



Established in 2003

Health Risk Assessment Report **SAMPLE REPORT**



The **SAMPLE COMPANY** Personal Wellness Profile campaign ran in June 2014. In total, 187 employees (65% of the population) participated in this initiative.

The following information was used to customize the report. This information was provided by your organization.

Year	Number of Employees	Average Health Cost Claims/Person/Year	Average Salary
2014	289	\$1,169.00	\$75,942.30
2012	272	\$1,100.91	\$73,598
2011	269	\$1,115.00	\$72,340
2010	252	\$1,145.77	
2009	251	\$1,192.74	

Employee Wellness Solutions Network has highlighted the results from the Executive Summary Report and the Productivity & Economic Benefits Report.

Executive Summary Report (Section 2)

Group health needs and risks along with recommendations for initiating risk reduction and health enhancement programs are presented.

Reducing the number of people with health risks can significantly decrease health problems and costs. The following are a few highlights from the various responses on lifestyle.

- Poor lifestyle habits can lead to excess body weight, which in turn, is dangerous. Staff with a poor weight score (BMI >25, high waist girth or % body fat) was reported to be:

2014	2012	2011	2010	2009
55%	65%	65%	58%	67%

- Nutrition showed to be a topic of concern whereby the following % reported not eating enough fruits and vegetables (less than 5 per day).

2014	2012	2011	2010	2009
79%	79%	91%	97%	86%

- There was a relationship seen between low energy and poor sleep habits. Specifically, the following % sleep less than 7 hours per night.

2014	2012	2011	2010	2009
17%	21%	36%	37%	41%

- The following reported missing 5 or more days of work.

2014	2012	2011	2010	2009
21%	33%	21%	32%	23%

Top 5 Recommended Health Actions (Section 2, Pages 5-6)

Based on the prevalence of health risks, various health recommendations are listed below.

2014	2012	2011	2010	2009
<ol style="list-style-type: none"> 1. Weight Management (52% are above their recommended weight range) 2. Cancer Risk Reduction (45% have higher cancer risk) 3. Better Nutrition (38% showed need for making nutritional changes) 4. Improving Fitness (50% showed need for improving fitness levels) 5. Managing Stress (19% are bothered by excessive stress) 	<ol style="list-style-type: none"> 1. Weight Management (65% are above their recommended weight range) 2. Cancer Risk Reduction (56% have higher cancer risk) 3. Better Nutrition (44% showed need for making nutritional changes) 4. Improving Fitness (42% showed need for improving fitness levels) 5. Coronary Risk Reduction (28% have a moderate to high coronary risk) 	<ol style="list-style-type: none"> 1. Cancer Risk Reduction (67% have higher cancer risk) 2. Weight Management (65% are above their recommended weight range) 3. Improving Fitness (50% showed need for improving fitness levels) 4. Better Nutrition (49% showed need for making nutritional changes) 5. Coronary Risk Reduction (24% have a moderate to high coronary risk) 	<ol style="list-style-type: none"> 1. Weight Management (58% are above their recommended weight range) 2. Better Nutrition (53% showed need for making nutritional changes) 3. Cancer Risk Reduction (47% have higher cancer risk) 4. Improving Fitness (45% showed need for improving fitness levels) 5. Coronary Risk Reduction (18% have a moderate to high coronary risk level) 	<ol style="list-style-type: none"> 1. Cancer Risk Reduction (71% have higher cancer risk) 2. Weight Management (67% are above their recommended weight range) 3. Better Nutrition (47% showed need for making nutritional changes) 4. Improving Fitness (47% showed need for improving fitness levels) 5. Coronary Risk Reduction (34% have a moderate to high coronary risk)

Top 5 Health Action Opportunities (Section 2, Page 7)

Based on the results from the profile, various employees could benefit from one or more risk-reduction interventions.

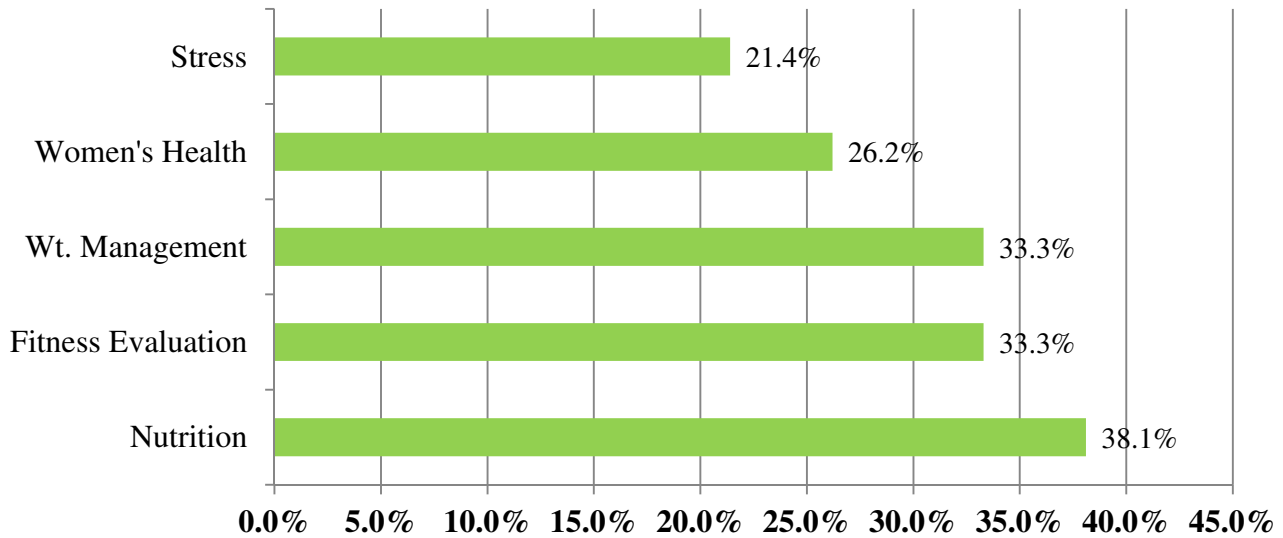
2014	2012	2011	2010	2009
<ol style="list-style-type: none"> 1. Weight Management (52%) 2. Improving Fitness (50%) 3. Better Nutrition (38%) 4. Protecting Your Heart (19%) 5. Stress Management (19%) 	<ol style="list-style-type: none"> 1. Weight Management (65%) 2. Better Nutrition (44%) 3. Improving Fitness (42%) 4. Protecting Your Heart (28%) 5. Stress Management (21%) 	<ol style="list-style-type: none"> 1. Weight Management (65%) 2. Improving Fitness (50%) 3. Better Nutrition (49%) 4. Protecting Your Heart (24%) 5. Stress Management (18%) 	<ol style="list-style-type: none"> 1. Weight Management (58%) 2. Better Nutrition (58%) 3. Improving Fitness (45%) 4. Protecting Your Heart (18%) 5. Senior Living (18%) 	<ol style="list-style-type: none"> 1. Weight Management (67%) 2. Improving Fitness (47%) 3. Better Nutrition (47%) 4. Protecting Your Heart (34%) 5. Stress Management (28%)

Readiness to Change

It is valuable to know how many people are ready to make a change for a healthier lifestyle. It is important to note that 12% of the organization is in the “planning stage” of change. In other words, there are means people already taking action (69%). It can be assumed that the implementation of health-oriented interventions may have a dramatic, immediate change in the risk factors of the organization.

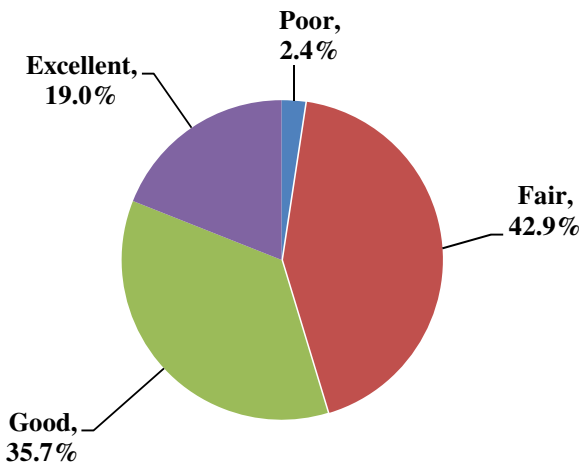
2014	2012	2011	2010	2009
12%	16%	9%	16%	14%

Health Interest Questions (pg20)



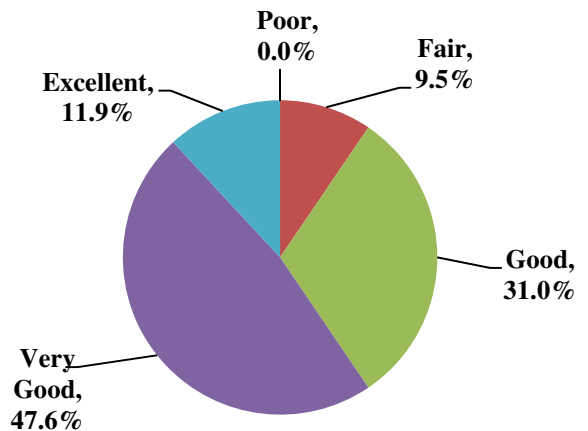
The percentages of people interested in each topic is provided. Please note: participants are usually interested in more than one health topic; there may be more interests tallied than there are people in the group.

Personal Wellness Profile Score (p25)



The overall wellness rating gives a comprehensive score based on the sum of the different major wellness factors. 23 (54.8%) people have a good or excellent wellness rating.

Health Perception (p28)



This scale measures a participant's personal perception of his or her overall health. 25 (59.5%) believe their health is very good to excellent, while 0 (0.0%) believe their health is poor. The average (mean) score for this scale was 73.3 using a ranking from 1 - 100.

Productivity & Economic Benefits Report (Section 4)

EWSNetwork has summarized the prevalence of health risks in the organization linked to increased costs. Based on poor health practices, health risks have a significant impact on an organization's bottom line. Potential savings, based on reduction of risk behaviours, is also presented. Three areas of interest were reported and are seen below.

Excess Health Claims in the Organization (Section 4, Page 1)

Based on the health risks of the 42 employees who participated, the total Excess Health Claim of \$17,569 was reported.

2014	2012	2011	2010	2009
\$17,569 (\$418/participant)	\$26,626 (\$619/participant)	\$42,447 (\$544/participant)	\$21,255 (\$559/participant)	\$54,049 (\$651/participant)

Productivity Losses in the Organization (Section 4, Page 2)

Based on the health risks of the 42 employees who participated, a potential Productivity Loss of \$71,611 was reported.

2014	2012	2011	2010	2009
\$71,611 (\$1705/participant)	\$115,626 (\$2688/participant)	\$174,096 (\$2232/participant)	\$64,256 (\$1690/participant)	167,338 (\$2016/participant)

Absenteeism Costs in the Organization (Section 4, Page 3)

Based on the health risks of the 43 employees who participated, an Absenteeism Cost of \$10,966 was reported.

2014	2012	2011	2010	2009
\$10,966 (\$261/participant)	\$16,369 (\$308/participant)	\$24,941 (\$319/participant)	\$10,752 (\$282/participant)	23,337 (\$281/participant)

Top 5 Excess Cost per Risk Factor (Section 4, Page 4)

Estimated excess costs for health claims, productivity losses, and absenteeism were broken down by individual risk factors in the organization.

1. Obesity (33%) with excess cost of \$20,429.
2. Use of Relaxation/Sleep Meds (20%) with excess cost of \$17,149.
3. Physically inactive (15%) with excess cost of \$12,660.
4. Life Dissatisfaction (13%) with excess cost of \$11,184.
5. Poor physical health perception (10%) with excess cost of \$8,823.

Potential Health Savings (per year) by Meeting Risk-Reduction Goals (Section 4, Page 4)

Potential savings of \$501-1252 per employee was reported, providing 20% to 50% risk-reduction (respectively). This is accomplished through the necessary implementation of specific interventions. Additionally, 10%, 30% and 100% risk-reduction savings are reported providing goals are achieved.

Relationship Trends between Participants and Non-Participants in the Organization

The aforementioned summary is representative for the 15% of the population who participated in the initiative.

Including the remaining 85%, (*assuming percentages and trends are similar*) the costs and savings associated with the entire population would be:

Health Claims:	\$117,126
Productivity/Presenteeism:	\$477,406
Absenteeism:	\$ 73,106
TOTAL Potential Excess Health Expenditure:	\$667,638
Potential Savings/employee/year:	\$ 2310.17

Potential Savings/employee/month

2014	2012	2011	2010	2009
\$192.51	\$303.73	\$257.96	\$211.99	\$240.21

Executive Summary Report

Personal Wellness Profile Executive Summary SAMPLE COMPANY

Scientific Basis for the Personal Wellness Profile

- ◆ American Cancer Institute
- ◆ American Cancer Society
- ◆ American College of Sports Medicine
- ◆ American Heart Association
- ◆ U.S. Department of Health and Human Services
- ◆ Health Outcomes Institute
- ◆ Johns Hopkins Medical Institutions
- ◆ National Academy of Sciences, NRC
- ◆ National Center of Health Statistics
- ◆ National Committee For Quality Assurance
- ◆ National Institutes of Health
- ◆ National Mental Health Association
- ◆ University of California at Berkeley
- ◆ University of Michigan
- ◆ U.S. Preventive Services Task Force
- ◆ U.S. Surgeon General's Report on Health Promotion and Disease Prevention
- ◆ U.S. Department of Agriculture's Dietary Guidelines for Americans
- ◆ World Health Organization

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Provided by

Executive Summary Report

SAMPLE COMPANY

Page 1

Introduction

This report summarizes the primary health findings for those individuals who completed the Personal Wellness Profile (PWP) health assessment. Group health needs and risks are presented along with recommendations for initiating risk reduction and health enhancement programs. This information is very helpful in planning a comprehensive health enhancement program for the participant population.

Improved control of behavioral risk factors, such as:

- ◆ use of tobacco
- ◆ alcohol
- ◆ drugs
- ◆ lack of exercise
- ◆ poor nutrition

could prevent:

- ◆ 1/2 of all premature deaths
- ◆ 1/3 of all cases of accidental disability
- ◆ 1/2 of all causes of chronic disability

From a report of the U.S. Preventive Services Task Force

Health Practices

By living a healthful lifestyle, much can be done to prevent serious illness and premature death. Recently, the U.S. Task Force on Disease Prevention and Health Promotion delivered a report to the health care providers of the nation. They stated that "the most effective interventions available to clinicians for reducing incidence of disease and disability in the United States are those that address the personal health practices of patients."

Group Needs

The PWP Executive Summary Report highlights those personal health practices most closely associated with high risk for disease and premature death. The most likely causes of death and disability for the participant population are shown with the prevalence of each contributing risk factor.

Health Age and Quality of Life

The impact of lifestyle is dramatically shown in the Health Age Summary. Studies show that most people could add five to 10 years or more to their life expectancy by choosing to follow good health practices. The potential for increased life expectancy for your group is shown.

Participant quality of life is illustrated using Health Status scores. These are compared with national norms.

Risk Reduction

The last section makes recommendations for specific interventions to reduce identified health problems in your organization. Based on this information, specific goals and planning can be provided for reducing risks, enhancing health, and improving the productivity of your group.

Demographics

There were 253 individuals from this group who participated in the wellness assessment program. The group consisted of 253 men and 0 women. The average age of the group was 45. The health norms and comparisons used in this report are based on these demographics.

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Page 2

Health Hazards

This report shows the personal health practices and risks of your group by leading causes of death nationwide. Both the number and percent of people with each risk factor are shown.

Reducing Risk

Reducing the number of people with these health risks can significantly decrease health problems and costs, while improving the health and productivity of the individuals.

Cardiovascular

(697,754 deaths per year)

Contributing Risk Factors	#	%
Personal history of heart disease, stroke or diabetes	25	10
Family history of heart disease	52	21
High total cholesterol (240+ or 200+ if CHD or Diabetes)	26	10
High LDL cholesterol (160+ or 130+ if CHD or Diabetes)	1	0
Low HDL cholesterol (less than 40)	4	2
High blood pressure (140/90 and above)	29	11
Smoking	54	21
Diabetes/high blood sugar (100+ fast, 140+ non)	15	6
Low aerobic exercise score	101	40
Poor weight score (score < 50, high waist girth or % fat) (1)	167	66
*Abnormal ECG	0	0
High overall coronary risk	56	22

Cancer

(558,847 deaths per year)

Contributing Risk Factors	#	%
Personal history of cancer	5	2
Tobacco use (all forms)	58	23
Drinking more than recommended (more than 1-2/day)	10	4
High-fat diet	31	12
Low-fiber diet	58	23
Fruits and vegetables (less than 5/day)	233	92
Poor weight score (score < 50, high waist girth or % fat) (1)	167	66
Bowel disease	15	6
*Positive blood in stool	0	0
*Positive PSA	0	0

* Concise Plus Profile does not include Factors with an asterisk.
(1) If done, waist girth or % fat may override BMI.

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Accidents

(102,303 deaths per year)

Contributing Risk Factors	#	%
Does not wear seat belt all the time	9	4
*No working smoke alarm in home	0	0
Drinks and drives occasionally	20	8
Does not use good lifting technique	17	7
*Does not wear a helmet when applicable	0	0

Lung Disease

(125,500 deaths per year)

Contributing Risk Factors	#	%
Smoking (cigarettes)	54	21
*Low lung function (FEV1 <80% of predicted)	0	0
No regular exercise	101	40
Unusual shortness of breath	11	4
Chronic bronchitis or emphysema (COPD)	5	2

Diabetes

(73,119 deaths per year)

Contributing Risk Factors	#	%
Personal history of Diabetes	15	6
High blood sugar (100+ fasting, 140+ non)	0	0
Poor weight score (score < 50 or high waist girth)	167	66

Cirrhosis, Liver

(27,045 deaths per year)

Contributing Risk Factors	#	%
Drinking more than recommended (more than 1-2/day)	10	4

Suicide

(30,646 deaths per year)

Contributing Risk Factors	#	%
"I have recently thought about ending my life"	0	0
"Feel down-hearted and blue"	17	7
"Have been a happy person" .. "little of the time"	8	3

* Concise Plus Profile does not include Factors with an asterisk.

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Other Key Health Practices

Lifestyle Risks	#	%
Low nutritional status	167	66
Heavily stressed (often have trouble coping)	5	2
Numerous stress signals present (3 or more)	8	3
Very unhappy with life	2	1
Low in sleep (less than 7 hours per day)	91	36
Low energy level (feel tired most the time)	22	9
Have no good social support system	24	9
Regularly use drugs that affect mood or ability to relax or sleep	31	12
*Consumes caffeine heavily (6 or more servings per day)	0	0

Disease States

Disease States	#	%
*Allergies	0	0
*Arthritis	0	0
Asthma	27	11
*Blindness or trouble seeing	0	0
Bowel polyps or inflammatory bowel disease	15	6
*Cataracts	0	0
*Deafness or trouble hearing	0	0
*Glaucoma	0	0
*Kidney disease	0	0
*Macular degeneration (AMD)	0	0
Sciatica or chronic back problems	27	11
*Skin problems or dermatitis	0	0
*Ulcer or bleeding in stomach or bowels	0	0
Chronic bronchitis or emphysema (COPD)	5	2
Personal history of diabetes	15	6
Personal history of heart disease or stroke	13	5
Personal history of cancer	5	2

Medical Care Summary

Medical Care Issues	#	%
*Doctor visits in past 12 months	0	0
Sick and missed work 5 or more days last year	24	9
*Spent at least 1 day in hospital last year	0	0

* Concise Plus Profile does not include Factors with an asterisk.

Executive Summary Report

SAMPLE COMPANY

Health Status and Quality of Life

This is an evaluation of your population's current health status, including:

- ◆ Health perception and health status change.
- ◆ Functional status, both physical and social, as well as limitations due to physical or emotional problems.
- ◆ Well-being including bodily pain, mental health, and energy level.

By monitoring health status change over time, general health outcomes from medical care and health interventions can be measured. This type of research can help determine what procedures, treatments, and health care delivery methods are most effective or ineffective in enhancing personal health.

Health Age

Good Health Practices

- ◆ Not smoking
- ◆ Eat a good breakfast daily
- ◆ Regular aerobic exercise
- ◆ Weight in desirable range
- ◆ None or light drinking
- ◆ Seven to eight hours of sleep daily
- ◆ Avoid frequent snacking

Health Status and Quality of Life (HSQ-12)

Quality of Life Scale	Group Score	U.S. National Norms*	Low Scores (n)	Low Scores (%)
Physical Health Composite Score (PCS)	males	51.68	23	10.4
	females	0.00	0	0.0
Mental Health Composite Score (MCS)	males	49.66	33	14.9
	females	0.00	0	0.0

Note: Low scores are 40 or less. A high score is desirable

The participants' perceptions of their physical and mental health explains the variability of these scores. Compared to national norms, higher scores indicate better functioning and a higher than average quality of life. Lower scores indicate unsatisfactory mental outlook or poor perception of physical health.

Very low scores are associated with a number of health and health care consequences. These include limitations in physical activities, subsequent job loss, increased hospital stays, increase in doctor visits, probability of a chronic condition, likelihood of depression, and likelihood of five-year survival. These scores are compared with national norms.

* Ware, JE; Kosinski, M; Keller, SD. The Health Institute, New England Medical Center; *SF-12 An Even Shorter Health Survey*, Medical Outcomes Trust Bulletin, January 1996.

Ware, JE; Kosinski, M; Keller, SD. *A 12-Item Short-Form Health Survey SF-12: Scale Construction and Preliminary Tests of Reliability and Validity*, Medical Care, 1996.

Health Age Summary

One's choice of health practices has a significant effect on health and longevity. In a prospective study of some 7,000 people for 15 years, people who followed a healthy lifestyle lived on average 11.5 years longer than those with poor health practices, e.g., smoking, living a sedentary lifestyle, poor eating habits, being overweight, etc.

The health practices of people in your organization were compared to this study population to determine the effect of their lifestyle on longevity.

Average Age	Average Health Age	Average Achievable Age	Potential Years of Added Life for Group
44.5	44.0	38.1	1,491.1

The average person in this group may add 5.9 years to his or her life expectancy by maintaining good health practices. For the entire group of 253 people, over 1,491.1 person years may be gained. The addition of these person years is invaluable. People will feel better and be more productive all the years of their lives.

Recommended Health Actions

Based on the prevalence of health risks identified in this group, the following intervention programs are recommended. They are listed in order of need. Additional programs may include Healthy Pregnancy, Living with Diabetes, and Senior Living.

Nutrition

1. Better Nutrition

(66% showed need for making nutritional changes)

Good nutrition is a positive step toward preventing heart disease, cancer, obesity, and osteoporosis, and improving general health and resistance to disease.

Cancer

2. Cancer Risk Reduction

(64% have higher cancer risk)

These individuals could make lifestyle changes to significantly reduce their cancer risk. The National Cancer Institute has stated that most premature deaths from cancer could be prevented by lifestyle changes and regular preventive exams.

Weight Management

3. Weight Management

(64% are above their recommended weight range)

Weight control is a commonly reported need. By losing or preventing excess weight, people can reduce their risk for heart problems, cancer, hypertension, diabetes, and other serious health problems. Losing weight can also have a positive effect on self-image.

Fitness

4. Improving Fitness

(57% showed need for improving fitness levels)

Regular exercise is a positive lifestyle practice that helps prevent many serious health problems: heart disease, stroke, diabetes, obesity, hypertension, and osteoporosis. It also helps ease tension and generally builds energy, self-worth, and motivation for other healthy practices such as not smoking and better nutrition. A good fitness program can be the foundation of a good health enhancement program.

Coronary Risk

5. Coronary Risk Reduction

(40% have a moderate to high coronary risk)

These individuals are high risk due to existing disease, current symptoms, or multiple (two or more) risk factors. Emphasis on reducing overall coronary risk and on starting a systematic program to build heart health are always important.

Executive Summary Report

SAMPLE COMPANY

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Smoking

6. Quit Smoking

(22% are smokers)

Smoking cessation significantly reduces health risks and health care expense. Smoking is the most preventable cause of premature death in the United States.

Stress

7. Managing Stress

(17% are bothered by excessive stress or have an MCS score < 40)

Excessive stress or poor coping ability can lead to diseases of the body and mind including ulcers, tension headaches, back problems, depression, and decreased job satisfaction and performance. Learning good stress management techniques can help people deal better with stress before it causes serious problems.

Blood Pressure

8. Managing High Blood Pressure

(11% had elevated blood pressure levels, 140/90 and above)

Reducing blood pressure is a proven effective way to reduce risk for cardiovascular disease and increase longevity. Much can be done to control high blood pressure through lifestyle changes and medications. Regular opportunities for blood pressure checks, education programs, and medical referral are needed to decrease this problem.

Cholesterol

9. Managing Cholesterol Levels

(10% had cholesterol over recommended levels)

Lowering cholesterol levels can significantly reduce risks for heart disease. For every 1% cholesterol is lowered, the risk for heart disease drops by 2%. A program of nutritional education, dietary counseling, and medical referral is needed for these individuals.

Back Care

10. Better Back Care

(7% do not know or practice correct lifting techniques)

Back injury is a major cause of medical expense for most organizations. Education and training programs in lifting and back care are vital for this group.

Alcohol

11. Alcohol Management

(4% report drinking more than recommended)

High levels of drinking lead to high accident rates, decreased job performance, and serious health problems including cirrhosis of the liver and increased cancer risk. Alcohol awareness education and referral help for those dependent upon alcohol can have a significant impact on the health of these individuals.

Your Next Step

To reduce costs and enhance health, the *next step* must be taken: implementing risk-reduction actions. Providing a class or a self-study guide for reducing known risks is a vital step. This table identifies the number of people in your group who could benefit from one or more of these risk-reduction interventions.

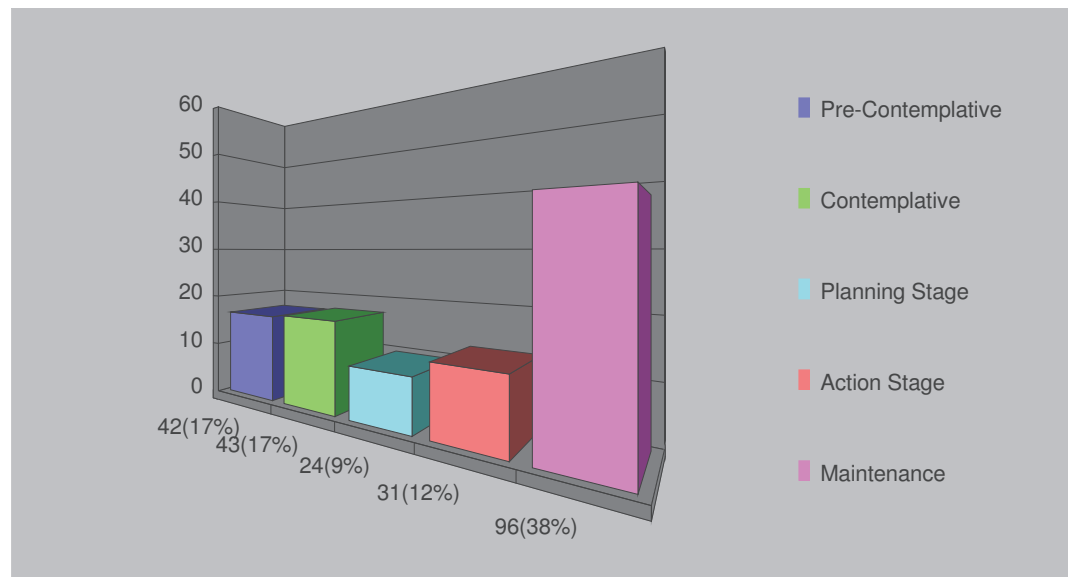
Health Action Opportunities

Self-Help Study Guide or Class	Number of People	Percent of Group
Alcohol Management	10	4
Better Nutrition	167	66
Healthy Pregnancy	0	0
Managing High Blood Pressure	29	11
Improving Fitness	143	57
Living With Diabetes	15	6
Managing Cholesterol Levels	26	10
Stress Management	44	17
Protecting Your Heart	100	40
Quit Smoking	56	22
Senior Living	74	29
Strengthen Your Back	17	7
Weight Management	162	64

Readiness to Change

When planning your intervention strategies, it is valuable to know what portion of your group is ready to make changes for a healthier lifestyle. This graph illustrates the distribution of responses to the "live an overall healthy lifestyle" question in the "Readiness to Change" section, and includes only those who answered this question. The percentages are taken from the total population in this group.

Estimated Readiness to Change Distribution



Participants in the pre-contemplative stage are not ready to make change but are ideal targets for health awareness strategies. Those in the contemplative stage need more information with encouragement and incentives. Those who are planning lifestyle improvements may need additional tools and methods for making those changes. Those in the action and maintenance stages continue to need encouragement with positive support and reinforcement.

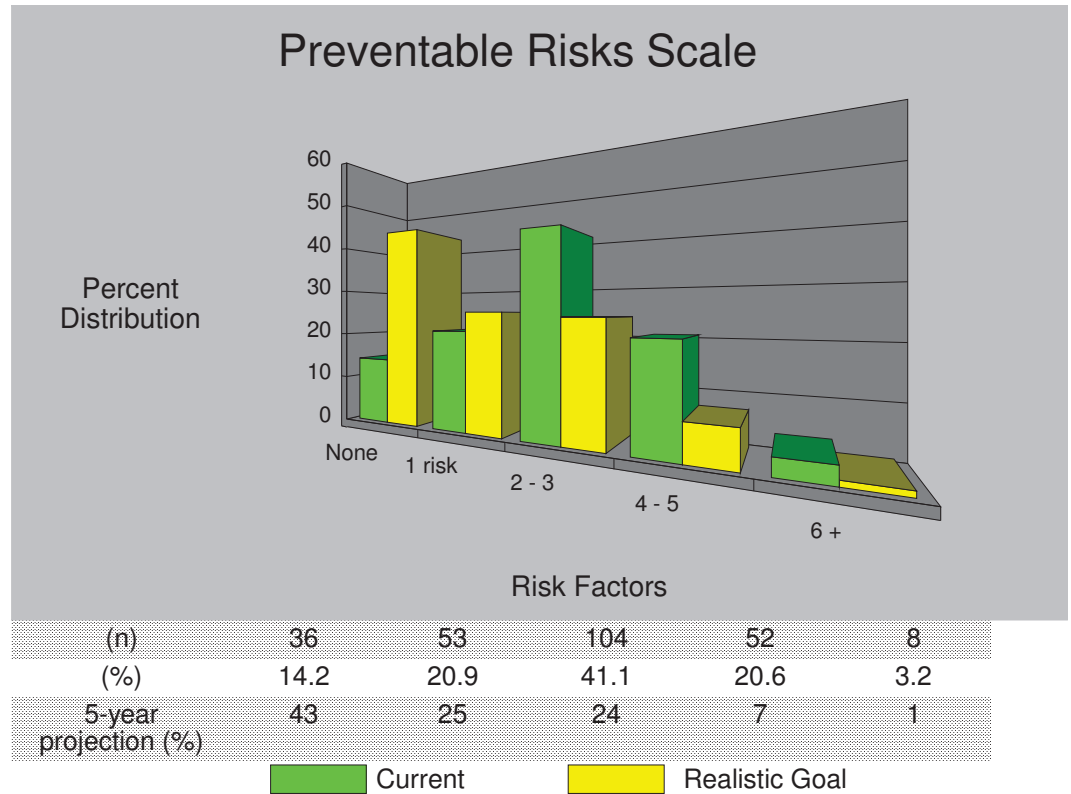
Economic Impact of Major Health Risks

The national health care expenditure is currently 15% of the nation's gross national product, or nearly \$6,000 per person per year. Due to high health care costs, many organizations are keenly interested in the financial savings that wellness programs can provide. Over two-thirds of all companies surveyed have initiated wellness and safety programs to help curb these fast-rising costs. Recent scientific research reveals significant cost savings can be achieved by reducing health risks. Other benefits include increased productivity and job satisfaction and decreased lost time from sickness.

Risk Factors Associated with Higher Medical Claims:

- ◆ 5+ sick days/year
- ◆ Monthly drug use
- ◆ 21+ alcohol drinks/week
- ◆ Smoker
- ◆ Sedentary
- ◆ Occasional seat belt use
- ◆ Low life satisfaction
- ◆ 3+ stress signs
- ◆ > 20% overweight
- ◆ Systolic BP >= 140
- ◆ Health age > 4 years over potential health age
- ◆ Cholesterol > 240
- ◆ Diastolic BP >= 90
- ◆ Not satisfied with job
- ◆ Has COPD
- ◆ Serious health problem
- ◆ Poor health perception

Preventable Risks Scale



Preventable Risks and Health Care Costs

A number of health risk factors have been shown to be associated with higher medical claims (see side bar). The presence of multiple risk factors provides a better prediction of future claims experience than any single factor. Based on the risk factors of participants in this group, the average medical claim per person is projected to be \$1,517.67.* (A)

When your group is compared to a group with zero risk factors (average claim = \$555.00), your average preventable cost per person is \$962.67 per year. However, to achieve zero risk factors for all people is not a realistic goal. A more realistic method of estimating preventable costs is to compare your group with a company that has had an ongoing comprehensive wellness program in place for a number of years (average claim = \$1,071.00). This comparison shows preventable costs per person for your group to be \$446.67.

Therefore, by reducing preventable risks with an effective ongoing wellness program, your group could achieve a realistic total savings of \$113,007.00 per year. (446.67 x 253 = 113,007.00)

* Average annual individual medical claims do not include spouse, dependent, or maternity claims.

(A) Adapted from - Yen, L. et. al., Associations between health risk appraisal scores and employee medical claims costs in a manufacturing company. American Journal of Health Promotion, 1991; 6(1):46-54. Claims have been present-value adjusted using average premium inflation rates.

Group Summary Report

Personal Wellness Profile Group Summary SAMPLE COMPANY

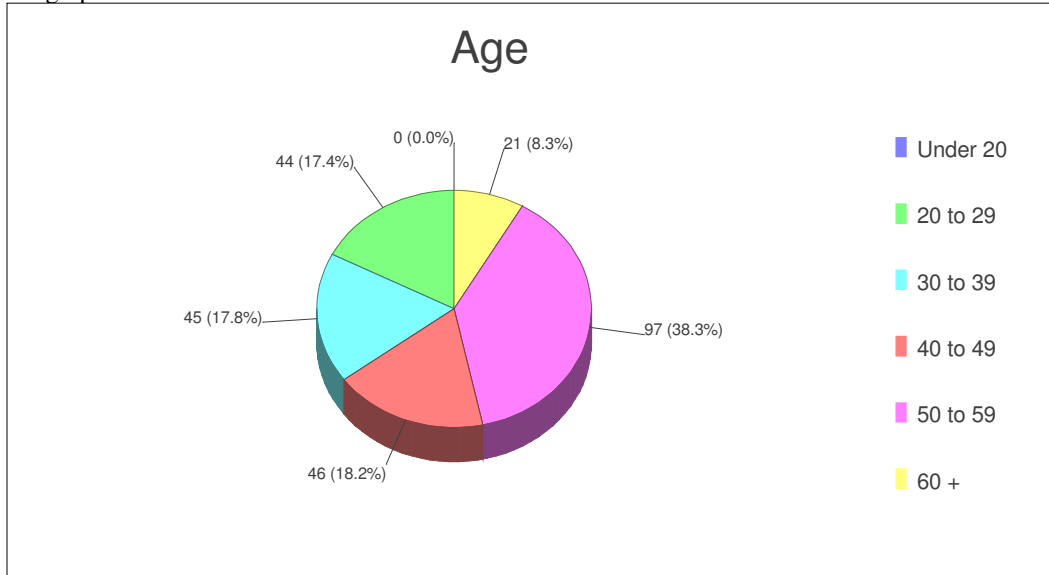
Scientific Basis for the Personal Wellness Profile

- ◆ American Cancer Institute
- ◆ American Cancer Society
- ◆ American College of Sports
Medicine
- ◆ American Heart Association
- ◆ U.S. Department of Health and
Human Services
- ◆ Health Outcomes Institute
- ◆ Johns Hopkins Medical
Institutions
- ◆ National Academy of Sciences,
NRC
- ◆ National Center of Health
Statistics
- ◆ National Committee For Quality
Assurance
- ◆ National Institutes of Health
- ◆ National Mental Health
Association
- ◆ University of California at
Berkeley
- ◆ University of Michigan
- ◆ U.S. Preventive Services Task
Force
- ◆ U.S. Surgeon General's Report
on Health Promotion and
Disease Prevention
- ◆ U.S. Department of Agriculture's
Dietary Guidelines for
Americans
- ◆ World Health Organization

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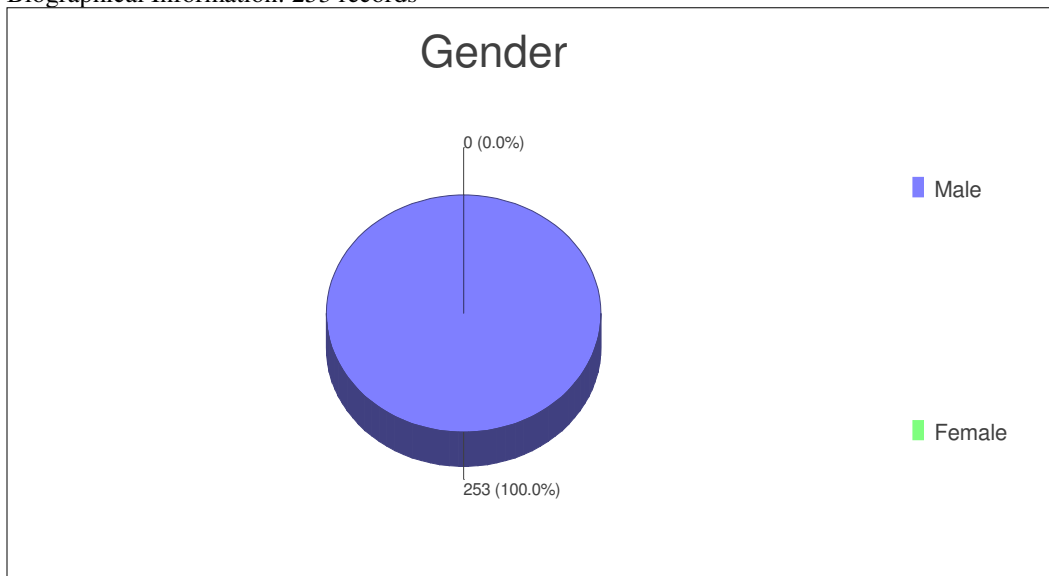
Personal Wellness Profile

Biographical Information: 253 records



The average age for people in this group is 44.5. This report is based on a sample size of 253 people.

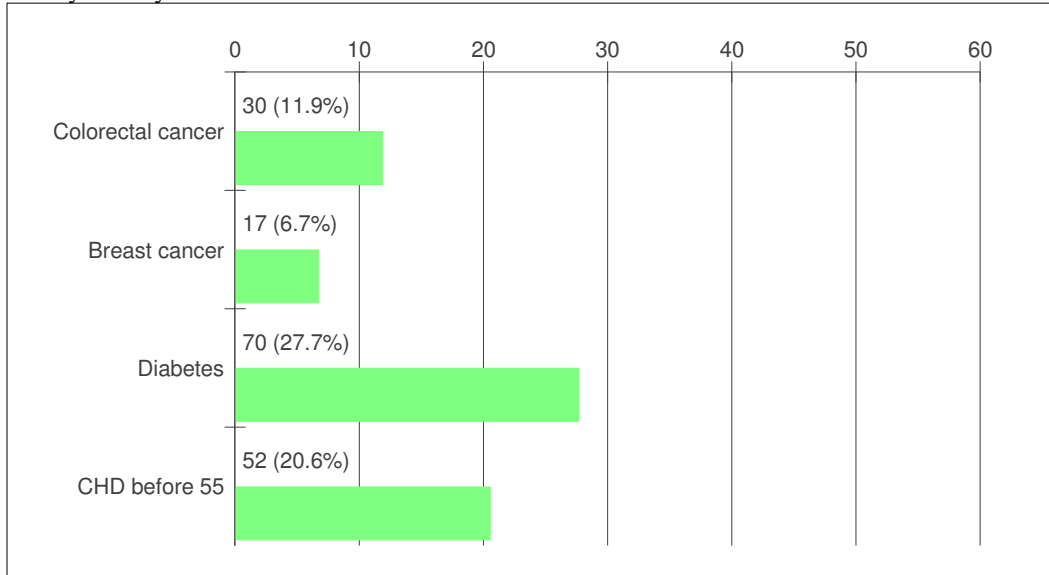
Biographical Information: 253 records



253 (100.0%) men and 0 (0.0%) women participated in this program for a total of 253 people.

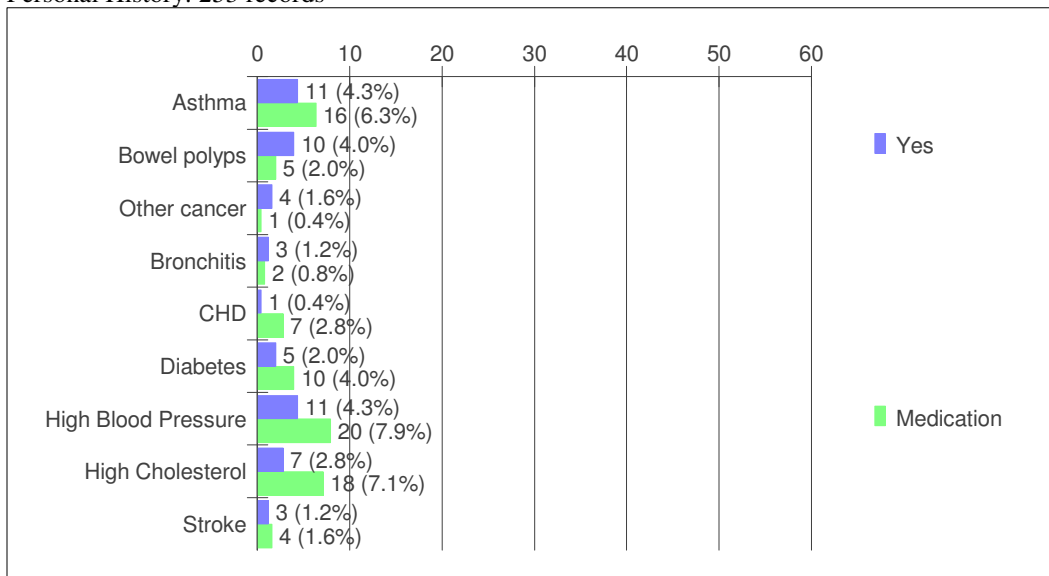
Personal Wellness Profile

Family History: 253 records



A family history of some diseases and health conditions increases an individual's risk of health problems. The percentages of participants with family histories of such diseases are illustrated in the above chart. It is especially important for individuals with a family history of health problems to live a healthy lifestyle.

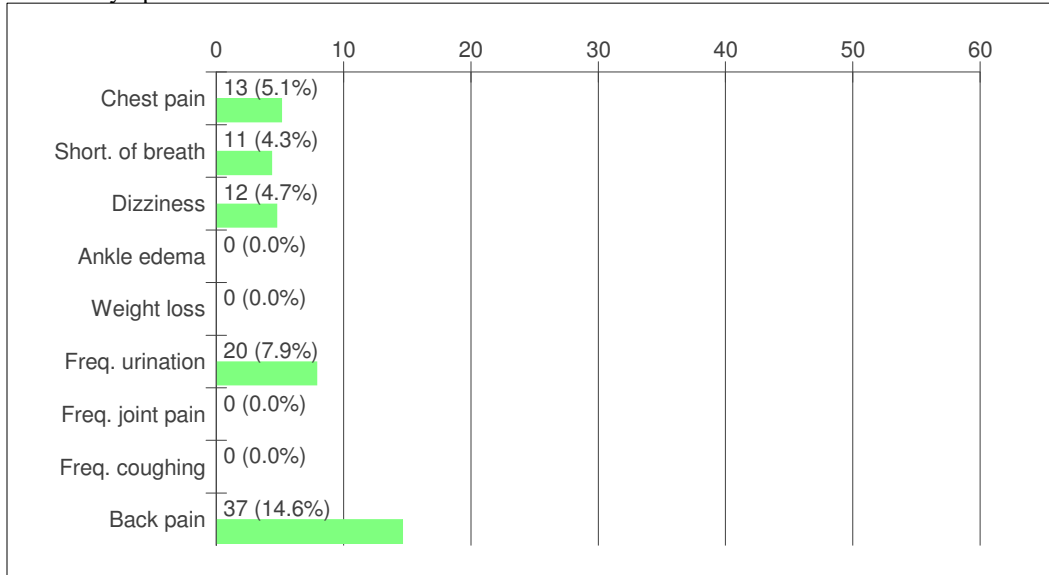
Personal History: 253 records



This graph illustrates health conditions which increase a person's risk for disease.

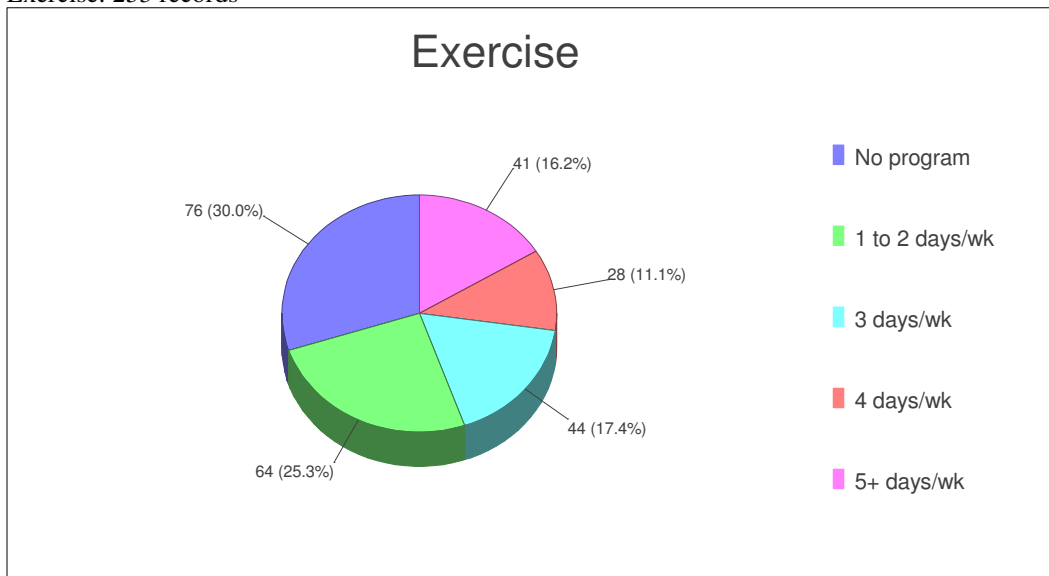
Personal Wellness Profile

Current Symptoms: 253 records



Individuals reporting any of the above current symptoms should see a physician for guidance. This recommendation has been made to appropriate participants in their PWP personal report.

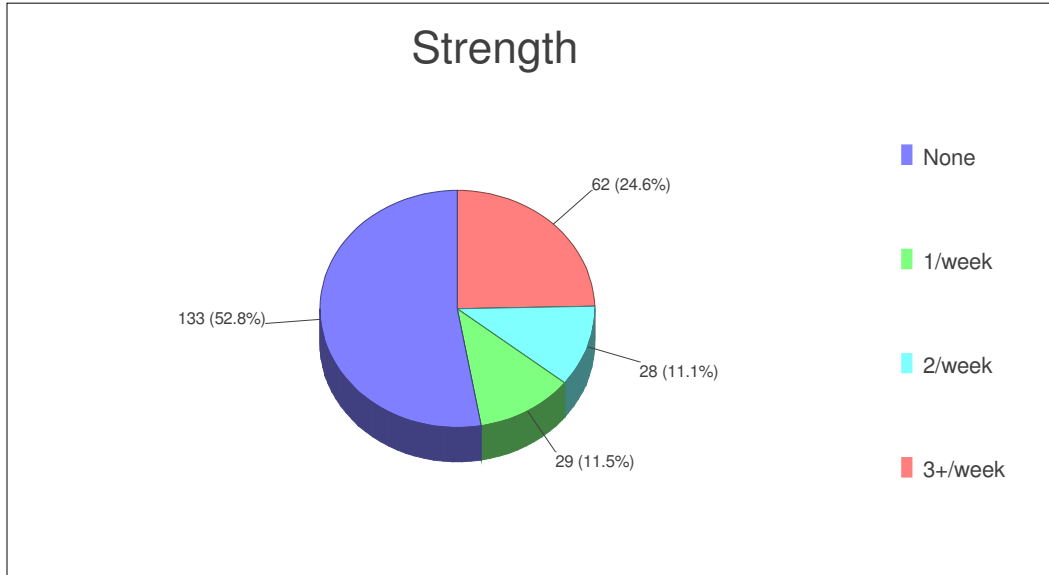
Exercise: 253 records



Three to four aerobic exercise sessions per week (20 to 30 minutes each) are recommended for maintaining good cardiovascular fitness. In this group, 113 (44.7%) meet these requirements. Another 140 (55.3%) have no regular exercise program or are not getting adequate exercise to maintain good health.

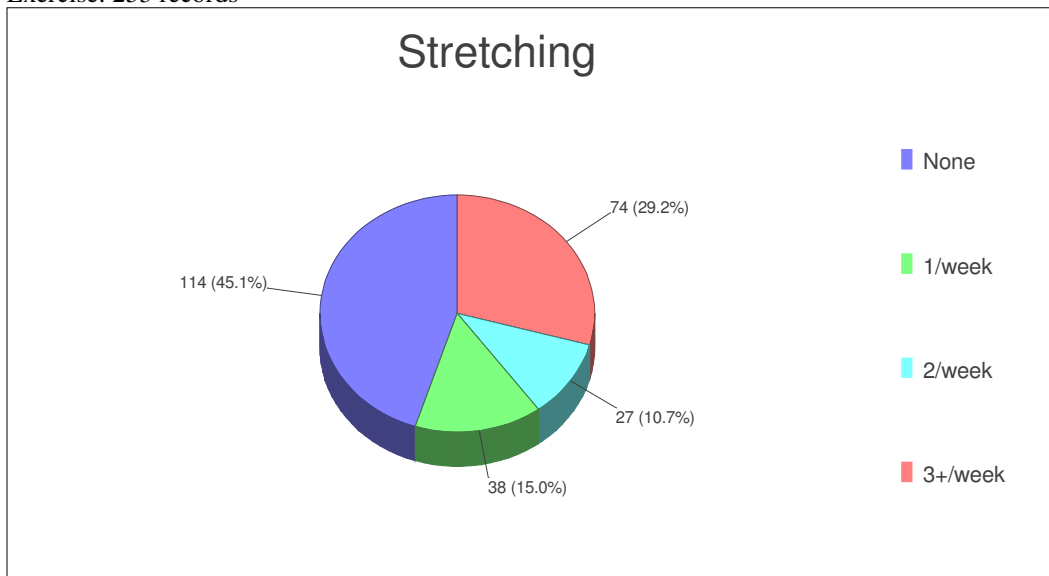
Personal Wellness Profile

Exercise: 252 records



For optimal muscle strength and tone, three strength-building exercise sessions per week are recommended. Examples include such activities as calisthenics (curl-ups, push-ups, etc.) or use of weight training equipment. In this group, 62 (24.6%) meet this requirement. Another 190 (75.4%) have no regular strength maintenance program or have an inadequate program for optimal fitness.

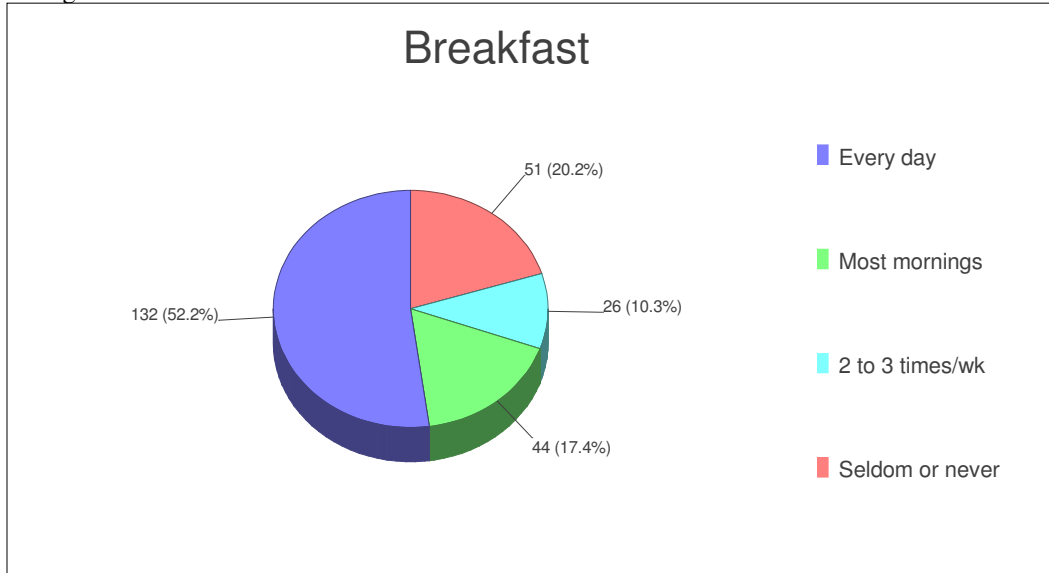
Exercise: 253 records



Stretching exercises can help prevent back and muscle injury due to stiffness. At least three to four stretching exercise sessions per week are recommended for maintaining optimal flexibility and joint function. In this group, 74 (29.2%) meet these requirements. Another 179 (70.8%) have no regular stretching program or have an inadequate program for optimal fitness.

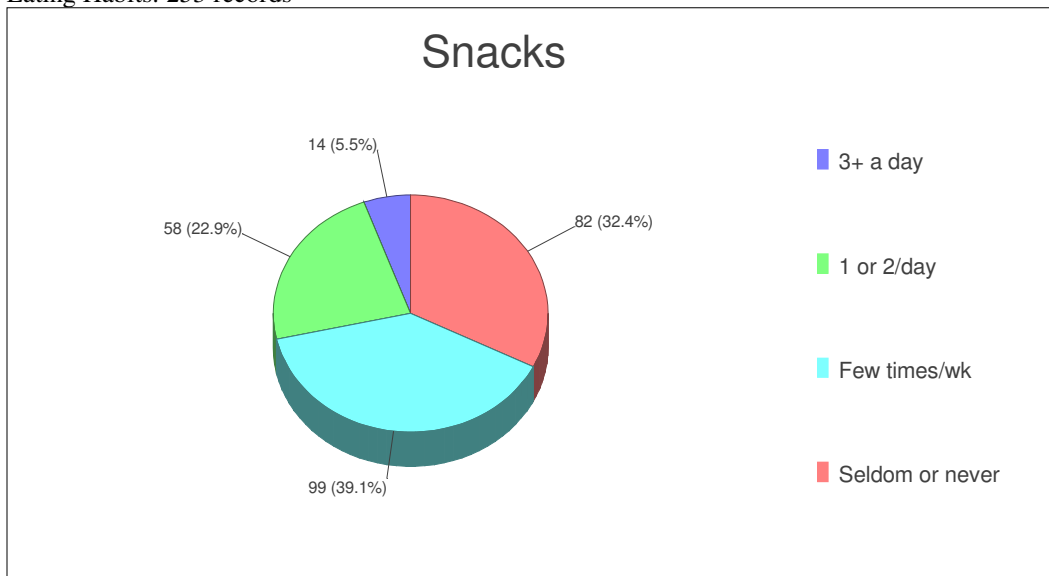
Personal Wellness Profile

Eating Habits: 253 records



Starting each day with a nutritious breakfast is a good health practice related to longevity and improved mental and physical performance. Nationally, 55% of people report eating breakfast almost every day. In this group, 176 (69.6%) of the people report they eat breakfast daily or almost every day. 51 (20.2%) say they seldom or never eat breakfast.

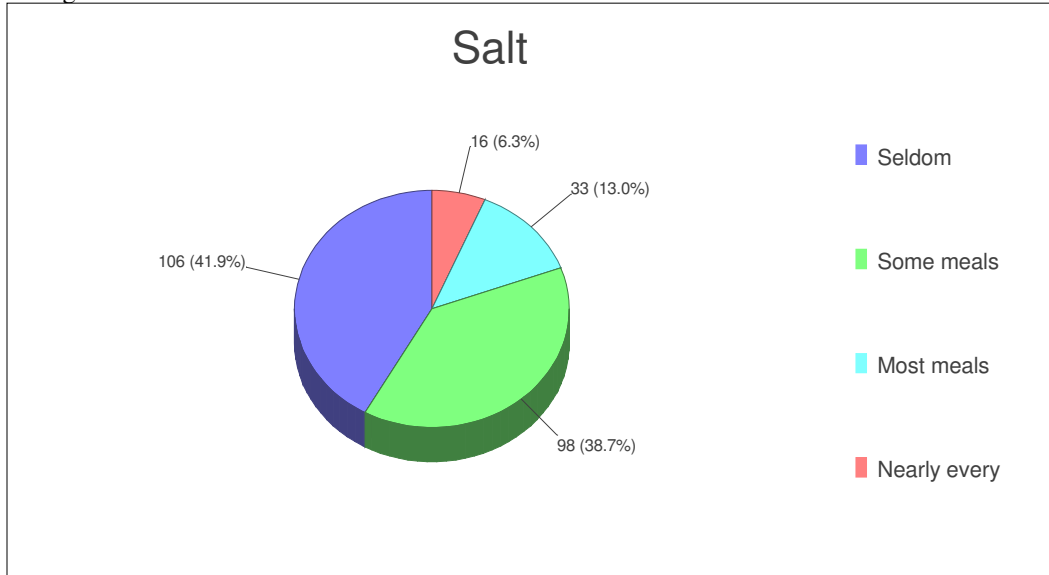
Eating Habits: 253 records



Frequent eating between meals of typical snack foods (highly refined, rich in sugar and salt) can impair nutritional status and contribute to common health problems such as dental decay and obesity. Nationally, 39% of people report snacking between meals almost every day. Of the people in this group, 171 (67.6%) report eating snacks almost every day. On the other hand, 82 (32.4%) eat snacks only occasionally or rarely.

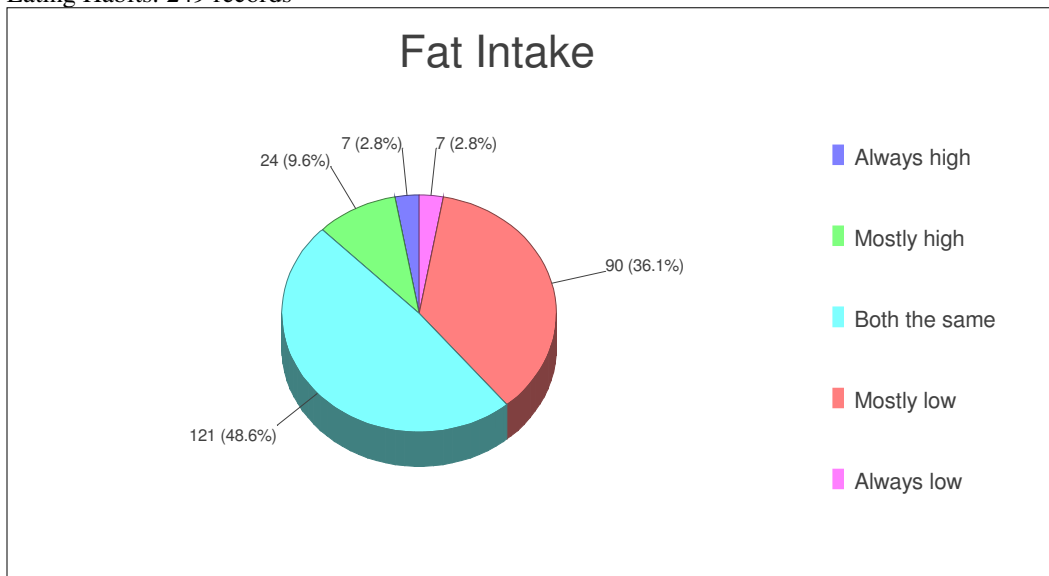
Personal Wellness Profile

Eating Habits: 253 records



Heavy use of salt can contribute to high blood pressure. Because high blood pressure is so common in the population, it is recommended that everyone avoid the heavy use of salt (including salty foods). In this group, 204 (80.6%) of the people report using salt or eating salty foods sparingly (seldom or occasionally), while 49 (19.4%) say they use salt or eat salty foods regularly or often.

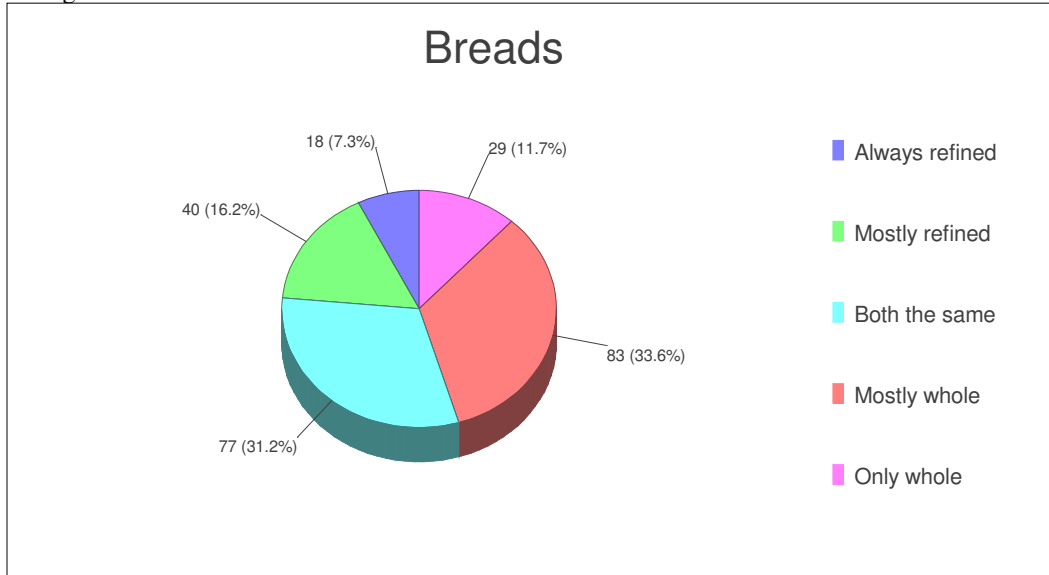
Eating Habits: 249 records



Choosing low-fat foods and cooking options such as using vegetable oils instead of animal fats, doing less frying, eating low-fat dairy products (skim milk, low-fat yogurt, and cottage cheese) in place of high-fat products (whole milk, cream, cheese, butter), and choosing low-fat protein sources (nuts, skinless poultry, and fish) instead of high-fat protein foods (bacon, beef, and poultry with skin) can significantly reduce calories and fat in the diet. In this group, 31 (12.4%) report choosing mostly high fat items. 97 (39.0%) report using primarily low fat. The remaining 121 (48.6%) use both about the same.

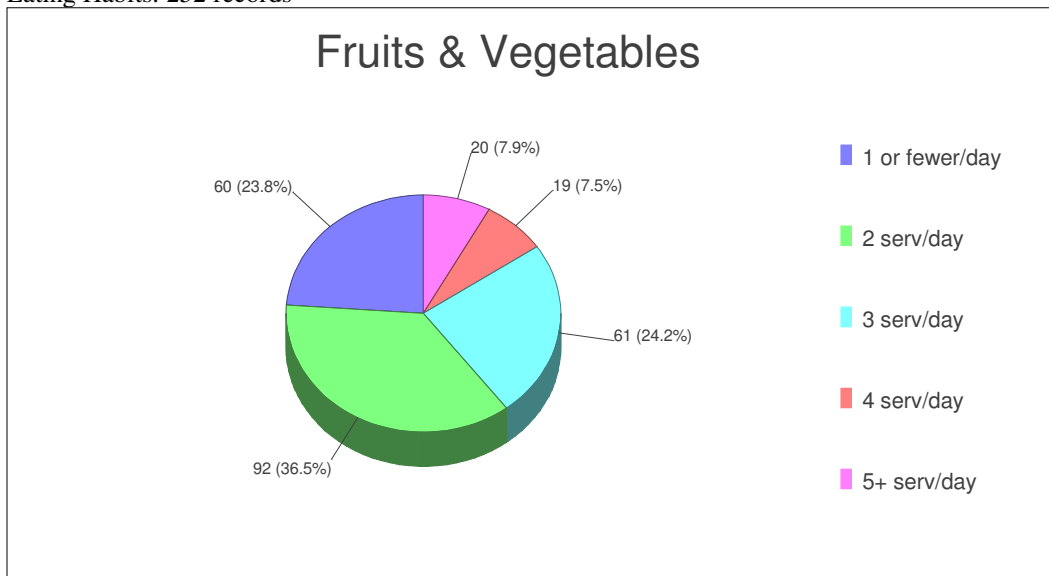
Personal Wellness Profile

Eating Habits: 247 records



Whole grains are preferable. Whole-wheat bread and unrefined cereals are good sources of complex carbohydrates, dietary fiber, vitamins, and minerals. Much of this goodness has been removed from refined cereals. Here, 58 (23.5%) of the people report using refined grain or cereal products. 112 (45.3%) report using primarily whole grains and cereals. The remaining 77 (31.2%) use both about the same.

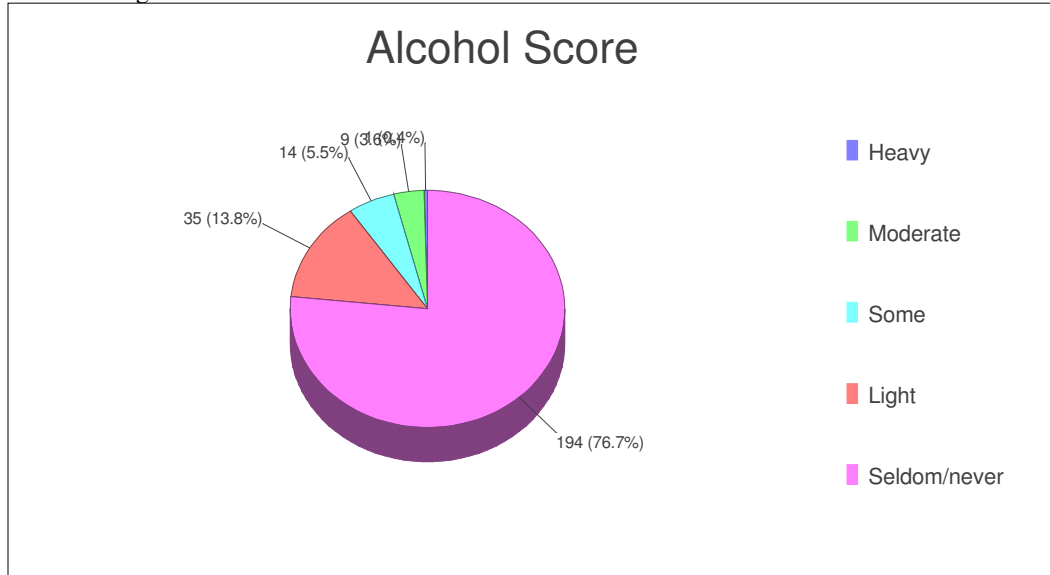
Eating Habits: 252 records



Fruits and vegetables are good sources of complex carbohydrates, dietary fiber, vitamins, and minerals. They are also considered protective against cancer and heart disease. At least five or more servings per day are recommended. In this case, 20 (7.9%) of the people eat at least five or more servings. 232 (92.1%) eat less than the recommended amount.

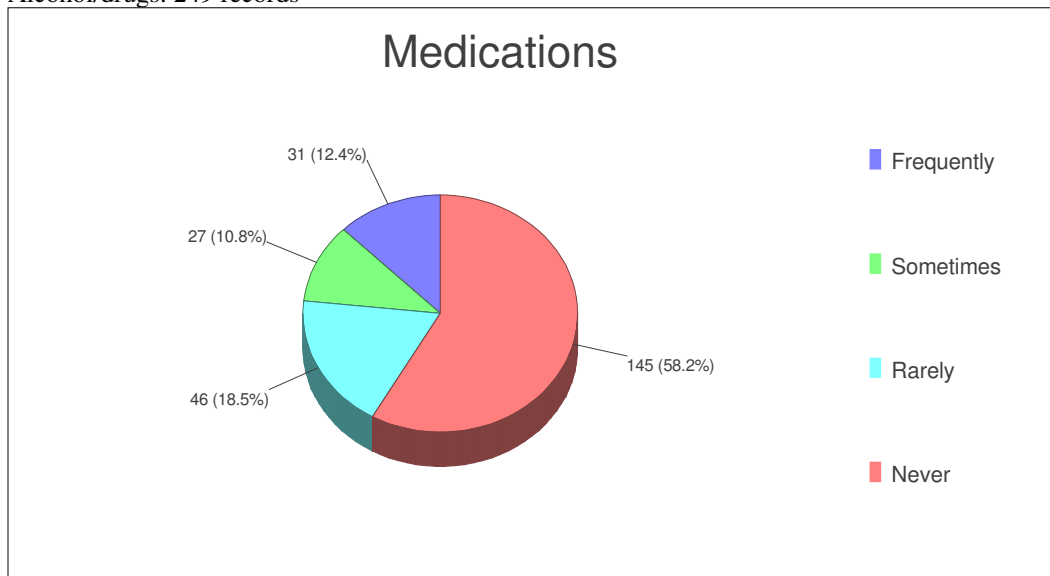
Personal Wellness Profile

Alcohol/drugs: 253 records



The regular use of alcohol can lead to serious mental and physical health problems. Alcohol is involved in half of all motor vehicle deaths and most cases of cirrhosis (a leading cause of death). It is also a major factor in deaths from drowning, fires, homicides, and suicides. Problem drinking is a major factor in absenteeism, decreased job performance, and contributes to high medical costs. Nationally, 36% of people never drink, 14% rarely drink, 24% are light drinkers, 18% are moderate, and 8% are heavy drinkers. In this group 1 (0.4%) people are rated as heavy drinkers. At the same time, 194 (76.7%) people report they seldom or never drink.

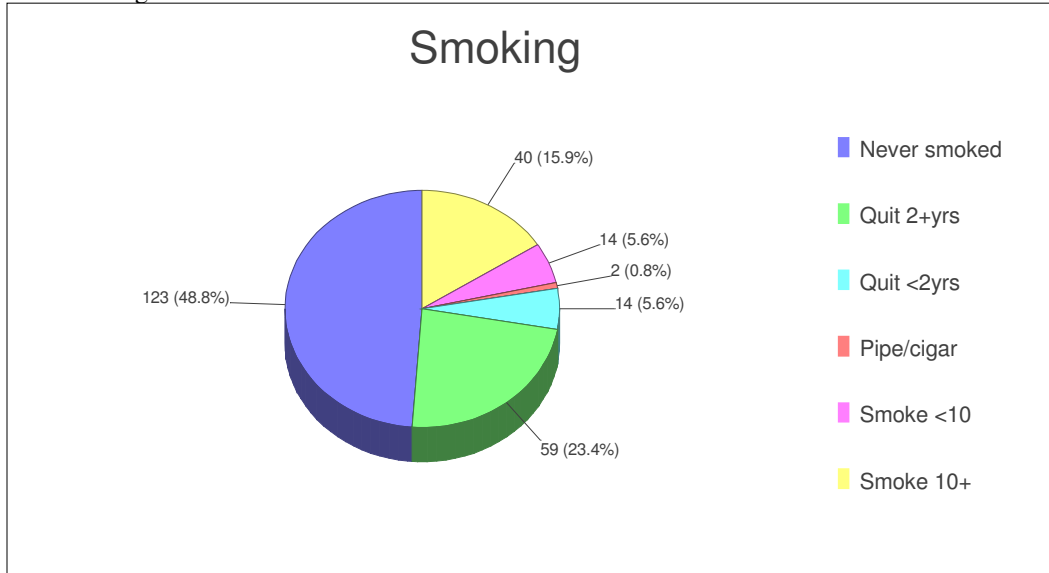
Alcohol/drugs: 249 records



The frequent use of drugs or medications to affect one's mood, relax, or induce sleep increases the risk of accidents and can easily lead to a dependency. In this group, 145 (58.2%) people say they rarely or never use such drugs. 58 (23.3%) people say they use such drugs every week or month.

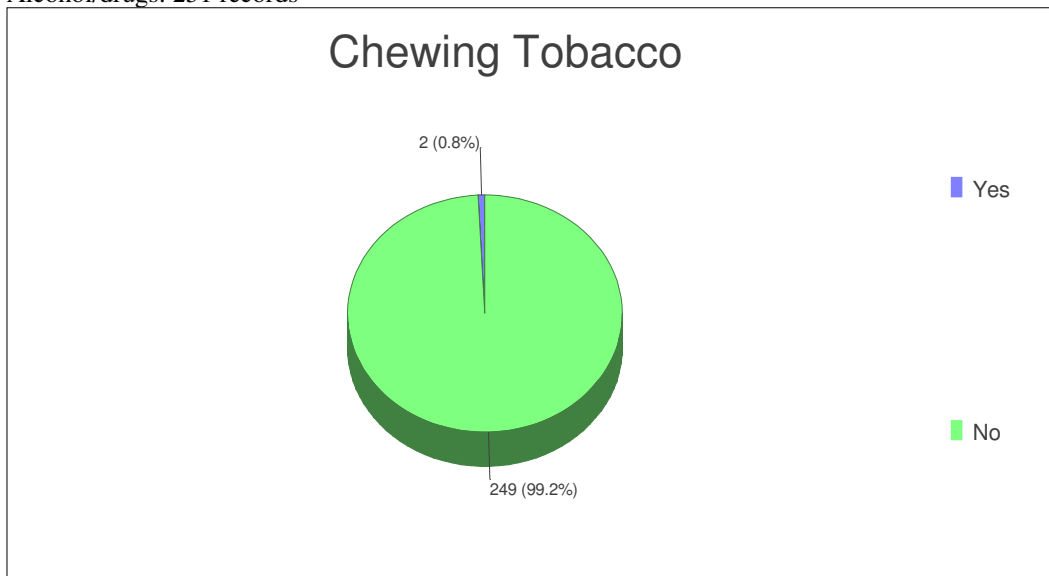
Personal Wellness Profile

Alcohol/drugs: 252 records



The greatest preventable cause of early death today is smoking. Smokers are sick more often than nonsmokers. In fact, studies suggest that a smoker will pay approximately \$300 to \$600 more each year for health care than a nonsmoker. In this group, 123 (48.8%) people have never smoked, 73 (29.0%) people have quit smoking, and 56 (22.2%) people currently are smokers.

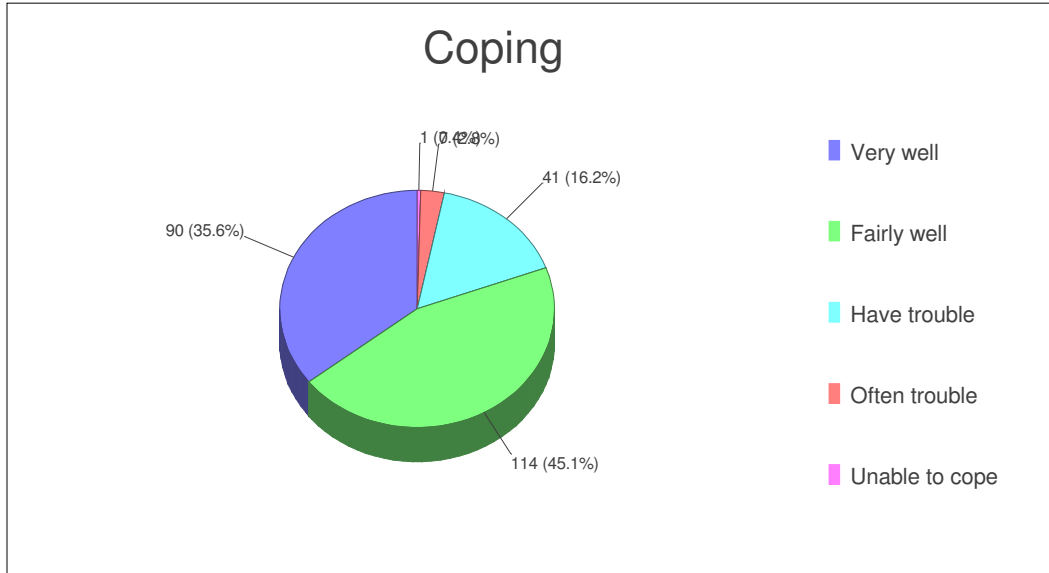
Alcohol/drugs: 251 records



The use of smokeless tobacco is a major cause of mouth, throat, and tongue cancer. In this group 2 (0.8%) people report that they use smokeless tobacco.

Personal Wellness Profile

Mental Health: 253 records



Excessive levels of stress can cause increased absenteeism, decreased performance on the job, and physical and mental health problems. Programs for reducing stress and improving coping skills can help offset many of these problems. In this group, 204 (80.6%) people feel they are seldom or only occasionally stressed and are coping well. Another 41 (16.2%) people feel they are stressed often and have trouble coping at times. The remaining 8 (3.2%) people feel they experience heavy or excessive levels of stress and are having trouble coping or are unable to cope.

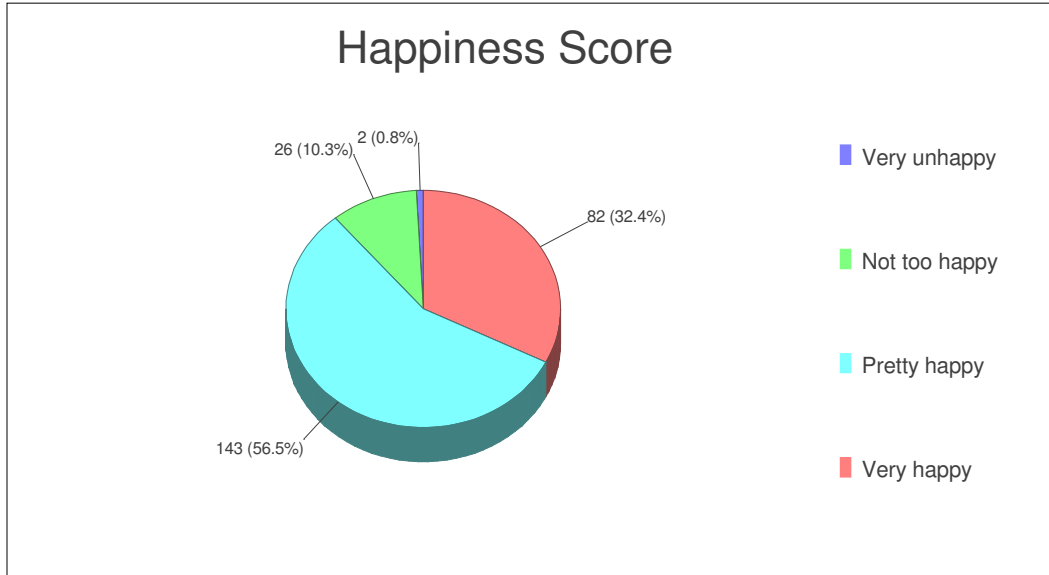
Mental Health: 253 records



The presence of "stress signals" may indicate that stress is affecting us. The six stress signals evaluated were "Minor problems throw me for a loop," "I find it hard to get along with others," "Nothing seems to give me pleasure," "I am unable to stop thinking about my problems," "I feel frustrated, impatient, or angry much of the time," "I feel tense or anxious much of the time." In this group, 154 (60.9%) people indicate no stress signals are present. 91 (36.0%) people have one or two stress signals. 8 (3.2%) people have three to six stress signals, indicating stress is significantly affecting them.

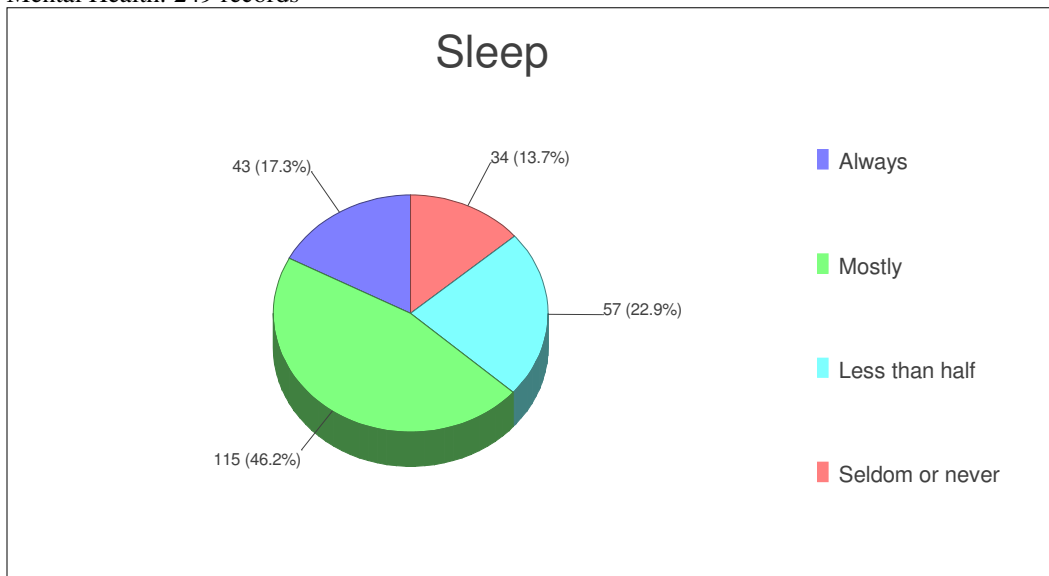
Personal Wellness Profile

Mental Health: 253 records



Stress, when it becomes excessive, can erode happiness. If life's problems and hassles become too intense or life becomes dull and uninteresting, this suggests a need for change. In this group, 225 (88.9%) people report being "very happy" or "pretty happy," evidently coping fairly well with life. 28 people report being "not too happy" or "very unhappy," indicating improvement is needed.

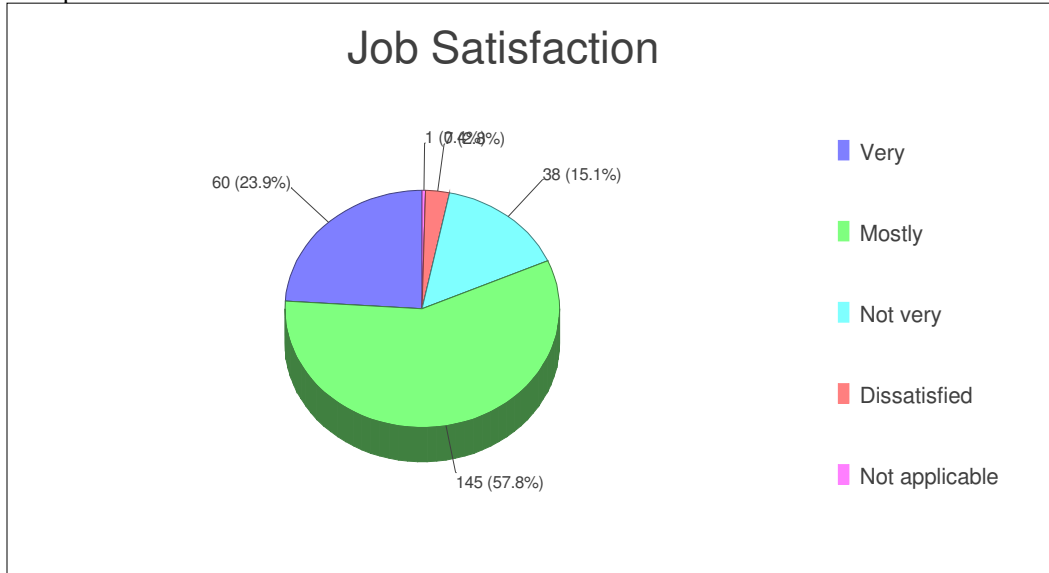
Mental Health: 249 records



The Alameda County Study of nearly 7,000 lives showed that people who get seven to eight hours sleep each night live longer than those who don't get enough sleep. In addition to increasing longevity, getting adequate sleep increases productivity and helps manage stress.

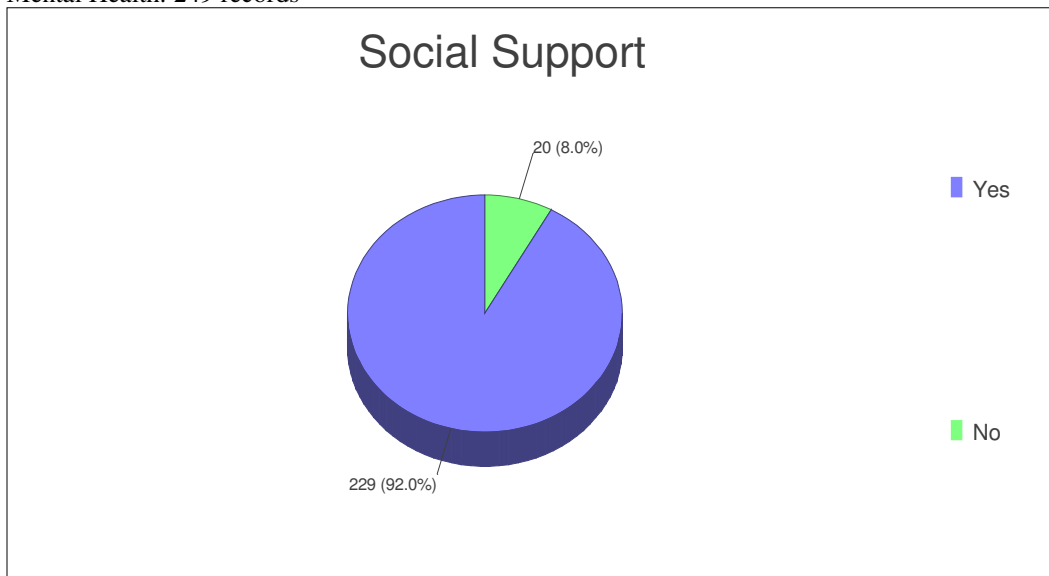
Personal Wellness Profile

Occupational issues: 251 records



While 205 (81.7%) indicate they are very satisfied or mostly satisfied with their work, 45 (17.9%) state they are not satisfied.

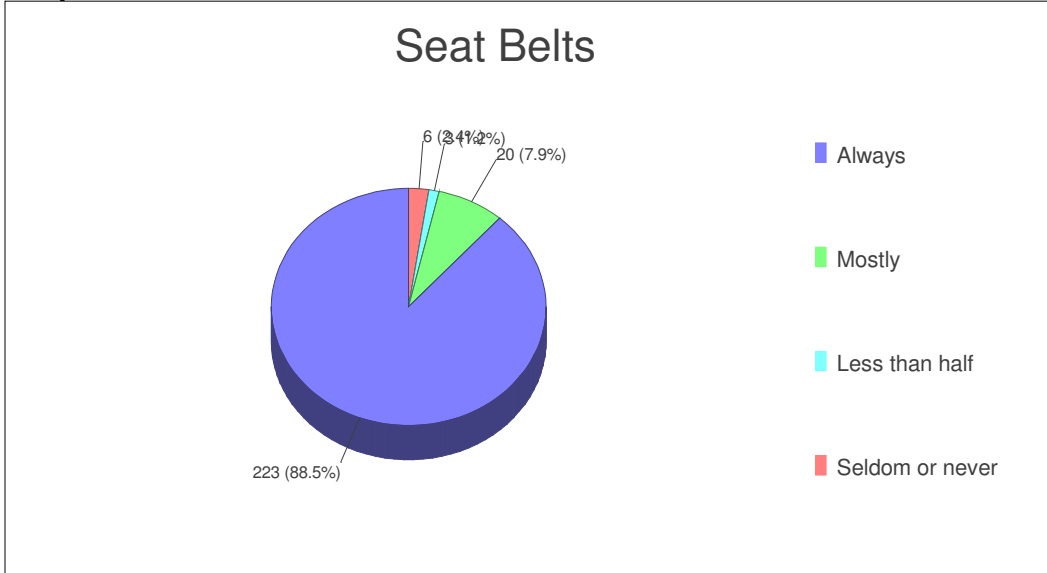
Mental Health: 249 records



In times of personal stress or crisis a good social support system through family, friends, or social groups may provide some of the best needed care. 229 (92.0%) of the group indicate they have a good social support system, while 20 (8.0%) do not.

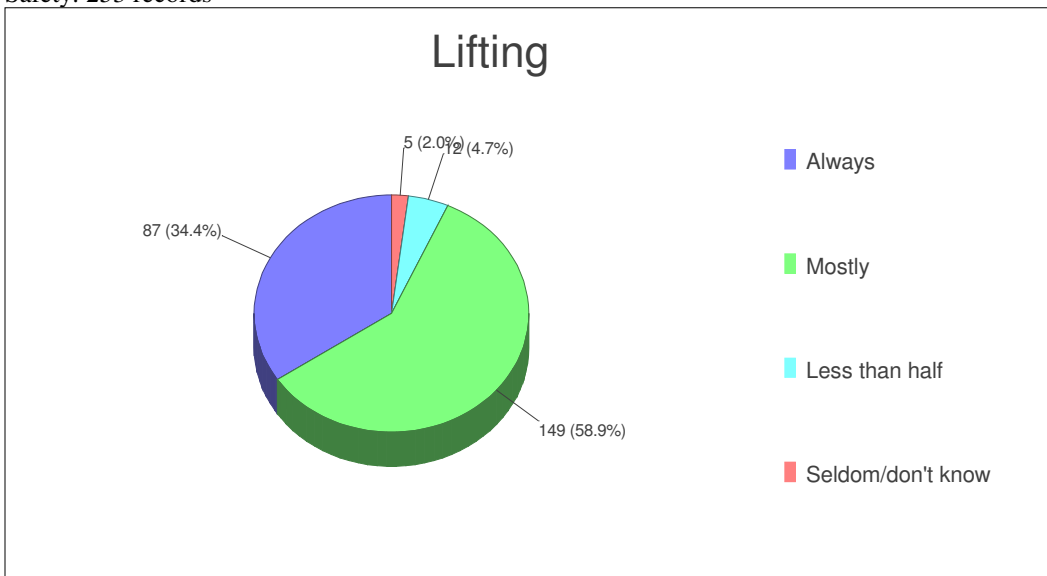
Personal Wellness Profile

Safety: 252 records



Motor vehicle accidents are one of the leading causes of death. Wearing seat belts is one way to significantly reduce this common health hazard. If everyone wore seat belts, an estimated 16,250 lives would be saved each year in North America (Source: Nat. Highway Traffic Safety Admin. and Transport Canada). In this group, 243 (96.4%) people report wearing seat belts all or most of the time. 9 people report wearing seat belts only half the time or less.

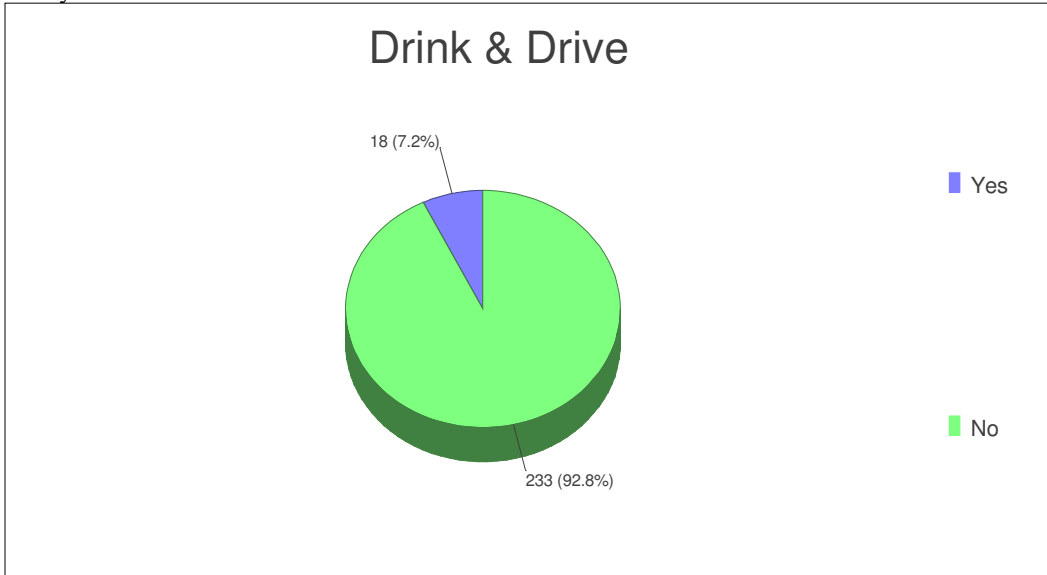
Safety: 253 records



Approximately 80% of all individuals will experience lower back pain sometime in their lives. Most often, the source of this pain is a back injury which resulted from using improper lifting techniques at home or on the job. In this group, 236 (93.3%) people report using proper lifting techniques all or most of the time. At the same time, 12 (4.7%) people report lifting properly less than half of the time. 5 (2.0%) people rarely ever lift properly or do not know proper lifting technique.

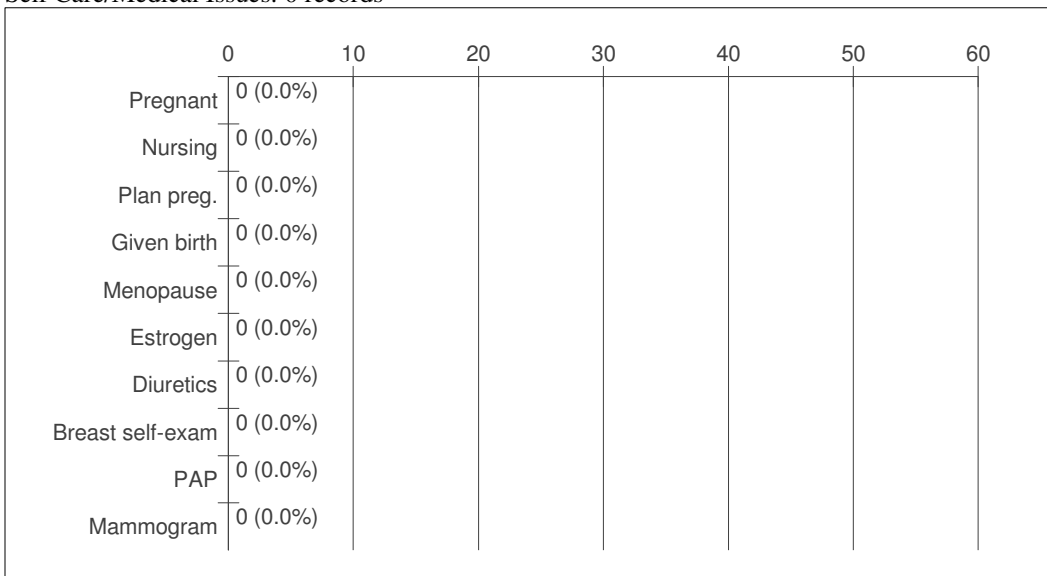
Personal Wellness Profile

Safety: 251 records



18 (7.2%) people report sometimes driving after having had too much to drink or riding with such a person. Alcohol is involved in more than half of the 40,000 deaths annually due to motor vehicle accidents (Nat. Highway Traffic Safety Administration).

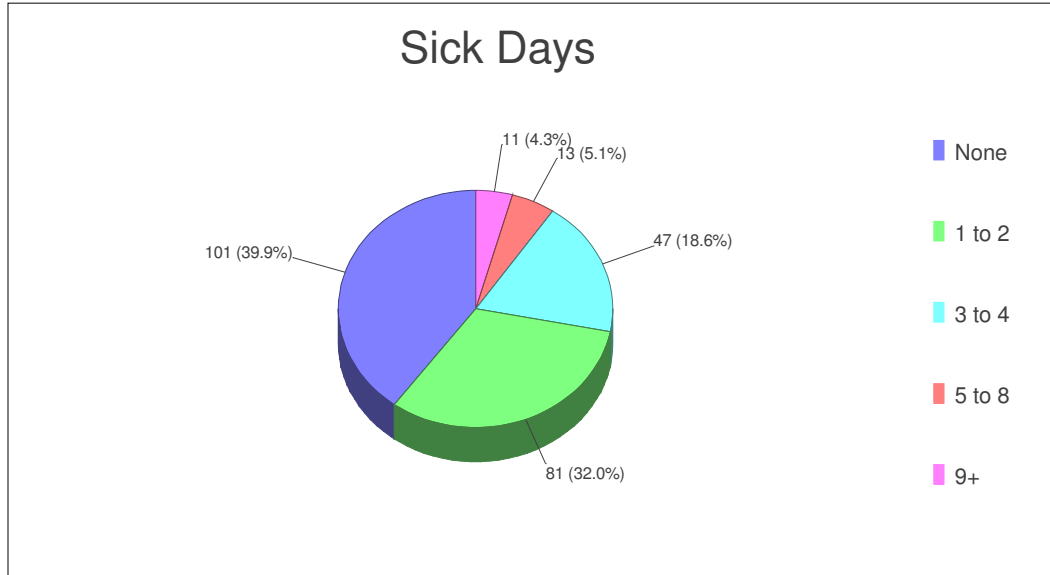
Self Care/Medical Issues: 0 records



Shown above are health concerns specific to women.

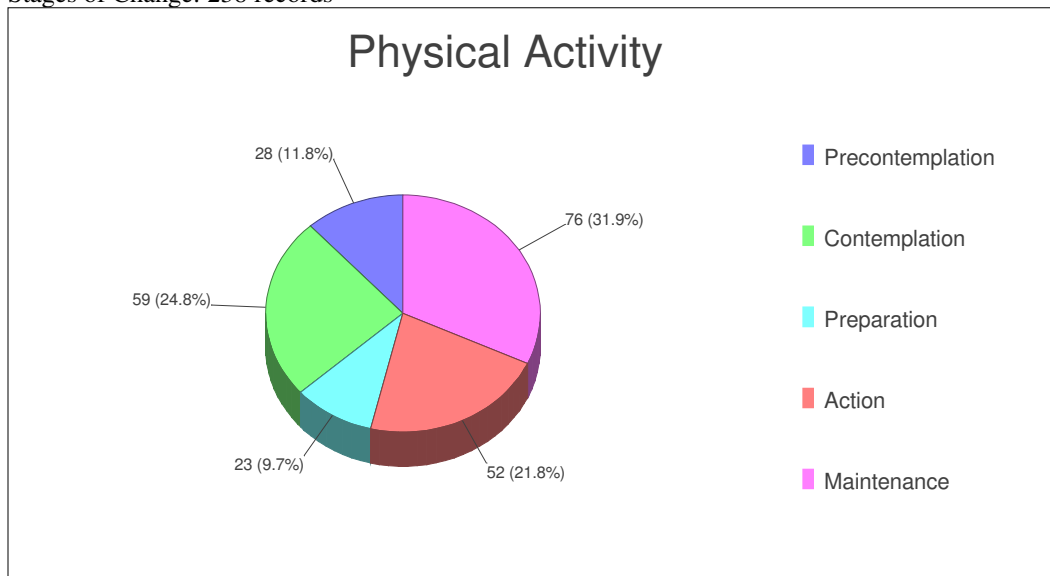
Personal Wellness Profile

Self Care/Medical Issues: 253 records



Sick days are the total number of days missed from work or school due to sickness or injury during the past 12 months. In this group, 101 people report having had no sick days requiring work loss. 128 people had one to four days off, 13 people had five to eight days off due to sickness, and 11 people had nine or more days off during the last year.

Stages of Change: 238 records



By understanding the stages of change, in this case for physical activity, you may be able to maximize efforts to facilitate appropriate behavior change. Precontemplators are those who have not considered or feel no need to increase physical activity. Contemplators acknowledge they need more physical activity, but they are not yet ready to start. People in preparation are planning to start an activity program sometime within the next month. People in the action stage have recently started a physical activity program, while people in the maintenance stage have participated in regular activity for at least six months.

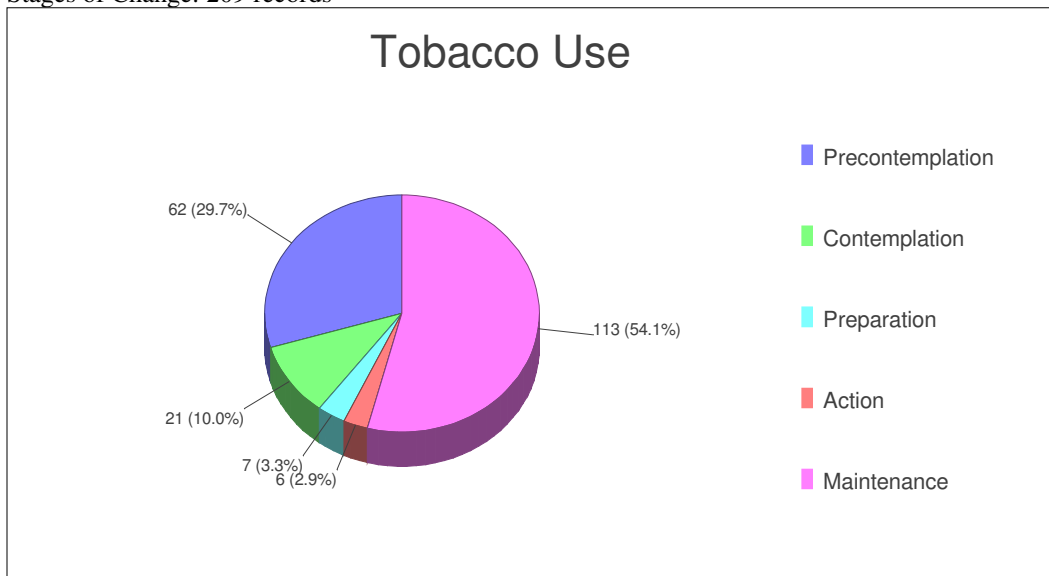
Personal Wellness Profile

Stages of Change: 240 records



By understanding the stages of change, in this case for good eating habits, you may be able to maximize efforts to facilitate appropriate behavior change. Precontemplators are those who have not considered or feel no need to improve their diet. Contemplators acknowledge they need to eat better, but they are not yet ready to start. People in preparation are planning to start a good eating program sometime within the next month. People in the action stage have recently made an effort to improve their eating habits, while people in the maintenance stage have been practicing good eating habits for at least six months.

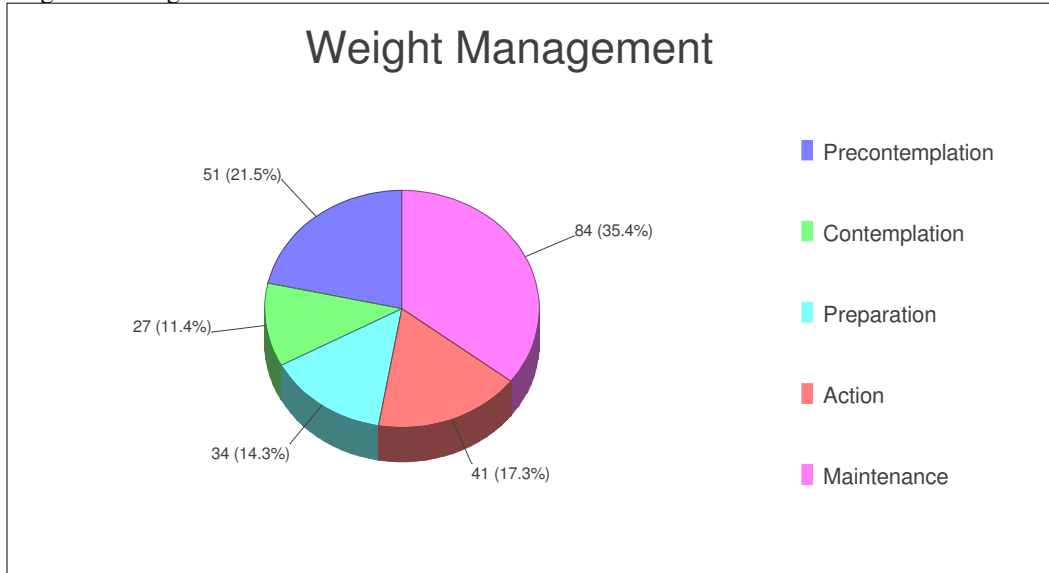
Stages of Change: 209 records



By understanding the stages of change, in this case to avoid tobacco use, you may be able to maximize efforts to facilitate appropriate behavior change. Precontemplators are those who have not considered or feel no need to stop smoking or avoid tobacco. Contemplators acknowledge they should stop using tobacco products but are not yet ready to start. People in preparation are planning to stop smoking or quit using tobacco products sometime within the next month. People in the action stage have recently stopped using tobacco, while people in the maintenance stage have avoided tobacco use for at least six months.

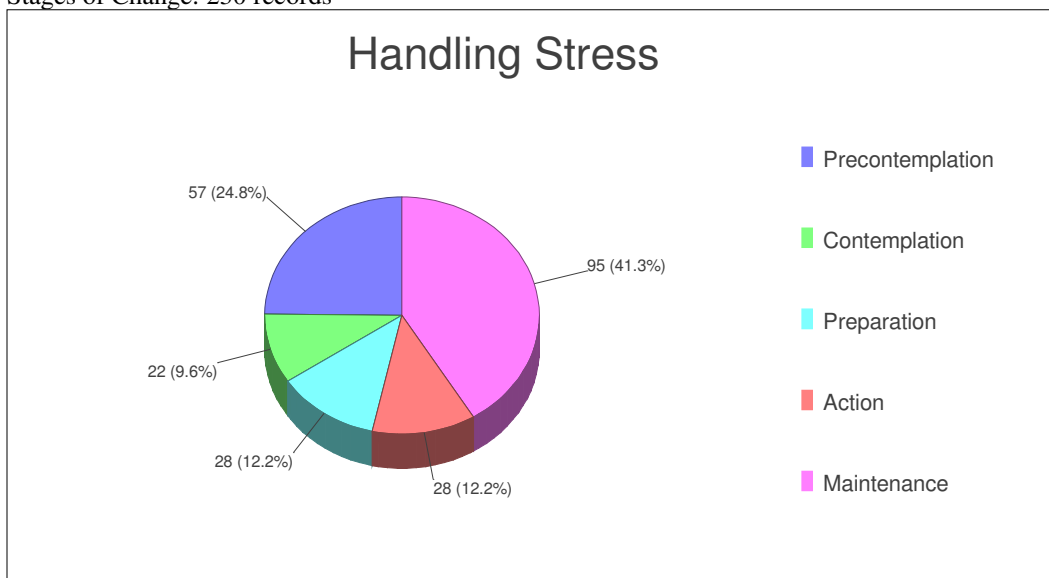
Personal Wellness Profile

Stages of Change: 237 records



By understanding the stages of change, in this case for weight management, you may be able to maximize efforts to facilitate appropriate behavior change. Precontemplators are those who have not considered or feel no need for weight management. Contemplators acknowledge they need weight management but are not yet ready to start. People in preparation are planning to start a weight management program sometime within the next month. People in the action stage have recently started a weight management program, while people in the maintenance stage have been involved in weight management for at least six months.

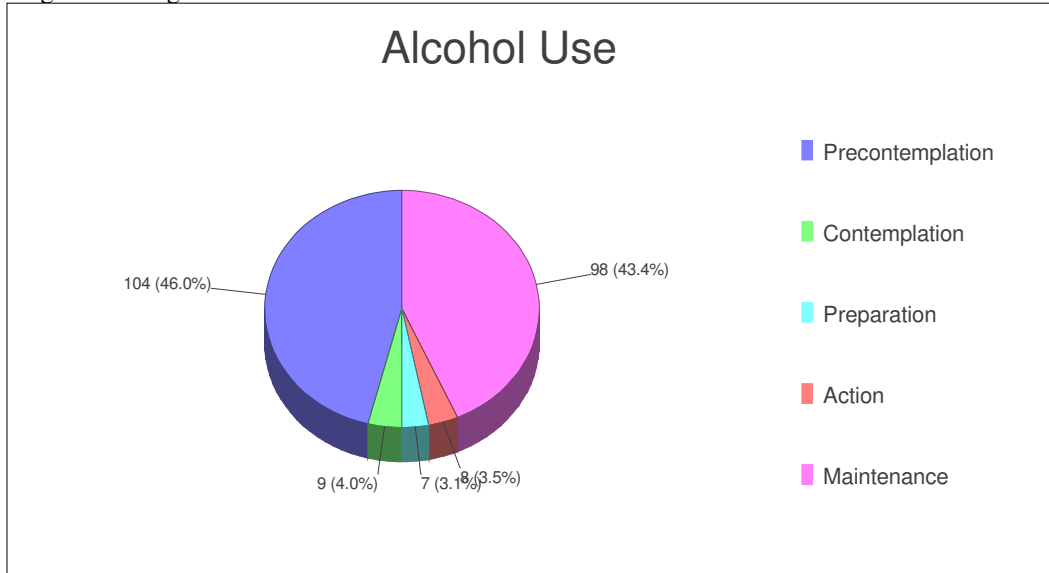
Stages of Change: 230 records



By understanding the stages of change, in this case for handling stress, you may be able to maximize efforts to facilitate appropriate behavior change. Precontemplators are those who have not considered or feel no need to handle stress. Contemplators acknowledge they need more help with handling stress but they are not yet ready to start. People in preparation are planning to start handling stress sometime within the next month. People in the action stage have recently started handling stress, while people in the maintenance stage have been handling stress for at least six months.

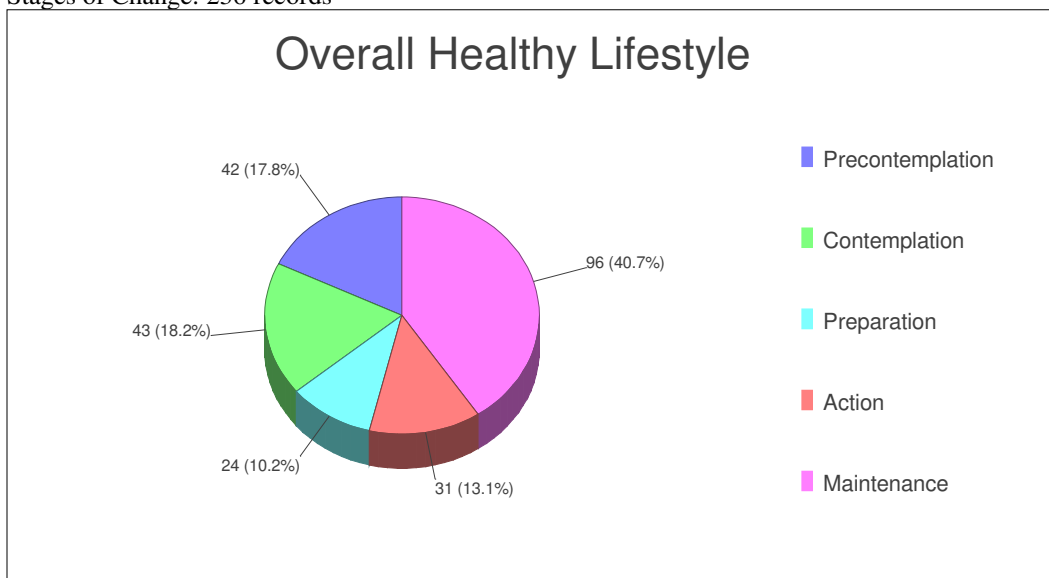
Personal Wellness Profile

Stages of Change: 226 records



By understanding the stages of change, in this case for drinking in moderation, you may be able to maximize efforts to facilitate appropriate behavior change. Precontemplators are those who have not considered or feel no need to drink in moderation. Contemplators acknowledge they need more help to be more moderate in their drinking, but they are not yet ready to start. People in preparation are planning to be drink more moderately sometime within the next month. People in the action stage have recently been more moderate drinkers, while people in the maintenance stage have been drinking in moderation or not at all for at least six months.

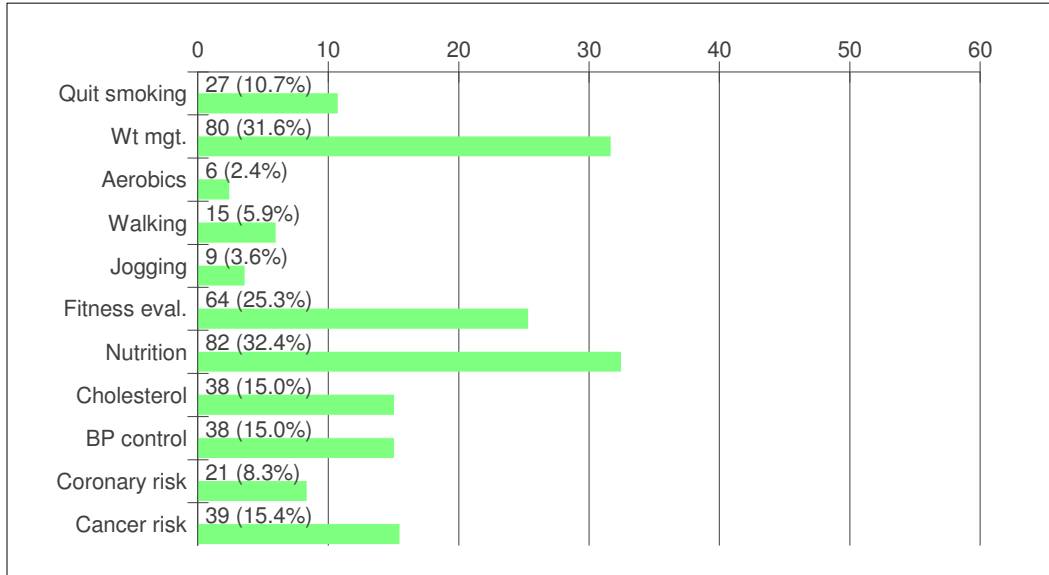
Stages of Change: 236 records



By understanding the stages of change, in this case for living an overall healthy lifestyle, you may be able to maximize efforts to facilitate appropriate behavior change. Precontemplators are those who have not considered or feel no need to do this. Contemplators acknowledge they need to live an overall healthy lifestyle but are not yet ready to start. People in preparation are planning to start living an overall healthy lifestyle sometime within the next month. People in the action stage have recently started living an overall healthy lifestyle. People in the maintenance stage have been living an overall healthy lifestyle for at least six months.

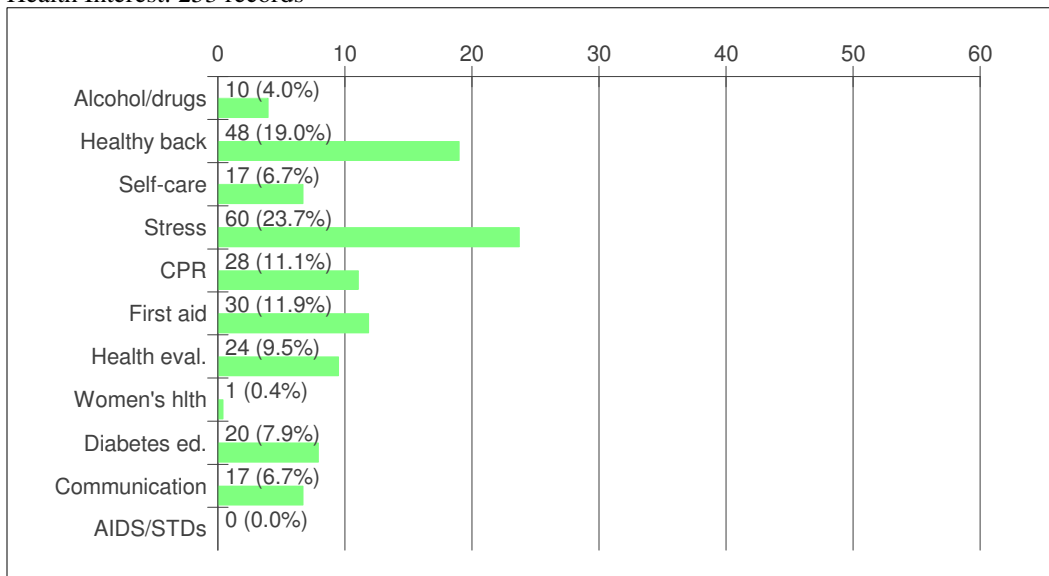
Personal Wellness Profile

Health Interest: 253 records



Illustrated above are the results of the Health Interest Survey. The percent of people interested in each topic is provided. Please note: participants are usually interested in more than one health topic; there may be more interests tallied than there are people in the group.

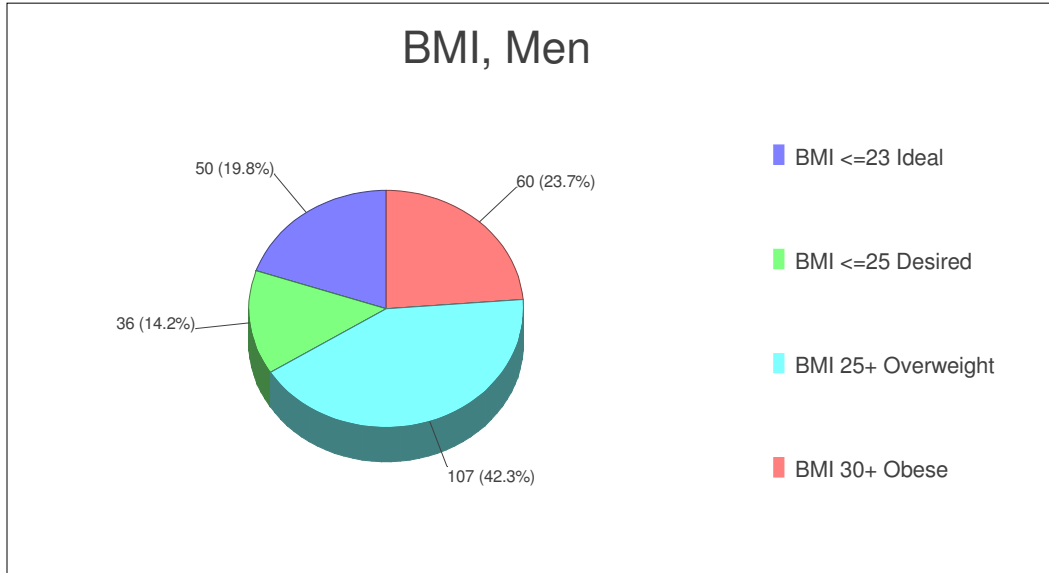
Health Interest: 253 records



Illustrated above are the results of the Health Interest Survey. The percent of people interested in each topic is provided. Please note: participants are usually interested in more than one health topic; there may be more interests tallied than there are people in the group.

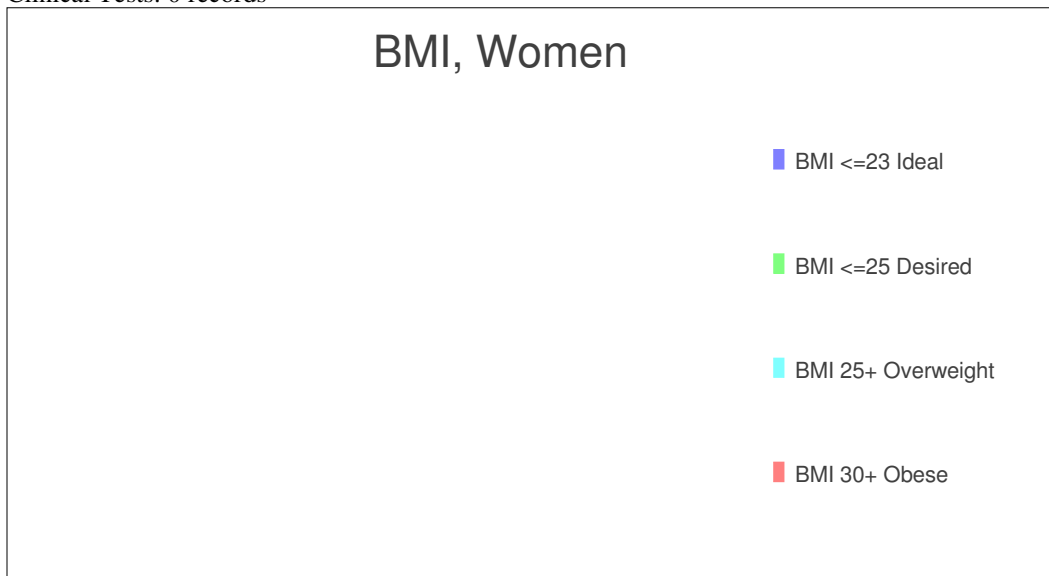
Personal Wellness Profile

Clinical Tests: 253 records



BMI provides an index of weight in proportion to height. Research has shown this to be a good risk predictor. Men with BMI values above 25 are at higher risk for heart disease and other health problems.

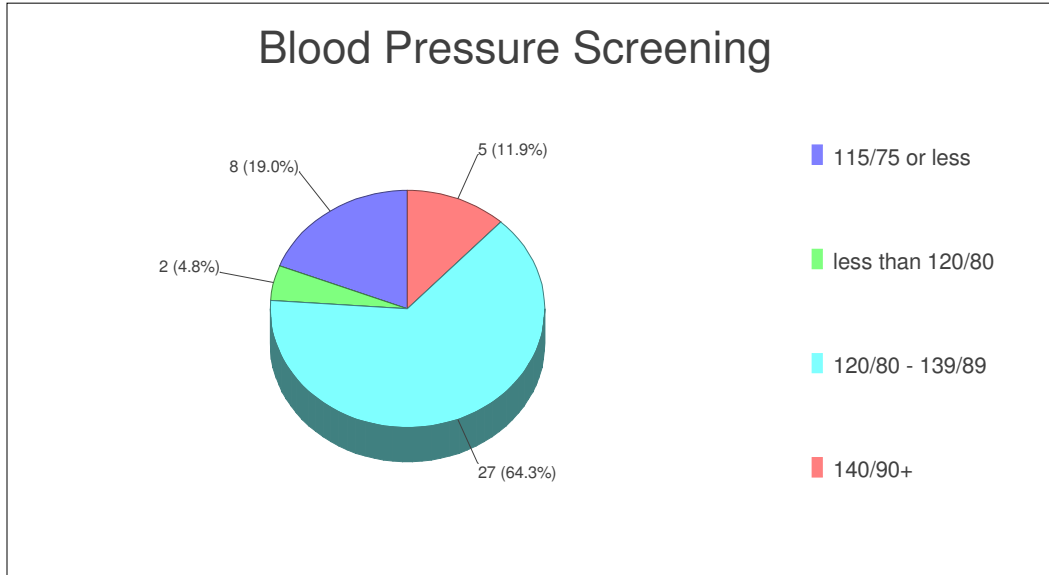
Clinical Tests: 0 records



BMI provides an index of weight in proportion to height. Research has shown this to be a good risk predictor. Women with BMI values above 25 are at higher risk for heart disease and other health problems.

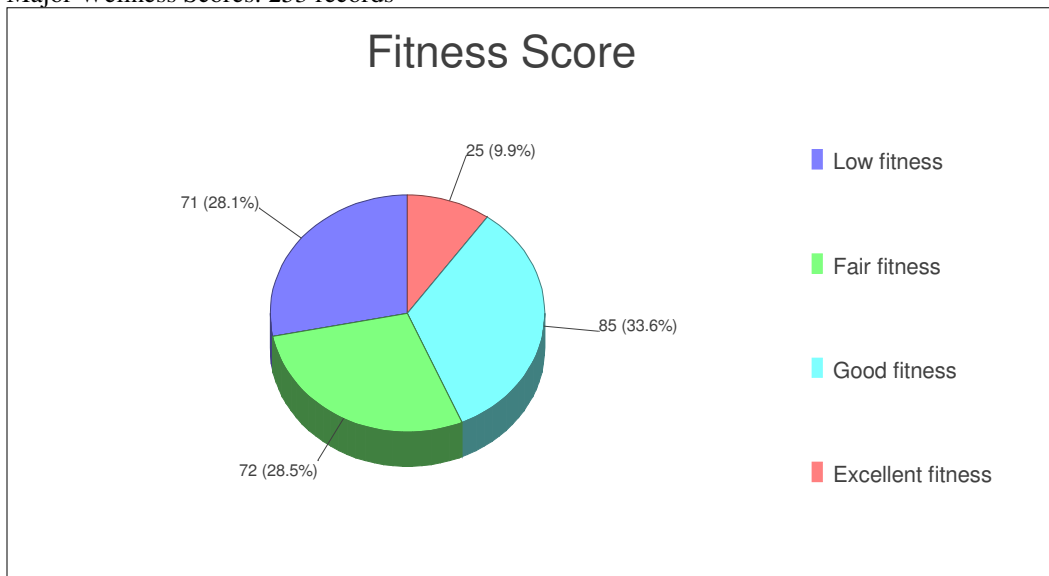
Personal Wellness Profile

Clinical Tests: 42 records



High blood pressure increases the risk for heart disease and stroke. Studies show that people with high blood pressure tend to have higher health care expenses. For most people, ideal blood pressure is 115/75 or below. Those with blood pressure of 120/80 or above are considered prehypertension. In this group, 27 people have elevated blood pressure, putting them at moderate risk. 5 people have blood pressures that indicate high risk (140/90+).

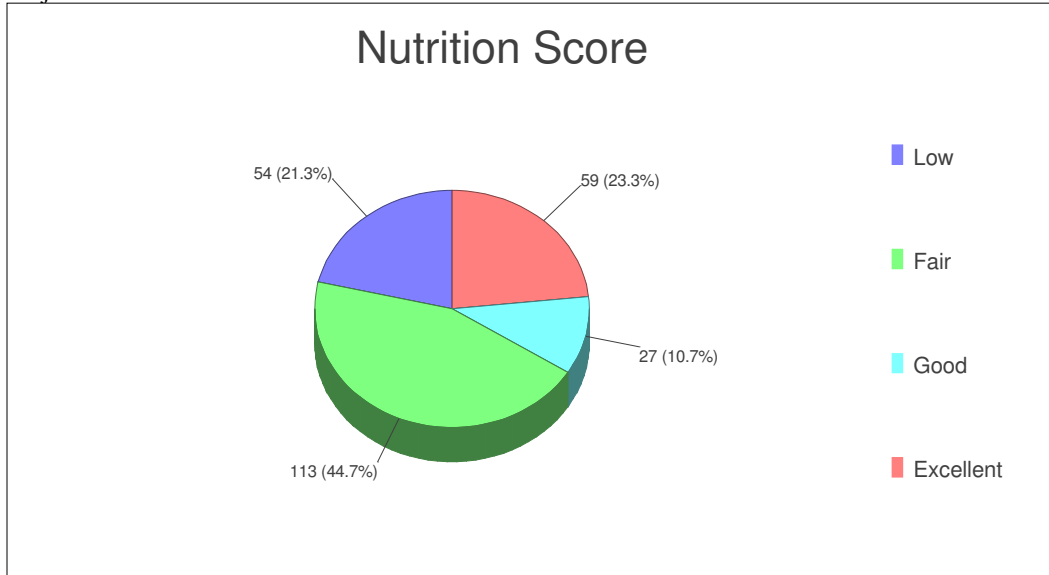
Major Wellness Scores: 253 records



The overall fitness rating gives a comprehensive score based on the sum of the individual scores; aerobic exercise, strength, flexibility, and body composition. 110 people have good or excellent fitness rating.

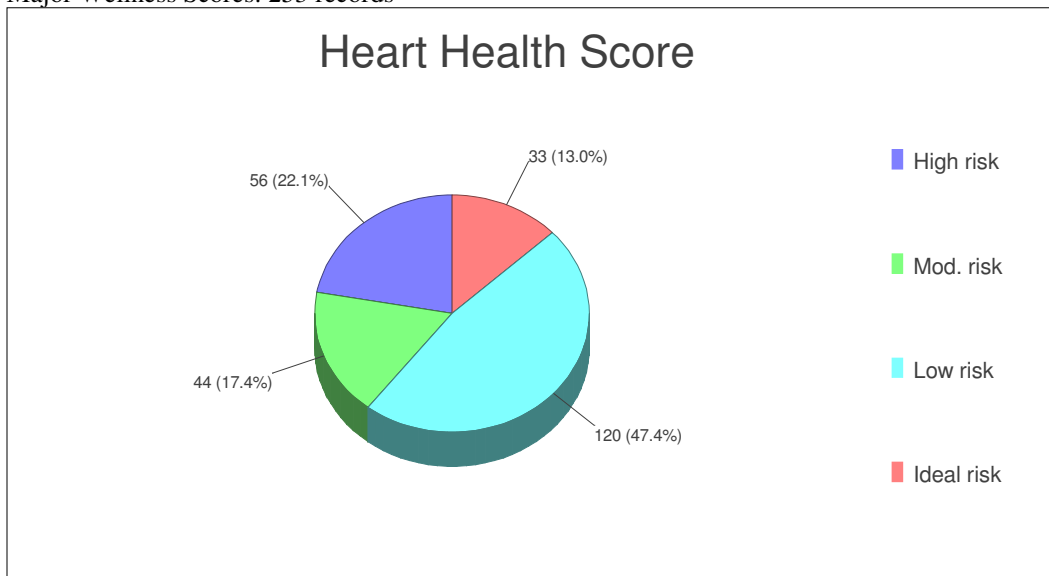
Personal Wellness Profile

Major Wellness Scores: 253 records



The overall nutrition rating is based on how well participants follow the guidelines provided by national organizations such as the U.S. Department of Agriculture, National Institutes of Health, and the National Cancer Institute. 86 people have a good or excellent overall nutrition rating.

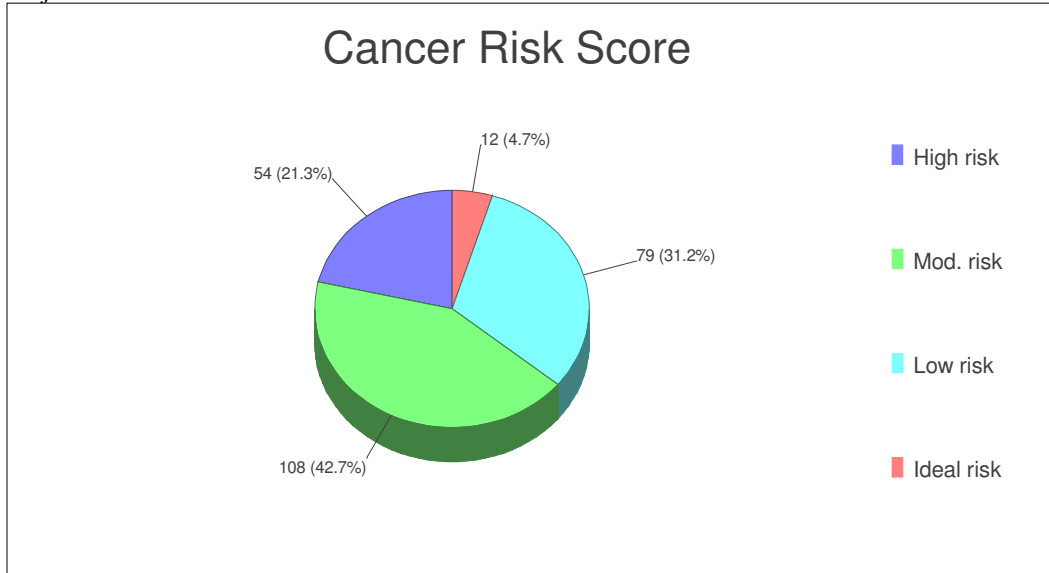
Major Wellness Scores: 253 records



The overall coronary risk rating is based on the information provided by the National Institutes of Health's "National Cholesterol Education Program." This rating indicates an individual's risk for heart disease. 153 people have a low or excellent coronary risk rating.

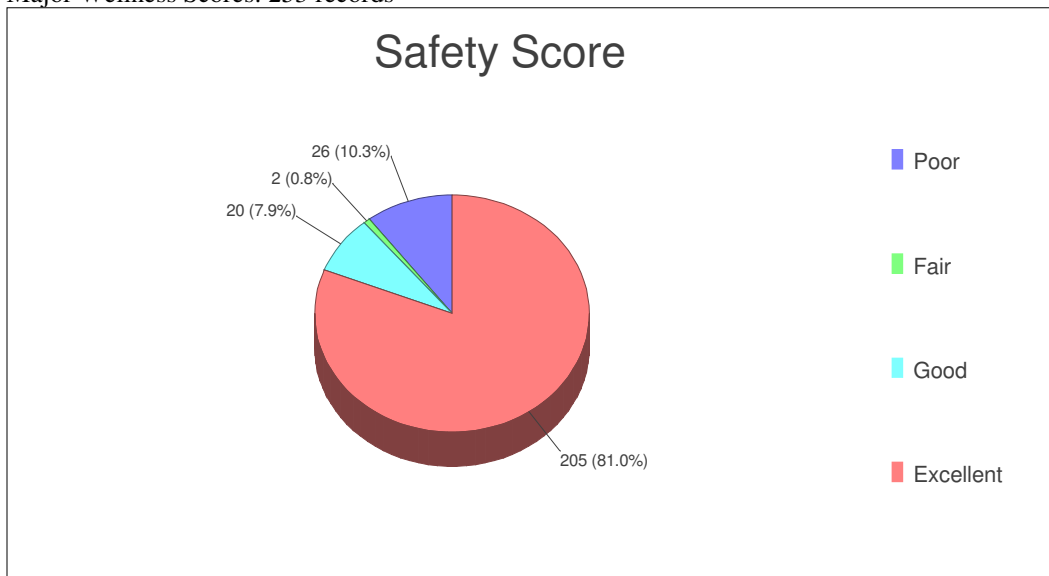
Personal Wellness Profile

Major Wellness Scores: 253 records



The cancer awareness rating is comprised of several cancer risk factors, such as smoking status, intake of fruits and vegetables, fiber intake, alcohol consumption, body composition, personal history of cancer, etc. 91 people have a normal or low cancer risk rating.

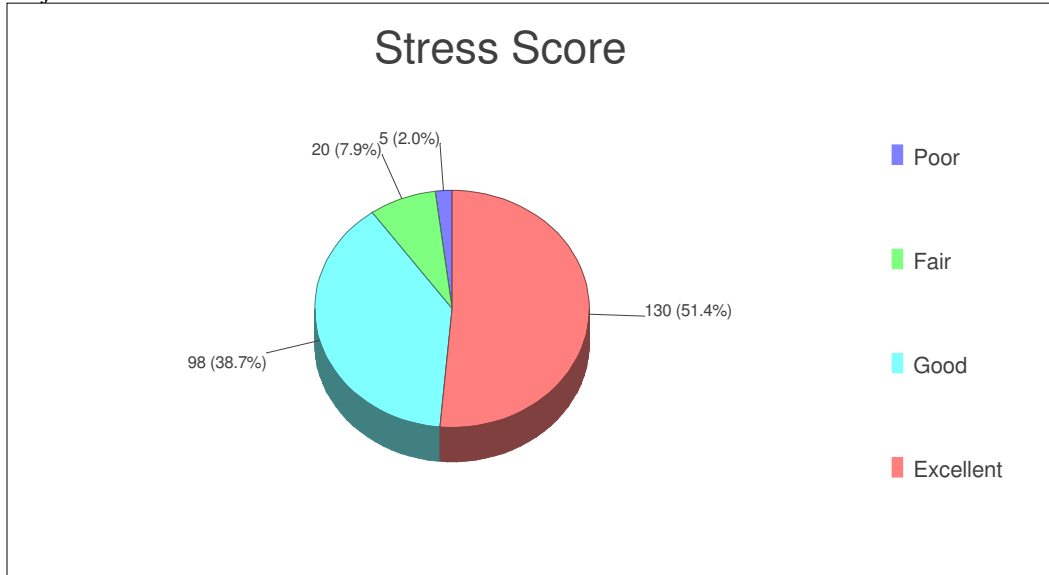
Major Wellness Scores: 253 records



The overall safety score is calculated from the responses to questions on safety issues. It evaluates safety awareness. 225 (88.9%) people have a good or excellent safety score.

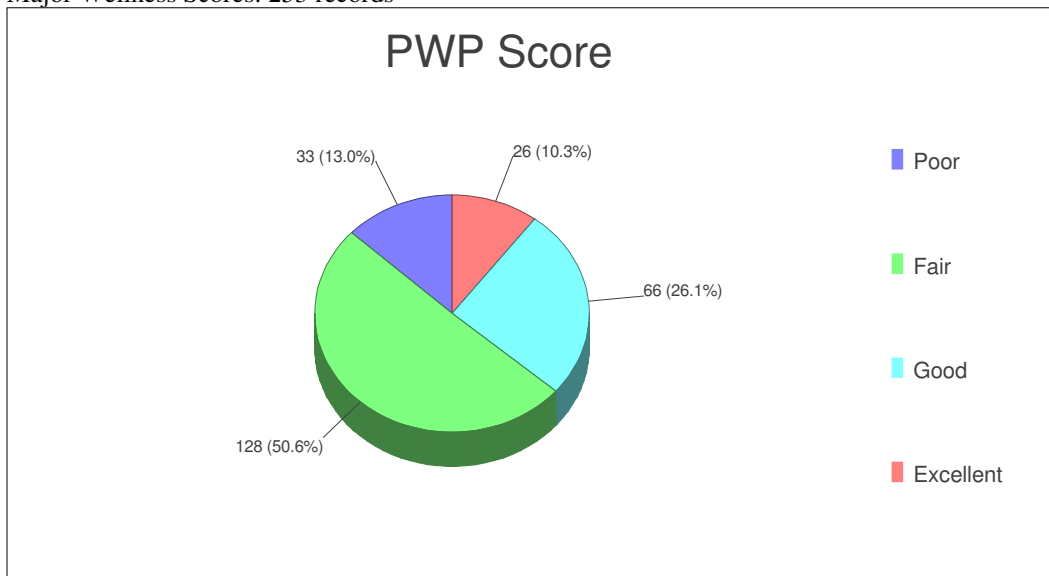
Personal Wellness Profile

Major Wellness Scores: 253 records



The overall stress score provides an indicator of perceived stress and coping response. 228 (90.1%) people rate in the good or excellent range for stress and coping.

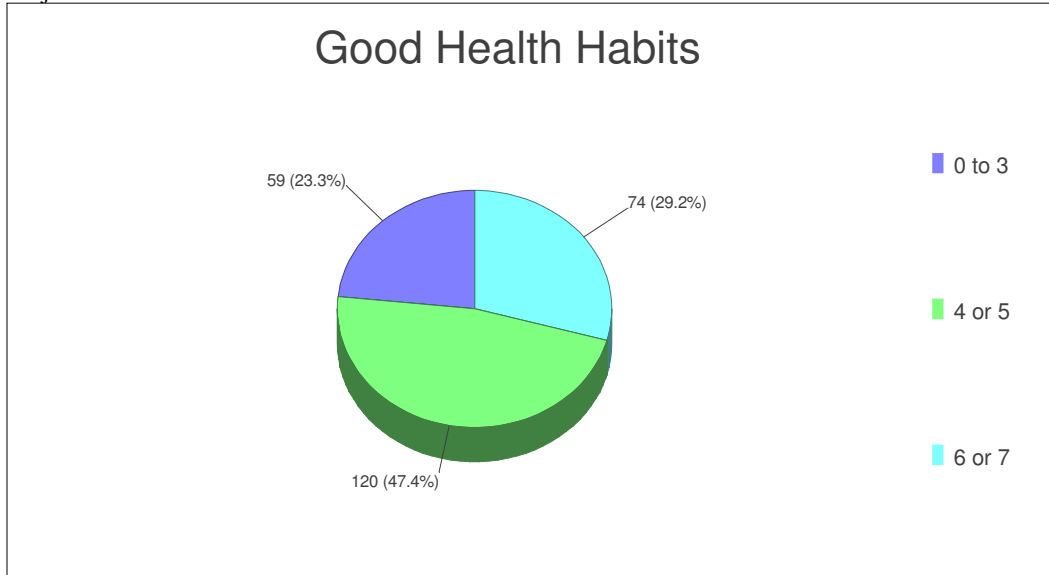
Major Wellness Scores: 253 records



The overall wellness rating gives a comprehensive score based on the sum of the different major wellness factors. 92 (36.4%) people have a good or excellent wellness rating.

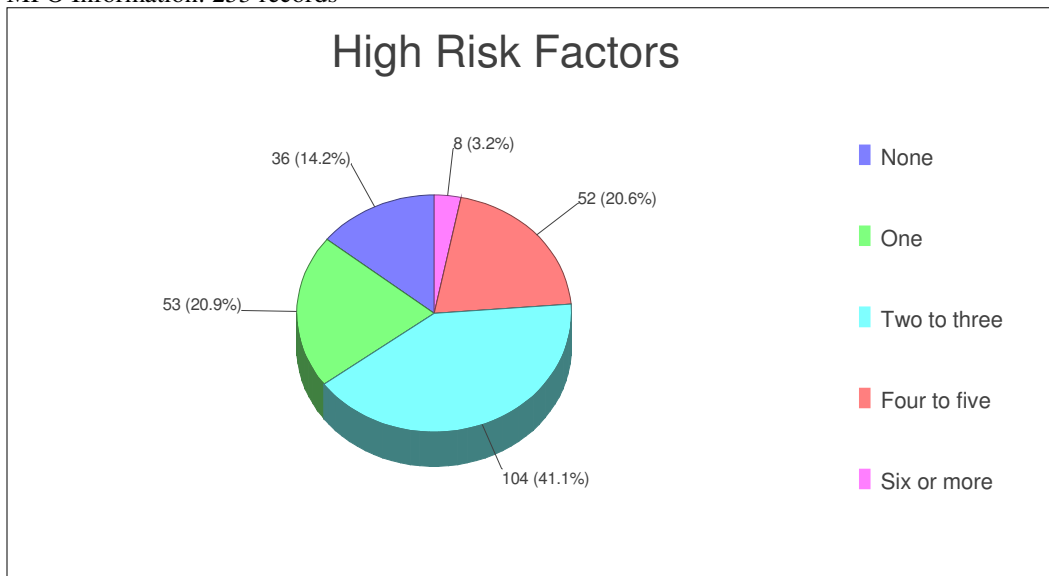
Personal Wellness Profile

Major Wellness Scores: 253 records



In a long-term study of nearly 7,000 adults, seven good health practices were found to be directly related to longevity. They are (1) getting 7-8 hours of sleep, (2) maintaining a healthy weight, (3) not smoking, (4) not drinking or moderate drinking, (5) regular aerobic exercise, (6) eating breakfast daily, and (7) eating regular meals and avoiding snacking. A person following six or seven of these practices lived as much as 11.5 years longer than those who followed three or fewer. In this group, 74 (29.2%) of the participants follow at least six good health practices, while 59 (23.3%) follow three or fewer.

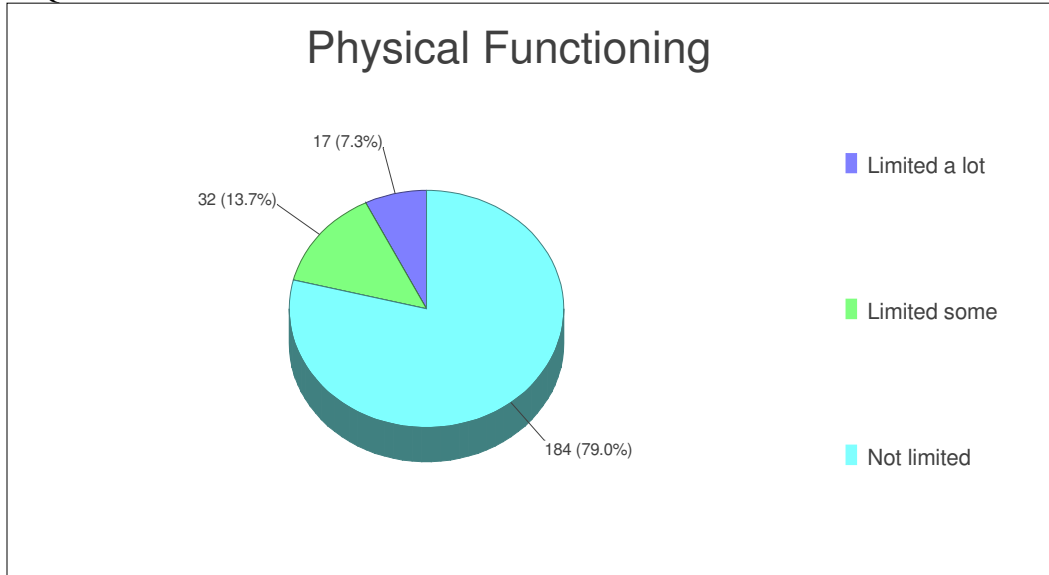
MPO Information: 253 records



This graph illustrates the distribution of multiple risks associated with health care costs.

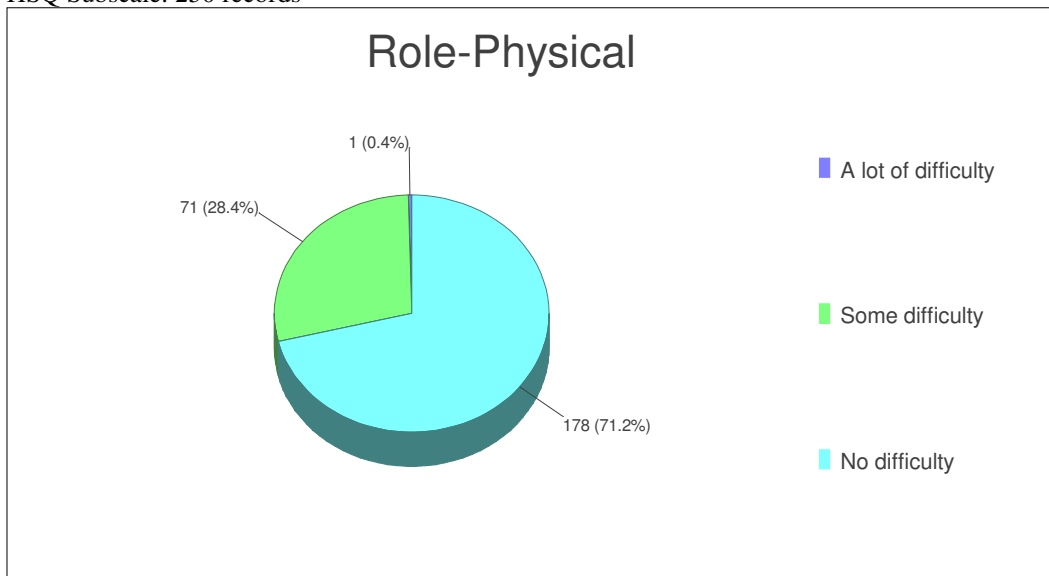
Personal Wellness Profile

HSQ Subscale: 233 records



This scale is a measure of physical functioning. It describes the combined results of three questions concerning normal daily activities. These include lifting, stair climbing, and walking. 184 (79.0%) were "not limited at all," while 49 (21.0%) claimed to have limitations in these areas. The average (mean) score for this scale was 88.8 using a ranking from 1 - 100.

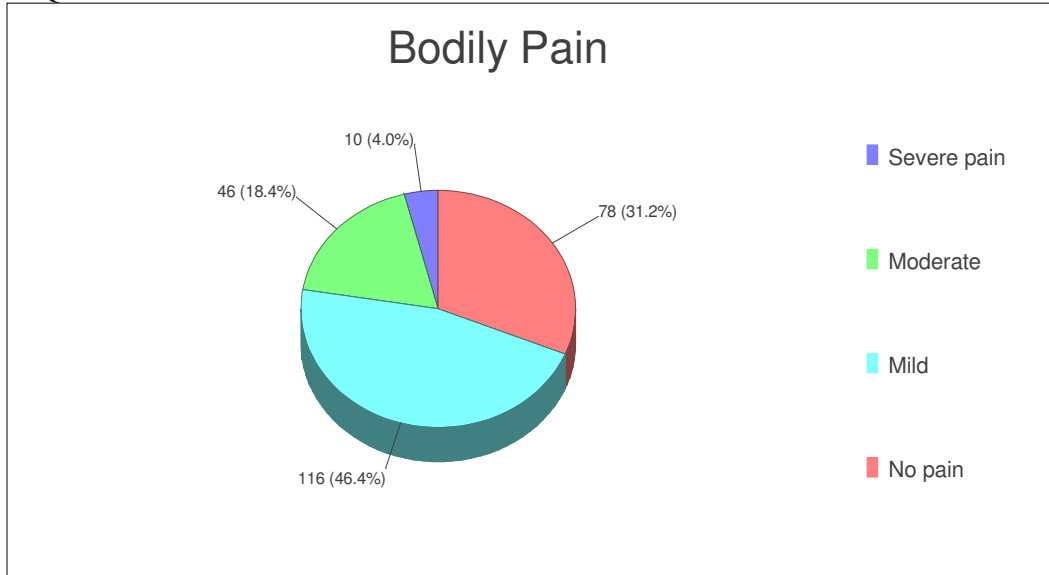
HSQ Subscale: 250 records



This scale measures how much a person's recent physical health impacts his or her "role" in life as related to work and regular daily activity. 178 (71.2%) reported no physical limitations, while 1 (0.4%) were limited a lot. The average (mean) score for this scale was 84.5 using a ranking from 1 - 100.

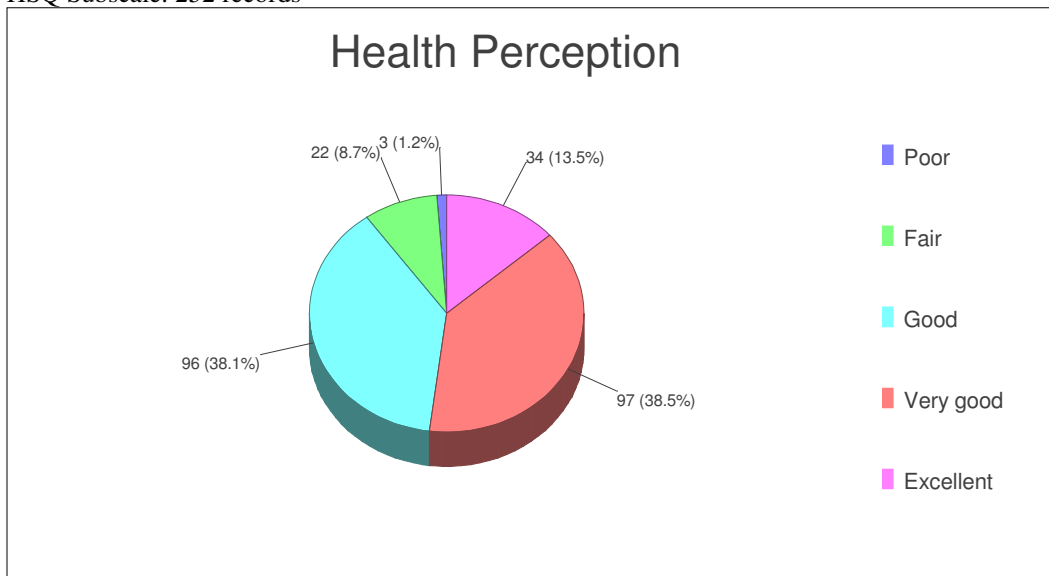
Personal Wellness Profile

HSQ Subscale: 250 records



This scale measures how much bodily pain a person experienced in the past four weeks. 78 (31.2%) reported none, while 56 (22.4%) reported experiencing moderate to severe pain. The average (mean) score for this scale is 76.3 using a ranking from 1 - 100.

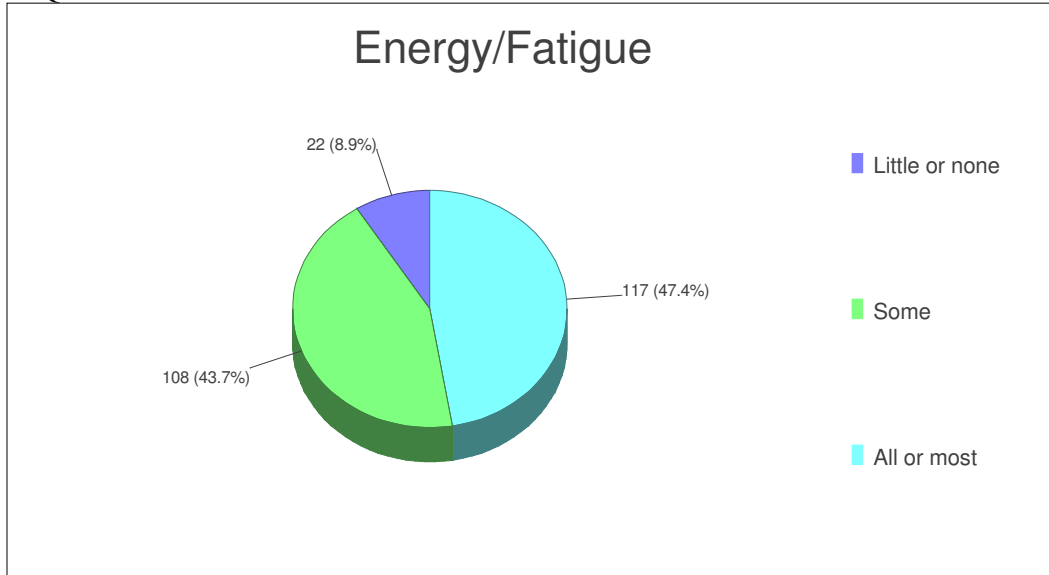
HSQ Subscale: 252 records



This scale measures a participant's personal perception of his or her overall health. 131 (52.0%) believe their health is very good to excellent, while 3 (1.2%) believe their health is poor. The average (mean) score for this scale was 71.3 using a ranking from 1 - 100.

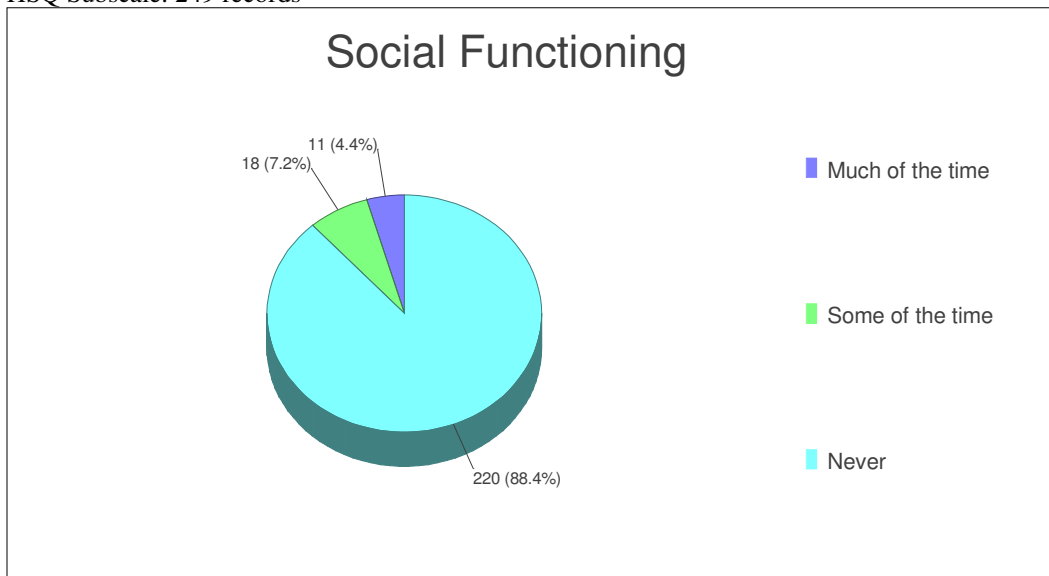
Personal Wellness Profile

HSQ Subscale: 247 records



This scale measures the response to the question, "Did you have a lot of energy during the past four weeks?" 117 (47.4%) reported having a lot of energy most or all the time, while 22 (8.9%) responded with little or none of the time. The average (mean) score for this scale was 63.1, using a ranking from 1 - 100.

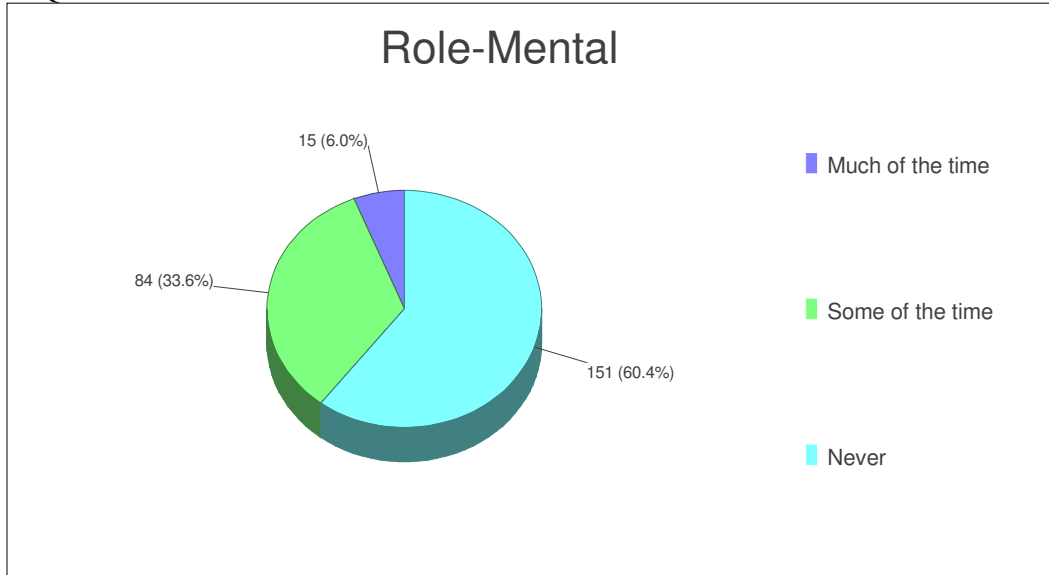
HSQ Subscale: 249 records



This scale measures how much a person's recent physical health and emotional problems have interfered with his or her social activities. 220 (88.4%) report not at all, while 29 (11.6%) indicate some or much of the time. The average (mean) score for this scale was 88.3, using a ranking from 1 - 100.

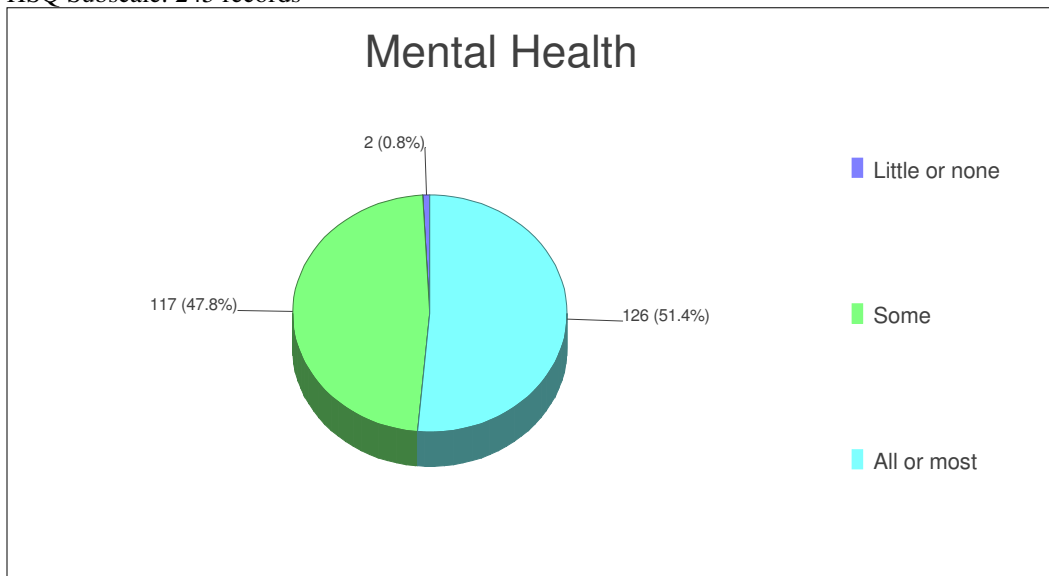
Personal Wellness Profile

HSQ Subscale: 250 records



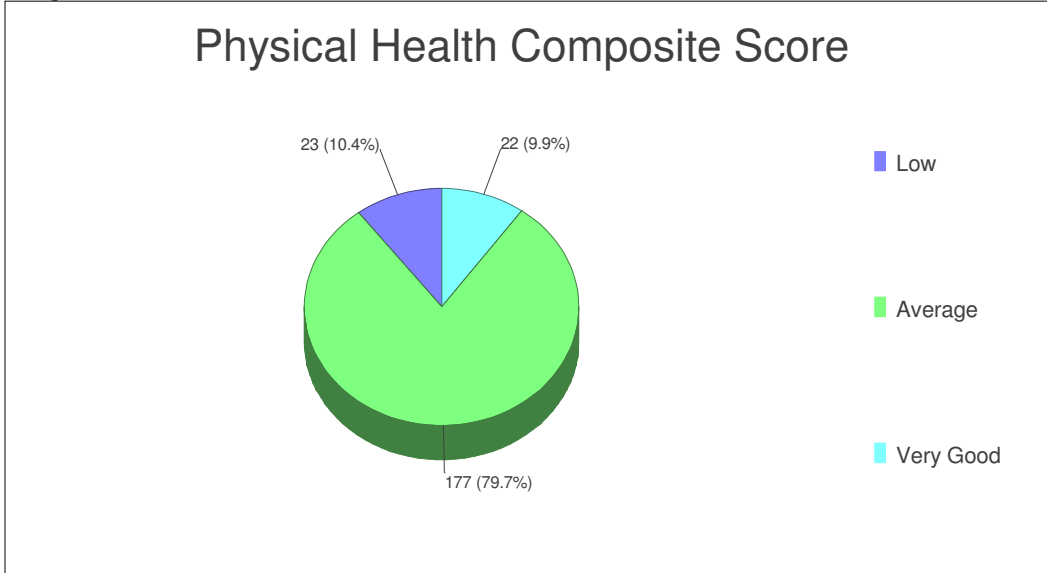
This scale measures how much a person's emotional problems have interfered with his or her work and other daily activities. 151 (60.4%) report not at all, while 99 (39.6%) indicate some or much of the time. The average (mean) score for this scale was 81.6, using a ranking from 1 - 100.

HSQ Subscale: 245 records



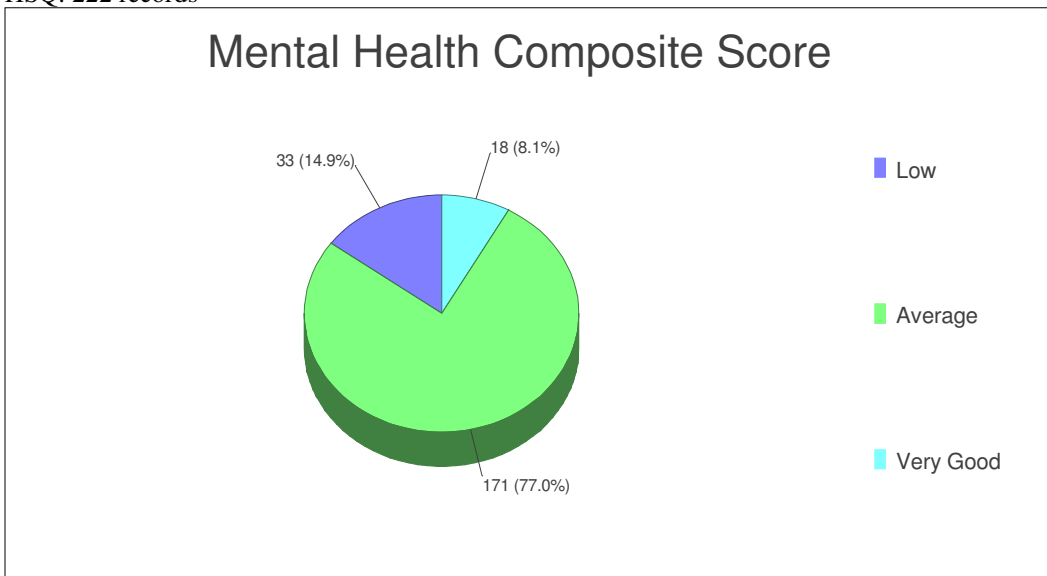
This scale is a measure of perceived mental health. It describes the combined results of three questions concerning how much of the time are feelings of calm, peacefulness, and happiness experienced. 126 (51.4%) report all or most of the time, while 119 (48.6%) indicate some, little, or none of the time.

HSQ: 222 records



The PCS score is computed from the HSQ-12 physical health subscale scores. Very low scores (40 or less) are associated with limitations in physical activities and poor physical functioning. Low PCS and MCS scores are associated with subsequent job loss, increased hospital stays, increase in doctor visits, probability of a chronic condition, likelihood of depression, and poor five-year survival. The average (mean) PCS score for this group was 51.7. This is based on a standardized scoring method where 50 is the mean score for the general population with a standard deviation of 10.

HSQ: 222 records



The Mental Composite Score (MCS) is computed from the HSQ-12 mental health subscale scores. Very low scores (40 or less) are associated with poor life satisfaction and mental health. Low Physical Composite (PCS) and MCS scores are associated with subsequent job loss, increased hospital stays, increase in doctor visits, probability of a chronic condition, likelihood of depression, and poor five-year survival. The average (mean) MCS score for this group was 49.7. This is based on a standardized scoring method where 50 is the mean score for the general population with a standard deviation of 10.

Productivity and Economic Benefits Report for

SAMPLE COMPANY

Report Prepared July 31, 2014

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Excess Health Claims	1
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Report prepared by

Economic Impact

Research shows that poor health practices and existing health risks of employees have a significant impact on an organization's bottom line, resulting in:

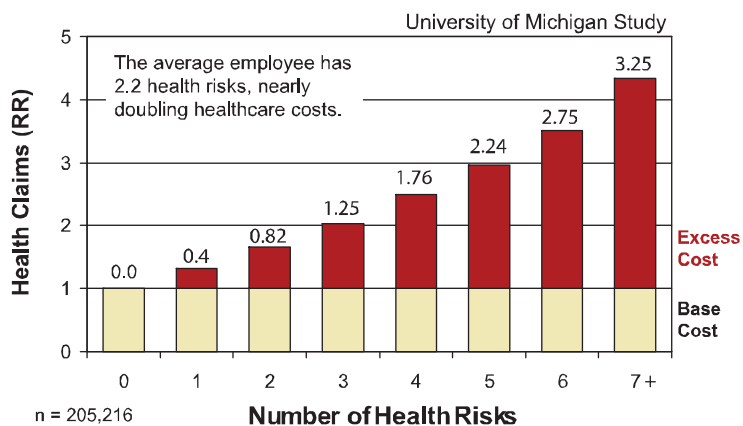
- ◆ Increased health claims
- ◆ Decreased productivity
- ◆ Increased absenteeism
- ◆ Increased employee turnover rates

This Productivity and Economic Benefits Report summarizes the prevalence of health risks in your organization linked to increased costs. It also shows potential savings that may be realized by improving the health status of your employees.

Excess Health Claims*

The graph below shows the relationship between risk factors and health care costs in a study of 205,216 employees by the University of Michigan. As the number of risks go up so do healthcare costs. For example, health claims double for employees with 3 risk factors, and increase by 3-4 times for those with 5 or more risks. The prevalence of health risks in your organization and their estimated economic impact due to increased health claims is shown in the table below.

Number of Health Risks and Excess Healthcare Claims Cost



Health Risks Linked to Increased Costs

- ◆ Smoking
- ◆ Physical inactivity (no exercise)
- ◆ Seat belts (<100%)
- ◆ High alcohol use (>14drinks/wk)
- ◆ Relaxation/sleep medications
- ◆ Life dissatisfaction
- ◆ Poor physical health
- ◆ Job dissatisfaction
- ◆ High stress
- ◆ High blood pressure (140/90+ or meds)
- ◆ High cholesterol (240+ mg/dL)
- ◆ Low HDL (<40 mg/dL)
- ◆ Overweight (BMI > 27.5)
- ◆ High sick days (6+/year)
- ◆ Chronic health problem(s)

***Reference**

Based on research from the University of Michigan, Health Management Research Center, Cost/Benefit Research Report, 2006. Wright et al, JOEM, Volume 46, Number 9, 2004.

Estimated Excess Health Claims in Your Organization

Number of Risks	# Employees	(%)	Excess Claims*
No risks	115	20%	0
1 risk	153	27%	52,759
2 risks	126	22%	89,069
3 risks	66	12%	71,121
4 risks	46	8%	69,793
5 risks	38	7%	73,379
6 risks	19	3%	45,043
7 or more risks	9	2%	25,216
Average/employee: 2.0	572	100%	\$426,379

Estimated excess health claims due to existing risk factors are \$426,379 per year for your organization, or **\$745/employee**. This is your potential savings should all risk factors be eliminated. A more realistic expectation is to reduce risks by 10-20% per year over several years as shown below.

Projected annual savings* by reducing health risks:

Health risk reduction goal	Total Savings	Savings/employee
20% reduction	85,276	149
30% reduction	127,914	224
40% reduction	170,552	298
50% reduction	213,190	373

*Increased claims, above base costs, for persons with no risk factors. Projections based on your average health claims of \$1500/year and 572 employees.

Productivity Research

The University of Michigan researched the effects of poor health practices and health risks on productivity for 28,375 employees. They found that productivity decreased by about 2.4% for each risk factor present.

Risks that were most closely linked to the greatest decrease in productivity include:

- ◆ Relaxation medications
- ◆ Life dissatisfaction
- ◆ High stress
- ◆ Seat belts (<90%)
- ◆ Job dissatisfaction
- ◆ Current smoker
- ◆ Physical inactivity
- ◆ Poor health perception
- ◆ Obesity (BMI 30+)
- ◆ High blood pressure (140/90+ or meds)

The average employee in this study had a decrease in productivity of 5% compared to those with no health risks. This amounted to a cost of \$2,132 per employee per year.

***Presenteeism** is a term meaning employees are present at work but their productivity is impaired due to physical and emotional health problems and concerns linked to health risks.

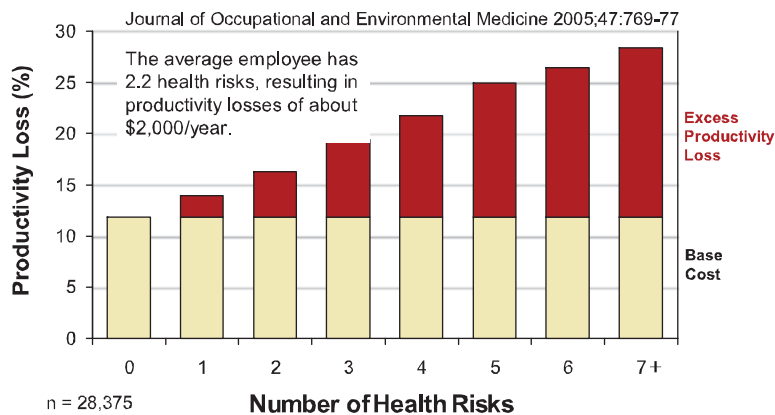
Reference

Burton WN, Chen CY, Conti DJ, et al. The Association of Health Risks with On-the-Job Productivity, *Journal of Occupational and Environmental Medicine* 47:769-777 (Aug. 2005).

Presenteeism and Productivity

The graph below shows the relationship between the number of health risks and their effect on productivity in a study of over 28,000 employees. Productivity decreased as the number of health risks increased. For example, persons with 3 risk factors showed a 6.2% loss in productivity on the average, and persons with 5 or more risk factors showed a 12+% decrease in productivity. The prevalence of risk factors in your organization and their estimated economic impact due to presenteeism are shown in the table below.

Number of Health Risks and Productivity Loss



Estimated Productivity Losses in Your Organization

Number of Risks	# Employees	(%)	Productivity Loss*
No risks	169	30%	0
1 risk	170	30%	193,800
2 risks	112	20%	295,680
3 risks	54	9%	243,000
4 risks	43	8%	234,780
5 risks	18	3%	140,400
6 risks	5	1%	43,500
7 or more risks	1	0%	9,840
Total	572	100%	1,161,000

Your estimated excess cost due to decreased productivity from existing risk factors is \$1,161,000/year or **\$2,030/employee/year**. This is your potential savings from productivity improvement should all risk factors be eliminated. A more realistic expectation is not to eliminate all risks but to reduce risks by 10-20% per year over several years; as shown below.

Projected annual savings in productivity by reducing health risks:

Health risk reduction goal	Total Savings	Savings/employee
20% reduction	232,200	406
30% reduction	348,300	609
40% reduction	464,400	812
50% reduction	580,500	1,015

**Projections based on average wages in your organization of \$30/hour for 572 employees.

Productivity Savings

Potential savings from improved productivity by reducing risks and enhancing health are usually greater than for potential savings from decreased healthcare expenses.

Components of an Effective Wellness Program

The following principles for identifying and reducing risks can help your organization reduce its healthcare costs, productivity losses, and absenteeism.

- ◆ Conduct an annual comprehensive wellness assessment, including biometrics
- ◆ Aim for high participation rates - at least 80% of all employees over 3 years
- ◆ Provide follow-up to assist employees with identified health risks to make needed lifestyle changes
- ◆ Plan a wide variety of wellness opportunities for employees to participate in all year long including health classes, health coaching, wellness challenges, self-study, and referral to community health events and programs
- ◆ Use a health tracking system that provides incentives, rewards, and recognition for reaching personal health goals
- ◆ Include frequent health communications that encourage lifelong learning and health enhancement
- ◆ Develop a corporate culture that values wellness
- ◆ Evaluate your program and measure outcomes to document progress and continued improvement of your wellness initiative

Reference

Healthy people 2010, and NCQA standards for worksite wellness programs.

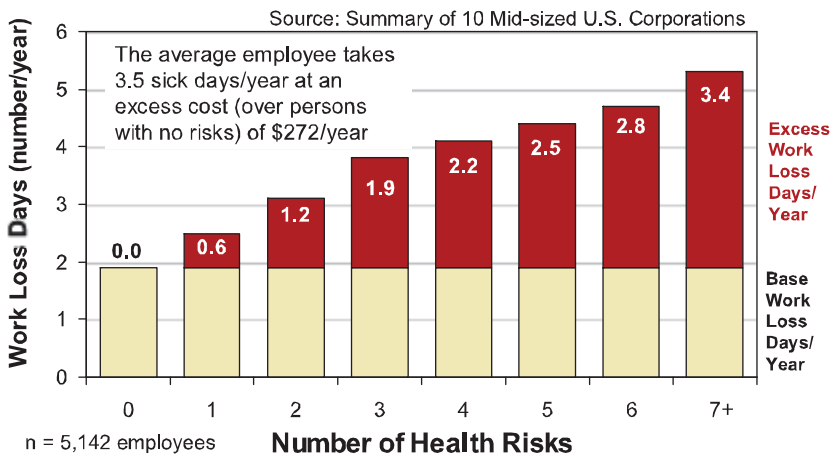
Potential Savings

Research indicates that the improved health of employees provides savings that exceed the cost of a good wellness program. Healthy employees makes good business sense.

Absenteeism

Work loss time from physical or mental health problems or injury is a direct economic cost to any organization. If an employee is absent from work, not only is productivity lost but there may be the added expense of needing to hire temporary employees during their absence. The prevalence of risk factors in your organization and their estimated economic impact due to absenteeism is shown in the graph and table below.

Number of Health Risks and Excess Work Loss Days Due to Sickness or Injury



Estimated Absenteeism Costs in Your Organization

Excess work loss days due to illness or injury.

# Risks	Days Lost	# Employees	(%)	Excess Cost*
No risks	1.9	115	20%	0
1 risk	2.5	153	27%	22,032
2 risks	3.1	126	22%	36,288
3 risks	3.8	66	12%	30,096
4 risks	4.1	46	8%	24,288
5 risks	4.4	38	7%	22,800
6 risks	4.7	19	3%	12,768
7+ risks	5.3	9	2%	7,344
		572	100%	155,616

Your organization's average work loss time due to sickness or an accident is 3.0 days/year. This results in yearly estimated excess costs for absenteeism of \$155,616 or **\$272/employee**, compared to persons with no risks.

Projected annual savings by reducing average work loss days/year:

Average work loss goal	Annual Savings	Savings/employee
1.0 day less/year	51,298	90
1.5 days less/year	76,947	135
2.0 days less/year	102,596	179

*Excess cost based on 572 employees with an average wage of \$30/hour.

Return on Investment (ROI)

Companies that invest in wellness generally see significant savings. One review of 7 corporate wellness programs showed average savings of \$3.48 for every \$1 invested. Other companies report ROIs of 6:1 and higher on long-term comprehensive programs.

While medical care plans and pharmaceuticals are expensive, preventive healthcare provided to employees is essentially "free" due to savings realized.

Setting Priorities

When planning interventions to reduce costs, consider these factors:

- ◆ Prevalence of the health problem
- ◆ Economic impact of the health problem
- ◆ Resources and staff for providing the intervention
- ◆ Personal interest and readiness to change

Excess Cost Per Risk Factor²

The following list is a summary of estimated excess costs for healthcare, productivity losses, and absenteeism broken down by individual risk factors for your organization.

Risk Factors	# Employees	(%)	Excess Cost
◆ Current smokers	91	16%	167,312
◆ Physically inactive (no regular exercise)	151	26%	279,031
◆ Seat belt use (<100%)(<90% Productivity)	35	6%	32,676
◆ Heavy alcohol use (>14 drinks/wk)	12	2%	6,079
◆ Use of relaxation/sleep medications	131	23%	242,615
◆ Life dissatisfaction	96	17%	182,069
◆ Poor physical health perception	47	8%	89,808
◆ Job dissatisfaction	93	16%	172,384
◆ High stress score (3+ stress indicators)	38	7%	72,138
◆ High blood pressure (140/90+ or meds)	67	12%	125,278
◆ High cholesterol (240+ mg/dL)	40	7%	20,161
◆ Low HDL (<40 mg/dL)	6	1%	3,009
◆ Overweight (BMI >27.5) (30+ Productivity)	200	35%	274,181
◆ High sick days (6+ days/year)	56	10%	28,099
◆ Chronic health problem (heart disease, cancer, stroke, diabetes, asthma, COPD)	96	17%	48,156
Total*			\$1,742,996

References

1. Steven Aldana, Financial Impact - Literature Review, *American Journal of Health Promotion*, May/June, 2001;15:5
2. Wayne Burton, et al. The Association of Health Risks with On-the-Job Productivity, *Journal of Occupational and Environmental Medicine* 2005;47:769-777

Summary of Potential Health Savings in Your Organization per Year Savings by meeting Percentage of Risk Reduction Goals

	100%	20%	30%	40%	50%
1. Health claims	426,379	85,276	127,914	170,552	213,190
2. Productivity	1,161,000	232,200	348,300	464,400	580,500
3. Absenteeism	155,616	31,123	46,685	62,246	77,808
Totals*	\$1,742,995	\$348,599	\$522,899	\$697,198	\$871,498
Savings/employee	\$3,047	\$609	\$914	\$1,219	\$1,524

Additional Benefits

Other documented economic benefits from a worksite wellness program include:

- ◆ Lower employee turnover rates
- ◆ Lower accident rates and workers compensation claims
- ◆ Lower short term and long-term disability
- ◆ Lower costs to replace employees who retire early due to poor health or burnout
- ◆ Improved employee moral and commitment to the organization

*These numbers may be off by one dollar due to rounding.



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