

Executive Summary

XYZ International

Anywhere, USA

Table of Contents

Demographics

Major Health Risks

Health Status

Health Age Summary

Recommended Actions

Intervention Strategies

Economic Impact of Major Risks

SCIENTIFIC BASIS FOR EXECUTIVE SUMMARY

- 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

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

Source: 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 43 individuals from this group who participated in the wellness assessment Program.

The group consisted of **32 men** **11 women**.

The average age of the group was **49**.

ETHNICITY AS A RISK FACTOR

The health norms and comparisons used in this report are based on these demographics. The ethnicity mix was...

91	%	Caucasian
2	%	African American/Black
5	%	Asian
2	%	Hispanic (<i>non white</i>)
0	%	Native American/American Indian
0	%	Other/Blended/No response

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 CONTRIBUTING RISK FACTORS

	#	%	
Personal history of heart disease, stroke or diabetes	2	5	%
Family history of heart disease	10	23	%
High total cholesterol (240+ or 200+ if CHD or Diabetes)	8	19	%
High LDL cholesterol (160+ or 130+ if CHD or Diabetes)	0	0	%
Low HDL cholesterol (less than 40)	0	0	%
High blood pressure (140/90 and above)	14	33	%
Smoking	13	30	%
Diabetes/high blood sugar (100+ fast, 140+ non)	12	28	%
Low aerobic exercise score	20	47	%
Excess weight (BMI > 25, high waist girth or % fat) (1)	29	67	%
High overall coronary risk	22	51	%

CANCER CONTRIBUTING RISK FACTORS

Tobacco use (all forms)	15	35	%
Drinking more than recommended (more than 1-2/day)	6	14	%
High-fat diet	2	5	%
Excess weight (BMI > 25, high waist girth or % fat) (1)	29	67	%
*Positive PSA	1	4	%

LUNG DISEASE CONTRIBUTING RISK FACTORS

Smoking (cigarettes)	13	30	%
*Low lung function (FEV1 <80% of predicted)	0	0	% Not tested
No regular exercise	20	47	%
Chronic bronchitis or emphysema (COPD)	2	5	%

DIABETES CONTRIBUTING RISK FACTORS

Personal history of Diabetes	2	5	%
High blood sugar (100+ fasting, 140+ non)	12	28	%
Poor weight score (score < 50 or high waist girth)	29	67	%

CIRRHOSIS OF THE LIVER CONTRIBUTING RISK FACTORS

Drinking more than recommended (more than 1-2/day)	6	14	%
--	---	----	---

OTHER KEY HEALTH PRACTICES LIFESTYLE RISKS

Stressed (<i>have trouble coping</i>)	43	21	%
Low in sleep (less than 7 hours per day)	15	35	%
*Consumes caffeine heavily (6 or more servings per day)	0	0	%

0% indicates that questions were not part of this analysis or the tests were not conducted and included in this report

OTHER KEY HEALTH PRACTICES LIFESTYLE RISKS

*Allergies	0	0	%
Asthma	0	0	%
*Blindness or trouble seeing	0	0	%
*Deafness or trouble hearing	0	0	%
*Glaucoma	0	0	%
*Macular degeneration (AMD)	0	0	%
Chronic bronchitis or emphysema (COPD)	2	5	%
Personal history of diabetes	2	5	%
Personal history of heart disease or stroke	2	5	%
Personal history of cancer	0	0	%

0% indicates that questions were not part of this analysis or the tests were not conducted and included in this report

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 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
48.5	49.1	42.6	280.7

The average person in this group may add 6.5 years to his or her life expectancy by maintaining good health practices. For the entire group of 43 people, over 280.7 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**Coronary Risk Reduction** (70% 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 a systematic program to build heart health are always important.

Weight Management (67% are above their recommended weight range)

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

Improving Fitness (63% 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 form the foundation for a good health enhancement program.

Managing Cholesterol Levels (56% 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.

Quit Smoking (35% 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.

Managing High Blood Pressure (33% 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.

Alcohol Management (14% 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.

Managing Stress (21% 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.

YOUR NEXT STEP

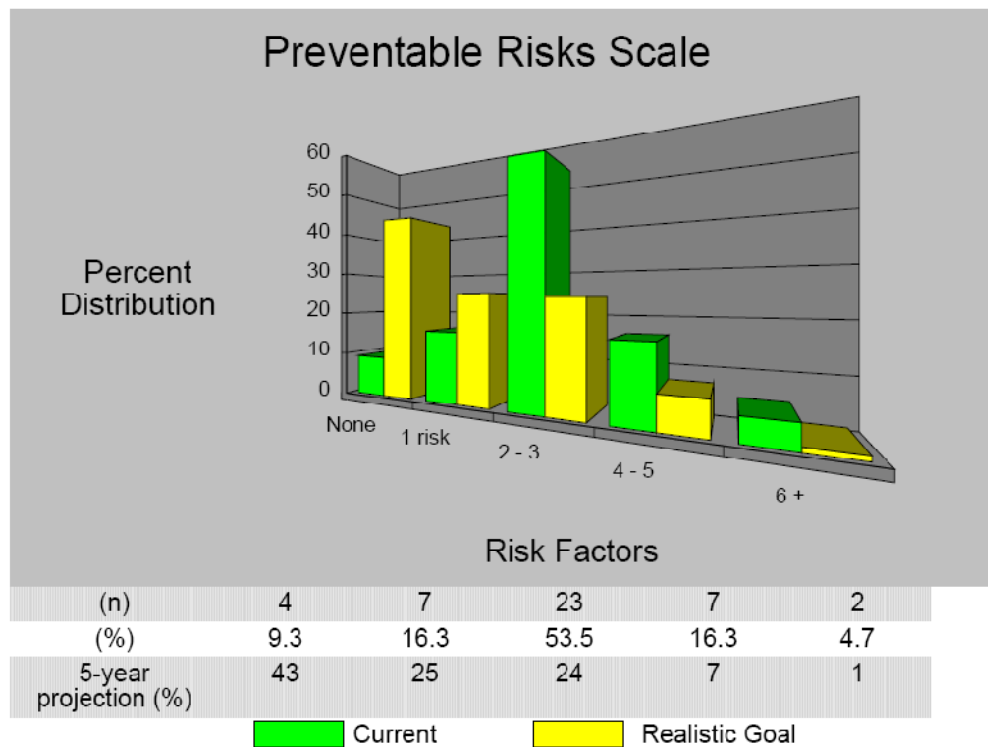
To reduce costs and enhance health, the *next step* must be taken – implementing risk-reduction actions.

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.

Self-Help	Number of People	Percent of Group
Alcohol Management	6	14 %
Managing High Blood Pressure	14	33 %
Improving Fitness	27	63 %
Living With Diabetes	2	5 %
Managing Cholesterol Levels	24	56 %
Protecting Your Heart	30	70 %
Quit Smoking	15	35 %
Senior Living	10	23 %
Weight Management	29	67 %

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 \geq 140
- Health age > 4 years over potential health age
- Cholesterol > 240
- Diastolic BP \geq 90
- Not satisfied with job
- Has COPD
- Serious health problem
- Poor health perception

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 \$4,030.67.* (A)

When your group is compared to a group with zero risk factors (average claim=\$1,385.65), your average preventable cost per person is \$2,645.02 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 = \$2,673.93). This comparison shows preventable costs per person for your group to be \$1,356.74.

Therefore, by reducing preventable risks with an effective ongoing wellness program, your group could achieve a realistic total savings of \$58,339.61 per year. ($1,356.74 \times 43 = 58,339.61$)

* 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.

Thank you for choosing Heart Screen for your recent event.

