

# Current State of the World's Overall Health & Wellness Summarized - Global Wellness Institute Report

- Noncommunicable/ chronic diseases are now the world's leading cause of death, responsible for 71% of deaths globally.
- 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.
- 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.
- 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.
  - 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.
- 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.

- Our healthcare system is failing to keep us healthy. Health systems around the world are unprepared to care for the rapidly growing number of aging, chronically ill, and mentally ill patients.
- 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.
- The proliferation of auto-centric infrastructure and urban sprawl often makes it easy to drive everywhere but very difficult to walk or bike.
- 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.
- 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.
- Inequality amplifies our poor health. Income inequality is on the rise, both within countries and across the globe 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.
- 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.
- 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.
- Indoor air can make us sick. The World Health Organization identified indoor air quality and “sick building syndrome” as a health major concern over 30 years ago, and indoor air pollution can be 2-5 times worse than outdoors. In lower income countries, the use of coal, kerosene, and biomass fuels for cooking and heating causes nearly 4 million premature deaths every year.
- Poor outdoor environments are a major health risk. Air, water, soil, and food pollution have reached an epic scale, threatening human health as well as planetary health. Pollution is the largest environmental cause of disease and was responsible for 9 million avoidable premature deaths worldwide in 2015, with over 90% occurring in low- and middle-income countries.

- Air pollution causes the majority of these deaths by increasing the incidences of asthma, lung cancer, heart disease, stroke, and other chronic diseases.
- The private gym, health club, and fitness industry has been growing rapidly, but these facilities are only affordable and accessible to those who live in wealthier, developed countries and urban areas, and they serve less than 4% of the world's population. Needless to say, these private indoor facilities are mostly closed during the COVID-19 lockdown.
- The misery in developing countries is especially acute when overlaid on existing fragilities. Sub-Saharan Africa will see its first recession in 25 years; massive job losses and economic contraction could spark a food security crisis across the continent. Meanwhile, South Asia's economy is heading toward its worst performance in 40 years, and a sudden, large-scale loss of low-paid jobs in cities may drive an exodus that will worsen rural poverty. In Latin America and the Caribbean, unemployment could rise by 10%, increasing the number of people living in poverty to 220 million (one-third of the region's population). Across the world, the pandemic could push over half a billion more people (or 8% of human population) into poverty – a number so staggering that it is beyond comprehension, and the first increase in global poverty since 1990. Everywhere, people working in the informal economy, in low-pay and “gig economy” jobs, and those living in countries with limited resources and weak social safety nets will suffer the most.
- COVID-19 has exposed the vast divide between the knowledge/professional/creative class of workers and everyone else. Indeed, the people who can work safely and keep their jobs during the pandemic are the ones who can work remotely, from home and via the Internet.
- Even the most fortunate workers – i.e., white collar workers who can perform their jobs remotely – are not immune to misery. The shift from working in offices to working at home widens the inequity between those who have a home environment conducive to working productively (e.g., quiet work space, high-speed Internet access, good technology, etc.) and those who do not. The blurring of boundaries between work and personal lives has created new issues while aggravating underlying problems related to stress, overwork, burnout, workplace abuse, work-life balance, childcare, and more.
- In May 2019, the WHO expanded its definition of “burnout” in the International Classification of Diseases to recognize it as an “occupational phenomenon” and link it to chronic workplace stress. In a 2019 global survey, 87% of workers said they are stressed in their workplace, and 12% felt their stress was unmanageable, with 64% claiming to work in an “always on” environment.
- The most recent Gallup World Poll found that 18% of employees are actively disengaged at work.
- Google data reveal that people in every country are staying at home far more than normal (e.g., +33% in Philippines, +20% in Italy, +26% in South Africa, +23% in Mexico). Meanwhile, most countries are seeing large declines in activities such as taking public transit (e.g., -44% in Japan, -62% in UK, -32% in Israel, -47% in Brazil) and visiting parks and outdoor spaces (e.g., -25% in Australia, -48% in France, -42% in Egypt, -89% in Argentina). Fitbit, a global fitness tracker company, found that physical activity among their 30 million users (measured in step count) declined in March by -38% in Spain, -

25% in Italy, and -17% in Russia. Health data company Evidation estimates that physical activity has declined by -48% in the United States since March 1. Emerging data around the world suggest that both adults and children have become more sedentary during the pandemic.

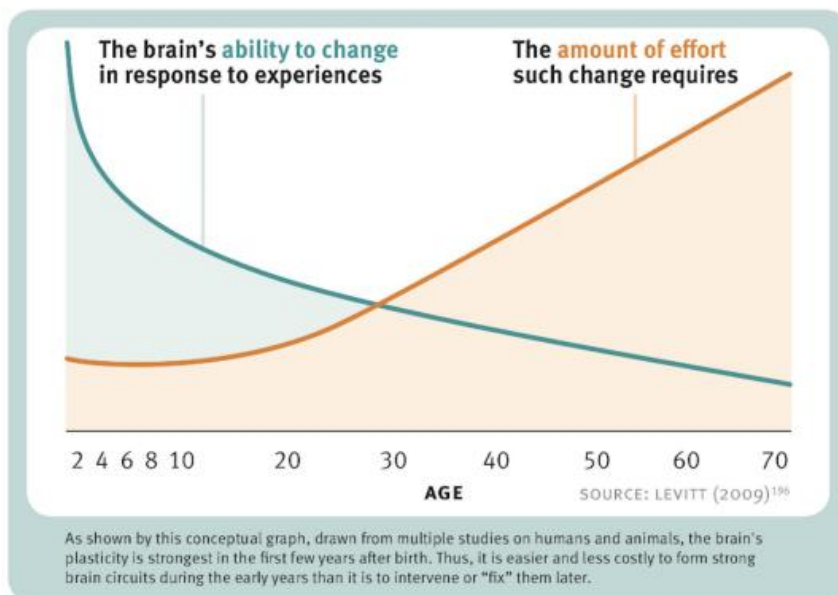
- The COVID-related decline in physical activity is causing great alarm among the global public health community. The benefits of physical activity are varied and widely proven, including: preventing chronic disease, reducing stress, managing weight, improving sleep, alleviating depression, and so on. In other words, physical activity can help to reduce the major risk factors associated with COVID-19, while improving mental and emotional resilience to cope with the current crisis. Recent studies have found that cardiovascular exercise helps the body produce an antioxidant – extracellular superoxide dismutase (EcSOD) – that may reduce the risk of acute respiratory distress syndrome (ARDS), a major cause of death in COVID-19 patients. There is growing concern among the public health community that the increased sedentary behavior during COVID-19 may reduce our resilience to fight the disease now, and to ward off chronic and infectious diseases in the future.
- Physical inactivity is the fourth leading cause of death in the world, responsible for more than 5 million preventable deaths annually. Many factors, from our modern lifestyles, to our living environments, to socioeconomic inequities, have given rise to this alarming trend. The current pandemic is drawing new attention to the importance of exercise, as well as who can exercise, and how and where we exercise. And, the crisis is sparking some responses that could increase and democratize access to physical activity options over the longer term.
- Only 35% of the world's population participates in recreational/leisure physical activities or exercise on a regular basis. A review of surveys and studies across over 60 countries reveals that the biggest barrier for both adults and adolescents to engage in physical activity is a lack of time.
- The decline in exercise during the current crisis is widespread but not universal. Around the world, some people have been able to replace their gym routines with running or biking outside, at-home workouts, and online classes. **Digital fitness companies have seen double- and triple-digit growth in just a few months.** For example, Mindbody (a global fitness technology platform) observed a 230% increase in the number of U.S. users who attended virtual classes in the first week of lockdown; in addition, 25% of users reportedly exercised more.
- These people represent the lucky and privileged portion of the world's population who have the equipment, space, and technology to exercise at home or outside. As online and virtual fitness offerings have grown during the crisis, so have free and inexpensive options (e.g., workouts via free apps, YouTube channels, etc.), which can be practiced at home without specialized equipment. These options could become even more important as the need for physical distancing continues, and also have the potential to “democratize” fitness and address the time and convenience constraints that prevented so many from exercising prior to COVID-19.

- Although the fitness sector is expanding its reach, these businesses are still primarily targeting those who are more able and likely to exercise – the educated, more affluent, younger demographics, and those living in major urban centers and wealthy suburban areas.
  - Recent analysis of the “geography of fitness” found that the availability of fitness and recreational facilities across the United States tracks closely with key socioeconomic indicators (e.g., higher incomes, education levels, and “creative class” and high-tech occupations). If this kind of analysis could be conducted on a global level, the disparities would likely be even more stark. The reality is that participating in exercise remains a privilege that is not accessible for many people around the world.
- While fitness businesses vie for market share by providing more choices to those who are able and can afford to exercise, a massive swath of the population has limited options, including seniors, women and girls, children and teens, people in poor health, and those living in rural and marginalized neighborhoods. These populations have higher-than-average rates of physical inactivity and are at higher risk for chronic disease; to stay active, they need public recreational spaces and amenities that are free, safe, and close to home.
- In China, thousands of older men and women gather daily in public spaces to do tai chi and “plaza dancing.” In Africa, people exercise in parking lots and stadiums, on beaches, in the streets, and even in cemeteries. Cities in Latin America regularly close off key streets to cars to provide space for everyone to walk, run, and bike.

## Mental Wellness

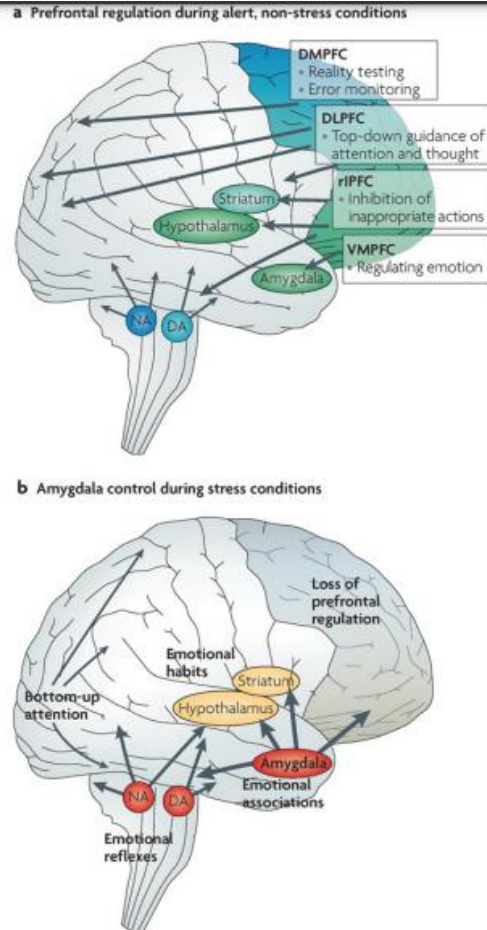
- Mental wellness relates to our psychological and emotional health and well-being, and it is not the same thing as mental health. While mental health is diagnostic and focused on relevant treatment for issues like anxiety and depression, mental wellness refers to evidence-based practices that are proven to help reduce stress, worry, loneliness, anxiety, and depression— and improve our ability to cope, connect, and thrive. Mental wellness practices are part of a prevention model, much like diet and exercise. This active lifelong process involves making conscious and intentional choices toward living a healthy, purposeful, and fulfilling life. It enables us to optimize our functional capacities, navigate acute and chronic stressors, develop and strengthen resiliency, work productively and sustainably, and contribute meaningfully to our community and society.
- Wellness practices that promote health and harmony have existed for centuries and millennia. However, we were unable to provide a “hard science” explanation for their underlying benefits until the past few decades, mostly due to advances in brain imaging and molecular genetics. During the 1990s, coined the Decade of the Brain, our understanding of the brain underwent a radical paradigm shift. The scientific community, which was convinced the brain was not capable of changing or enhancing our cognitive capacities in adulthood (as the saying goes, “You can’t teach an old dog new tricks.”), was proven wrong.

- We discovered that stem cells actually exist in the adult brain. Through a remarkable process called neurogenesis, these newborn brain cells have the capacity to develop into mature functional neurons to aid in memory and learning.
- The positive impacts of these essentially upgrade our brain's operating system, even into our old age. We now have substantial scientific evidence to explain how wellness habits promote our brain to change and rewire itself through a lifelong process termed neuroplasticity. Neuroplasticity, or simply change in the nervous system, is our brain's intrinsic and dynamic ability to continuously alter its structure and function throughout our lifetime.
- The strengthening and integration of neural connections involving our higher level brain regions, namely the prefrontal cortex (PFC), are fundamental in the benefits of wellness practices. Our PFC is responsible for complex brain functions that enable us to plan, organize, and make decisions to navigate a multitude of acute and chronic stressors so we can survive and thrive in life. It gives us our quintessential ability to respond rather than react. Throughout childhood, adolescence, and early adulthood, our PFC remains remarkably plastic, forming extensive connections and networks with other brain regions to develop higher cognitive functions and skills. As we age, the amount of physiological effort required to form new neural connections increases over time (Figure 1). Across our entire lifespan, we are required to exert greater effort to learn something new with each passing day. Thus, if we want to develop a new skill or habit, it is truly best to start sooner than later.



Stress and trauma directly influence the activity and development of the PFC. Under acute and prolonged periods of heightened stress, our PFC essentially shuts down. The amygdala, our emotional processing center, takes over and triggers instinctive, reflexive, and defensive survival behaviors (Figure 2). This “fight, flight, or freeze” stress response engages and reinforces lower level neural pathways, conditioning our brain toward reactive survival mode. Chronic stress impedes healthy development of the PFC, impairing its overall functioning, with potential lifelong consequences for our ability to achieve a sense of well-being. Chronic stress and trauma habituate us to a life of impulse, defensiveness, and survival, rather than calm, love, and peace.

Figure 2. Prefrontal cortical versus amygdala circuits: the switch from non-stress to stress conditions (reused with permission)



- To constructively navigate stress and endure this crisis, it is imperative to harness our brain’s plasticity by committing to mental wellness. Building new habits by engaging in mental wellness practices such as meditation, deep breathing, and walks in nature will promote growth and resilience.

## The roadmap to mental wellness

- **Aerobic Exercise** - Aerobic exercise is fundamentally important for neurogenesis and proper maintenance of our body’s physiological “fight/flight/freeze” stress response. When we exercise, our brain is the executive in charge, directing activity in our heart, lungs, and muscles to mobilize our body for action, and empowering us with a sense of influence over our circumstances and environment. Aerobic exercise enables our brain and body to sustain and overcome the deleterious effects of acute and chronic stress through natural physiological processes that are otherwise absent when we are inactive or sedentary.
- **Emotional Health** - Fostering emotional awareness, cultivating spirituality, and maintaining a positive mindset are integral to mental wellness. Developing trust, security,

and love in interdependent relationships is foundational to nurturing our brain's development. Committing regularly to activities such as praying, journaling, volunteering, social bonding, and psychotherapy drives positive neuroplasticity. Emotional awareness and attunement integrate our brain's structural and functional organization, building the foundation for healthy, thriving relationships.

- Environmental Enrichment - Engaging in activities that stimulate our senses, challenge our cognitive and motor abilities, and enhance our social interactions is indispensable for maintaining positive neural changes throughout our lifetimes. Worshipping together, dancing, playing music, aromatherapy, traveling, hiking, and volunteering enrich not only our lives, but also our brain's development.
- Meditation - Meditation induces large-scale neuroplasticity to promote higher level development in cortical areas, especially the PFC, which has been documented in many studies. Different types of meditation practices exist, with each varying in the brain regions that are activated, eliciting distinct neural changes and corresponding benefits. Meditation cultivates non-judgmental awareness, discipline, attention control, and emotional regulation. Meditation also promotes calmness, restful alertness, and heightened self-awareness. It will also foster selflessness, empathy, and positive relationships.
- Nutrition and Inflammation - Chronic inflammation is one of the main underlying causes of poor mental health and illness. Our diet and gut microbiome have important roles in affecting our body's inflammatory processes, which impact our brain's health in numerous ways. Dietary modifications incorporating caloric restriction, intermittent fasting, anti-inflammatory foods, antioxidants, supplements, and prebiotics/probiotics help support the brain's health and drive positive plasticity.
- Relaxation and Deep Breathing - Our breath holds the key to reducing stress and achieving relaxation. Physical exercises that involve controlled breathing techniques, such as yoga and tai chi, help us endure chronic stress. Deep breathing activates the vagus nerve, which is a direct channel to the "rest/digest" branch of the nervous system. Vagal activation counteracts and mitigates the stress-inducing activity of the "fight/flight/freeze" branch of the nervous system, favoring healthy neuroplastic changes.
- Sleep - Sleep is essential for overall health, providing vital rest and restoration for the mind and body. It is particularly necessary for plasticity associated with memory processing. Sleep is also critical for the maintenance of "housekeeping" functions, particularly the removal of waste, via the recently discovered glymphatic waste clearance system.
- Substance Use - Smoking, alcohol use, and drug abuse have negative effects on neuroplasticity. It is critically important to moderate, minimize, or avoid the exposure to addictive and harmful substances.
- Acting to "save" lives from COVID-19, governments around the world had to order people to stay home and socially isolate. The toll on human relationships has been heartbreaking, with people barred from visiting elderly parents in nursing homes or hospitals, and people forced to die completely alone or to say goodbye via speakerphone. As the world slowly opens up, complex social distancing measures will continue to keep us physically apart, and new waves of the virus will likely send us home



again. We are in for a long “socially distant,” “touch-less,” and “contact free” future, so psychically traumatic that our fears of physical closeness could last years after the pandemic. Experts are predicting a skyrocketing loneliness crisis that will create a wave of mental illness, suicide, substance abuse, and violence borne of social isolation, especially for our loneliest populations: the young, the old, the poor, and migrants.

- The bitter irony – or tragedy – is that pre-virus, experts (from the WHO to the UN) increasingly agreed that we were experiencing a loneliness crisis unprecedented in human history. Socially isolated populations have been exploding in most countries (see below). The major sociocultural and technological shifts that have unfolded from the Industrial Revolution through the Digital Age have looked like a concerted conspiracy to destroy intimate human relationships and decimate our “social capital,” or meaningful connections to our family, friends, and communities. This perfect storm of forces includes the capitalist obsession with individualism, work, money, and status over the well-being of the group; the shift from extended, to nuclear, to more single-person families; the rise of digital media; and the declining participation in community organizations and churches. Driven by the economic goal to create perfect, atomized consumers, community has been a casualty.
- A fast-growing body of medical research (see below) is revealing that loneliness is one of our deadliest, most invisible health problems, representing a greater risk for early death than both obesity and smoking. If COVID-19 took loneliness from a crisis to a mega-crisis, it also sent a message to the world that we precisely didn’t need: that isolation is a protector. The COVID-19 experience is telling us that face-to-face connection, social gatherings, extended families, and dense cities are super-spreaders of the disease, while “socially distanced” environments (e.g., suburban car culture and solo living) fare better.
- But COVID-19 also sends another message: we must work hard to give loneliness the recognition it deserves and to create new (and restore lost) meaningful human connections in a post-virus world. Experts have been talking about the “loneliness epidemic” for years, and now is the time to act. As Dr. Vivek Murthy, 19th Surgeon General of the United States, argues, loneliness is the “largest and most under-appreciated force for addressing many of the critical problems we’re dealing with, both as individuals and society.”
- The world was lonelier than ever before the virus hit. The country-by-country statistics on the global loneliness crisis could fill a book. In the United States, loneliness rates have more than doubled in the last 40 years, and 61% of American adults now report they are lonely. In the United Kingdom, roughly 1 in 7 people report that they are “always or often lonely” – while more than 200,000 UK seniors see or speak to family or friends less than once a week. In Italy, 13% of adults report having no one they can ask for help. In Japan, the number of seniors living alone increased more than six-fold from 1980-2015, and over 1 million adults meet the official government definition of hikikomori, or complete social recluses who never leave their homes.

- The loneliest generations are the old and the young, with a new loneliness among youth now becoming a world crisis. A major BBC survey found that while 27% of people over age 75 “often or very often feel lonely,” that number jumps to 40% for 16-24 year-olds. In the United States, younger adults (79% of Gen Z and 71% of millennials) report being significantly lonely versus just half of Baby Boomers. In Japan, six in ten people reporting loneliness as a major problem are under age 50.
- The pandemic could unleash a loneliness mega-crisis. The United Nations (UN) and World Health Organization (WHO) recently warned of a looming mental illness crisis born of “the “isolation, the fear, the uncertainty, the economic turmoil” brought by the pandemic. Data from the first three months of the pandemic are alarming. The WHO reports that 60% of the population in Iran, 45% in the United States, and 35% in China are now suffering mental distress under COVID-19. Loneliness is surging around the globe. A survey of English-speaking countries showed that 76% of people report being significantly more lonely because of the pandemic. New research shows that children are disproportionately impacted, especially those living in developing countries; not only are hundreds of millions of kids going hungry as they miss out on school meals, but more than 70% report that they feel very lonely due to school closures.
- The average person now spends 6 hours and 42 minutes a day online. Study after study shows an association between too much social media time and higher rates of loneliness, depression, and anxiety – especially for the young. Young adults who spend two hours on social media daily are twice as likely to feel lonely as those that spend a half hour.
- A record percentage of the world’s population is now migrant, suffering from the terrible loneliness that comes from being far from one’s home culture, friends, and family. An estimated 272 million people (3.5% of the world’s population) now live outside their home countries, including 26 million refugees.
- Decline in religious affiliation and weekly worship. While the majority of people worldwide identify with a religion (84%), both religious affiliation and regular attendance at religious services is declining in most countries.
- The decline is especially strong among younger generations: globally, only 36% of those aged 18-39 attend weekly religious services versus 42% of people age 40+. With this decline, not only is instruction in crucial spiritual and ethical values lost, but also the tangible community and social connections that happen when people gather regularly for religious observances.
- With mandated social distancing and the cancellation of religious services during COVID-19, the 2 in 5 people worldwide that rely on them for spiritual support and human connection are now deprived in a time when they need this support the most.
- Loneliness is a killer: Its impact on our health is staggering. Social isolation is not even classified as a health condition by the medical community, but a growing mountain of research shows its astounding impact on our physical and mental health. One large study indicates that social isolation presents a far greater risk of mortality than obesity, smoking 15 cigarettes a day, excessive alcohol consumption, and lack of physical activity – and that strong social connections are associated with a 50% reduced risk of early death. This makes loneliness a critical health issue. Numerous studies also reveal

that loneliness is the invisible, lurking root cause behind many health conditions, including addictions, depression, and heart disease – from causing a 32% increased risk of stroke, to doubling a person’s likelihood to develop Alzheimer’s. Loneliness even makes people more vulnerable to viruses like COVID-19, as it causes changes in gene expression in white blood cells resulting in reduced immune defenses.

- The “digital everything” trend is being radically accelerated under COVID-19, and experts predict that it will define our post-virus world. If 70% of global professionals were remote workers at least part of the week pre-virus, working from home has become the norm during the pandemic, and now more companies are stating that employees will not be heading back to offices post-pandemic.
- All the macro trends that analysts predict for our post-COVID-19 future – from an exodus from cities to suburbs and rural areas, to full-time working from home – will further isolate us and eliminate what our lonely world needs most: human gathering and face-to-face communion. We must be vigilant that digital innovations and new “distancing” technologies and techniques do not decimate real human connections.
- It will take action at the individual, community and government levels to tackle our unsustainable loneliness crisis and build a more connected world. And, it will be just as challenging as it is desperately needed.
- Broaden the community component of faith - For millennia, religious faiths have been the bedrock of communities, and they remain so for the 40% of the global population that attends worship services weekly. Surveys show that during COVID-19, faith, prayer, and new religious practices are on the rise. One-quarter of Americans report that their faith has become stronger during the pandemic and the University of Copenhagen found that global Google searches for “prayer” doubled for every 80,000 confirmed COVID-19 cases. During the pandemic, religious services have been forced to move online, an experiment in a new model of faith with strong potential to reach the younger generations. **One U.S. survey found that 46% of those aged 13-25 started new religious practices during COVID-19, and 43% attended religious services online.** While face-to-face gatherings will remain the cornerstone of worship post-COVID-19, a new wave of online religious platforms will also keep appearing. For instance, Hallow, a Catholic-based **prayer and meditation app**, saw a 2,000% jump in users praying (via the app) after Pope Francis called for a global rosary for COVID-19 victims. **The post-virus world seems poised for a renewed interest in spirituality and religious community, places where one focuses on life’s more profound questions and where one learns to transcend self-interest to serve others.**

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