

# *The Health and Productivity Snapshot*

## *Sample Company*

**Purpose:** This Health & Productivity Snapshot for your company relies on two sources of data. First, your company's own demographics and business information. Second, the national Health & Work Performance (HPQ) database of employee self-reports developed by Dr. Ronald Kessler at Harvard Medical School and now housed at IBI. The database is updated as new employers participate in the program. We use the HPQ data to model for your company -- based on your company's demographic information -- predicted health conditions, absence, and diminished health-related performance ("presenteeism"). We then take that information and your business data and model the impact on lost productivity in your company and what that lost productivity would mean to your business.

**Contents:** The report has four sections and an appendix.

**I. Dashboard Highlights** give key health & productivity results from the model.

**II. Workforce Health and Lost-time Status. Part A** shows the prevalence of the top-10 modeled health conditions based on your workforce demographics. **Part B** shows the relative contributions of absence and presenteeism to all lost work time based on modeled results. Health-related presenteeism occurs when employees have health conditions that keep them from functioning at full capacity while at work.

**III. Financial Implications of Modeled Lost Productivity** shows the value of modeled lost productivity relative to your company's financial indicators.

**IV. Impact of Modeled Key Health Conditions.** The most comprehensive display in this report, this exhibit shows for each health condition modeled: prevalence; % in treatment; amount of absence lost time; amount of "presenteeism" lost time; amount of lost productivity; and the business impact of lost productivity based on your business metrics.

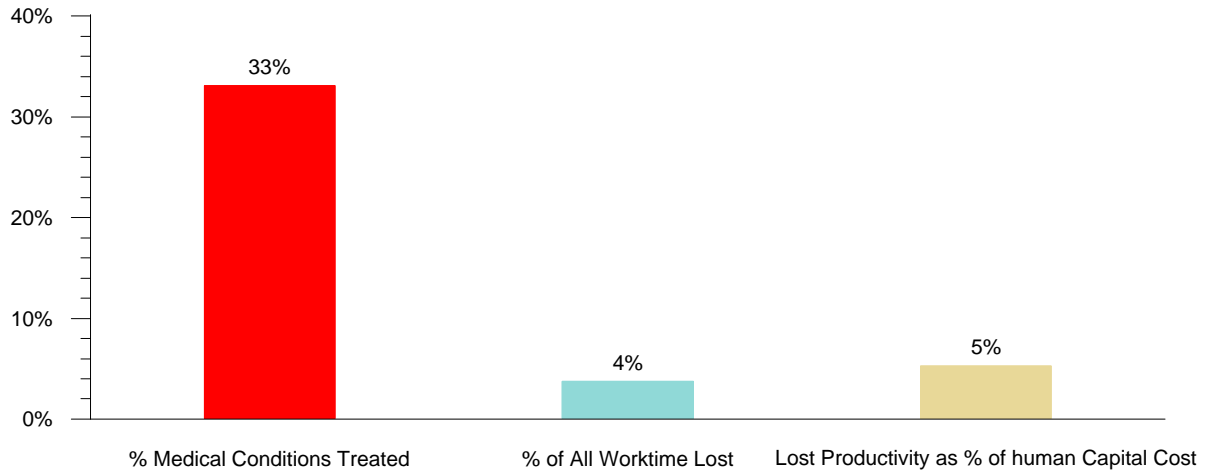
**Appendix.** Company demographic and financial data submitted by registrant.

**Report Use:** This report has two primary purposes.

1. Begin a discussion with senior management, other internal benefits program managers and external benefits partners about the full implications of health, its impact on your business and the need to look empirically at your own experience.
2. Structure organizational responses to collect health and productivity data in your own company. For example, you may want to undertake a self-reporting project with your own employees using one of the health and productivity assessment instruments; benchmark the benefits programs for which you do have good data; or bring your health plans and disability carriers together to analyze links between medical conditions and disability.

## I. Your Dashboard Highlights

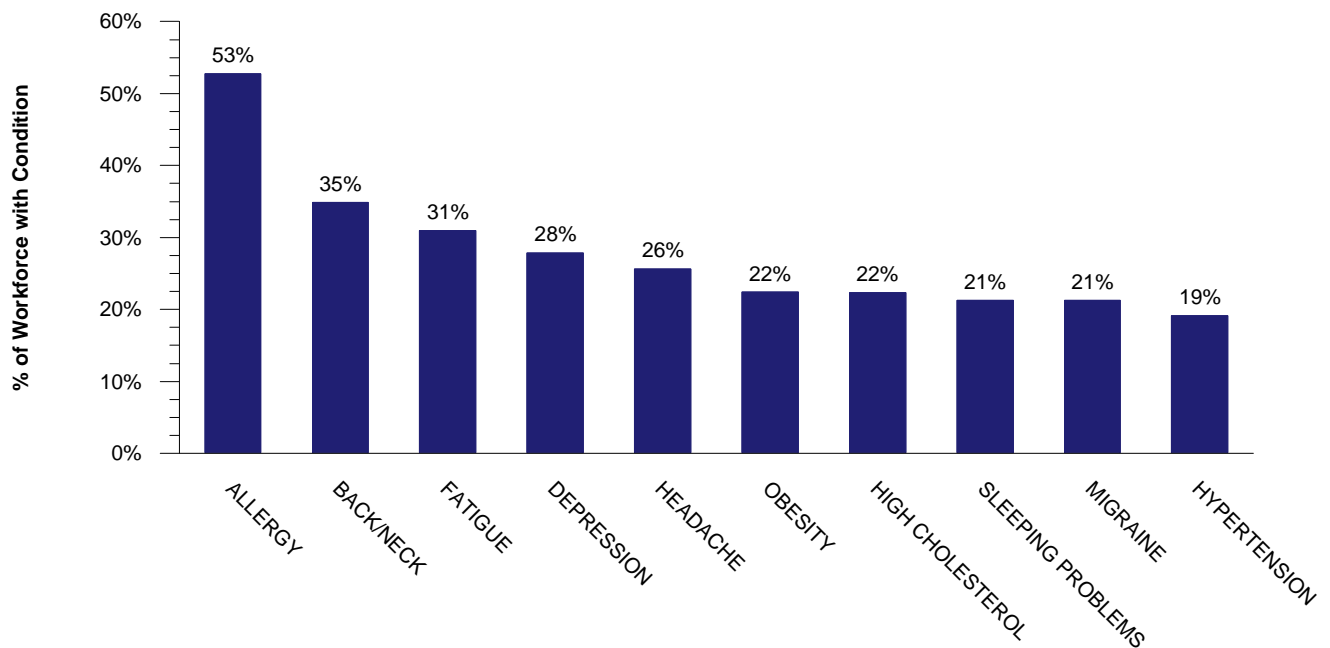
Key findings from the analysis show the percent of modeled medical conditions in the workforce that are being treated; the modeled results of the proportion of all potential work time that's lost through absence and diminished health-related performance ("presenteeism"); and modeled lost productivity as a proportion of your company's human capital costs (total payroll + benefits).



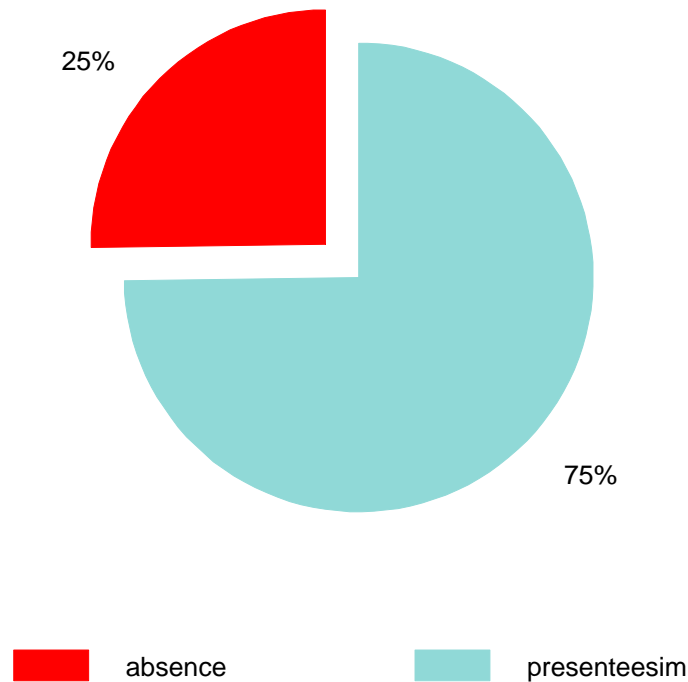
## II. Workforce Health & Lost-time Status

This exhibit shows the modeled health status of the workforce in terms of the 10 most prevalent health conditions (Part A) and modeled share of total lost work time contributed by absence from work and diminished health-related performance at work (Part B).

### A. Modeled Top 10 Most Prevalent Health Conditions



## B. Modeled Workforce Lost-time Status



Proportions are based on health conditions where absence and presenteeism could be predicted (see Section IV)

Modeled total lost workdays per FTE = 10

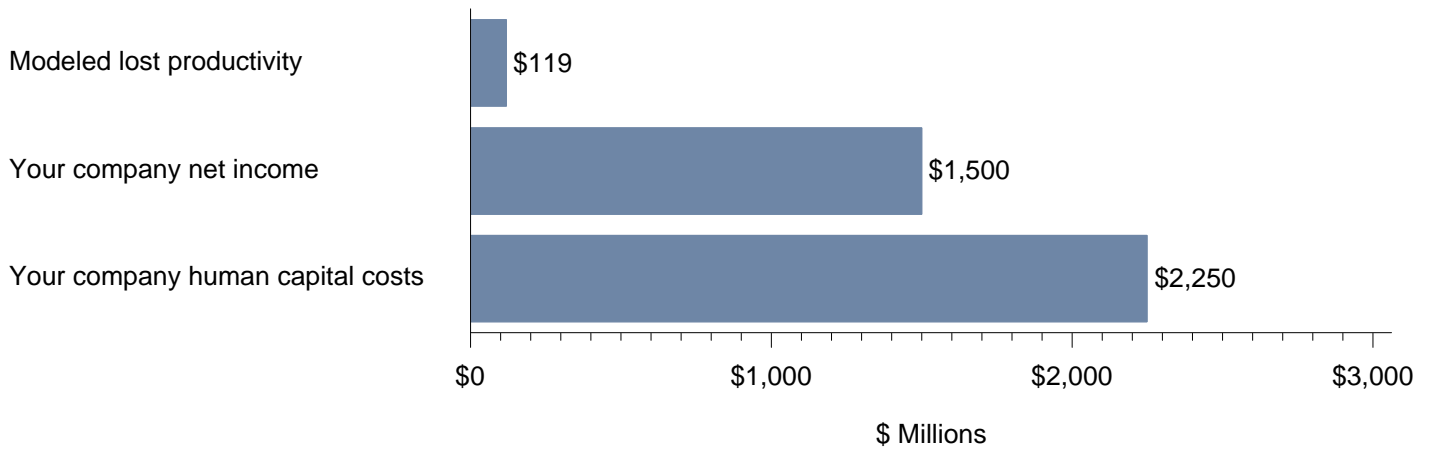
## III. Financial Implications of Modeled Lost Productivity

Lost work time, whether from absence or presenteeism, leads to lost productivity for the company. The amount of lost productivity is a function of: total lost work time; your company's payroll and benefits structure; and the leverage of your employees to generate company net income.

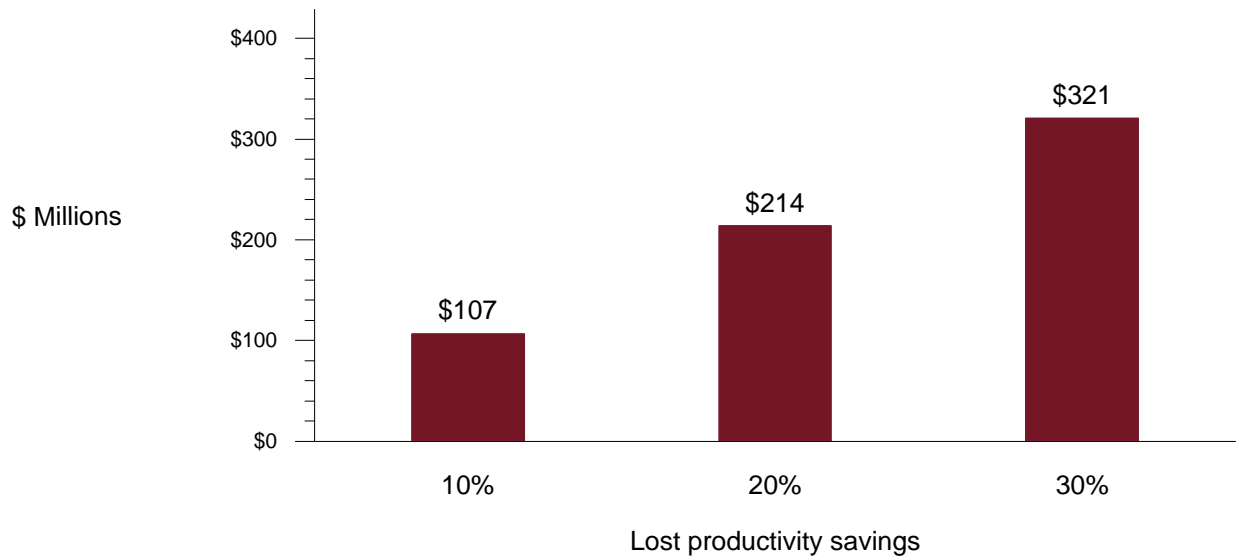
**Part A.** of the exhibit below shows the modeled lost productivity for your company based on the information you provided compared to your company's human capital costs (payroll + benefits) and your company's net income.

**Part B.** of the exhibit puts potential lost productivity savings in business terms. It shows how much additional revenue your company would need to generate (based on your company's ratio of net income to revenue) to have the same bottom-line effects of various levels of lost productivity reductions.

### A. Modeled lost productivity relative to net income and human capital costs



### B. Additional revenue needed to equal lost productivity savings of 10%, 20% and 30%



## IV. Full Impact of Key Health Conditions

The impact of health conditions extends far beyond the group health program boundary. The table below, **in order of decreasing lost productivity**, shows how each modeled health condition impacts the amount of modeled lost worktime (both through absence and presenteeism) and the amount of modeled lost productivity for your company.

Health Status			Lost Time			Lost Productivity**		
Health Condition	Prevalence %	% in Treatment	Absenteeism Lost Workdays/100 FTEs	Presenteeism Lost Workdays/100 FTEs	Total Lost Workdays/100FTEs	Lost Productivity/100 FTEs	% of All Lost Productivity	As % of Human Capital Costs/100 FTEs
1. DEPRESSION	27.8%	29.6%	36.66	100.58	137.24	\$45,505	14.1%	0.7%
2. FATIGUE	31.0%	11.1%	15.25	113.64	128.89	\$42,737	13.2%	0.7%
3. SLEEPING PROBLEMS	21.3%	18.9%	13.95	66.83	80.78	\$26,783	8.3%	0.4%
4. BACK/NECK	34.8%	20.8%	16.09	57.09	73.18	\$24,266	7.5%	0.4%
5. ANXIETY DX	14.8%	35.3%	15.75	46.13	61.88	\$20,519	6.4%	0.3%
6. ALLERGY	52.8%	27.1%	23.48	32.57	56.04	\$18,583	5.8%	0.3%
7. OBESITY	22.4%	11.0%	4.06	48.90	52.96	\$17,560	5.4%	0.3%
8. CHRONIC PAIN	15.5%	26.0%	18.66	28.76	47.42	\$15,723	4.9%	0.3%
9. OTHER EMOTIONAL PROBLEM	8.6%	23.2%	7.68	37.51	45.18	\$14,982	4.6%	0.2%
10. ARTHRITIS	18.7%	22.9%	17.71	20.16	37.87	\$12,557	3.9%	0.2%
11. HEADACHE	25.6%	12.3%	*	*	34.99	\$11,601	3.6%	0.2%
12. IRRITABLE BOWEL	13.5%	17.3%	10.38	23.93	34.30	\$11,374	3.5%	0.2%
13. HIGH CHOLESTEROL	22.4%	46.8%	7.01	22.56	29.57	\$9,805	3.0%	0.2%
14. MIGRAINE	21.3%	21.2%	1.67	24.06	25.74	\$8,533	2.6%	0.1%
15. GERD	16.2%	40.3%	6.42	18.22	24.64	\$8,171	2.5%	0.1%
16. BLADDER/URINARY	11.8%	16.1%	8.00	13.88	21.88	\$7,253	2.2%	0.1%
17. HYPERTENSION	19.1%	69.6%	10.45	9.76	20.21	\$6,701	2.1%	0.1%
18. BRONCHITIS	5.1%	16.2%	6.35	6.84	13.18	\$4,372	1.4%	0.1%
19. ASTHMA	11.0%	40.6%	1.60	8.08	9.68	\$3,210	1.0%	0.1%
20. ULCER	7.0%	16.4%	*	*	8.07	\$2,675	0.8%	0.0%
21. CORONARY HEART DISEASE	1.7%	70.5%	3.84	3.04	6.88	\$2,280	0.7%	0.0%
22. OSTEOPOROSIS	2.2%	54.8%	3.34	3.15	6.49	\$2,152	0.7%	0.0%
23. OTHER CANCER	2.9%	34.4%	2.16	2.47	4.62	\$1,533	0.5%	0.0%
24. DIABETES	4.6%	83.1%	0.95	3.56	4.52	\$1,497	0.5%	0.0%
25. CONGESTIVE HEART FAILURE	0.6%	54.1%	1.42	1.49	2.90	\$963	0.3%	0.0%
26. SKIN CANCER	4.0%	23.9%	1.26	1.30	2.57	\$851	0.3%	0.0%
27. COPD	0.5%	49.6%	0.38	0.82	1.20	\$398	0.1%	0.0%

\*\* The lost productivity model is based on the assumption that there are 260 workdays available per year.

\* In some cases negative lost time is predicted. Where allowed by data source, prevalence and treatment are reported.

## Appendix: Company Demographic and Financial Data Submitted by Registrant

FTEs	36,800
Males	45%
Females	55%
<=34 years old	35%
Between 35 and 49 years old	40%
>=50 years old	25%
Executive, administrator, senior manager & professional	50%
Technical support, precision production & craft workers	20%
Sales, clerical & administrative support	20%
Service occupations, operator & laborer	10%
Total payroll	\$1,800,000,000
Net income	\$1,500,000,000
Gross revenue	\$13,500,000,000
Benefit load percentage	25%