



Editor's Notes

THE NEXT STAGE OF EVOLUTION OF WORKPLACE WELLNESS: A WORLD ECONOMIC FORUM/WORLD HEALTH ORGANIZATION COLLABORATION

The World Health Organization (WHO) and the World Economic Forum (WEF) held a meeting in Dalian China on September 5–6, 2007 to advance the cause of making workplace wellness a global priority. This meeting was historic for two reasons.

First, the WHO has traditionally paid little attention to wellness/health promotion or the workplace. Its focus has been on the very important work of providing access to primary medical care, eradicating infectious diseases, and providing people with basic survival resources. Its focus has been on health issues in third world nations. Many of its talented staff have had a long standing commitment to wellness, and some formal health promotion structures and programs have been in place for years. Wellness has just not been a priority. One of my colleagues who left WHO after years of frustration with failures to elevate the importance of wellness told me they should change the name of the organization to the “World Disease Organization.” From my perspective as an outsider, the shift toward wellness seemed to gain momentum when WHO published the landmark document *The World Health Report 2002—Reducing Risks, Promoting Healthy Life* under the leadership of Derek Yach, Executive Director, Noncommunicable Diseases and Mental Health, and Christopher Murray, Executive Director, Evidence and Information for Policy. This report made a compelling case that chronic diseases were the leading cause of death globally and documented the clear link between lifestyle and chronic disease.¹ Derek Yach has taken this work a step further in making visible the case our profession has recognized for decades—that the workplace is an excellent venue to reach a large portion of the population of the world, even in developing nations. In addition to helping developed nations cope with the scourge of physical inactivity and the obesity epidemic, they hope to be able to help developing nations prevent both these problems from occurring in the first place. When WHO concludes that wellness is a viable strategy, health leaders will take notice.

Second, the WEF has traditionally paid little attention to health, let alone the virtually invisible concept of wellness. WEF has traditionally focused on major social trends that will shape the global economy. The WEF² is an intriguing organization.

The vast majority of the world's population has never heard of it. To illustrate this, in the past few months, I have told several dozen of my professional colleagues that I would be going to a meeting of the World Economic Forum. The reaction was the same from all but three: “What is the World Economic Forum?” The three who did not respond that way were all CEOs of large companies, and their response was the same: “How did you get invited?” They asked because the WEF is the classic old boys' club. Most of the people who attend its meetings are heads of state and CEOs of major corporations. I was invited only because of this special collaborative meeting with the WHO. It's the first meeting I have attended that had a half mile security corridor around the meeting venue and was held in a city that spent several hundred million dollars to finish construction projects in time to host the meeting. The WEF is interested in workplace wellness because its members are recognizing the crippling economic impact of skyrocketing medical costs on business and nations, have long understood the relationship between productivity and profit, and acknowledge the link between tobacco use, obesity, nutrition, and physical activity and those economic outcomes. Of course the most significant fact is that the members of the WEF have the ability to mobilize the resources of the governments of the world and the major businesses in those nations, because they are the people who run these governments and businesses.

Our collaborative meeting included a series of highly interactive brainstorming sessions on how to advance this issue to the next level and discussions of several papers commissioned for the meeting. Papers that summarized the quality of the evidence supporting workplace wellness drew the same conclusions we have trumpeted for years: There is compelling evidence on the link between lifestyle, medical conditions, and medical costs; persuasive evidence that some programs do indeed improve health, reduce costs, and enhance productivity; and very little evidence on what works best.

The next step for the WHO-WEF collaboration is to present its case for adoption of workplace wellness as a global priority at the January 2008 meeting in Davos Switzerland. If this platform is adopted, workplace wellness will move to a new stage of evolution.

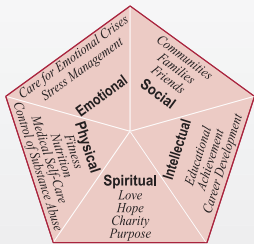
Michael O'Donnell

Michael P. O'Donnell, PhD, MBA, MPH

¹ The World Health Report 2002 – Reducing Risks, Promoting Healthy Life <http://www.who.int/whr/2002/en/>. Accessed 9/14/2007

² World Economic Forum. <http://www.weforum.org>. Accessed 9/14/2007

A fusion of the best of science and the best of practice — together, to produce the greatest impact.



DIMENSIONS OF OPTIMAL HEALTH

Definition of Health Promotion

“Health Promotion is the science and art of helping people change their lifestyle to move toward a state of optimal health. Optimal health is defined as a balance of physical, emotional, social, spiritual and intellectual health. Lifestyle change can be facilitated through a combination of efforts to enhance awareness, change behavior and create environments that support good health practices. Of the three, supportive environments will probably have the greatest impact in producing lasting change.”

(O'Donnell, *American Journal of Health Promotion*, 1989, 3(3):5.)

“The *American Journal of Health Promotion* provides a forum for that rare commodity — *practical and intellectual exchange between researchers and practitioners.*”

Kenneth E. Warner, PhD

Avedis Donabedian Distinguished University Professor of Public Health School of Public Health, University of Michigan

“The contents of the *American Journal of Health Promotion* are *timely, relevant*, and most important, *written and reviewed by the most respected researchers in our field.*”

David R. Anderson, PhD

Vice Programs and Technology, StayWell Health Management

Stay on top of the science and art of health promotion with your own subscription to the *American Journal of Health Promotion*.

Subscribe today...

ANNUAL SUBSCRIPTION RATES: (Good through 12/31/08)

	<i>Individual</i>	<i>Institution</i>
U.S.	\$99.95	\$162.94
Canada and Mexico	\$108.95	\$171.94
Other Countries	\$117.95	\$180.94

CALL 800-783-9913 (U.S. ONLY) or 818-760-8520

OR FIND US ON THE WEB AT

<http://www.HealthPromotionJournal.com>

Editor in Chief

Michael P. O'Donnell, PhD, MBA, MPH

Associate Editors in Chief

Jason E. Maddock, PhD

Diane H. Morris, PhD, RD

Judy D. Sheeska, PhD, RD

Mark G. Wilson, HSD

SECTION EDITORS

Interventions

Fitness

Barry A. Franklin, PhD

Medical Self-Care

Donald M. Vickery, MD

Nutrition

Karen Glanz, PhD, MPH

Smoking Control

Michael P. Eriksen, ScD

Weight Control

Kelly D. Brownell, PhD

Stress Management

Cary Cooper, CBE

Mind-Body Health

Kenneth R. Pelletier, PhD, MD (hc)

Social Health

Kenneth R. McLeroy, PhD

Spiritual Health

Larry S. Chapman, MPH

Strategies

Behavior Change

James F. Prochaska, PhD

Culture Change

Daniel Stokols, PhD

Health Policy

Kenneth E. Warner, PhD

Population Health

David R. Anderson, PhD

Applications

Underserved Populations

Ronald L. Braithwaite, PhD

Health Promoting Community Design

Jo Anne L. Earp, ScD

The Art of Health Promotion

Larry S. Chapman, MPH

Research

Data Base

Troy Adams, PhD

Financial Analysis

Ron Z. Goetzel, PhD

From Evidence-Based Practice to Practice-Based Evidence

Lawrence W. Green, DrPH

Qualitative Research

Marjorie MacDonald, BN, PhD

Measurement Issues

Shawna L. Mercer, MSc, PhD

