Reactive to Proactive
MOVING FROM TREATING ILLNESS TO BUILDING CULTURES OF WELLNESS

BH Productivity Symposium
May 2105

Ray Fabius MD
Co-Founder
HealthNEXT
MOVING FROM TREATING ILLNESS TO BUILDING CULTURES OF WELLNESS

• Focusing on illness alone is ineffective and inefficient
  • The American Society illness burden is rising
  • We must focus upstream

• Disease management must give way to population health
  • 10% of population spends 70% of medical costs
  • Other 90% are doing nearly 100% of society’s work
  • Keeping healthy people healthy producing greater savings

• The solution is population health enveloped within a culture of health
  • Care for all across the continuum
  • Within an environment that promotes health and healthy choices

• Research and cutting edge thinking supports this approach for employers
  • Impact on productivity, turnover, talent attraction, turnover……
  • Impact on the marketplace
Focusing on illness alone is ineffective and inefficient
While the Nation Creates a Tsunami of Disease OBESITY > DIABETES
Focusing on illness alone is ineffective and inefficient

Unhealthy Lifestyles lead to chronic disease including depression

Perhaps we should focus up stream
Focusing on illness alone is ineffective and inefficient

While the Nation Creates a Tsunami of Chronic Disease

171 Million Americans with Chronic Illness by 2030
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Disease management must give way to population health
Greater Return To Keep The Well Well~ 2:1
Wellness Score & Medical Costs Over 3 Years

YEAR 1
- WELL: 18,347 (66%) Wellness Score 85.9 Mean Cost $3,822
- ILL: 9,452 (34%) Wellness Score 71.8 Mean Cost $7,728

YEAR 2
- WELL: 3,167 (82.5) Wellness Score 75.6 Mean Cost $5,675
- ILL: 2,810 (71.4) Wellness Score 82.5 Mean Cost $7,051

YEAR 3
- WELL: 18,347 (87) Wellness Score 84.1 Mean Cost $3,704
- ILL: 6,285 (80.9) Wellness Score 74.8 Mean Cost $6,812

N=27,799 Wellness Score 81.1 Mean Cost $5,150

Source Zero Trends – Dee Edington

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Disease management must give way to population health
10% of population spends 70% of medical costs BUT

Migration of Costly Cases

- The costs of health care, absence, and work impairment are mal-distributed with a few people costing a lot and most people costing very little

- Even those people who cost a lot won’t be costing a lot in the coming year

- These are realities that need to be taken into account for the effective introduction of policy, interventions, and other approaches aimed at improving health or reducing costs
Disease management must give way to population health

Key Health Informatics Tools For Identification, Comparison & Prediction

Severity Indexing

- Prioritize & categorize registry based on illness burden
  - Severe – Care Management
  - Moderate – Coordinated Care
  - Mild – Patient Education
- Achieving fairness when comparing

Predictive Modeling

- Identify patients before the onset of chronic disease or a catastrophic event
- Predict future trends
- Prove that things did not happen

![Image of severity index and predictive modeling concept]
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THE TENETS OF POPULATION HEALTH
Manages Across the Continuum
Behavioral Health Plays A Role Throughout Spectrum

Well | At Risk | Acute Illness | Chronic Illness | Catastrophic Illness

Moving the Population Toward Wellness
WHO Definition of Health

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity

Components of Wellness

Social
Physical
Emotional
Career
Intellectual
Environmental
Spiritual
POPULATION HEALTH - WELLNESS

Wellbeing by Healthways & Gallup

CAREER WELLBEING
Do you like what you do every day? With thriving Career Wellbeing, you will have something to look forward to every day and twice the odds of thriving in your life overall.

SOCIAL WELLBEING
Do you have strong relationships and love in your life? Your Social Wellbeing is strongly influenced by your closest relationships and social connections.

FINANCIAL WELLBEING
Do you think money buys happiness? Financial security has much more influence on your overall wellbeing than your income alone.

COMMUNITY WELLBEING
Do you take pride in your community? The positive outcomes of thriving Community Wellbeing might be the difference between having a good life and a great one.

PHYSICAL WELLBEING
Do you have good health and enough energy to do what you want every day? With thriving Physical Wellbeing, you will look better, feel better, and live longer.
WELLNESS

"BLUE ZONES"

Right Outlook: Without Anger & Anxiety

Move Naturally: Build into Lifestyle

Consume Wisely: No Smoking Fruits, Vegetables, Nuts

Belong: Strong Spousal Realations Community Activities Religion/Spiritual

Recommendations:

Ortho Gains

1. Drink at least six cups of water a day and, if possible, avoid getting dehydrated
2. Exercise every day
3. Don’t smoke
4. Eat mostly fruits, vegetables, whole grains, and legumes
5. Stay in the same weight range for at least a few years

Healthy Gains

1. Drink at least six cups of water a day and, if possible, avoid getting dehydrated
2. Exercise every day
3. Don’t smoke
4. Eat mostly fruits, vegetables, whole grains, and legumes
5. Stay in the same weight range for at least a few years

Add 10.5 Years

+3.8 YEARS

by optimizing your lifestyle.

Take the True Happiness™ Compass

Share your 10-Year Health Prediction on Facebook

Live Longer

Three New Times best-selling author Dan Buettner’s books on Living Longer: Better

Have a Little Faith
The Centers for Disease Control and Prevention (CDC) estimates...

- 80% of heart disease and stroke
- 80% of type 2 diabetes
- 40% of cancer

...could be prevented if only Americans were to do three things:

✓ Stop smoking
✓ Start eating healthy
✓ Get in shape
Eliminate early death due to modifiable behaviors


4 Behaviors cause nearly 40% of all deaths in the U.S. (year 2000)

Optimal Lifestyle Metric (OLM)

- Being physically active
- Not smoking
- Eating 5 fruits and vegetables each day
- Drinking alcohol in moderation
The “OLM Universe”

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- <0.5% meet zero OLM component
- 5% meets one OLM component
- 27.5% meets two OLM components
- 54% meets three OLM components
- 13% meets four OLM components

- 83.6% does not meet the diet OLM component (5 F&V daily)

N = 500,344
Data based on self-reported health assessment questions

Adherence to OLM and New Disease

*Difference in 2-year incidence of new disease between people who adhere to OLM 0 or 1 and OLM 3 or 4 (%)*

- High Blood Pressure: -15
- Cholesterol: -17
- Cancer: -24
- Back Pain: -43
- Heart Disease: -45
- Diabetes: -66

The GE trademarked prevention program

Its purpose is to help the global employee community stay well. The key numbers remind us to avoid tobacco products, eat a healthy diet, exercise regularly and maintain a normal weight.
POPULATION HEALTH – CHRONIC DISEASE
Helping the Chronically Ill Comply with Evidence Based Guidelines
Treat Behavioral Health Comorbidities - Especially Depression

Identification
- Predictive modeling
- Severity indexing

Engagement
- Trusted Clinician
- Telephonic
- Web
- Mobile

Intervention
- Education
- Referral Management
- Care Management

Impact
- Quality of Care
- Cost of Care
- Satisfaction
Behavioral Health May Complicate as much as 25% of Hospital Stays
So You Cannot Just Focus on Those with Known Behavioral Health Diagnoses
Futile Care Costs Tied To In-hospital Death
Provide Compassionate Health at End of Life

Medical and prescription costs in last year of life (proxy) by range

- 0.4%
- 11.4%
- 15.8%
- 54.4%
- 12.6%
- 5.4%

$10 to $9,999
$10,000 to $49,999
$50,000 to $99,999
$100,000 to $499,999
$500,000 to $1,000,000
$1,000,000 to $4,000,000

20,389 patient cohort from 79 Million patient Truven Health Analytics database
Total cost for these patients was over $2 billion
CATASTROPHIC ILLNESS

*Despite The Progress Of Medical Science*

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**World Death Rate Holding Steady At 100 Percent**

GENEVA, SWITZERLAND—World Health Organization officials expressed disappointment Sunday over the group’s finding that, despite the enormous efforts of doctors, rescue workers, and other medical professionals worldwide, the global death rate remains at 100 percent.

Death, a metabolic affliction causing shutdown of all life functions, has long been considered humanity’s number-one health concern. Responsible for 100 percent of all recorded fatalities worldwide, the condition has no cure.

“I was really hoping, what with all those new radiology treatments, rescue helicopters, cardiovascular-exercise machines, and what have you, that we might at least make a dent in it this year,” WHO Director General Dr. Ernst Wessel said. “Unfortunately, it would appear that the death rate remains constant, as it has since the dawn of time.”

Many suggest that the high mortality rate represents a massive failure on the part of the planet’s healthcare workers.

“The inability of doctors and scientists to address and confront this issue of death is nothing less than a scandal,” concerned parent Marcia Grella said. “Do you have any idea what a full-blown case of death looks like? I do, and believe me, it’s not pretty. In prolonged cases, total decomposition of the corpse is the re-see DEATH page 84
THE ULTIMATE GIFT OF HEALTH:
Compression Of Morbidity

The longer you stay healthy and vital, the shorter your period of morbidity before life ends.

The Goal Should Be Sudden Death in Overtime

The longer you stay healthy and vital, the shorter your period of morbidity before life ends.
WHAT’S THE POINT

INSIDIOUS PROGRESSION OF DISEASE:

SMOKING & ACUTE ILLNESS LEADS TO CHRONIC & CATASTROPHIC ILLNESS

normal → bronchitis

bronchitis → cancer

cancer → emphysema

20-Year Lag Time Between Smoking and Lung Cancer

Cigarettes Smoked Per Person Per Year

Lung Cancer Deaths (Per 100,000 People)

Cigarette Consumption (men)

Lung Cancer (men)

Year

1900 1920 1940 1960 1980
WHAT’S THE POINT
INSIDIOUS PROGRESSION OF DISEASE:
ANXIOUS & STRESSED, Leads to Chronic and Catastrophic Illness

normal stress  →  burnout  →  Suicidal

↓  depressed

The Stress Response Curve

Level of Productivity

Level of Stress

Not Enough Stress Unmotivated  Optimal Stress Eustress  Too Much Stress Distress
WHAT’S THE POINT
INSIDIOUS PROGRESSION OF DISEASE:
Alcohol Consumption in Excess leads to Chronic and Catastrophic Illness

Occasion Consumption ➔ Binge drinking ➔ Alcoholism ➔ Cirrhosis
POPULATION HEALTH

Leveraging the Knowledge of Prevention
Starting With Cultural Imperatives

Primordial Prevention
- *Culture Imperatives*
- Clean Water
- Healthy Food

Primary Prevention
- Lifestyle Change
- Immunizations
- Seat Belts

Secondary Prevention
- Screenings
- Cancer
- Blood Pressure
- Cholesterol

Tertiary Prevention
- Compliance with Care
- Disease Management
THE PROMISE AHEAD

Building Cultures of Health

The evaluation of the appropriateness, medical need and efficiency of healthcare services.

A system of coordinated healthcare interventions and communications for populations with conditions in which patient self-care efforts are significant.

The health outcomes of a group of individuals, including the distribution of such outcomes within the group.

Reducing or eliminating health and injury & their risks enhances the performance of a workforce.

GAME CHANGER

Utilization Management Disease Management Population Health Health & Productivity Culture of Health

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TENETS OF A CULTURE OF HEALTH – Becoming a Science
Roadmap for Improving the Health of Your Employees & Organization

1. Embrace a vision for health
2. Senior Management Commitment
3. Policies & Environment
4. Measurement, Data, & Analytics
5. Programs & Goals
6. Evidence Based Benefit Design
7. Population Health
8. Model Against Benchmark Companies

www.ihpm.org/pdf/EmployerHealthAssetManagementRoadmap.pdf
• HealthNEXT is the emerging leader in building corporate cultures of health. By doing so our clients achieve flat health care costs and improving health of their workforce.

• We developed our proprietary methodology by studying benchmark companies who have accomplished a culture of health over the last 5 years.

• We have identified 221 elements in 10 categories that can contribute to building a culture of health. HealthNEXT can conduct assessments of organizations to identify gaps from benchmark and develop three year strategic plans for companies to reach best practice.
A HEALTH RISK ASSESSMENT FOR AN ORGANIZATION
221 Elements in 10 Categories - How Would Your Company Measure Up?

For Illustrative Purposes Only

### People & Management Support

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### Health & Wellness Activities

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### Proprietary & Confidential

33
WHAT DOES A CULTURE OF HEALTH LOOK LIKE?

Culture of Health

Health Advocate
- Provide Direction
- Get the Care You Need
- Coaching & Outreach

Health Plan Design

Environmental Design

Behavioral Health
- Work/Family
- Work Life Plus

Health Portal
- Stay healthy
- Health information
- Make informed choices

Health Risk Assessment
- Assess and track health behaviors
- Maintain health
- Address health risks

Fitness Centers
- Low risk maintenance
- High risk reduction

Wellness Programs
- Active expansion
- Retiree communications/awareness program

On-site /Near Site Medical
- Employee education pilot
- Injury and medical management
- Episodic Illness
- Primary Care

Disease Management
- High Acuity (identified high cost disease)
- Low Acuity (identified lower cost disease; lifestyle behavior focus)

Case Management
- Catastrophic care
- Disability Management

Absence Management
- STD, LTD
- Workers' Compensation
- Scattered Absence

Modified from a slide presented by Dee Edington at IHPM
# Buck Global Mental Well-being Survey

## Elements of a Culture of Health

### All respondents

<table>
<thead>
<tr>
<th>Program/Activity</th>
<th>Offer today</th>
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<th>Not offer to offer</th>
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</thead>
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<tr>
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<tr>
<td>Other (please specify)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Personal lifestyle management coaching</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Resilience building programs</td>
<td>16%</td>
<td>22%</td>
<td>62%</td>
</tr>
<tr>
<td>Vitality or energy management programs</td>
<td>25%</td>
<td>27%</td>
<td>51%</td>
</tr>
<tr>
<td>Concierge services</td>
<td>17%</td>
<td>9%</td>
<td>74%</td>
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<tr>
<td>Elder care</td>
<td>5%</td>
<td>6%</td>
<td>89%</td>
</tr>
<tr>
<td>On-site child care</td>
<td>15%</td>
<td>5%</td>
<td>80%</td>
</tr>
<tr>
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### United States

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<tr>
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<td>89%</td>
<td>11%</td>
<td>8%</td>
</tr>
<tr>
<td>Physical activity programs</td>
<td>40%</td>
<td>30%</td>
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Buck Global Mental Well-being Survey

Each Country Emphasizes Something Different

Resiliency Programs Emerging in US

<table>
<thead>
<tr>
<th>Top programs promoting mental well-being (focused on the individual employee)</th>
<th>Brazil</th>
<th>Singapore</th>
<th>United Kingdom</th>
<th>United States</th>
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<tbody>
<tr>
<td>Physical activity programs</td>
<td>3</td>
<td>1</td>
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<td>Leadership training (focusing on the individual)</td>
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<tr>
<td>Employee assistance program (EAP)</td>
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<td>10</td>
<td>2</td>
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<tr>
<td>Guidance on effective communication styles</td>
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<td>Health care advocacy services</td>
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<td>9</td>
<td>6</td>
<td>11</td>
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<td>5</td>
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<td>3</td>
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<td>6</td>
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<tr>
<td>Yoga/meditation/relaxation/mindfulness programs</td>
<td>13</td>
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Buck Global Mental Well-being Survey

Tracking & Reporting

All respondents

What indicators/metrics do you use to track mental well-being of employees (please mark all that you use)?
Are any of these shared with senior leadership in a “dashboard” or other regular report?

- Employee engagement survey
- Retention/hiring
- Health risk appraisal scores
- EAP reporting
- Absence with unspecified cause
- Sick leave due to mental illness
- Disability due to mental illness
- 360-degree feedback
- Employees with no sick leave
- Best Places to Work ranking or award
- Mental health screening
- Mental well-being score
- Presenteeism

United States

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MOVING FROM TREATING ILLNESS TO BUILDING CULTURES OF WELLNESS

• Focusing on illness alone is ineffective and inefficient
  • The American Society illness burden is rising
  • We must focus upstream

• Disease management must give way to population health
  • 10% of population spends 70% of medical costs
  • Other 90% are doing nearly 100% of society’s work
  • Keeping healthy people healthy producing greater savings

• The solution is population health enveloped within a culture of health
  • Care for all across the continuum
  • Within an environment that promotes health and healthy choices

• Research and cutting edge thinking supports this approach for employers
  • Impact on productivity, turnover, talent attraction, turnover......
  • Impact on the marketplace
Employee Performance

Unilever Lamplighter Research

Score

Health 72.4

Top Performer

Middle Performer 67.5

Bottom Performer 66.9

Proprietary & Confidential All Rights Reserved
CULTURES OF HEALTH – WHY EMPLOYERS SHOULD DO THIS

The Impact Of Poor Health To Employers

Continuum Of Employee Performance Outcomes

For Every Dollar Spent on Health Care
There Are $3 Lost in Productivity

- Medical Care
- Pharmaceutical costs
- Absenteeism
- Short-term Disability
- Long-term Disability
- Presenteeism
- Overtime
- Turnover
- Temporary Staffing
- Administrative Costs
- Replacement Training
- Off-Site Travel for Care
- Customer Dissatisfaction
- Variable Product Quality

Lost to the workforce

unscheduled breaks
unfocused time
health exams on work time
information gathering

Not at work

permanent disability
early retirement due to health issues
premature death
spousal illness

Not doing work on work time

unscheduled absence
disability workers’ comp
replacement workers

Not doing well while working

errors
complaints
delays
team breakdown

Proprietary & Confidential
The term mental health is commonly used in reference to mental illness. However, knowledge in the field has progressed to a level that appropriately differentiates the two. Although mental health and mental illness are related, they represent different psychological states.

Mental health is “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.” It is estimated that only about 17% of U.S. adults are considered to be in a state of optimal mental health. There is emerging evidence that positive mental health is associated with improved health outcomes.

Mental illness is defined as “collectively all diagnosable mental disorders” or “health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning.” Depression is the most common type of mental illness, affecting more than 26% of the U.S. adult population. It has been estimated that by the year 2020, depression will be the second leading cause of disability throughout the world, trailing only ischemic heart disease.

Evidence has shown that mental disorders, especially depressive disorders, are strongly related to the occurrence, successful treatment, and course of many chronic diseases including diabetes, cancer, cardiovascular disease, asthma, and obesity and many risk behaviors for chronic disease; such as, physical inactivity, smoking, excessive drinking, and insufficient sleep.

Mental Health Indicators

In the health care and public health arena, more emphasis and resources have been devoted to screening, diagnosis, and treatment of mental illness than mental health. Little has been done to protect the mental health of those free of mental illness. Researchers suggest that there are indicators of mental health, representing three domains. These include the following:

- Emotional well-being
  - such as perceived life satisfaction, happiness, cheerfulness, peacefulness.

- Psychological well-being
  - such as self-acceptance, personal growth including openness to new experiences, optimism, hopefulness, purpose in life, control of one’s environment, spirituality, self-direction, and positive relationships.

- Social well-being
  - social acceptance, beliefs in the potential of people and society as a whole, personal self-worth and usefulness to society, sense of community
NBGH View

Value of a Culture of Health

- Health care costs
- Disability costs
- Workers' Comp. costs

- Workforce Health & Safety

- Productivity & Performance
  - Absenteeism
  - Presenteeism
  - Performance

- Employer of Choice
  - Turnover
  - Recruitment
  - Workforce engagement
THE NEW BENCHMARK: **BENDING THE CURVE**
Us Healthcare Cost Trends vs. Truven Health Analytics Clients

**High Performer Net Cost Trends 2005 - 2010 Adjusted For Consumer Price Index (CPI-U) Inflation**

<table>
<thead>
<tr>
<th>TRUVEN HEALTH ANALYTICS High Performers Clients</th>
<th>Eight employers, with self funded plans, spanning multiple industries who also utilize TRUVEN HEALTH ANALYTICS decision support and analytic consulting services. These clients consistently outperformed net pay trend rates for the broader 53 client group each year and cumulatively from 2005 – 2010. As a group, they have consistently made innovative use of healthcare data to support all aspects of population health, productivity and plan management.</th>
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</thead>
<tbody>
<tr>
<td>MarketScan</td>
<td>A group of over 50 TRUVEN HEALTH ANALYTICS clients with 5 million members covered in self funded plans that contributed to MarketScan continuously since 2005.</td>
</tr>
<tr>
<td>2010 Mercer National Survey</td>
<td>A comprehensive survey of 2,836 US employers. Reflecting the average reported healthcare trend rates across group size, geographic region and industry type.</td>
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Benchmark Companies: Outperform
Selected Employers Who Are Focus On A Culture Of Health Provide Better Returns

Marketplace rewards companies who achieve cultures of health:

• For every $1 invested in the DJIA and S&P 500, our (I-trax) client portfolio yielded at least double the growth to THEIR shareholders in less than 3 years

• A portfolio of Corporate Health Achievement Award winners outperformed the market over nearly two decades *JOEM September 2013*

• A portfolio of the top 30 Culture of Health companies using the HealthNEXT metric system has outperformed the market since 2000
3 More Studies JUST PUBLISHED

Marketplace rewards companies who achieve cultures of health

- Health Enhancement Resource Organization
  High Scoring Companies

- Health Project Award Winning Companies

- CHAA Award winning companies
How Can We Apply This Research to Our Collaboration?

*By Combining and Applying the Insights of Each*

**HERO Key Categories**
- strategic planning
- leadership engagement
- program management
- program comprehensiveness
- engagement methods
- measurement & evaluation

**KOOP Requirements**
- Reduce health services need
- Share health promotion targets
- Prove health care / productivity cost reductions
- Must be objective & verifiable
- Achieved through health status improvement and risk reduction of the workforce / covered lives

**ACOEM Standards**
- Organizational Structure
- Health Informatics
- Quality Improvement
- Leadership / Management
- Health Promotion
- Absence Management
- Disability Management
- Health & Productivity
- Health Benefits Design
- Occupational Health
- Traveler Medicine
- Mental Health
- Substance Abuse
- Hazard Abatement
- Emergency Preparedness

**HERO Key Elements**
- Integrated their programs
- Performed health assessments
- Targeted lifestyle modification
- Provided chronic care support
- Educated employees on health consumerism
- Collected data
- Analyzed for effectiveness
Research Conclusion

A preponderance of mounting evidence that cultures of health provide a competitive advantage

“Though correlation is not the same as causation, the results consistently and significantly suggest that companies focusing on the health and safety of their workforce are yielding greater value for their investors as well. More research needs to be done to better understand the value of building these “cultures of health” in the workplace. Perhaps such efforts as this simply identify “smart” companies that out-perform. But the evidence appears to be building that healthy workforces provide a competitive advantage in ways that benefit their investors.”
• Focusing on illness alone is ineffective and inefficient
• Traditional disease management must give way to population health
• Population health must be enveloped in a culture of health
• A culture of health is good business
Contact Ray Fabius MD  
Physician Advisor GPBCH  
2014 Global Leadership in Corporate Health Award Recipient  

• Co-Founder of HealthNEXT  
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• Consulting  
  • [Ray.fabius@ab3health.com](mailto:Ray.fabius@ab3health.com)  
• Cell  
  • 610-322-2565  
• Website  
• Twitter  
  • #rayfabiusmd