobalEconomicBurdenNon-CommunicableDiseases 2011.pdf.
- viii. World Health Organizations (2005). *Preventing Chronic Diseases: A Vital Investment Misunderstanding #4.* https://www.who.int/chp/chronic_disease_report/part1/en/index11.html.
- ix. Authors' analysis of data from Institute for Health Metrics and Evaluation, *Global Health Data Exchange*, http://ghdx.healthdata.org/, accessed November 30, 2018.
- x. World Health Organization (2017, March 30). 'Depression: let's talk' says WHO, as depression tops list of causes of ill health. *WHO News Release*. http://www.who.int/en/news-room/detail/30-03-2017--depression-let-s-talk-says-who-as-depression-tops-list-of-causes-of-ill-health.
- xi. DiJulio, B., Hamel, L., et al (2018, August 30). Loneliness and Social Isolation in the United States, the United Kingdom, and Japan: An International Survey. San Francisco: Henry J. Kaiser Family Foundation. https://www.kff.org/other/report/loneliness-and-social-isolation-in-the-united-states-the-united-kingdom-and-japan-an-international-survey/.
- xii. Chamie, J. (2017, Feb. 22). *The Rise of One-Person Households*. http://www.globalissues.org/ news/2017/02/22/22900. See also: OECD International Futures Programme (2011). *The Future of Families to 2030: A Synthesis Report*. Paris: OECD. https://www.oecd.org/futures/49093502.pdf.
- xiii. McGregor, J. (2017, Oct. 4). This former surgeon general says there's a 'loneliness epidemic' and work is partly to blame. *Washington Post*. https://www.washingtonpost.com/news/on-leadership/wp/2017/10/04/this-former-surgeon-general-says-theres-a-loneliness-epidemic-and-work-is-partly-to-blame/?utm_ter-m=.47eb7d4d8bc5.
- xiv. See Global Wellness Institute (2018). *Build Well to Live Well: Wellness Lifestyle Real Estate and Communities*. https://globalwellnessinstitute.org/industry-research/wellness-real-estate-communities-research/.
- xv. World Health Organization (2019). *Global Spending on Health: A World in Transition*. Geneva: WHO Press. https://www.who.int/health_financing/documents/health-expenditure-report-2019.pdf?ua=1.

- xvi. See: 1) World Health Organization (2018, Feb. 23). *Physical Activity Fact Sheet*. http://www.who.int/news-room/fact-sheets/detail/physical-activity. 2) World Health Organization (2020, March 3). *Obesity and Overweight Fact Sheet*. http://www.who.int/mediacentre/factsheets/fs311/en/.
- xvii. Landrigan, P.J., et al (2018). The *Lancet* Commission on Pollution and Health. *The Lancet*, 391(10119), 462-512. https://doi.org/10.1016/S0140-6736(17)32345-0.
- xviii. See: 1) United Nations (2020, Jan. 21). Rising inequality affecting more than two-thirds of the globe, but it's not inevitable: new UN report. *UN News*. https://news.un.org/en/story/2020/01/1055681. 2) UN Department of Economic and Social Affairs (2020). *World Social Report 2020: Inequality in a Rapidly Changing World*. New York: UNDESA. https://www.un.org/development/desa/dspd/world-social-report/2020-2.html.
- xix. World Health Organization (n.d.). Chronic diseases and health promotion: Part Two The urgent need for action. https://www.who.int/chp/chronic_disease_report/part2_ch2/en/. Accessed April 17, 2020.
- xx. World Health Organization (2018, June 1). Fact Sheet: Noncommunicable diseases. http://www.who.int/en/news-room/fact-sheets/detail/noncommunicable-diseases.
- xxi. Bloom, D.E., et al (2011, Sept.). *The Global Economic Burden of Non-communicable Diseases*. Geneva: World Economic Forum and Harvard School of Public Health. http://www3.weforum.org/docs/WEF_Harvard_HE_GlobalEconomicBurdenNonCommunicableDiseases_2011.pdf.



GLOBALWELLNESSINSTITUTE.ORG