

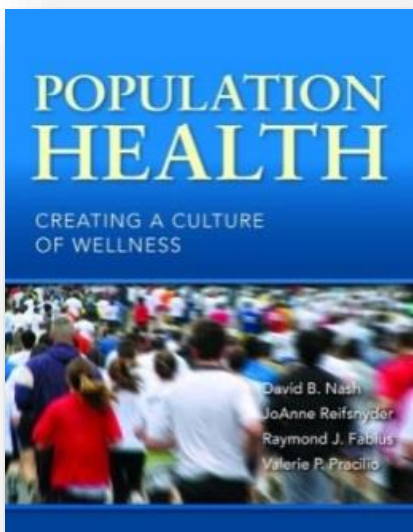


**Ray Fabius MD**  
Co-Founder  
**HealthNEXT**  
March 2015  
St Louis MO

# HEALTH LITERACY IN THE MEDICAL COMMUNITY: REFRAMING HEALTH FROM HEALING ILLNESS TO SUSTAINING WELLNESS



**Healthy Behavior: Literacy and Activation the Gateway to the Future of Health**  
March 24 - 26, 2015 | Hyatt Regency St. Louis at the Arch, St. Louis, MO



# MOVING FROM TREATING ILLNESS TO BUILDING CULTURES OF HEALTH

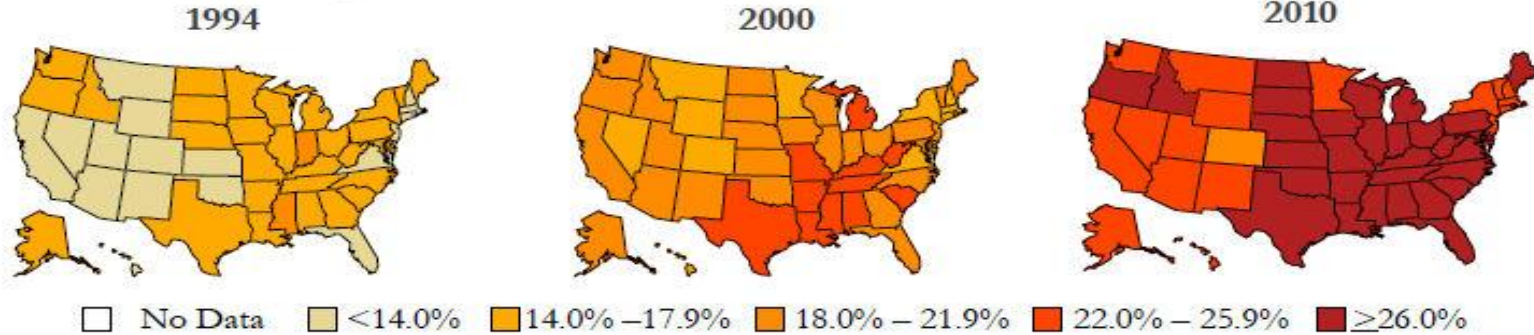
- Focusing on illness alone is ineffective and inefficient
  - The American Society illness burden is rising
- Traditional disease management must give way to population health
  - 10% of population spends 70% of medical costs
  - Other 90% are doing nearly 100% of society's work
- Explain the concepts of population health and a culture of health
  - Care for all across the continuum
  - Envelop all with an environment that promotes health and healthy choices
- Present cutting edge thinking on its merit and potential impact
  - Impact on productivity
  - Impact on the marketplace

# OUR FOCUS ON DISEASE

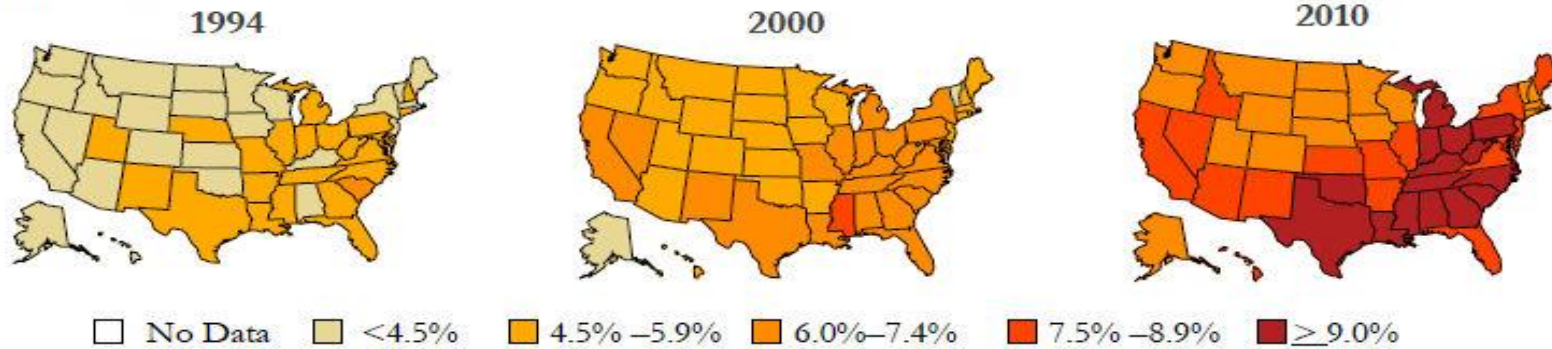
*While the Nation Creates a Tsunami of Illness*

## Age-Adjusted Prevalence of Obesity and Diagnosed Diabetes Among U.S. Adults Aged 18 years or older

### Obesity (BMI $\geq 30$ kg/m<sup>2</sup>)



### Diabetes

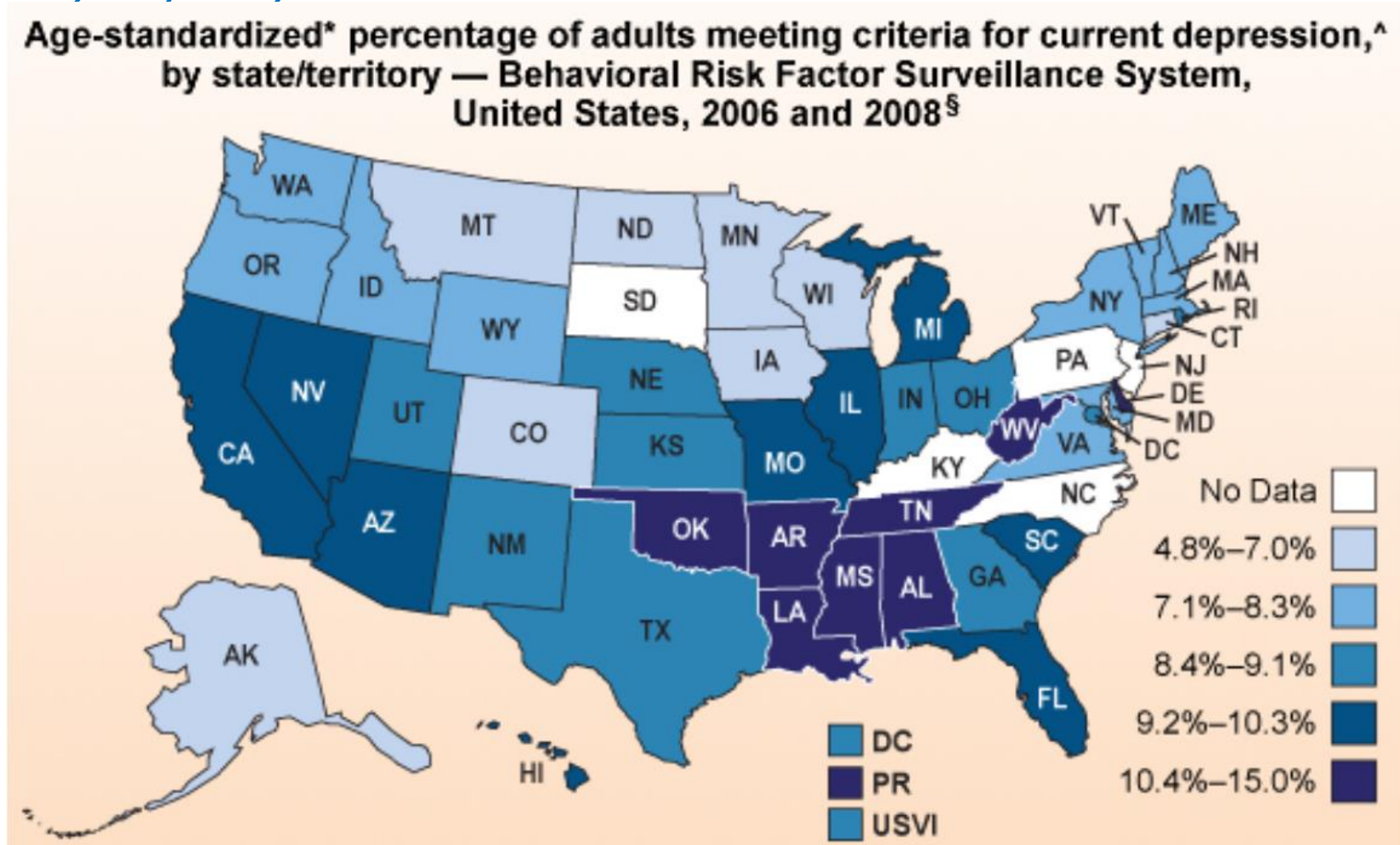


CDC's Division of Diabetes Translation. National Diabetes Surveillance System  
available at <http://www.cdc.gov/diabetes/statistics>



# CORRELATION TO BEHAVIORAL HEALTH: DEPRESSION

*Unhealthy Lifestyles lead to chronic disease*



Perhaps we should focus up stream

# POPULATION HEALTH

*Manages Across the Continuum*

*How Does Behavioral Health Fit In?*



Well



At Risk



Acute Illness

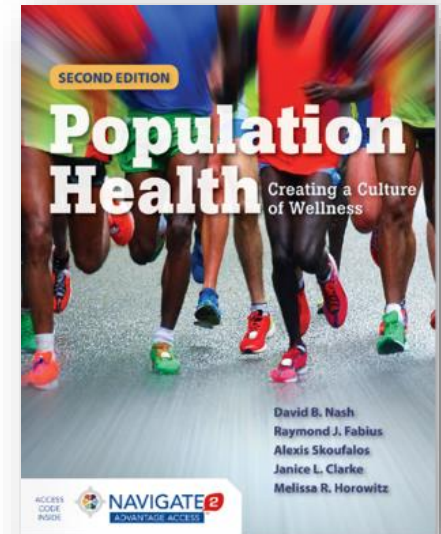
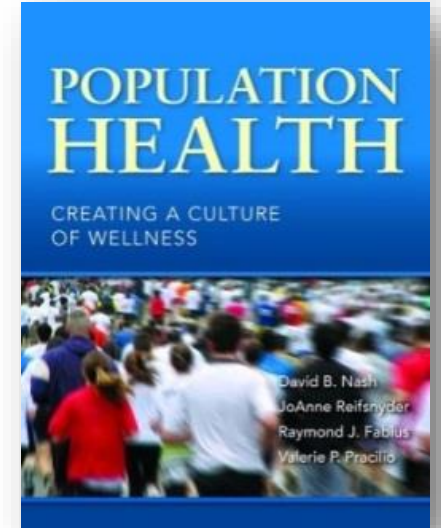


Chronic  
Illness



Catastrophic  
Illness

Moving the Population Toward Wellness



# POPULATION HEALTH - WELLNESS

*Not Just the Absence of Illness*

*Significant Behavioral Health Focus*

## 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

**S**ocial

**P**hysical

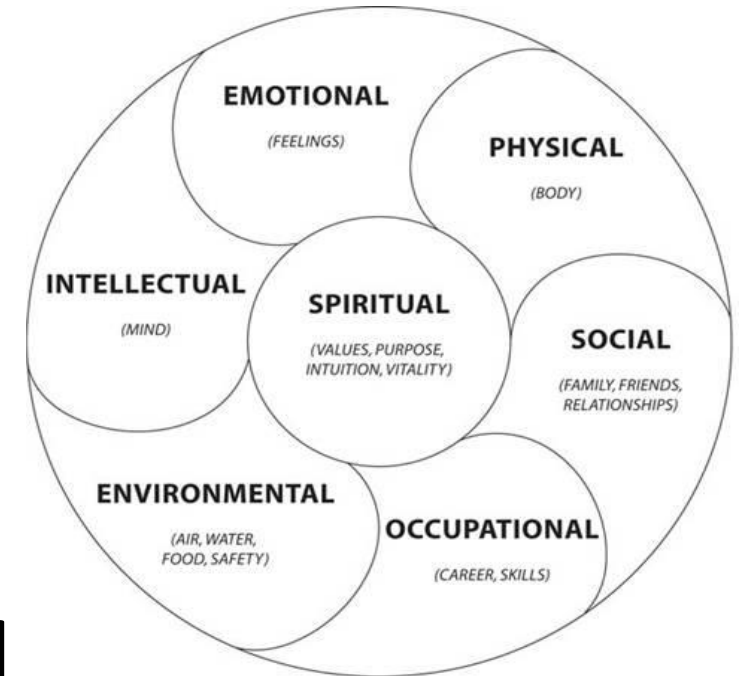
**E**motional

**C**areer

**I**ntellectual

**E**nvironmental

**S**piritual

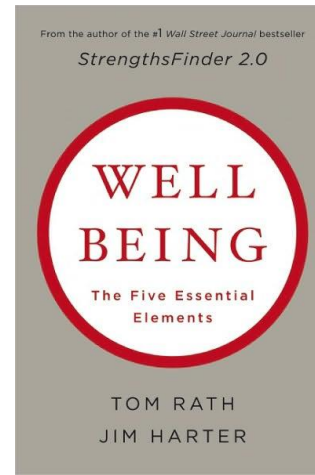


Source: <http://www.undstudenthealth.com>

Swenson, John A., M.D.

# WELLBEING

## *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.



### 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.



### 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.



# WELLNESS

## “BLUE ZONES”



**Right Outlook:**  
Without Anger &  
Anxiety



**Move Naturally:**  
Build into Lifestyle



**Consume Wisely:**  
No Smoking  
Fruits, Vegetables, Nuts



**Belong:**  
Strong Spousal Realties  
Community Activities  
Religion/Spiritual

**BLUE ZONES**

**Right Outlook** **Move Naturally** **Eat Wisely** **Belong**

Metric	Value
Your Biological Age Your body's age given your habits	48.3 YEARS
Your Life Expectancy You are expected to live until the age of	93.9 YEARS
Your Healthy Life Expectancy Years free of cancer, heart disease & diabetes	82.8 YEARS
Your Accrued Years Due to your life habits, your life has accrued	14.3 YEARS

**You could add...**  
**+3.8 YEARS**  
by optimizing your lifestyle. Read the recommendations on this page to get started.

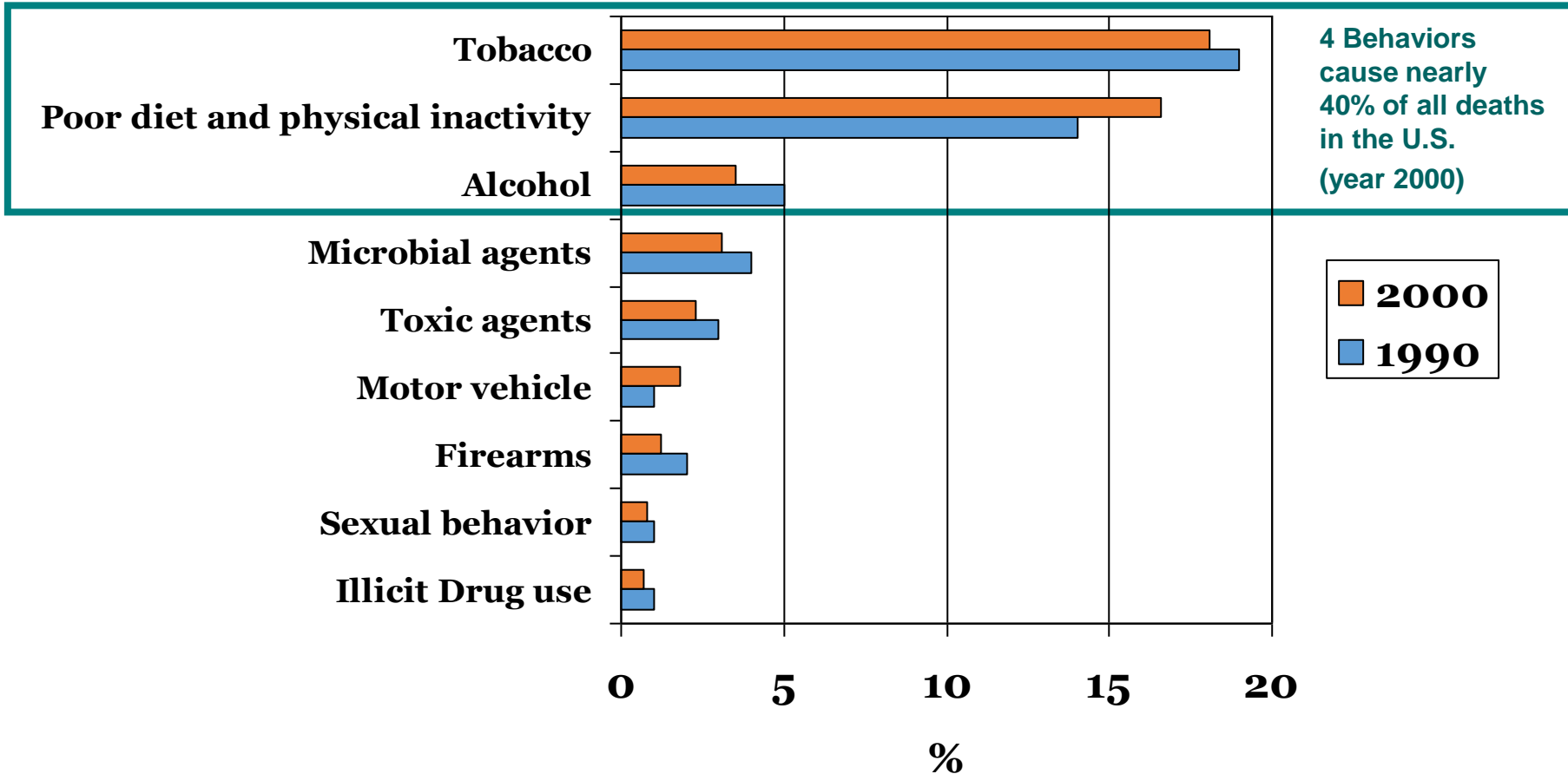
**Recommendations:**

- Get a Good Night's Sleep**  
Tip 1: Say no to a nightcap as a sleep aid. If trouble falling asleep occurs with any frequency, be sure to evaluate your alcohol consumption. Alcohol affects your body's natural rhythms and can influence your body's ability to get to sleep naturally.  
Tip 2: It is smart to get some sleep! A psychological studying college students and their sleep habits found that sleep deprivation from staying up all night lowered academic performance. Those who lacked enough sleep had slower reaction times and tended to make more mistakes.
- Whole Grains**  
Tip 1: Studies have shown that whole grains appear to protect cardiovascular health and guard against some cancers. Whole grains also have another benefit: They help keep you regular, unlike their more refined cousins.  
Tip 2: The next time you are at the store, pick a whole grain that starts with a G: barley, buckwheat and bulgur (cracked wheat) are excellent sources of whole grain healthiness.
- Raise a Glass**  
Tip 1: Next time you have a drink, raise a toast to your heart health. Scientific studies have shown that drinking a moderate amount of alcohol (generally, no more than two drinks a day for men and one drink a day for women) conveys about a 20 percent lower risk of cardiovascular disease.  
Tip 2: Pass the bubbly. While studies have shown red wines rich in antioxidant phytochemicals called polyphenols provide a positive anti-inflammatory effect, a recent study showed that sparkling wine also seemed to provide some anti-inflammatory benefit. The scientists theorized that while not as rich in polyphenols as red wine, sparkling wine still has helpful polyphenols.
- Have a Little Faith**

**Take** the True Happiness™ Compass >  
**Share** your Life Expectancy on Facebook or Twitter >  
**Live Longer** Order New York Times Bestselling author Dan Buettner's books on Living Longer, Better. >

# POPULATION HEALTH - REDUCING HEALTH RISKS

*Eliminate early death due to modifiable behaviors*



Source: Mokdad, A.H. JAMA 2004;291;1238-1245 [Errata, JAMA 2005;293:293-294].

Proprietary & Confidential  
All Rights Reserved

# POPULATION HEALTH - REDUCING HEALTH RISKS

## *Eliminate disease due to modifiable behaviors*

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 four things:

- ✓ Stop smoking
- ✓ Start eating healthy
- ✓ Get in shape
- ✓ Drink alcohol in moderation



Why does behavioral health focus on drugs and alcohol?

# Optimal Lifestyle Metric (OLM)



- Being physically active



- Not smoking



- Eating 5 fruits and vegetables each day



- Drinking alcohol in moderation

# The “OLM Universe”

Diet OLM Flag	Tobacco OLM Flag	Alcohol OLM Flag	Physical Activity OLM Flag	Number (%)
0	0	0	0	1288 (0.26%)
0	0	0	1	2363 (0.47%)
0	0	1	0	20667 (4.13%)
0	0	1	1	39918 (7.98%)
0	1	0	0	2073 (0.41%)
0	1	0	1	5783 (1.16%)
0	1	1	0	90656 (18.1%)
0	1	1	1	255344 (51.0%)
1	0	0	0	40 (0.01%)
1	0	0	1	205 (0.04%)
1	0	1	0	661 (0.13%)
1	0	1	1	4071 (0.81%)
1	1	0	0	189 (0.04%)
1	1	0	1	1386 (0.28%)
1	1	1	0	10674 (2.13%)
1	1	1	1	65026 (13.0%)

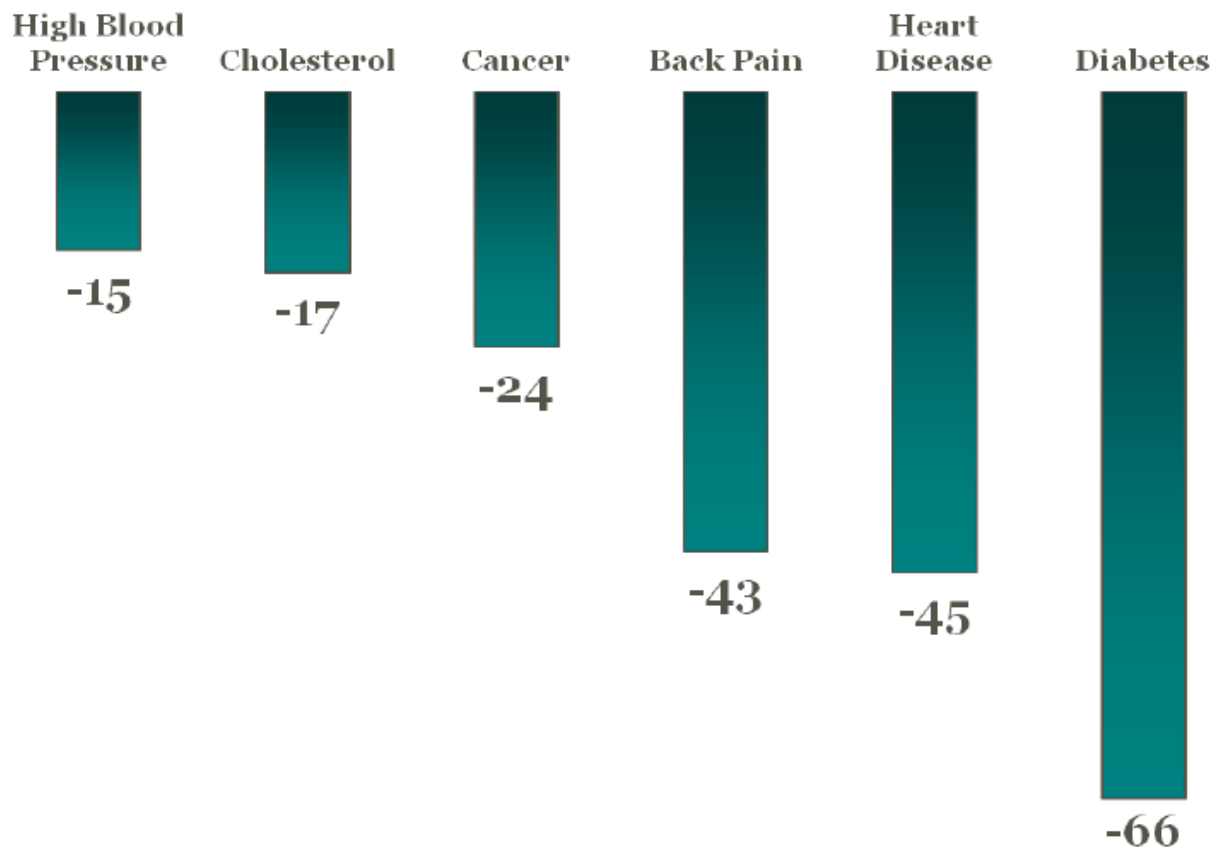
- <0.5% meet **zero** OLM component
  - 5% meets **one** OLM component
  - 27.5% meets **two** OLM components
  - 54% meets **three** OLM components
  - 13% meets **four** OLM components
- 
- 83.6% does **not** meet the diet OLM component (5 F&V daily)

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 (%)*



Source: Pronk NP, et al. Pop Health Manage 2010;13:289-295.

# Health by Numbers

051025

The GE trademarked prevention program

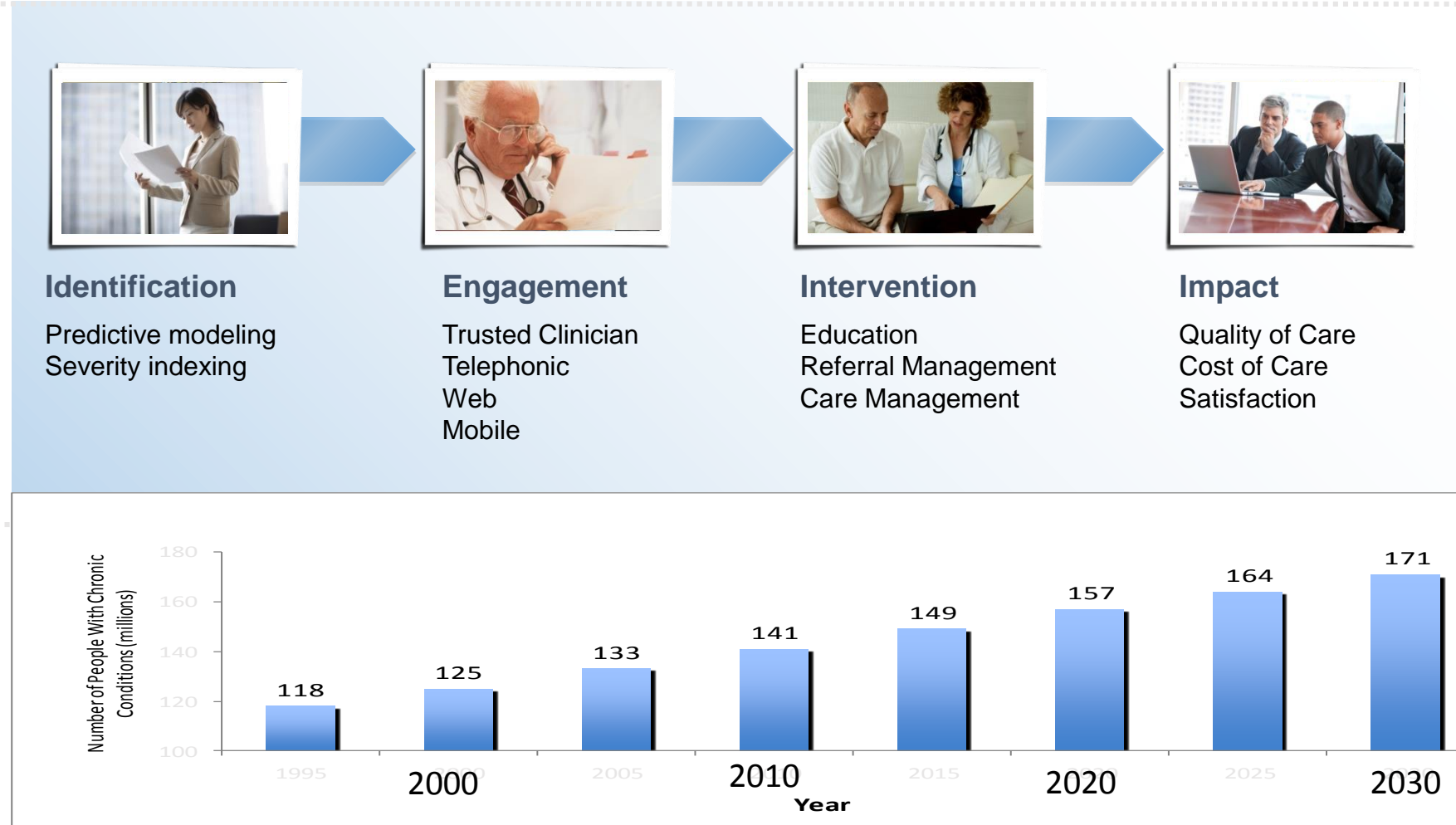
Its purpose is to help the global employee community stay well.

The key numbers remind us to avoid tobacco products, eat a healthy diet, exercise regularly and maintain a normal weight.



# POPULATION HEALTH – CHRONIC DISEASE

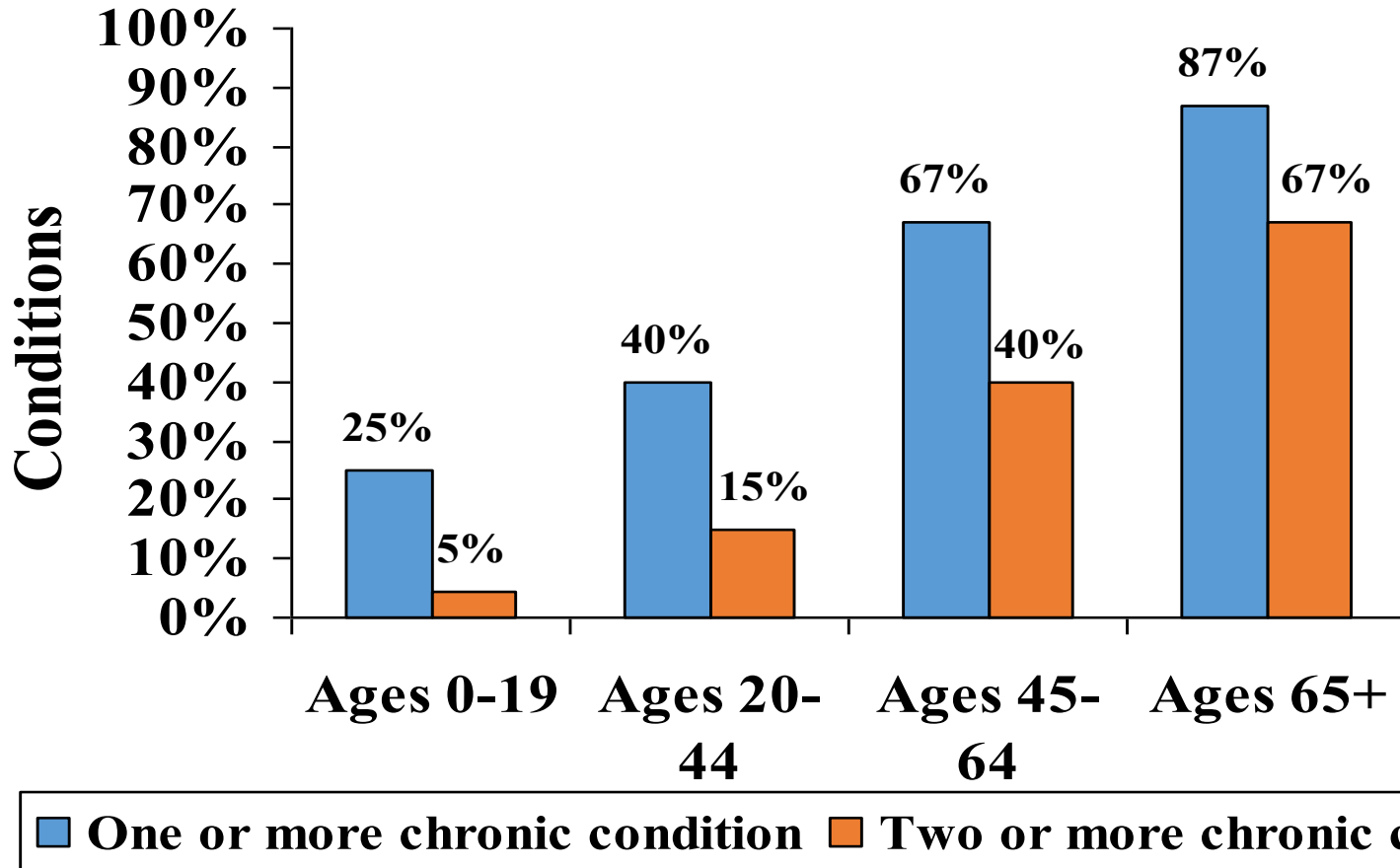
*Helping the Chronically Ill Comply with Evidence Based Guidelines  
Treat Behavioral Health Comorbidities - Especially Depression*



# Aging of America Makes This Important

## *More Likely to Have Multiple Chronic Conditions*

Percent of Population With Chronic



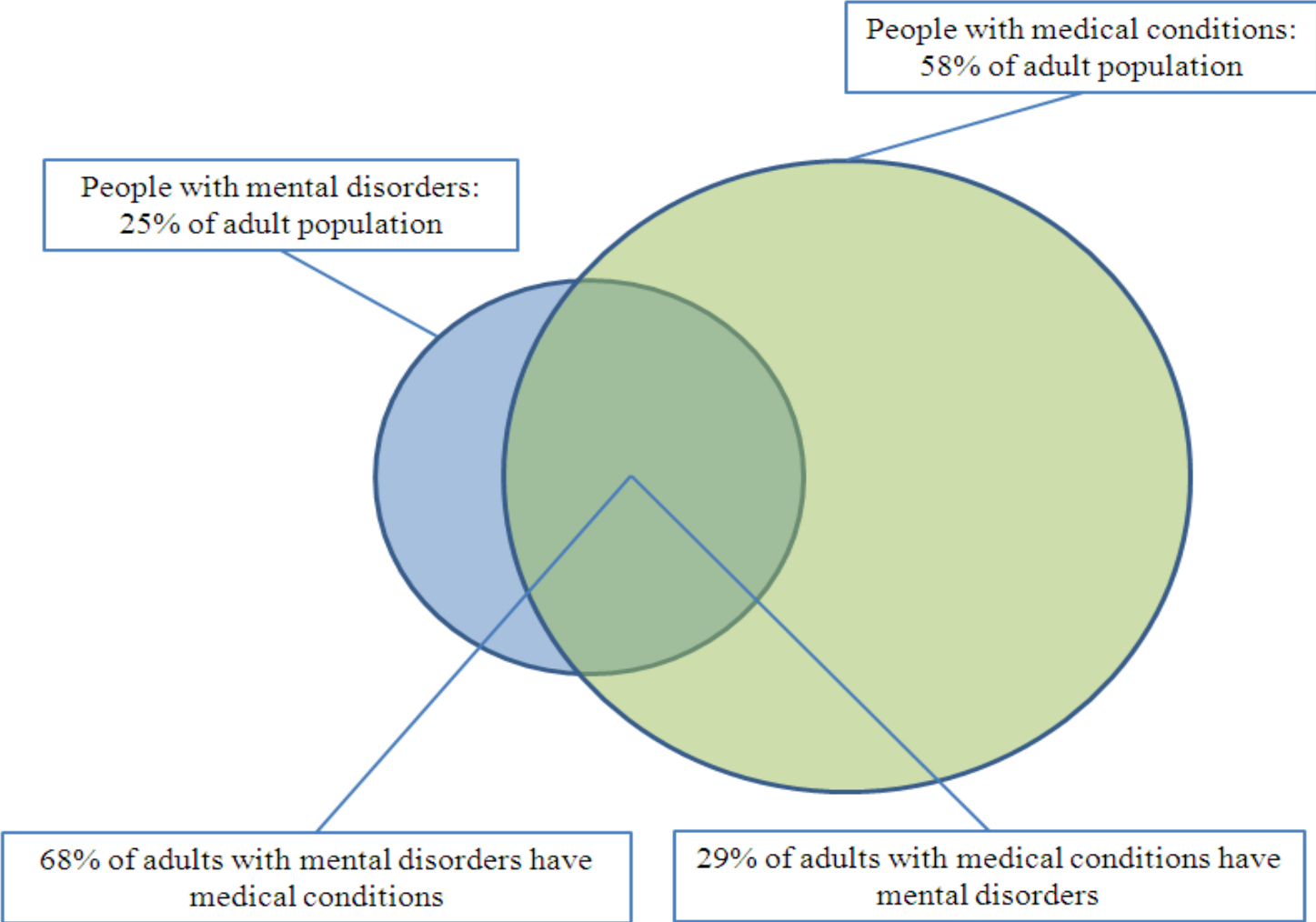
Proprietary & Confidential  
All Rights Reserved

Johns Hopkins University, Partnership for Solutions

Source: Medical Expenditure Panel Survey, 2001

# POPULATION HEALTH – CHRONIC DISEASE

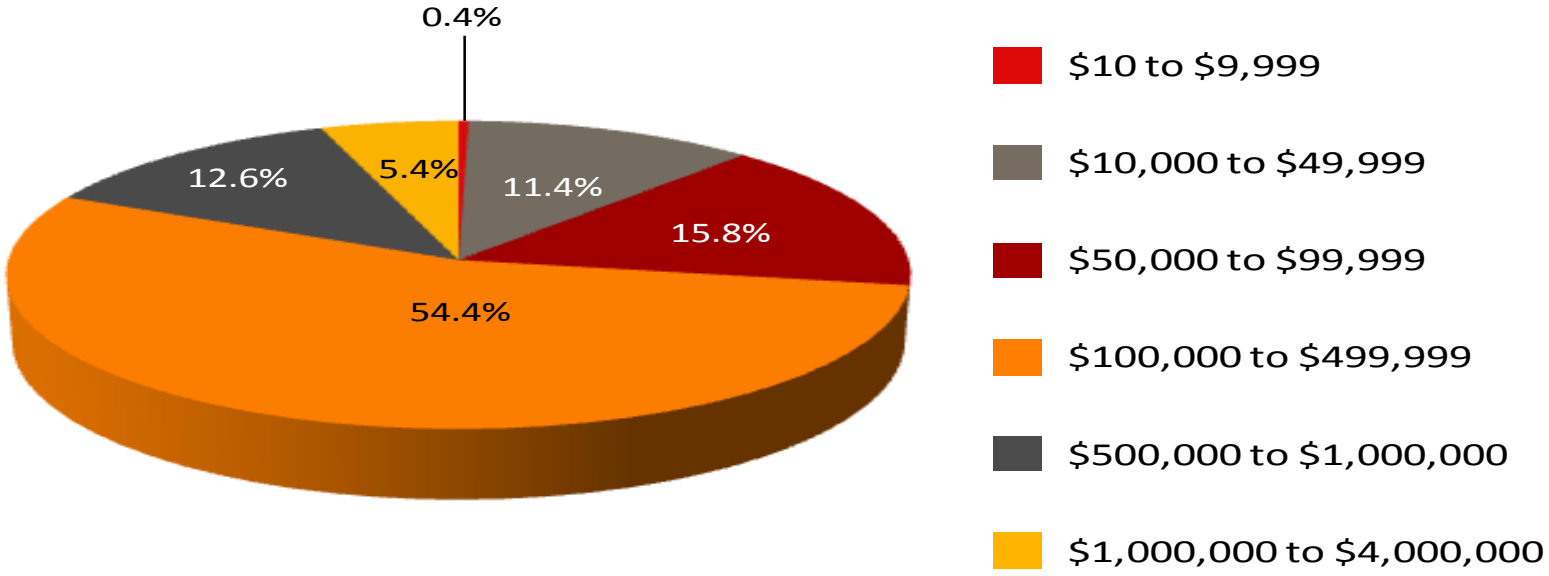
*Behavioral Health May Complicate as much as 25% of Hospital Stays  
So You Cannot Just Focus on Those with Known Behavioral Health Diagnoses*



# POPULATION HEALTH – ADDRESS CATASTROPHIC ILLNESS

*Futile Care Costs Tied To In-hospital Death*

*Provide Compassionate Care at End of Life – Behavioral Health Opportunity*



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

**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*

### 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."

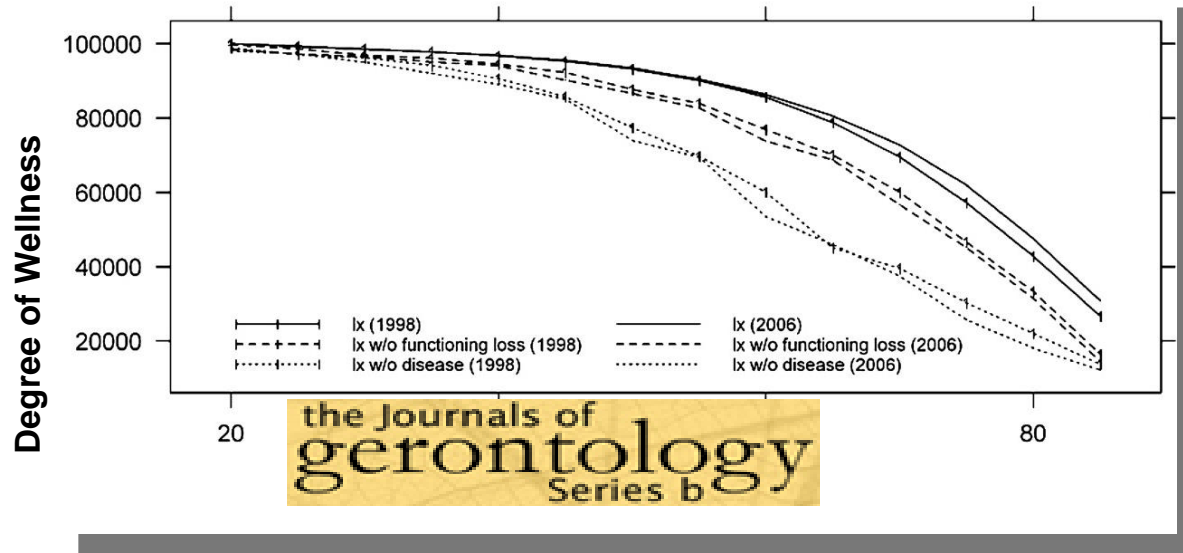
Many suggest that the high mortali-

ty 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 Author 2010. Published by Oxford University Press on behalf of The Gerontological Society of America. All rights reserved.

Crimmins E M , Beltrán-Sánchez H J Gerontol B Psychol Sci Soc Sci 2011;66B:75-86



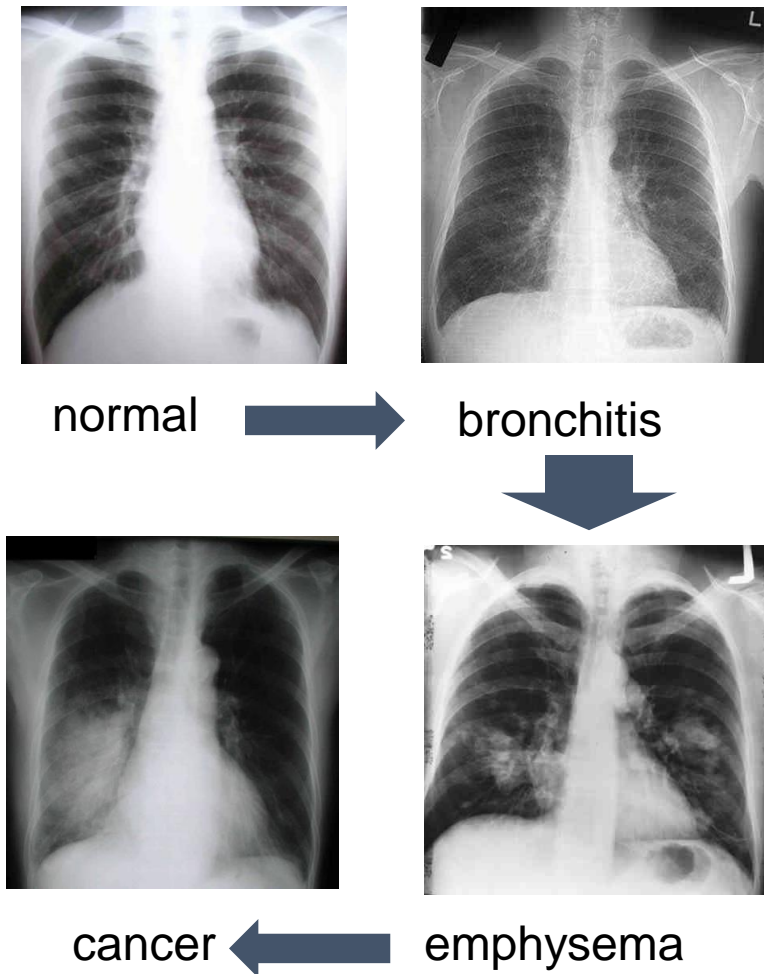
***The Goal Should Be Sudden  
Death in Overtime***

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

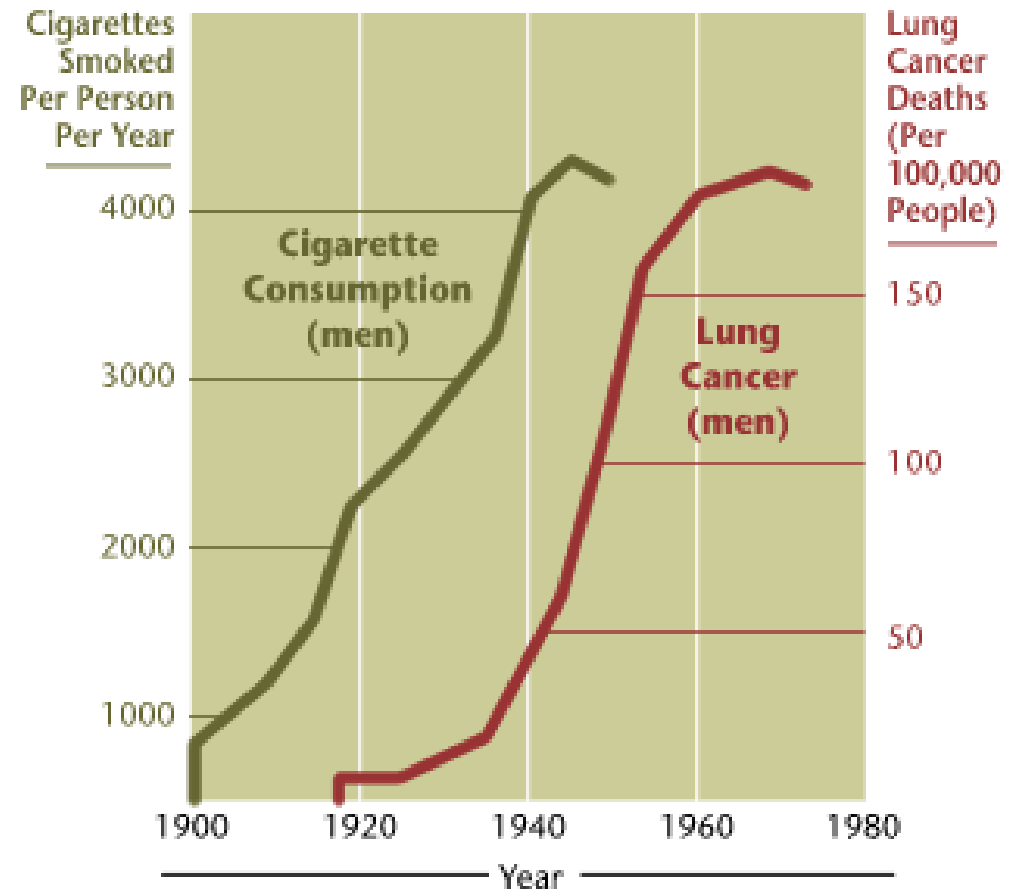
# WHAT'S THE POINT

## INSIDIOUS PROGRESSION OF DISEASE:

*SMOKING & ACUTE ILLNESS LEADS TO CHRONIC & CATASTROPHIC ILLNESS*



### 20-Year Lag Time Between Smoking and Lung Cancer



# WHAT'S THE POINT

## INSIDIOUS PROGRESSION OF DISEASE:

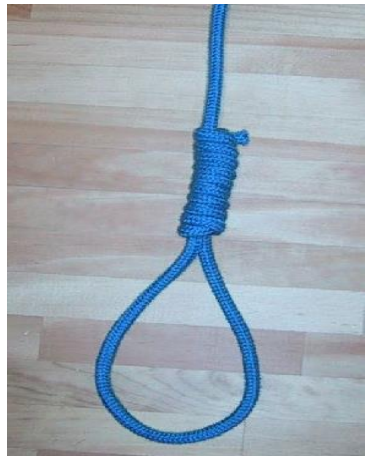
*ANXIOUS & STRESSED, Leads to Chronic and Catastrophic Illness*



normal stress



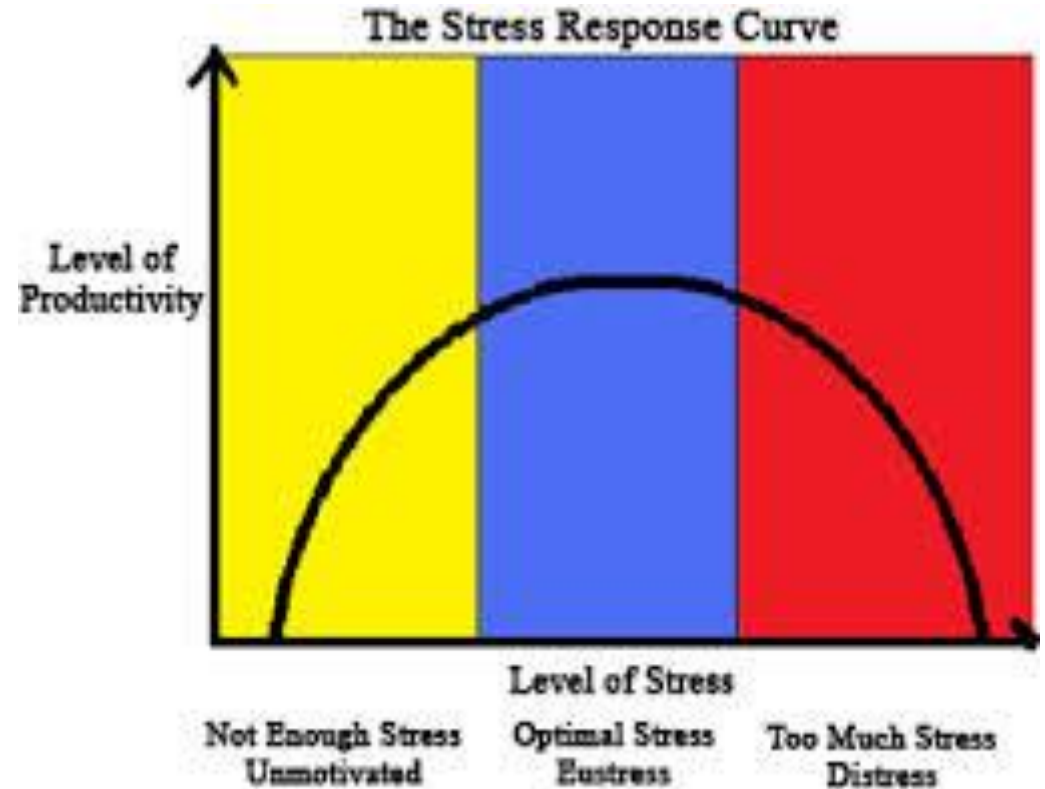
burnout



Suicidal



depressed



# WHAT'S THE POINT

## INSIDIOUS PROGRESSION OF DISEASE:

*Alcohol Consumption in Excess leads to Chronic and Catastrophic Illness*



Occasion Consumption



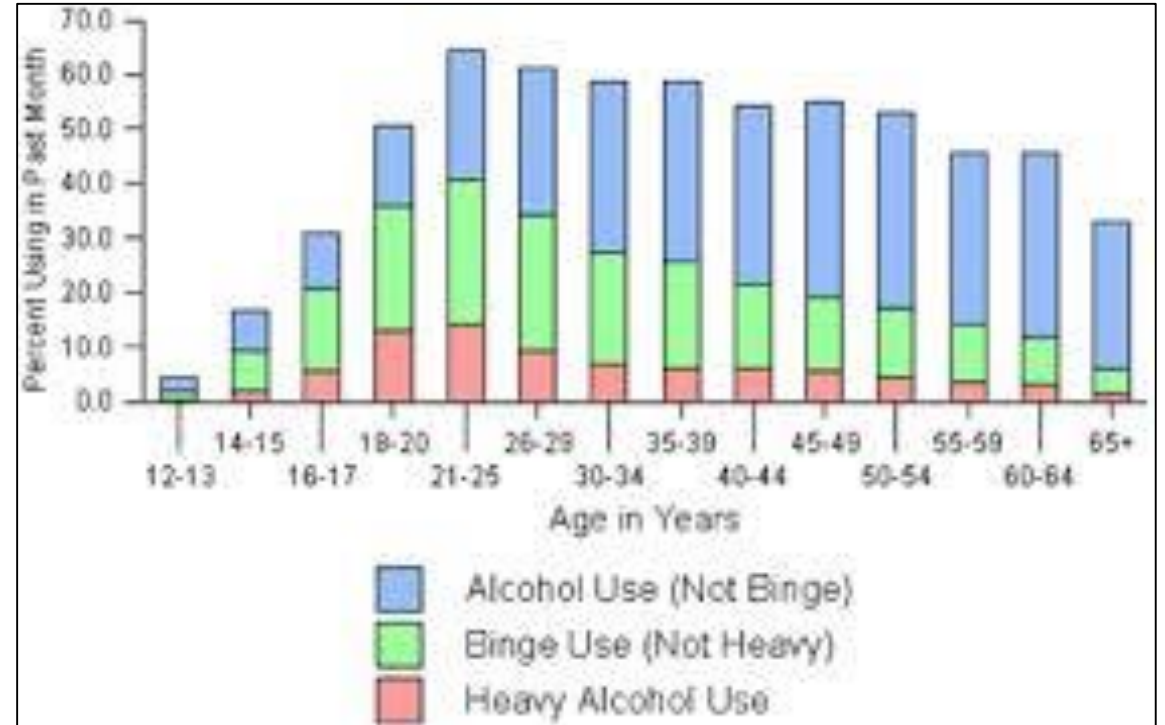
Binge drinking



Cirrhosis



Alcoholism



# POPULATION HEALTH

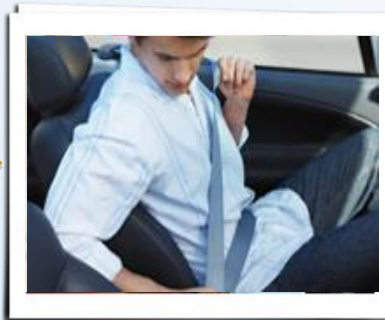
*Leveraging the Knowledge of Prevention  
Starting With Cultural Imperatives*



## Primordial Prevention

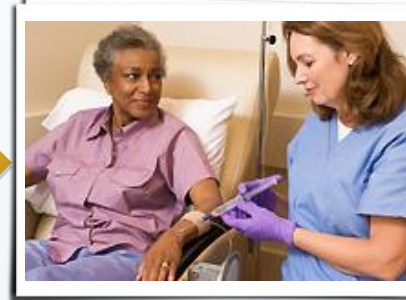
### **Culture Imperatives**

Clean Water  
Healthy Food



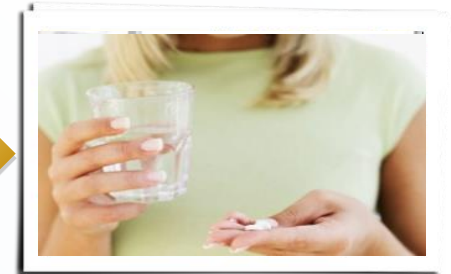
## Primary Prevention

Lifestyle Change  
Immunizations  
Seat Belts



## Secondary Prevention

Screenings  
Cancer  
Blood Pressure  
Cholesterol



## Tertiary Prevention

Compliance with Care  
Disease Management

# GOOD NEWS

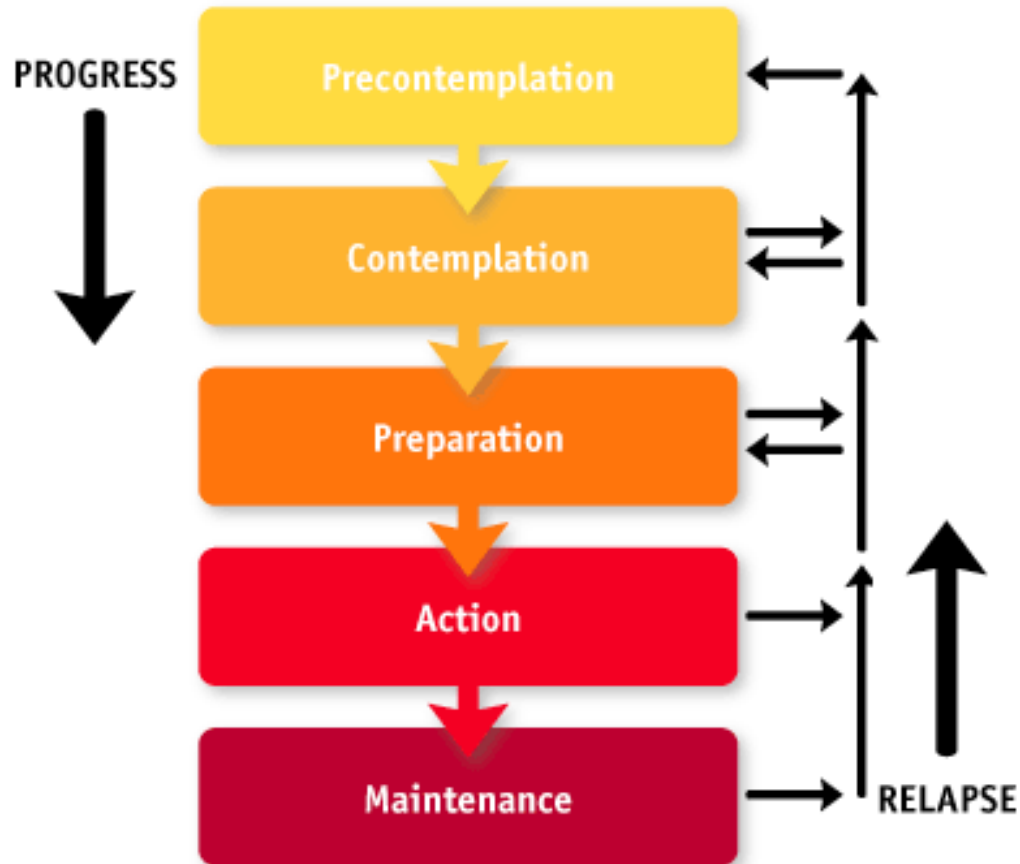
## Population Health is About One Thing *Behavior Change*

- Modifying the physical, emotional, habitual and cultural factors that influence health status
- Paired with usual health care
- Relies on an interdisciplinary approach that relies to educate, support, follow-up, and evaluate efficacy



**Behavioral Health Specialists Are Uniquely Positioned to Embrace  
This Opportunity & Provide the Required Expertise**

# Stage of Change



- Index of readiness
- Tells WHEN people change
- Predicts who will change successfully
- A dynamic, not static, client characteristic
- Inclusive, empathic, optimistic
- Guides member-treatment matching

# Patient Activation Measure

## *The Science is Evolving*

- Validated
- Reliable
- Design / Access interventions and delivery processes
- Evaluate and improve provider performance

Can impact TRIPLE AIM –  
effectiveness, efficiency  
and experience

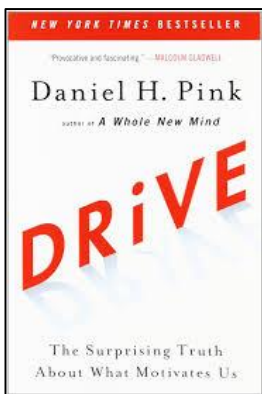
**Figure 1: 13-Question Patient Activation Measure**

Level 1	When all is said and done, I am the person who is responsible for taking care of my health.
	Taking an active role in my own health care is the most important thing that affects my health.
Level 2	I am confident I can help prevent or reduce problems associated with my health.
	I know what each of my prescribed medications do.
	I am confident that I can tell whether I need to go to the doctor or whether I can take care of a health problem myself.
	I am confident that I can tell a doctor concerns I have even when he or she does not ask.
Level 3	I am confident that I can follow through on medical treatments I may need to do at home.
	I understand my health problems and what causes them.
	I know what treatments are available for my health problems.
Level 4	I have been able to maintain (keep up with) lifestyle changes, like eating right or exercising.
	I know how to prevent problems with my health.
	I am confident I can figure out solutions when new problems arise with my health.
	I am confident that I can maintain lifestyle changes, like eating right and exercising, even during times of stress.

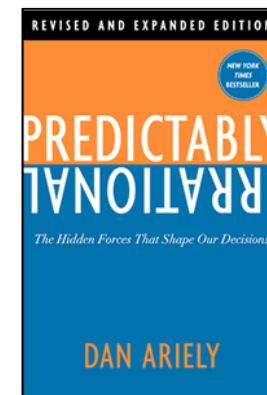
Source: University of Oregon, 2010.

# MASTER BEHAVIORAL ECONOMICS AND CONSUMERISM

- **Use the magic of opt-out**
  - Make the preferred choice the default
- **Mere measurement**
  - Interventional surveys
- **Aversion of loss**
  - Taking away privileges or rewards
- **Value Based Benefit Design**
  - Out of pocket costs based on proven value provided by medication or treatment
  - No co-payments for generic “rescue inhalers” for asthmatics
- **Provide rewards and recognitions for healthy behaviors**
  - Completing health risk assessments
  - Having a non-smoking status
  - Participating in health coaching
- **Earn basic, better and best benefit plans**
- **Mastery**
  - Educate leading to self-care
  - Peer mentoring
- **Rank Comparison**
  - Competition



Proprietary & Confidential  
All Rights Reserved



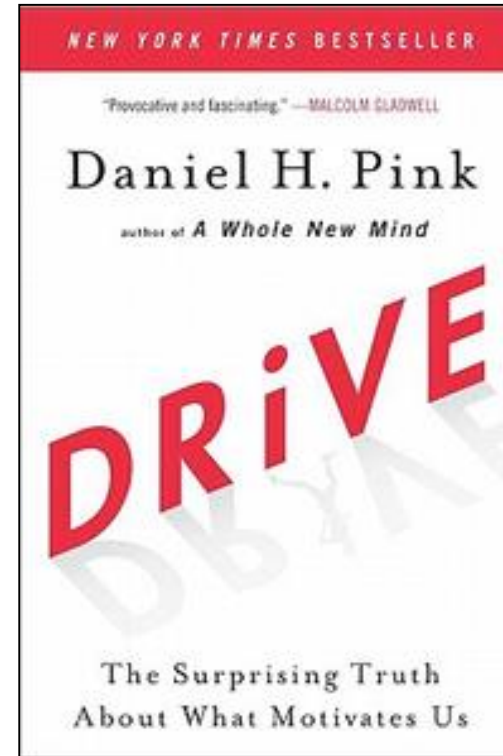
# BECOME FACILE WITH THE SPECTRUM OF REWARDS & INCENTIVES



# PROFESSIONAL REINFORCEMENT

## *Counterintuitive*

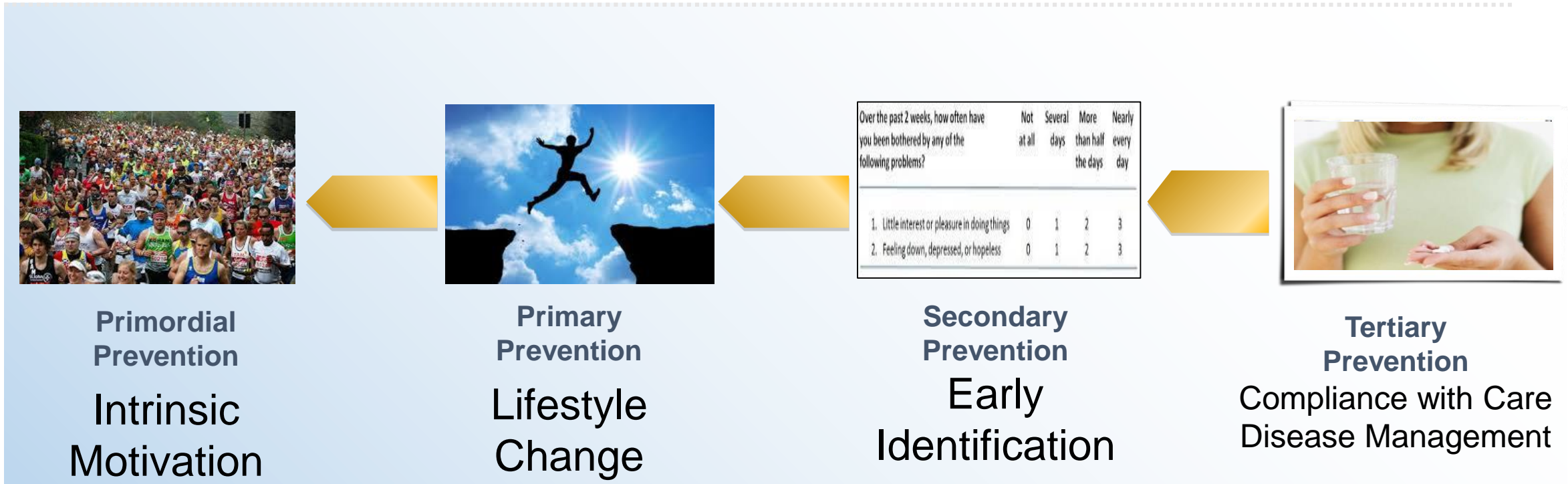
- Mastery
- Autonomy
- Purpose
- Empowerment
- Recognition
- Rewards



# BAD NEWS

## Behavioral Health has Been Focused on Disease

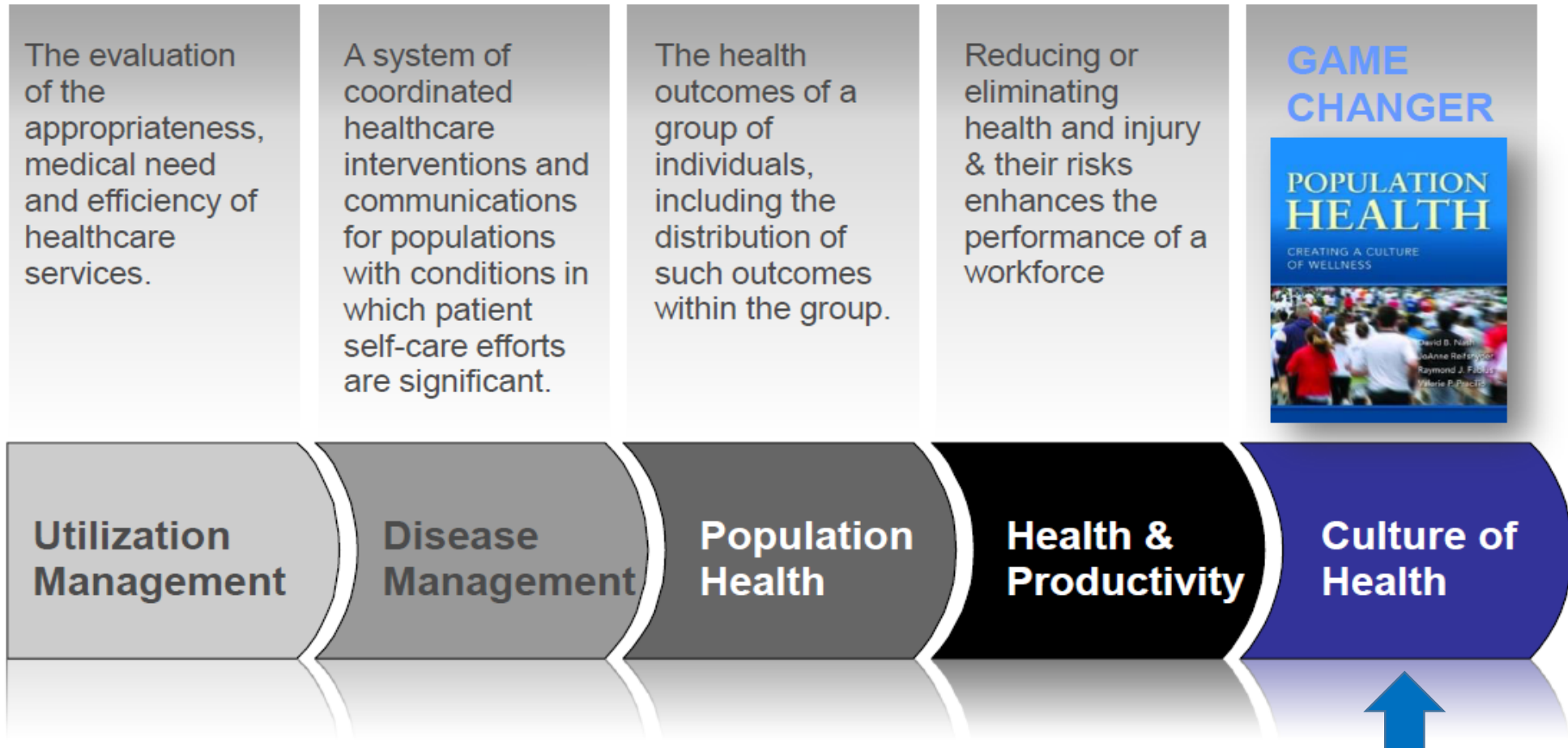
### *What about Preventive Behavioral Health?*



**Behavioral Health Specialists May Require  
Re-Training / Re-Focus to Provide the Required Expertise**

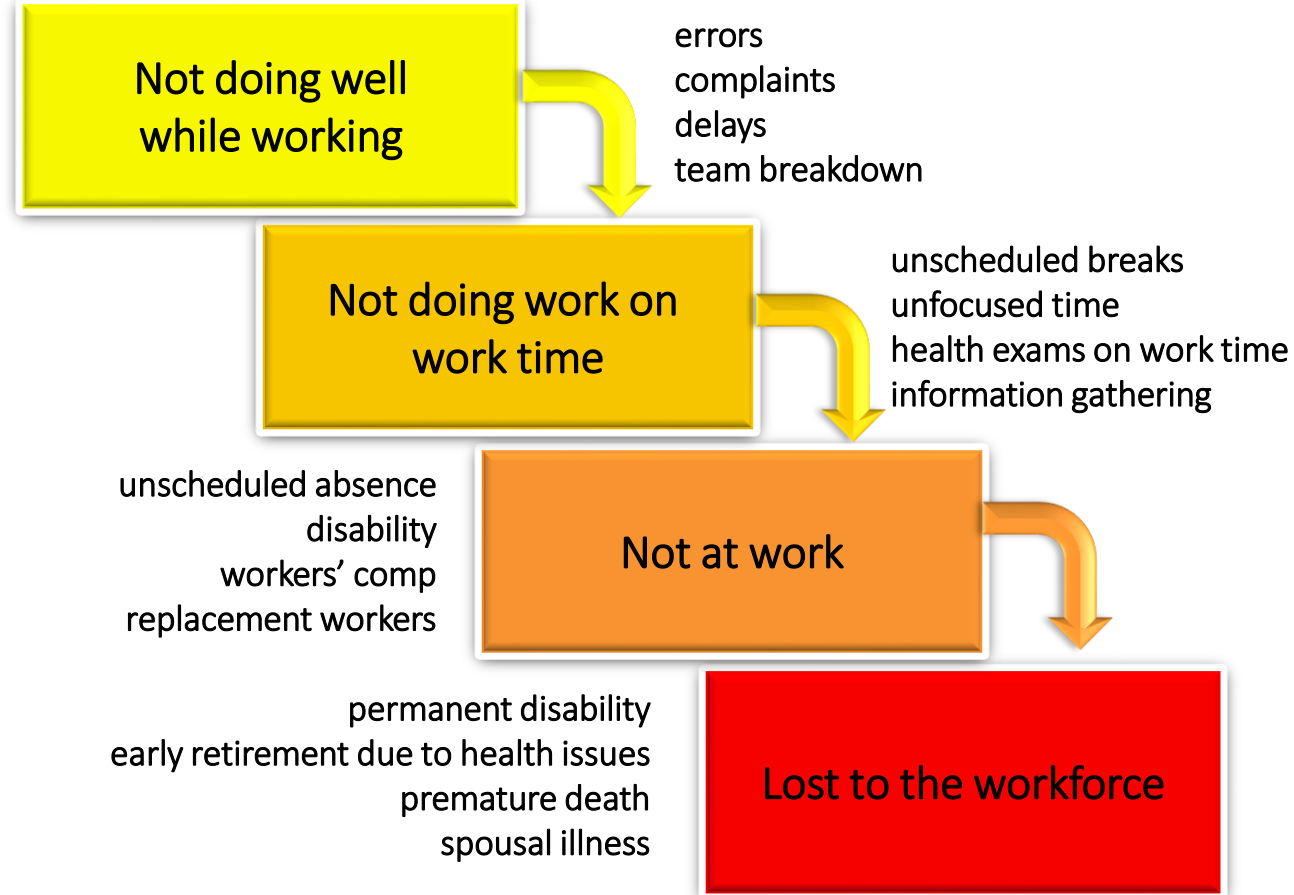
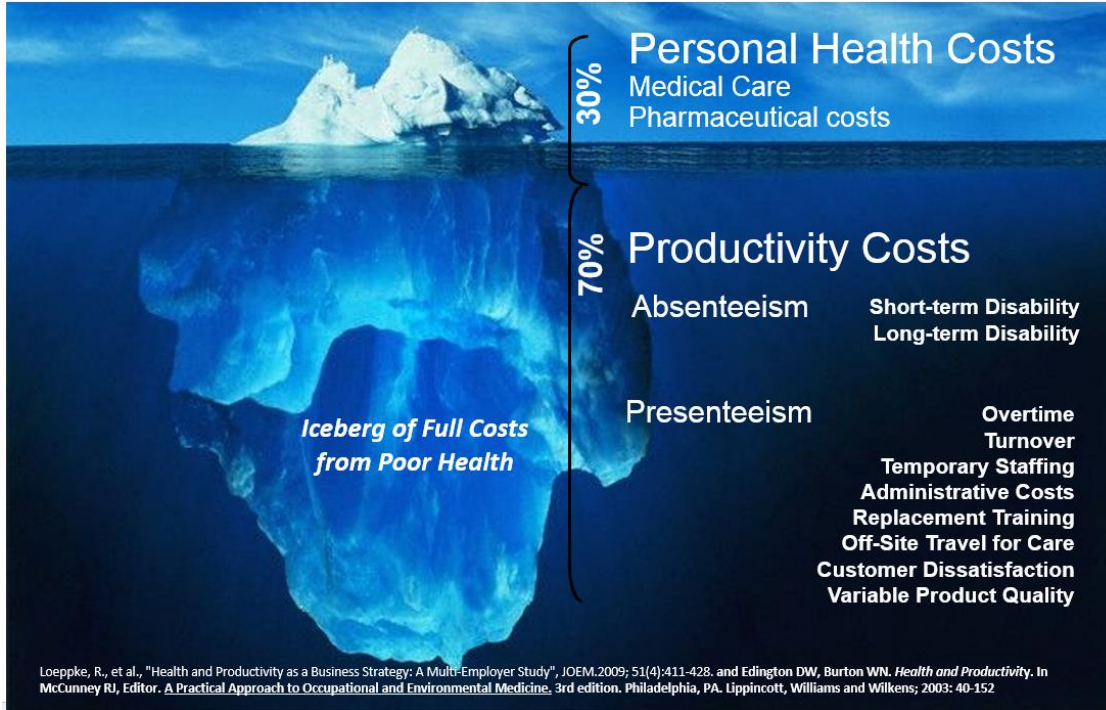
# THE EVOLUTION OF HEALTH CARE MANAGEMENT

## A Glimpse at the Future: *Building Cultures of Health*



# CULTURES OF HEALTH – WHY EMPLOYERS WOULD DO THIS

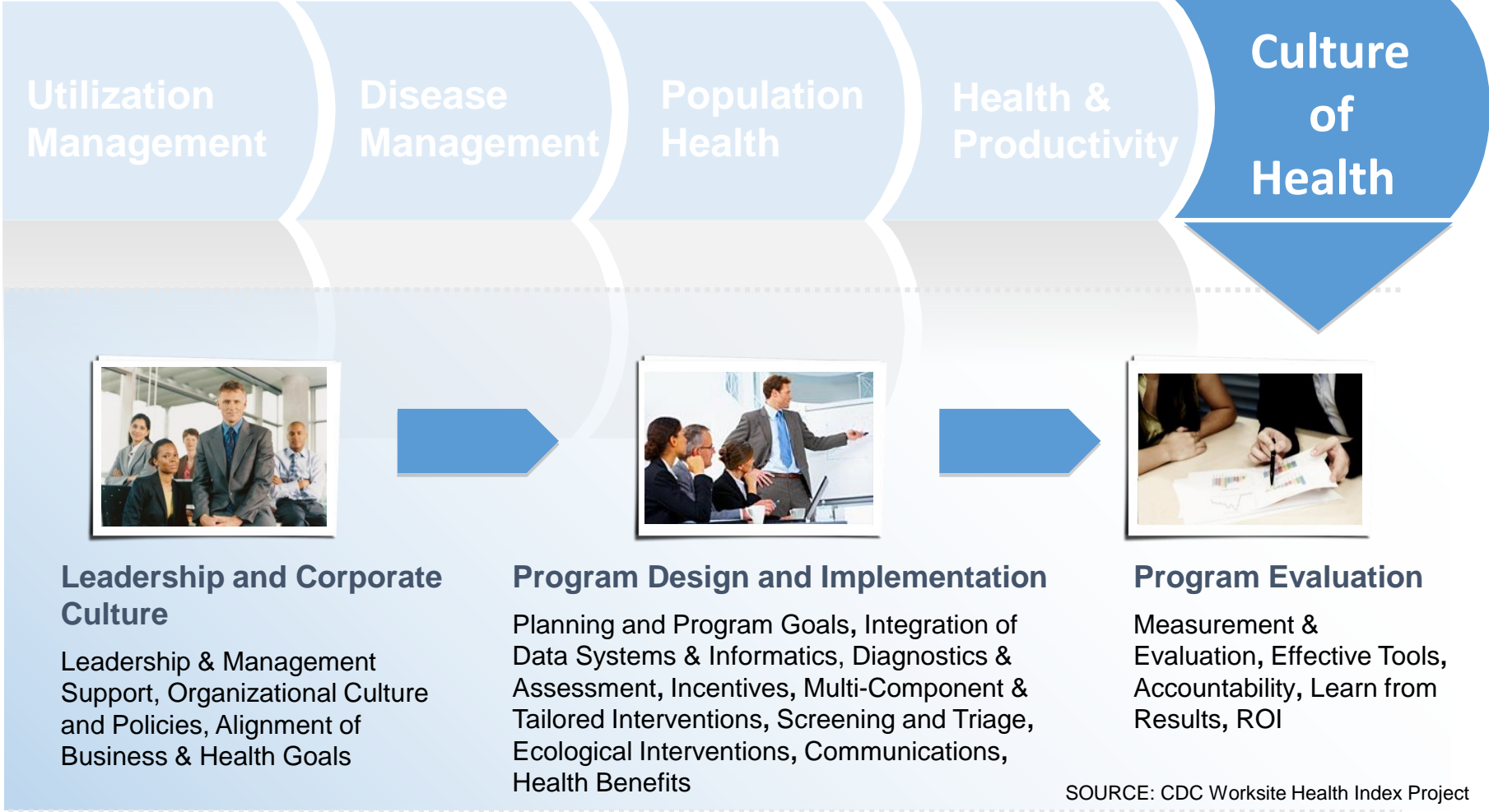
## *The Impact Of Poor Health To Employers Continuum Of Employee Performance Outcomes*



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

# THE EVOLUTION OF HEALTH CARE MANAGEMENT

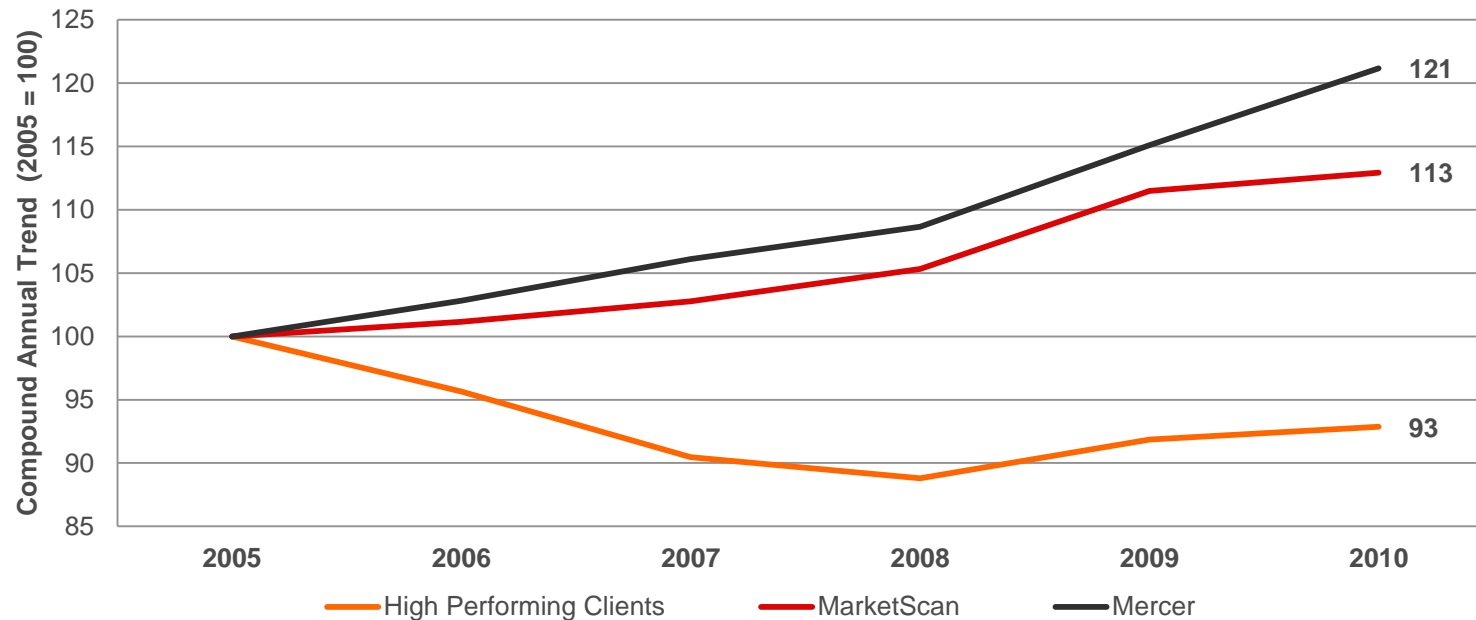
A Glimpse at the Future: *Building Cultures of Health*



# BENDING THE CURVE: THE NEW BENCHMARK

## US HEALTHCARE COST TRENDS VS. TRUVEN HEALTH ANALYTICS CLIENTS

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



<p><b>TRUVEN HEALTH ANALYTICS High Performers Clients</b></p>	<p>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.</p>
<p><b>MarketScan</b></p>	<p>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.</p>
<p><b>2010 Mercer National Survey</b></p>	<p>A comprehensive survey of 2,836 US employers. Reflecting the average reported healthcare trend rates across group size, geographic region and industry type.</p>



# ACOEM / HealthNEXT Research (September 2013)

## Marketplace rewards companies who achieve cultures of health:

- Used the ACOEM Corporate Health Achievement Award (CHAA) culture of health award winners as a stock portfolio
- A portfolio of approximately twenty publicly traded award winners; over nearly two decades
- Published September 2013 in the *JOEM*
- Once again the portfolio outperformed the market significantly; in all four test scenarios



FAST TRACK ARTICLE

**The Link Between Workforce Health and Safety and the Health of the Bottom Line**  
*Tracking Market Performance of Companies That Nurture a "Culture of Health"*

*Raymond Fabius, MD, R. Dixon Thayer, BA, Doris L. Konicki, MHS, Charles M. Yarborough, MD, Kent W. Peterson, MD, Fikry Isaac, MD, Ronald R. Loepcke, MD, MPH, Barry S. Eisenberg, MA, and Marianne Dreger, MA*

**Objective:** To test the hypothesis that comprehensive efforts to reduce a workforce's health and safety risks can be associated with a company's stock market performance. **Methods:** Stock market performance of Corporate Health Achievement Award winners was tracked under four different scenarios using simulation and past market performance. **Results:** A portfolio of companies recognized as award winning for their approach to the health and safety of their workforce outperformed the market. Evidence seems to support that building cultures of health and safety provides a competitive advantage in the marketplace. This research may have also identified an association between

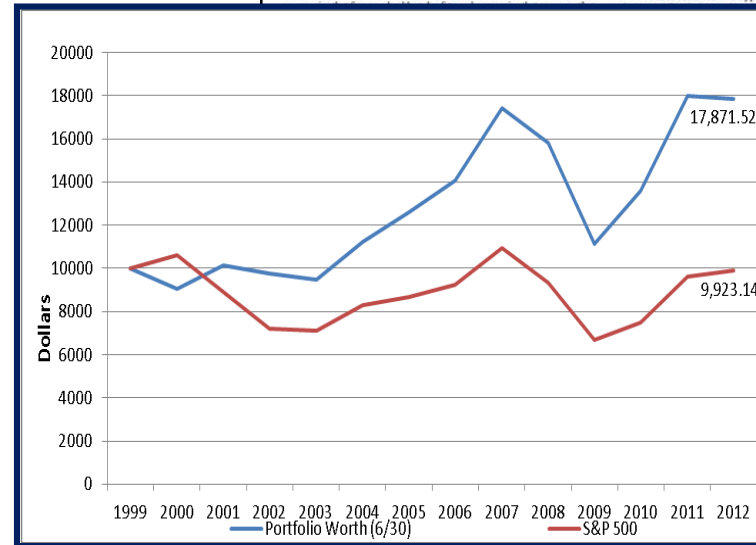
• Recently, an article by Loepcke and colleagues,<sup>4</sup> reported that for every dollar of medical and pharmaceutical costs spent, an employer lost an additional \$2.30 of health-related productivity costs. Health-related presenteeism (health risks and medical conditions impacting work performance) was shown to have a larger impact on lost productivity than absenteeism, with executives and managers suffering higher losses. Comorbidities demonstrated the largest effects on productivity loss.<sup>4</sup>

These facts led to a hypothesis: Companies that create an independent that reinforces both and healthier lifestyle choices as well as appropriate health care of health") should be more productive business performance and stock.

hypothesis, we tracked the stock with proven health, safety, and different scenarios. To find such winners of the American College of Occupational and Environmental Medicine's Corporate Health Achievement Award and past market performance investment in publicly traded 1997 to 2012 under one scenario.

g companies are recognized for healthy workforce, and a healthy costs and improved productivity, and a healthy portfolio of these companies.

**FOUND** by the American College of Occupational and Environmental Medicine as the Corporate Health Achievement Award



# NBGH View

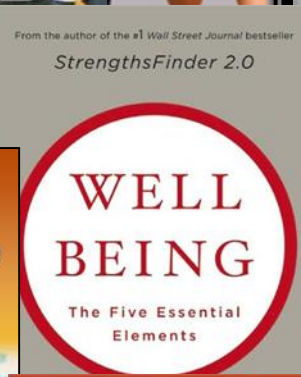
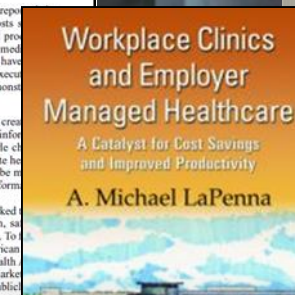
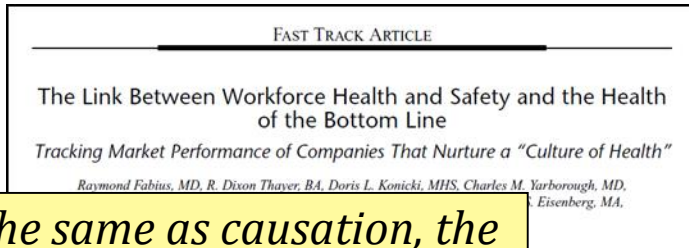
## *Value of a Culture of Health*



# Research Conclusion

*A preponderance of mounting evidence*

*“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.”*

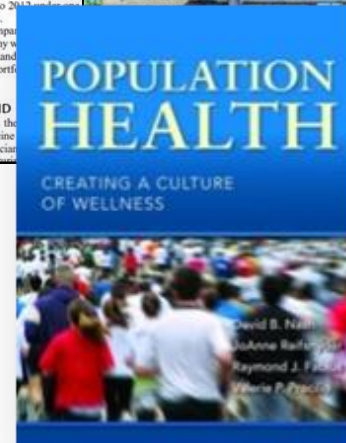


and colleagues,<sup>4</sup> reported that the cost of pharmaceuticals (health risks and medical care) was shown to have increased significantly, with executive compensation demonstrating a positive correlation with the increase in pharmaceutical costs.<sup>4</sup>

Companies that create independent health and safety programs that reinforce healthier lifestyle choices (such as appropriate health care and “health”) should be more likely to drive business performance.

In a hypothesis, we tracked the performance of companies with proven health, safety, and environmental programs. To test this hypothesis, we analyzed the performance of the American Chemical Society’s Corporate Health and Safety Index and past market performance of public companies from 1997 to 2003. We found that companies with proven health, safety, and environmental programs had significantly higher stock prices and total returns to investors.

FOUNDATIONS  
by the  
Physician

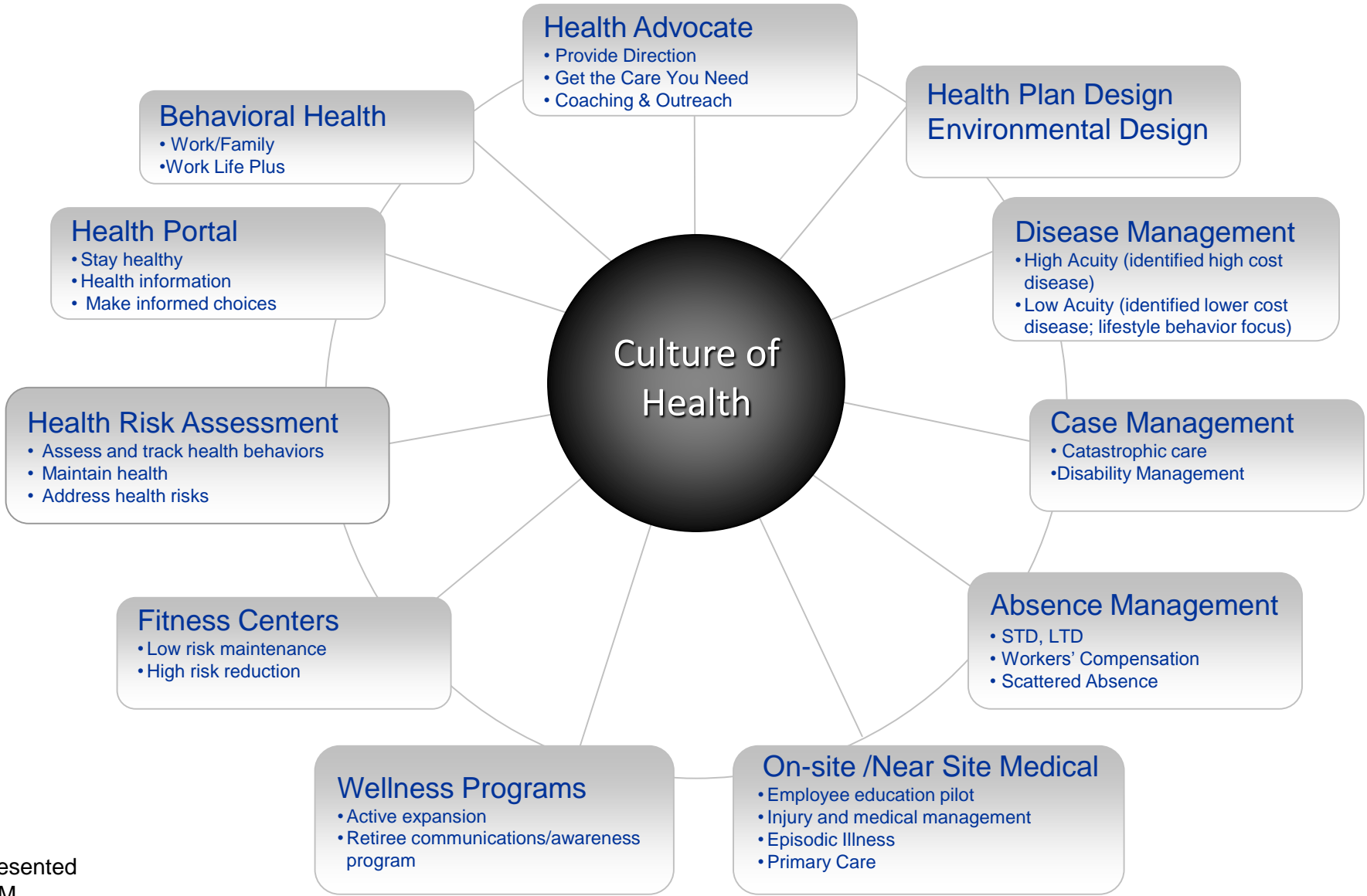


# Culture of Health – Becoming a Science

## *A Roadmap for Improving the Health of Your Employees and Your Organization*



# WHAT DOES A CULTURE OF HEALTH LOOK LIKE?



Proprietary & Confidential  
All Rights Reserved

Modified from a slide presented by Dee Edington at IHPM

# PERFORMANCE MEASURES: *CRITICAL STEPS TO SUCCESS*



Proprietary & Confidential  
All Rights Reserved

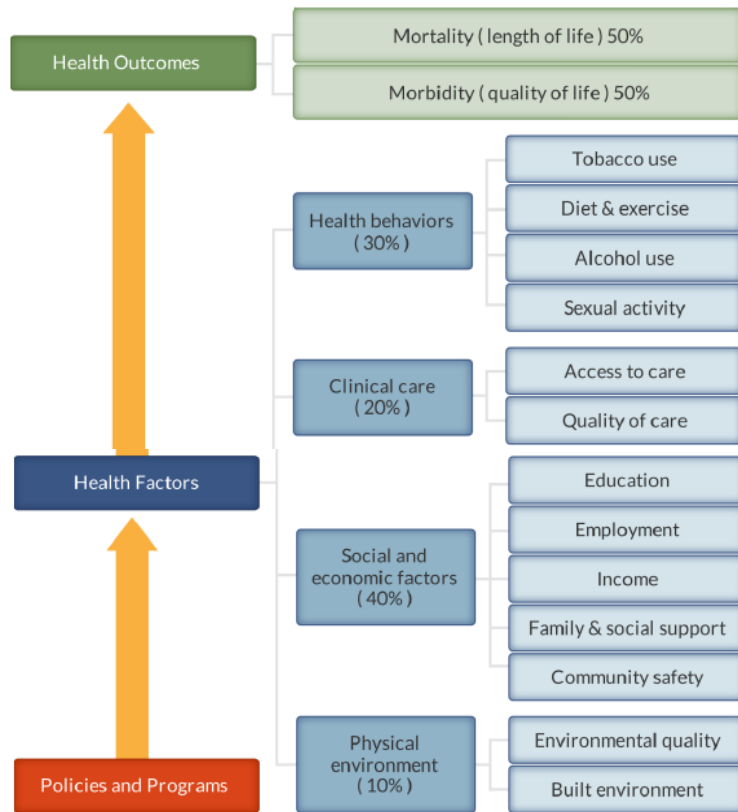
# How Can We Build Communities of Health ?

## Key Players



# Institute of Medicine

## *Environmental Scan*



County Health Rankings model ©2012 UWPHI

The County Health Rankings is a collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Institute.

Source: County Health Rankings, 2012

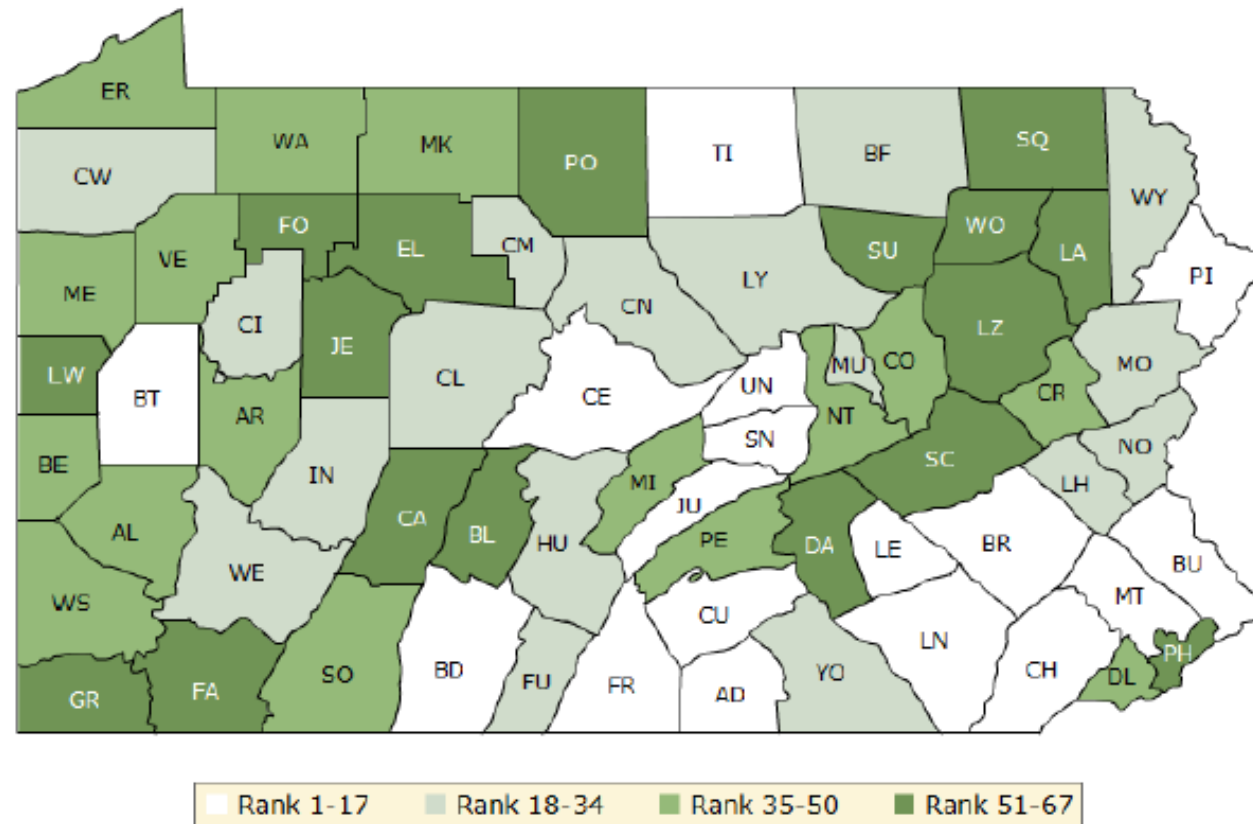


National Prevention Council 2011

# COUNTY LEVEL PA County Rankings

<http://www.countyhealthrankings.org/rankings/data/pa>

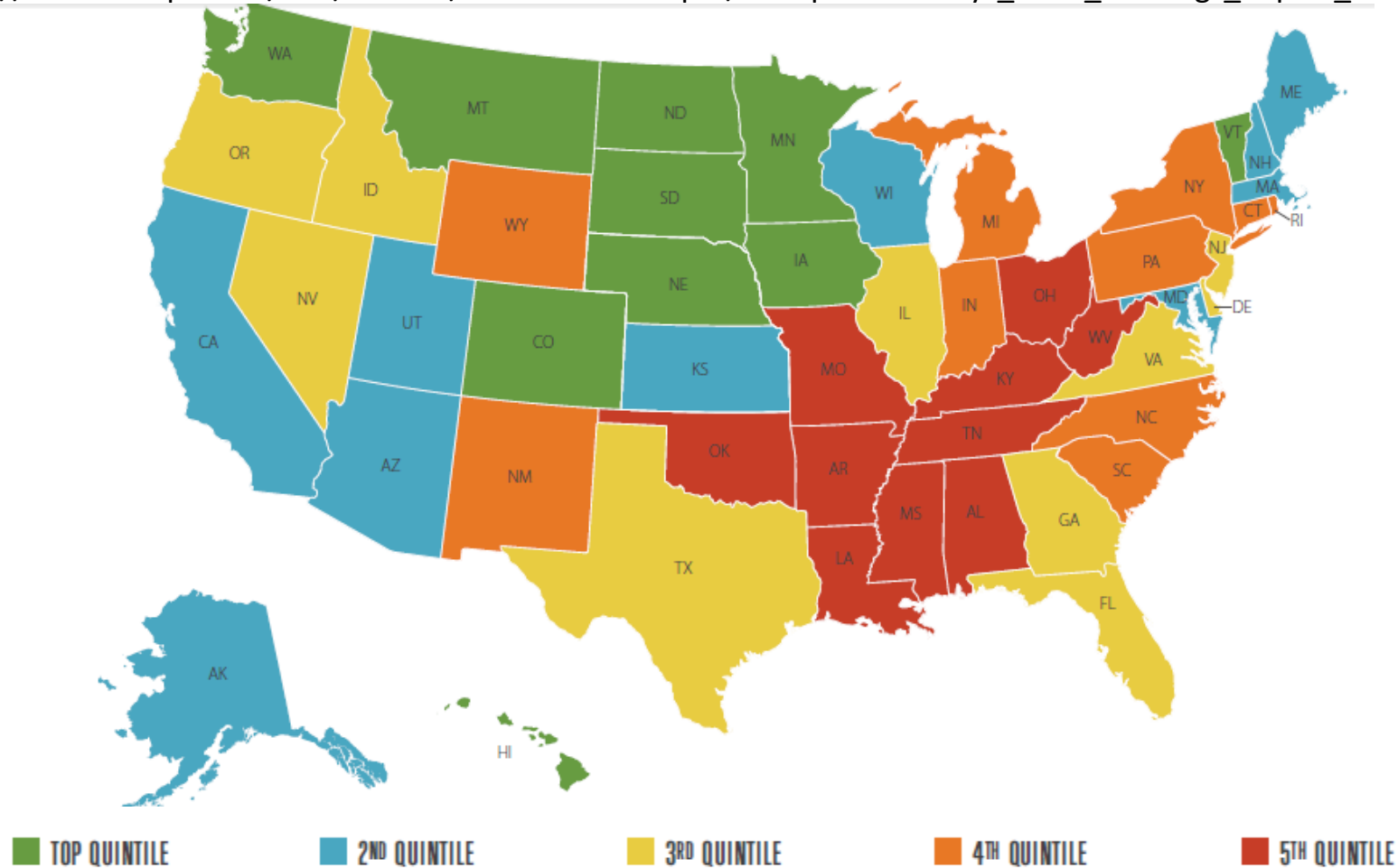
## HEALTH OUTCOMES RANKS



# STATE LEVEL OF WELL-BEING

## *Healthways Gallup Index*

[http://cdn2.hubspot.net/hub/162029/file-534269477-pdf/Gallup-Healthways\\_State\\_Rankings\\_Report\\_2013.pdf](http://cdn2.hubspot.net/hub/162029/file-534269477-pdf/Gallup-Healthways_State_Rankings_Report_2013.pdf)



# GLOBAL WELL BEING MAP

## *Healthways Gallup Index*



This map, produced by Gallup-Healthways, shows a breakdown of which areas score high and low on a global "well-being" index. Overall, the United States ranks 12th. But some regions, including the South, rate considerably below the national average.

# BIG DATA WILL PLAY AN IMPORTANT ROLE 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 catastrophic event
- Predict future trends
- **Prove that things did not happen**



Proprietary & Confidential  
All Rights Reserved

# THE PROMISE AHEAD

## FROM VOLUME TO VALUE: HEALTHCARE PURSUES CREDIT FOR FULL IMPACT

Clinical Outcomes for Health Center Users with Diabetes

Process Indicators Correlate with Outcomes (N = 336)			
LAB Value	2003 Year 1	2005 Year 3	Variance
HbA1C	9.1	7.8	-14.0%
HDL Cholesterol	43	47	+9.3%
LDL Cholesterol	138	108	-21.7%
Triglycerides	288	201	-30.0%
Systolic BP	131	126	-3.8%

For Illustrative Purposes Only

Proprietary & Confidential  
All Rights Reserved

# THE PROMISE AHEAD

*Proving What did not happen*

*Economic Impact of BETTER Diabetes Care*

	Projected Cases Per 336 Patients with Diabetes (10 Year Period)		Avoided Costs (10 Years)
	Risk Year 1	Risk Year 3	
Lower extremity amputation	10.7	7.0	\$156,600
Blindness	4.7	3.0	\$54,400
End stage renal disease	7.0	1.3	\$4,934,200
MI or stroke	84	40	\$1,094,000
<b>Total Medical*</b>			<b>\$6,238,600</b>

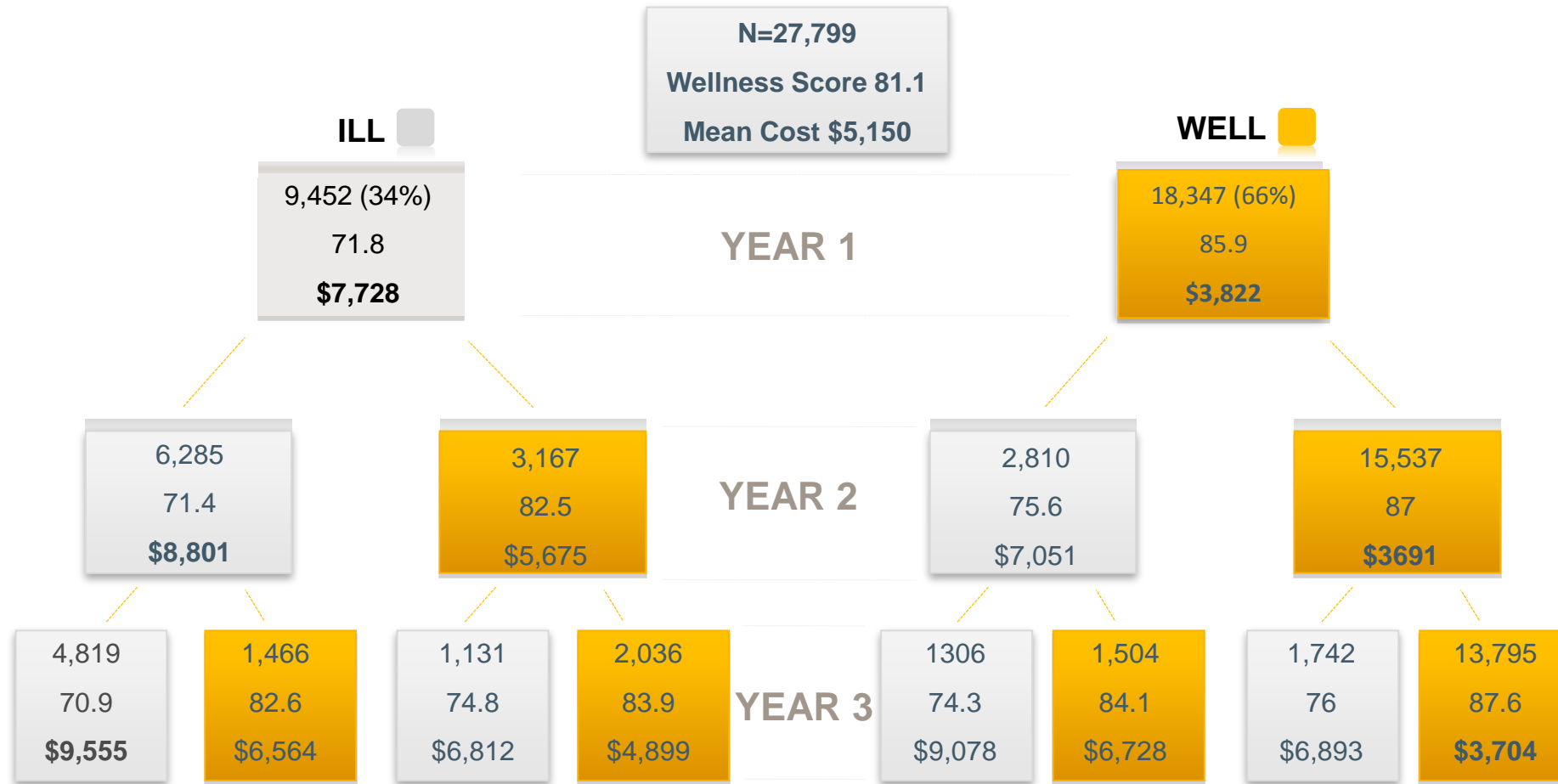
**Prevented:**  
**3 Amputations**  
**2 Episodes of Blindness**  
**6 Dialysis Patients**  
**44 Heart Attacks & Strokes**

**\$1,800 of avoided medical costs per patient per year (before inflation adjustment)**  
**Saved over 6 Million Dollars**

For Illustrative Purposes Only

# GREATER RETURN TO KEEP THE WELL WELL ~ 2:1

## WELLNESS SCORE & MEDICAL COSTS OVER 3 YEARS



Source Zero Trends – Dee Edington

Zero Trends; Dee Edington 2009

Proprietary & Confidential  
All Rights Reserved

# EYEING THE PRIZE

*What is the Goal ? Creating Environments That :*

- Seek out ways to prevent illness & disease
- Reward better health and outcomes
- Are holistic, **Stigma Free**
- Promote individual well-being
- Produce resiliency
- **Enhance Performance & Prosperity**

