Quantitative Changes in Employee Health Based on Screening Data

Overview

From Q4 of 2010 throughout 2011, Mediterranean Wellness has engaged with a company to provide programming that can help improve the Culture of Health. With the collaboration and oversight of the medical director, we have provided programming, coaching, on site visits, and messaging for employees.

Role and Scope of This Document

After this first year, we will quantitatively assess the impact and ROI. To this end, we have been provided with aggregate reports of screening data for employees for the year prior to starting our work together, and following year.

The time difference between the onset of our programming and the 2nd screening measurement is 6 months.

Caveats and Next Steps

Caveats:

- These data provide very strong indications. However, because they are aggregate data, we are only able to assess trends of populations from them.
- The improvements seen here are within the population of employees at [xxx]. The degree to which individuals moved from high-risk to low-risk in multiple categories is not discernible from this dataset.
- The improvements in health parameters are correlated with our efforts. However, the aggregate data do not allow us to determine which improvements impacted which employees through our interventions.

Next Steps:

- Data comparison across sites
  - We can compare other site locations to assess variability among locations, population types, etc.
- Providing a monetary ROI
  - With individual screening data, we are able to drill down into the population averages to determine which metabolic improvements resulted from our wellness programming.
  - Individual data, also, would allow us to apply the work of Dee Edington to determine a concrete monetary savings at your company.

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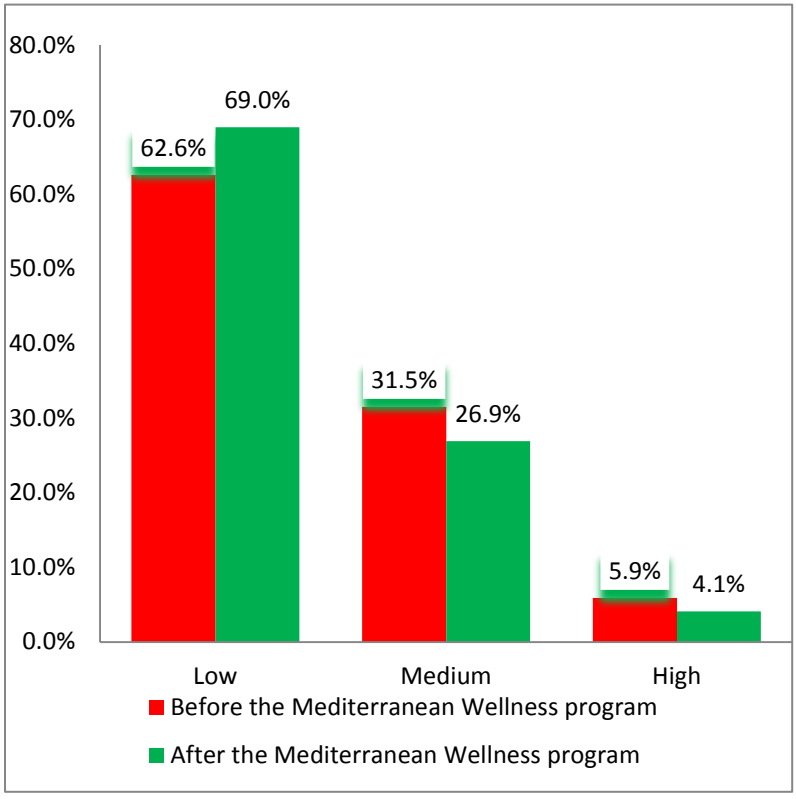
Cholesterol risk before starting program vs after starting program



~more employees are now in the LOW risk category

~more employees at [xxx] **moved OUT OF the high risk category**

Total Cholesterol is a risk factor for cardiovascular disease

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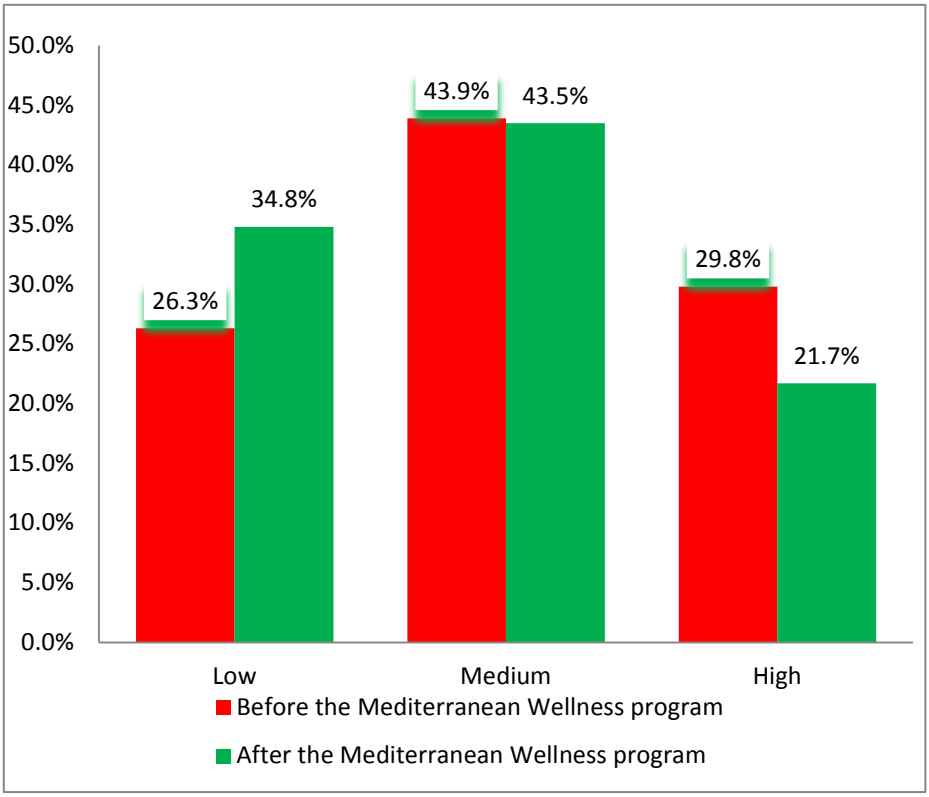
LDL Cholesterol risk before starting program vs after starting program



This is a stunning data slide:

~more employees are in the LOW risk category

~more employees moved OUT OF the high risk category

The LDL (Bad) cholesterol is a major risk factor for cardiovascular disease

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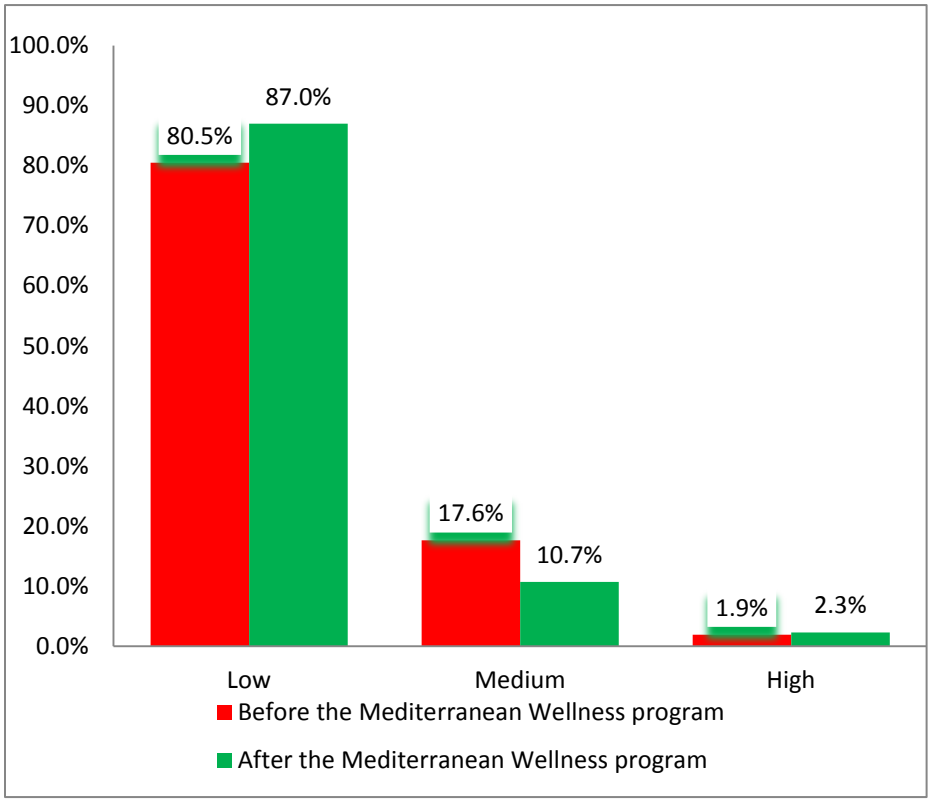
Fasting Glucose risk before starting program vs after starting program



more employees are in the LOW risk category for diabetes

more employees moved INTO the high risk category

Fasting Glucose is an indicated risk for diabetes

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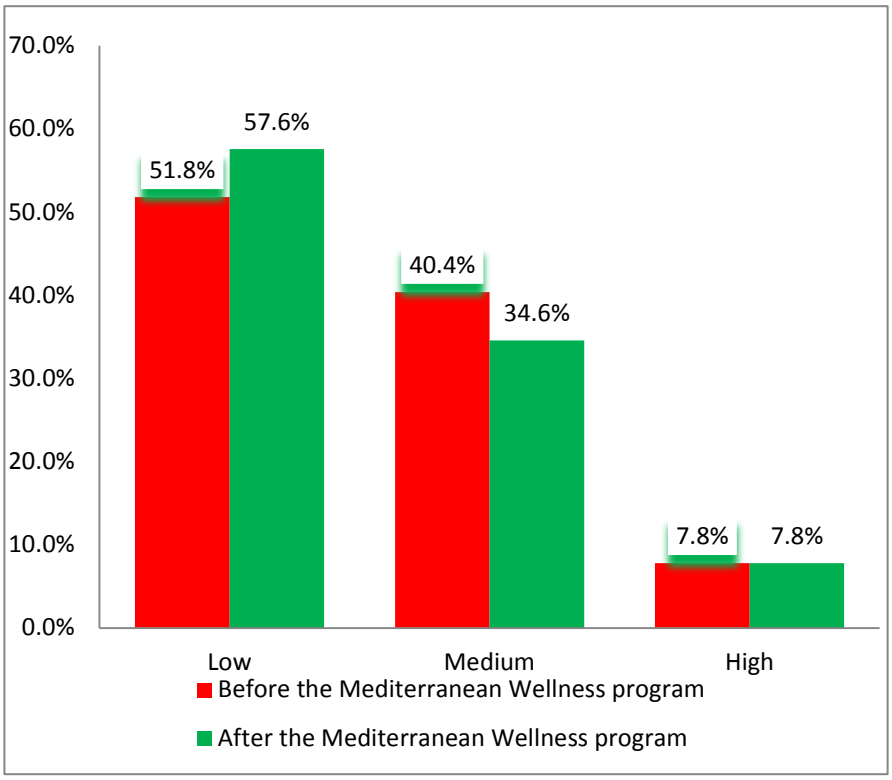
BP Systolic risk before starting program vs after starting program



more employees moved into the LOW risk category

A net of ZERO employees moved the high risk category

Increasing blood pressure can lead to stroke

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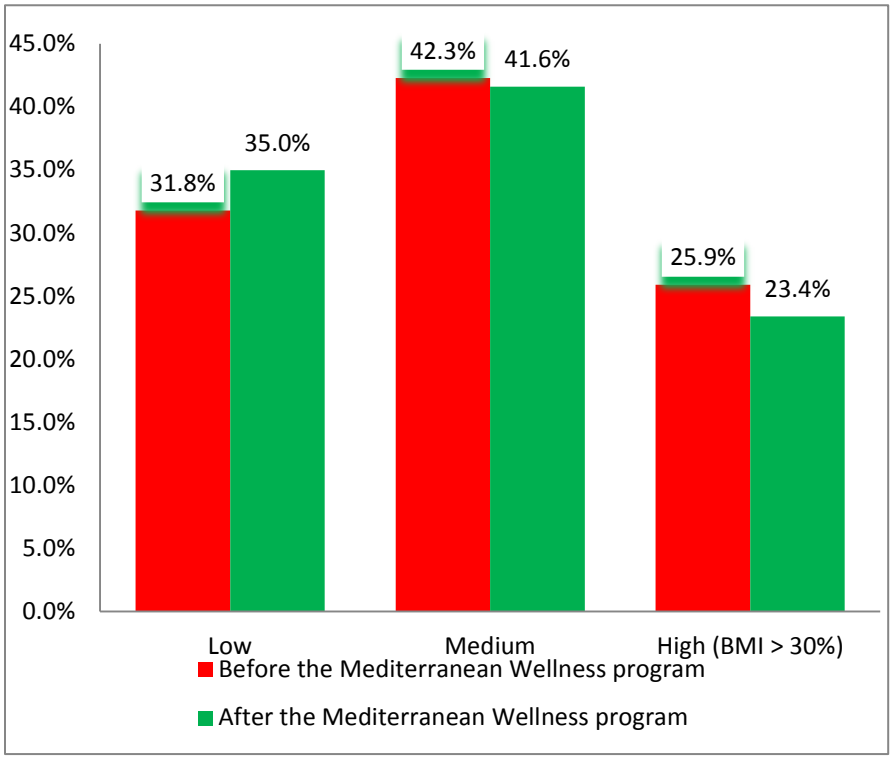
Obesity risk before starting program vs after starting program



There are fewer obese employees

There are more employees who are of a healthy weight

Obesity and overweight threaten to overtake tobacco as the #1 preventable cause of illness

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