Using Data to Enhance Employee & Organizational Health & Productivity: Leveraging Data into Strategic Action

David Chenoweth, Ph.D., FAWHP

St. Louis, Missouri
February 9, 2016
Worksite wellness over the years…

Recreational Benefits Enhancement Alcohol Abuse Treatment Safety Structured Exercise “Wellness” Programming

Horseback rides, gyms, swimming, etc. • Pullman • NCR

Hershey Foods Employee Assistance Programs Occupational Safety & Health Act


“Business Strategy”
• Quaker Oats
• Union Pacific
• Steelcase
• First Chicago Bank
• American Express

Health & Productivity Management

“Wellness” Programming
Human Capital—Perspectives Over Time

Pre-Industrial

“*My men can work harder than your men.*”

Industrial

“My machines are bigger, faster, more powerful than your machines.”

Post-Industrial

“My people are smarter, more creative, more customer service-oriented, more productive than yours.”

*Courtesy of The Benfield Group*
“If we leave the human factor out of our business calculation, we shall be wrong every time.”

William H. Lever, founder of Lever Brothers
Vision
> To have the healthiest, most productive, and satisfied employees in the industry.

Mission
> Provide employees with high quality, easily accessible, personalized opportunities to promote their health and overall wellbeing.

Strategies
> Programs
> Policies
> Incentives
The perfect storm’s….been brewin’ for a LONG time…

- Medical inflation
- Defensive medicine
- Regulatory overkill
- Litigation
- Technology
- Cost-Shifting
- Administrative inefficiencies
- Waste
- Aging population
- “Pill for every ill” mindset
- High risk factor prevalence
- Junk food marketing
- Media-generated Rx drug use
- “Patient” consumer mindset
- Lack of personal responsibility
- Low medication compliance
- Provider monopolies
- Misaligned incentives
- Greed
- Lengthy drug approval process
- Actuarial bias
- Terminal illness prohibitions
The business case has been made...since the mid-1980s...
[Lifestyle-related] Health Risks and Lost Productivity…

Productivity Loss in Relation to Health Risks

Mean percentage productivity impairment (over a 7-day period); N=2,267 (Aetna Inc., 2001)
Sick Leave Absenteeism

Strategies must address corporate health-related costs...

Lost Productivity 76%

Medical & Rx Drugs 24%

Presenteeism 62%

Absenteeism 6%

STD 6%

LTD 1%

WC 1%

Medical claims data analysis
- Break-even Analysis
- Cost-effectiveness
- Benefit Cost/ROI Analysis
- Forecasting

Source: www.shrm.org/about/foundation/products/Documents/12-14%20Evaluating%20Wellness%20EPG-Final.pdf
How can we drive PERFORMANCE without measurement and evaluation?
21st Century Challenge...

High Tech

“Technology has emerged as a cost-effective and accurate way to reach all kinds of employees.”

John Harris, M.S.
Harris HealthTrends, Inc.

High Touch

“It’s a challenge to ensure that human needs are met with human resources.”

Bill Baun, P.E.D.
MD Anderson Cancer Ctr
# Best Tools, Biggest Issues

Midmarket executives surveyed by Competitive Edge Research Reports see a lot to like about big data but still face some challenges in making the most of it.

<table>
<thead>
<tr>
<th>Percentage of executives rating the following big data tools extremely valuable</th>
<th>Percentage of executives mentioning the following among the biggest challenges in using big data and analytics tools to achieve business goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Real-time processing of data and analytics</td>
<td>Wide variety of new data types and structures</td>
</tr>
<tr>
<td>Predictive analytics</td>
<td>Inaccurate data</td>
</tr>
<tr>
<td>Data visualization to convert processed data into actionable insights</td>
<td>Understanding where in the company big data investments should be focused</td>
</tr>
<tr>
<td>Use of cloud computing to provide anytime, anywhere data and applications access at lower cost</td>
<td>Not enough trained staff to analyze the data</td>
</tr>
<tr>
<td>Data aggregation that spans multiple databases, including big data platforms such as Hadoop</td>
<td>Analytics tools are lacking and many potential users do not have access</td>
</tr>
<tr>
<td>Data dashboards (desktop self-service data integration)</td>
<td>Lack of easy-to-use, cost-effective data cleansing tools</td>
</tr>
</tbody>
</table>

Source: Competitive Edge Research Reports global survey of 300 executives at companies with 2,000 to 5,000 employees, conducted online in November 2013; margin of error: +/−5.5

Today’s Challenge - and Opportunity...

- HPM Goals
- Data Acquisition
- Data Analysis
- Strategic Priorities
- Evaluate
- Programs
- Incentives
- Policies
Developing a Data Acquisition Strategy
...customized to *YOUR worksite and wellness program*...

- Tap your data sources
- Identify readily available data
- Explore the scope of how existing data can be enhanced

**Data**
- Daily participation
- Gender utilization
- Age distribution
- Length of workout
- User satisfaction

**“Datamation”**
- Monthly
- Seasonal
- Annually

**Information**
- Participant vs non-participant
  - by type of health plan
  - by department
- “Wellness” Scoreboard
- HEDIS metrics
- HERO Scorecard
How is YOUR organization assessing health and productivity relationships?

- Employee health records
- Environmental audit
- Culture audit
- Ergonomic analysis
- Employee focus groups
- Health risk assessment
- Biometric screening
- Medical claims and costs
- Visual observation
- Workers’ comp claims and costs
- Risk factor cost calculators
- Personal [on the body] wearables
- Advanced lab {biomarker} testing
- Productivity survey (presenteeism)
- Population health dashboards
# Risk Factor Cost Calculators

<table>
<thead>
<tr>
<th>Organization</th>
<th>Risk Factor</th>
<th>Link</th>
<th>Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CDC (Centers for Disease Control &amp; Prevention)</strong></td>
<td>Chronic Diseases</td>
<td><a href="http://www.cdc.gov/chronicdisease/calculator">www.cdc.gov/chronicdisease/calculator</a></td>
<td>State-wide medical care costs; absenteeism costs tied to missed days</td>
</tr>
<tr>
<td></td>
<td>(Arthritis, Asthma,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cancer, CVD, Depression, Diabetes)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>The Robert Wood Johnson Foundation and East Carolina University</strong></td>
<td>Physical Inactivity</td>
<td><a href="http://www2.ecu.edu/hhp/picostcalc/">www2.ecu.edu/hhp/picostcalc/</a></td>
<td>Medical care, lost productivity, and workers’ comp costs</td>
</tr>
<tr>
<td><strong>National Business Group on Health</strong></td>
<td>Obesity</td>
<td><a href="http://www.healthybusinessgroup.net/cost-of-obesity.aspx">www.healthybusinessgroup.net/cost-of-obesity.aspx</a></td>
<td>Medical care and lost productivity costs</td>
</tr>
<tr>
<td><strong>Alere, Inc.</strong></td>
<td>Obesity</td>
<td><a href="http://www.alerewellbeing.com/ourservices/weight-talk/obesity-cost-calculator">www.alerewellbeing.com/ourservices/weight-talk/obesity-cost-calculator</a></td>
<td>Medical care and lost productivity costs</td>
</tr>
<tr>
<td><strong>George Washington University Medical Center</strong></td>
<td>Alcohol Abuse</td>
<td><a href="http://www.alcoholcostcalculator.org/roi">www.alcoholcostcalculator.org/roi</a></td>
<td>ER visits &amp; costs; hospital days &amp; costs; lost productivity days &amp; costs</td>
</tr>
</tbody>
</table>
In the “Show Me” state…show ‘em the latest!


<table>
<thead>
<tr>
<th>Questionnaire</th>
<th>Developer</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Worker Productivity and Activity Impairment (WPAI)</strong></td>
<td>Reilly Associates</td>
<td><a href="http://www.reillyassociates.net">www.reillyassociates.net</a></td>
</tr>
<tr>
<td><strong>Endicott Work Productivity Scale (EWPS)</strong></td>
<td>Columbia University</td>
<td><a href="mailto:je10@columbia.edu">je10@columbia.edu</a></td>
</tr>
<tr>
<td><strong>Health and Labour Questionnaire (HLQ)</strong></td>
<td>Erasmus University</td>
<td><a href="mailto:hakkaart@bmg.eur.nl">hakkaart@bmg.eur.nl</a></td>
</tr>
<tr>
<td><strong>MacArthur Health &amp; Performance Questionnaire (MHPQ)</strong></td>
<td>Harvard University Medical Center</td>
<td><a href="mailto:kessler@hcp.med.harvard.edu">kessler@hcp.med.harvard.edu</a></td>
</tr>
<tr>
<td><strong>SF 36</strong></td>
<td>Quality Metric, Inc.</td>
<td><a href="mailto:jware@qmetric.com">jware@qmetric.com</a></td>
</tr>
<tr>
<td><strong>Stanford/American Health Association Presenteeism Scale (SAHAPS)</strong></td>
<td>Stanford University &amp; American Health Association</td>
<td><a href="mailto:drkpelletier@aol.com">drkpelletier@aol.com</a></td>
</tr>
<tr>
<td><strong>Work Limitations Questionnaire (WLQ)</strong></td>
<td>Tufts University Medical Center</td>
<td><a href="mailto:wlq@tuftsmedialcenter.org">wlq@tuftsmedialcenter.org</a></td>
</tr>
</tbody>
</table>
One worksite’s low-tech approach toward productivity measurement...

- **OHN used a 3”x5” index card with simple question:**
- “Approximately how much time would you be away from work to seek health care from your personal physician, if the on-site clinic did not exist?”
- **Cards [anonymously] dropped into box outside clinic**
- **OHN tabulated group median (50th percentile)**

<table>
<thead>
<tr>
<th>Number of employee treatments</th>
<th>1,514</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated time away</td>
<td>x 2 hours (median)</td>
</tr>
<tr>
<td>Number of potential lost work hours</td>
<td>3,028</td>
</tr>
<tr>
<td>Average hourly wage</td>
<td>x $37.61</td>
</tr>
<tr>
<td>Lost productivity (averted)</td>
<td>$113,883</td>
</tr>
</tbody>
</table>

Working with vendors to secure essential data...

Wellness Programs/Services

- Biometric Screening
- Information resources
- HRA
- Wearables
- Rx Drug Manager
- Health Coaching
- Disability management
- Onsite clinic management
Choosing a biometric screening vendor

- Cost of service
- Geographic reach to serve population
- Reaching dispersed populations
- Ability to meet regulatory guidelines/laws
- Clinical standards and quality assurance
- Versatility in blood draw methods
- Availability of desired screening tests
- Staffing quality and process
- Support services
- Insurance and indemnification
- Availability of service-level guarantees
- Prior experience and references

Biometric Health Screening for Employers

Consensus Statement of the Health Enhancement Research Organization, American College of Occupational and Environmental Medicine, and Care Continuum Alliance

Employee wellness programs have grown rapidly in recent years with the interest in making an impact on employees’ health. Successful programs are delivered through comprehensive solutions that are linked to an organization’s business strategy and championed by senior leadership. Successful employee health management programs vary in the services they offer, but typically include the core components of health risk identification tools, behavior modification programs, education programs, as well as changes to the workplace environment and culture. The purpose of this Joint Consensus Statement is to provide employers and other stakeholders with information and guidance to help implement successful biometric health screening programs as part of an overall employee health management approach. It is organized into the following four sections.

Section 1: Goals and Overarching Considerations

This section covers the overarching goals and key success factors for employers considering or implementing screening programs. It is intended to get screenings in service and to help employers decide whether a screening program is appropriate and what should be the goals of the program.

Section 2: Methods and Oversight

This section is intended to help employers become aware of the various screening methods available and to determine which methods are most appropriate for the success of their program. This section also discusses regulations and standards that govern, measure, or attempt to standardize the various screening methodologies.

Section 3: Operations and Delivery

This section is intended to help employers determine the most appropriate options for implementing a screening program. It discusses the major operational considerations that drive success, while identifying the common challenges faced by employers when implementing biometric health screening programs. This section also discusses important factors to consider when exploring biometric screening options or vendors.

Section 4: Engagement and Evaluation

This section addresses approaches, including incentive programs, for the key performance indicators, as well as the major considerations for evaluating the success of a program. It is intended to help employers maximize the value and impact of their programs.

What is Biometric Screening?

Biometric screening is the measurement of physical characteristics such as height, weight, BMI, blood pressure, blood cholesterol, blood glucose, and gait analysis that can be taken at the workplace and used as part of a workplace health assessment to benchmark and evaluate changes in employees’ health status over time. Biometric health screenings are increasing in popularity and are being implemented by an increasing number of employers. Biometric health screenings can be used in addition to regular medical examinations or wellness visits with a health care provider. They are also a mechanism for diagnosing disease.

Source: Journal of Occupational & Environmental Medicine, 55, 10, 2013, 1244-1251.
Are data request and acquisition efforts making the grade?

- Valid (accurate)
- Reliable (consistent value outputs)
- Objectively measured and appraised
- Tracked over time (comparative trending)
- Sensitivity (e.g., multiple tiers/categories)
- Specificity (e.g., STD vs. LTD vs. Workers’ Comp; absenteeism vs. presenteeism)
- Tied to your wellness vision, mission, and objectives
## Requesting data from vendors…

<table>
<thead>
<tr>
<th>Dimensions</th>
<th>Type of Data</th>
<th>Scope/Specificity</th>
<th>Source</th>
<th>Format &amp; Timeframe</th>
<th>Type of Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What</strong></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Why</strong></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Where</strong></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>When</strong></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td><strong>How</strong></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Who</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td><strong>With Whom</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>
A plan of action to leverage data...

Develop a Value Proposition (vision & mission) for your wellness program or service

Identify on-site and external data sources/vendors

Decide on the scope of your data request regarding your goal: “Basic Assessment” vs. “Comprehensive Analysis”

Prepare data request tied to your goal (BA vs. CA)

Gather data; is it sufficient? If not, revise data request

Establish data-driven priorities and strategies tied to vision and mission
Variables used in wellness program evaluations...

Public School System
Columbus, Ohio

“Claims Data Analysis & HRA Metrics to Guide Wellness Program Components”

- Review ICD’s
- Tie Risk Factors to ICD’s
- Target Risk Factors

Aetna

Large Health System
In Massachusetts

“Value Impact Analysis of an Employee Wellness Program”

(Human Resources)
WebMD/Health Solutions
Health New England
WebMD
Health New England
Health New England
WebMD (WLQ)
(Human Resources)
(Human Resources)
(Inform’n Technology)
A closer look at body mass index…

Portion of All Claims Payments Potentially Tied to Inactivity and Obesity... $444,099 of $497,000 [89.3%]
Acquiring data for wellness programming…

“Our medical claims were examined to determine what percent were for diagnoses related to lifestyle so we can develop health promotion interventions that will pay off.”

– Jared Pankowski, M.S.Ed
Client Services Strategist
TargetCare, Inc.
Charlotte, NC
“Southern California Edison reviewed employee data on obesity, high blood pressure, cholesterol, smoking and diabetes. We found employees with three of these risk factors are likely to miss 2.4 more days of work annually than their peers. With that kind of information, we can easily justify a $10 month rebate on medical premiums to those employees who make an effort to manage their personal health.”

– Jill Crowell, Ph.D.
Division Manager
Southern California Edison
Data-driven program and policy recommendations…

“My team and I frequently review various types of data on workers’ comp claimants to study possible correlations that, oftentimes, provide us with an objective “profile” of key variables to use in making preventative program and policy recommendations to our municipalities.”

– Robert Haynes, CPCU
Risk Management Director
N.C. League of Municipalities
Raleigh, NC
Identifying “Best Practices” in Worksite Wellness: What Works?

Best Practice: Excellent Evaluation

- Integrated data systems
- Rigorous methods that stand up to peer review
- Measure, manage, and measure again
- Regular communication of results
- Explicit connection of results to core values

Source: Goetzel, R. et al.
Integrated Health Data Management System

“Group of health-related databases linked by software that can identify specific types of data from individual databases to determine relationships between and among the data.”

Typical Databases Found in Business & Industry

- Personnel records
- Inpatient health care claims
- Safety/accidents records
- Health promotion participation
- Chemical exposure
- Disability (workers’ comp)
- Employee Assistance Program

- Occupational exams
- Health risk appraisal data
- Employee medical records
- Demographic profiles
- Outpatient health care claims
- Productivity
Health and Work Productivity Co-relationships

Health Risks
- Inactivity
- Obesity
- H.B.P.
- Anxiety

Productivity
- Absences
- Presenteeism
- STD/LTD
- Work. Comp.

Correlations
- Utilization
- Penetration
- Success rate

Cost Containment
- Costs

Participation and compliance
Identifying Key Operational Cost Centers

Health Benefits

Health Services
- Drug Testing
- Disability Management
- Occ. Health
- Wellness

E.A.P.

Clinical & Consulting Services

WorkLife
“In our company, the IHDMS helped to identify significant inappropriate services in inpatient mental health care. Through program modification, we were able to reduce costs from $1 million in the base year to less than $400,000 four years later.”


Global Corporate Medical Director
American Express
IHDMS driving a healthy work culture...

“One of our goals for the IHDMS is to amass information that will help us know how to create a corporate culture that is “healthy.” We are developing the criteria of a healthy company from all segments of our system.”

— Bruce Dalton, M.D.
Medical Director
NorTel
Key players in Health Population Management …
Reducing musculoskeletal injuries via an INTEGRATED approach…

Pre-employment screening (OHN)

Health Plan: 1st dollar for case mgmt of OTJ injuries (Benefits)

Flexibility Enhancement and Work Hardening (Wellness)

OSHA compliant (Safety)

Ergonomic [Training]
Leverage ON-SITE data and resources to drive higher HPM performance outcomes...

- **Integrated Wellness center** (screening, exercise, fitness, massage, physical therapy, etc.)
- Wellness [medical] clinic (screening, treatment, and medical self-care)
- Quiet room (stress mgmt)
- HR/Benefits (financial wellness)
- Lactation Suites (EE & dependent health)
- Walking path (exercise, stress mgmt)
In smaller worksites…

PCL Construction – Denver, CO  
“Keys to Wellness”

- Healthy snacks in vending machines
- Fitness center subsidies
- Table tennis [“ping pong”]
- Local 5K runs
- H1N1 and flu vaccinations
- Annual on-site health screenings
- HR staff: doesn’t use “program” as this creates a perception that healthy activities are separate from the company’s normal business practices.

PROMOTING
EMPLOYEE WELL-BEING

WELLNESS STRATEGIES TO IMPROVE
HEALTH, PERFORMANCE AND THE
BOTTOM LINE

By David Chenoweth, Ph.D., FAWHP

Sponsored by
HUMANA

Source: https://www.shrm.org/about/foundation/products/documents/6-11%20promoting%20well%20being%20epg-%20final.pdf
Best Practice: Excellent Evaluation

- **Integrated data systems**
- Rigorous methods that stand up to peer review
- Measure, manage, and measure again
- Regular communication of results
- Explicit connection of results to core values

Source: Goetzel, R. et al.
Leveraging data and resources into strategic actions...

Data Collection

Communication

Incentives

Flextime

Health Plan

Policies

Culture/Environment

Wellness Program
## Strategic integration...

<table>
<thead>
<tr>
<th>Wellness Program</th>
<th>Health Plan</th>
<th>Policies</th>
<th>Culture</th>
<th>Incentives</th>
<th>Commun’s</th>
<th>Data Collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aligned with company vision</td>
<td>No cost wellness screening</td>
<td>Smoke free, drug free, safety</td>
<td>Healthy work setting, clean, safe</td>
<td>Financial and non-financial</td>
<td>Various distribution channels</td>
<td>Integration (HR/Benefits/Medical)</td>
</tr>
<tr>
<td>Visible mgmt. support</td>
<td>Waived co-pays for main. Rx drugs</td>
<td>Healthy food options</td>
<td>Accessible, attractive stairways</td>
<td>Employee focused; varied</td>
<td>Simple messages</td>
<td>Regular evaluation</td>
</tr>
<tr>
<td>Ind. &amp; small group options</td>
<td>Medical self-care</td>
<td>HIPAA, ADA, GINA, ERISA compliant</td>
<td>Healthy food options</td>
<td>Credit-based</td>
<td>Consistent theme</td>
<td>Tailored to health management goals</td>
</tr>
<tr>
<td>Low/no cost</td>
<td>On-site clinic</td>
<td>Flex-time; Telecommut’g</td>
<td>Ergonomic efficiency</td>
<td></td>
<td></td>
<td># encounters by type of ICD condition</td>
</tr>
<tr>
<td>Convenient</td>
<td></td>
<td></td>
<td>Clinic location</td>
<td></td>
<td></td>
<td>Participation Engagement</td>
</tr>
<tr>
<td>Personalized</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk/data driven</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Health status; quality of life</td>
</tr>
</tbody>
</table>
### Strategic integration (alignment)...

<table>
<thead>
<tr>
<th>Wellness Program</th>
<th>Health Plan</th>
<th>Policies</th>
<th>Culture</th>
<th>Incentives</th>
<th>Commun’s</th>
<th>Data Collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aligned with company vision</td>
<td>No cost wellness screening</td>
<td>Smoke free, drug free, safety</td>
<td>Healthy work setting, clean, safe</td>
<td>Financial and non-financial</td>
<td>Various distribution channels</td>
<td>Integration (HR/Benefits/Medical)</td>
</tr>
<tr>
<td>Visible mgmt. support</td>
<td>Waived co-pays for main. Rx drugs</td>
<td>Healthy food options</td>
<td>Accessible, attractive stairways</td>
<td>Employee focused; varied</td>
<td>Simple messages</td>
<td>Regular evaluation</td>
</tr>
<tr>
<td>Ind. &amp; small group options</td>
<td>Medical self-care</td>
<td>HIPAA, ADA, GINA, ERISA compliant</td>
<td>Healthy food options</td>
<td>Credit-based</td>
<td>Consistent theme</td>
<td>Tailored to health management goals</td>
</tr>
<tr>
<td>Low/no cost</td>
<td>On-site clinic</td>
<td>Flex-time; Telecommut’g</td>
<td>Ergonomic efficiency</td>
<td></td>
<td></td>
<td># encounters by type of ICD condition</td>
</tr>
<tr>
<td>Convenient</td>
<td></td>
<td>Clinic location</td>
<td></td>
<td></td>
<td></td>
<td>Participation Engagement</td>
</tr>
<tr>
<td>Personalized</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Health status; quality of life</td>
</tr>
<tr>
<td>Risk/data driven</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- Various distribution channels
- Integration (HR/Benefits/Medical)
- Regular evaluation
- Tailored to health management goals
- # encounters by type of ICD condition
- Participation Engagement
- Health status; quality of life
Strategic integration (alignment)…

<table>
<thead>
<tr>
<th>Wellness Program</th>
<th>Health Plan</th>
<th>Policies</th>
<th>Culture</th>
<th>Incentives</th>
<th>Commun’s</th>
<th>Data Collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aligned with company vision</td>
<td>No cost wellness screening</td>
<td>Smoke free, drug free, safety</td>
<td>Healthy work setting, clean, safe</td>
<td>Financial and non-financial</td>
<td>Various distribution channels</td>
<td>Integration (HR/Benefits/Medical)</td>
</tr>
<tr>
<td>Visible mgmt. support</td>
<td>Waived co-pays for main. Rx drugs</td>
<td>Healthy food options</td>
<td>Accessible, attractive stairways</td>
<td>Employee focused; varied</td>
<td>Simple messages</td>
<td>Regular evaluation</td>
</tr>
<tr>
<td>Ind. &amp; small group options</td>
<td>Medical self-care</td>
<td>HIPAA, ADA, GINA, ERISA compliant</td>
<td>Healthy food options</td>
<td>Credit-based</td>
<td>Consistent theme</td>
<td>Tailored to health management goals</td>
</tr>
<tr>
<td>Low/no cost options</td>
<td>On-site clinic</td>
<td>Flex-time; Telecommut’g</td>
<td>Ergonomic efficiency</td>
<td></td>
<td></td>
<td># encounters by type of ICD condition</td>
</tr>
<tr>
<td>Convenient</td>
<td></td>
<td></td>
<td>Clinic location</td>
<td></td>
<td></td>
<td>Participation Engagement</td>
</tr>
<tr>
<td>Personalized</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Health status; quality of life</td>
</tr>
<tr>
<td>Risk/data driven</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The essence of integration and alignment today...tomorrow...and the future...
Thank you!

David Chenoweth, Ph.D.
Chenoweth & Associates, Inc.
8723 Emerald Plantation Road
Emerald Isle, NC 28594
252-764-0716
dave@chеноassociates.com