Ballard: Welcome back to the Good Company Podcast. Earlier this month I spoke with Dr. Michael O'Donnell, the founder and editor in chief of the American Journal of Health Promotion. Dr. O'Donnell is also the director of health and wellness at the Cleveland Clinic. Let's listen in on our discussion.

Ballard: Thanks for joining us today, Michael.

O'Donnell: Great to be here, David.

Ballard: I'd like to start out with a question about the changing workplace. Given the demise of the lifetime employment model, why would employers want to invest in health promotion programs when the biggest pay-off from health risk reduction is likely to be over the long term?

O'Donnell: Well, I think the main reason employers should do this is because healthy employees are productive employees. It's definitely true that the most tangible return from health promotion programs is by reducing medical care costs. And you're right. If an employee leaves in a year or two, the employer might not realize that benefit, but the greatest value -- the greatest financial return to the company -- is really in increased productivity. In fact, my estimates are that the returns are about ten to one. It's really not a very risky investment for a company even if the employee's going to move on to another company in several years.

Ballard: Last year you attended a meeting hosted by the World Health Organization and the World Economic Forum where the topic of workplace wellness was addressed. How was the topic received, and what do you think the potential impact would be if these heavy hitters from the business and political arenas adopt the platform of workplace wellness and make it a global priority?

O'Donnell: Yes. Well, that meeting -- it was in Dalian, China -- was to talk about the possibility of workplace wellness being adopted as a priority for the World Economic Forum in upcoming meetings. And then at the meeting that just occurred in Davos, Switzerland, there was a keynote session that was hosted by Dr. Chan, the head of the World Health Organization, as well as, I believe it was, the CEO of Pepsi. By the way, the World Economic Forum is made up of the CEOs of the thousand largest companies in the world as well as the presidents or heads of state of all the countries of the world. So these are the heavy hitters. These are the people, if they decide that workplace wellness needs to be a priority, I think we'll see a big impact. And then if they adopt it as a priority, as a platform for the World Economic Forum, that's when we'll see the really huge growth. The growth of the field is tremendous, and the growth is so great that I hesitate to actually say it when
I'm being recorded, but I think it would be at least a ten-fold growth in the United States. And because in other countries this field is not developed it could even be a hundred-fold growth globally.

Ballard: Given all the talk about recession and its effect on the global economy, do you think they'll be able to maintain their focus on this?

O'Donnell: Well, yes and no. If there is a recession, they'll always have to look for where we can save money now. On the other hand, medical care costs aren't going to drop in this recession. Medical costs continue to increase at a rate that's double or triple inflation.

Ballard: You're also at the Cleveland Clinic now. What kinds of challenges are you facing in that kind of environment?

O'Donnell: Well, you know, it's interesting. The Cleveland Clinic is an acute care hospital. We actually see the sickest patients in the entire country. Medicare measures our acuity and we have the highest acuity rating. We have very sick patients, but even though that's our core focus, our CEO has said, this cannot be the future of health care. Health care has to be about keeping people healthy. He's very aggressive in pursuing that mission. One of the areas we've really focused on is tobacco. We went smoke-free as a campus in 2005. We also got very involved in helping to pass a ballot initiative. Now all workplaces, all public places are smoke-free. We also launched a program we called Smoke-Free Greater Cleveland. We also developed a comprehensive tobacco treatment clinic which included developing a new electronic medical record that stimulates all of our clinicians to refer people to the clinic, and we see a million patients a year. We think 200,000 of them smoke, so we expect to reach many of them. Something that's really very important here. We know that in a typical year in Ohio 55 percent of smokers attempt to quit smoking. That's a really high number. You probably can't push much above that. But we also know that only one percent of them use evidence-based quit methods. That means they use a combination of behavioral plus pharmacological strategies. 70 percent just quit cold turkey and the remaining 29 percent either use just behavioral or just pharmacological. The difference in success rates -- if you quit cold turkey you have about a 5 percent success rate. If you use just pharma or just behavioral, about a 10 percent quit rate. But if you do both you have a 30 percent quit rate. So, you can multiply your quit rate by six times just by using that combination. So, what's very exciting to me is, we'll be able to push people, through our referral system, into evidence-based methods. We expect it really to have a big impact. And we've worked with our local community to develop a plan: how can we reduce tobacco use in this area over a decade? We've come up with a really very interesting plan, which we'll be working to help them develop in the coming decade.

Ballard: You also run the Art and Science of Health Promotion Conference. Can you tell us about the theme this year --

O'Donnell: Sure.
Ballard: -- and is there anything in particular that you're really excited about?

O'Donnell: Well, the theme is “Maximizing ROI in Health Promotion: Improving Health and Reducing Costs.” The conference is March 5th through 8th in San Diego. What we're going to try to look at in this conference is, how do you maximize ROI? What do you have to do in terms of the contents of your programs? What are the topics that are most important to focus on? How do you structure your programs so that you are not just as effective as possible in reducing risks, but how can you deliver those programs in the most cost-effective way? What's exciting to me about this is, you know, when I got involved in this field more than 25 years ago, it was all conceptual speculation. We thought, maybe if we do this, employees will be healthier and maybe they won't be sick as often. Maybe they'll be more productive. The exciting thing is now, several decades later, we've actually got data to inform us; to really tell us what are the ROIs; what are the most effective methods. I'm looking forward to hearing the latest research in this area.

Ballard: One of the things that I've always found interesting about you is your background, and I'm wondering how you've been able to combine the various aspects of your education, training, and experience. What do you bring with you from your work and background in health behavior and education, management, public health, and health care administration?

O'Donnell: (laughter) Well, you know, eventually I'll figure out what I want to do when I grow up. I think the early background in health and then the later Ph.D. in health behavior, plus the MBA and the MPH in hospital administration, I think I have a sense of how the different groups think, and I think one of the problems that a lot of us have is, we really don't understand an employer's priorities, or a health system's priorities. We certainly don't understand the priorities of the average person on the street. Unless we understand their priorities we're not going to know how to motivate them to do something. So, maybe the best thing that I've gotten from all those different educational experiences is a beginning of an understanding of the priorities of each of the different groups that I'm working with. It's also helped me understand that there's so much that I don't know. And that's so true of our whole field. You know, it's an art. It's not a science yet, and there are so many fields we have to draw on. We have to draw on knowledge from anthropologists, health policy experts, architects, city planners and marketers, as well as all the traditional groups like exercise scientists, psychologists, doctors, nurses, and health educators. So, it's really given me an appreciation of how complex this whole field is, and how to be successful, we really have to form collaborations with many, many groups and individuals.

Ballard: So a real systems-based approach to health and wellness.

O'Donnell: Absolutely.

Ballard: Well, Dr. O'Donnell, thanks so much for joining us today.
O’Donnell: My pleasure.