

Company XYZ Corporation

Health Screening Results

2007 to 2009

Sample Report



Report dated: {Date}

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INTRODUCTION

Summit Health is pleased to provide {Company Name} with their {Screening Name} results that took place between {Date} and {Date}. This is the {1st, 2nd, 3rd, etc.} time {Company Name} has completed employee screening with Summit Health. This aggregate report summarizes the group results for employees that participated in the screening. Tables in this report can provide up to five years of comparison data. If {Company Name} has completed more than five years of screenings with Summit Health, data from the five most recent screenings will appear in this report.

The results presented in this report are a snapshot of participants' overall health based on biometric screening tests only, and should not be construed as diagnostic. Depending on fasting status, employees were offered some or all of the following biometric screening tests:

- Total Cholesterol (TC)
- High Density Lipoprotein (HDL)
- TC/HDL Ratio, Low Density Lipoprotein (LDL)
- Triglycerides, Glucose
- Blood Pressure
- Height, Weight
- Body Mass Index (BMI)

Participants received a written Healthy Heart profile at the conclusion of the screening and consulted one-on-one with a healthcare professional. When appropriate, lifestyle changes were discussed with employees to help reduce their cardiovascular risk and lead healthier lives.

Summit Health complies with HIPPA Privacy and Security Standards and maintains the confidentiality of all health screening participants. Individual test results are never released unless written consent is obtained from the participant. All participants signed an Informed Consent and were given the opportunity to review Summit Health's Notice of Privacy Practices that explains the testing procedures and potential risk involved in participation. Employees had the option of participating in any or all biometric screening tests.

Table 1. Screening Schedule

Location	Screening {#} {Date} to {date}	Screening {#} {Date} to {date}	Screening {#} {Date} to {date}	Screening {#} {Date} to {date}	Screening {#} {Date} to {date}
{Location 1}	{Date}	{Date}	{Date}	{Date}	{Date}
{Location 2}	{Date}	{Date}	{Date}	{Date}	{Date}
{Location 3}	{Date}	{Date}	{Date}	{Date}	{Date}
{Location 4}	{Date}	{Date}	{Date}	{Date}	{Date}
{Location 5}	{Date}	{Date}	{Date}	{Date}	{Date}
{Location 6}	{Date}	{Date}	{Date}	{Date}	{Date}
{Location 7}	{Date}	{Date}	{Date}	{Date}	{Date}
{Location 8}	{Date}	{Date}	{Date}	{Date}	{Date}

PARTICIPANT DEMOGRAPHICS

Across all locations, {number} employees participated in the most recent screening. Site participation is provided in Table 2. The average age of male participants was {#}, and {#} for females. Average age of all participants was {#}. A breakdown of participation by gender and age is provided in Table 3.

Table 2. Participation by Location

Location	Screening {#} {Date} to {date} Participants	Screening {#} {Date} to {date} Participants	Screening {#} {Date} to {date} Participants	Screening {#} {Date} to {date} Participants	Screening {#} {Date} to {date} Participants
{Location 1}	{#}	{#}	{#}	{#}	{#}
{Location 2}	{#}	{#}	{#}	{#}	{#}
{Location 3}	{#}	{#}	{#}	{#}	{#}
{Location 4}	{#}	{#}	{#}	{#}	{#}
{Location 5}	{#}	{#}	{#}	{#}	{#}
{Location 6}	{#}	{#}	{#}	{#}	{#}
{Location 7}	{#}	{#}	{#}	{#}	{#}
{Location 8}	{#}	{#}	{#}	{#}	{#}
Company Total	{Total}	{Total}	{Total}	{Total}	{Total}

Table 3. Participation by Gender and Age

Gender	Age	Screening {#} {Date} to {date} Participation	Screening {#} {Date} to {date} Participation	Screening {#} {Date} to {date} Participation	Screening {#} {Date} to {date} Participation	Screening {#} {Date} to {date} Participation
Male	< 21	{#}	{#}	{#}	{#}	{#}
	22-29	{#}	{#}	{#}	{#}	{#}
	30-39	{#}	{#}	{#}	{#}	{#}
	40-49	{#}	{#}	{#}	{#}	{#}
	50-59	{#}	{#}	{#}	{#}	{#}
	60+	{#}	{#}	{#}	{#}	{#}
Female*	< 21	{#}	{#}	{#}	{#}	{#}
	22-29	{#}	{#}	{#}	{#}	{#}
	30-39	{#}	{#}	{#}	{#}	{#}
	40-49	{#}	{#}	{#}	{#}	{#}
	50-59	{#}	{#}	{#}	{#}	{#}
	60+	{#}	{#}	{#}	{#}	{#}
Total		{Total}	{Total}	{Total}	{Total}	{Total}

* Pregnant women are included in age/gender count, but are excluded from stratification in the Body Composition section of this report.

{COMPANY NAME}

LIPID PANEL AND GYLYCEMIC RESULTS



Cholesterol

Cholesterol is a soft, waxy substance found in the bloodstream and the body's cells. The body needs cholesterol to form cell membranes, hormones, and even some vitamins. However, when cholesterol levels are elevated, there is increased risk for heart attack and stroke. Depending on fasting status, participants were screened on some or all of following blood lipid components:

- Total Cholesterol (TC)
- High Density Lipoprotein (HDL)
- TC/HDL Ratio
- Low Density Lipoprotein (LDL)
- Triglycerides

Total Cholesterol

Total Cholesterol (TC) should be taken into account when evaluating cardiovascular risk.

According to the National Cholesterol Education Program, 'desirable' TC is less than 200 mg/dL. Total Cholesterol levels from 200-239 mg/dL are considered 'borderline high,' and levels of 240 mg/dL or greater are considered 'high risk.' Individuals with TC levels in the 'borderline high' and 'high risk' ranges are twice as likely to develop coronary heart disease as those with levels below 200 mg/dL.^{1, 2, 3}

Table 4. TC Risk Stratification – Frequency

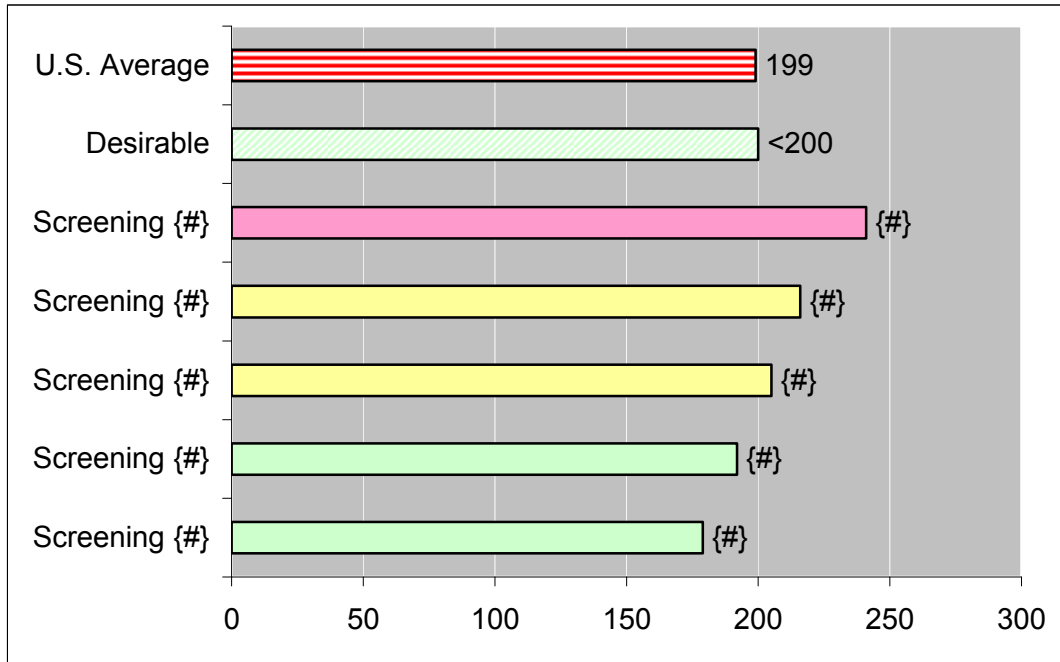
Risk Category	Screening {#} {Date} to {date}	Screening {#} {Date} to {date}	Screening {#} {Date} to {date}	Screening {#} {Date} to {date}	Screening {#} {Date} to {date}
< 200 mg/dL Desirable	{#}	{#}	{#}	{#}	{#}
200 – 239 mg/dL Borderline High	{#}	{#}	{#}	{#}	{#}
≥ 240 mg/dL High Risk	{#}	{#}	{#}	{#}	{#}
Total	{%}	{%}	{%}	{%}	{%}

Table 5. TC Risk Stratification Percent

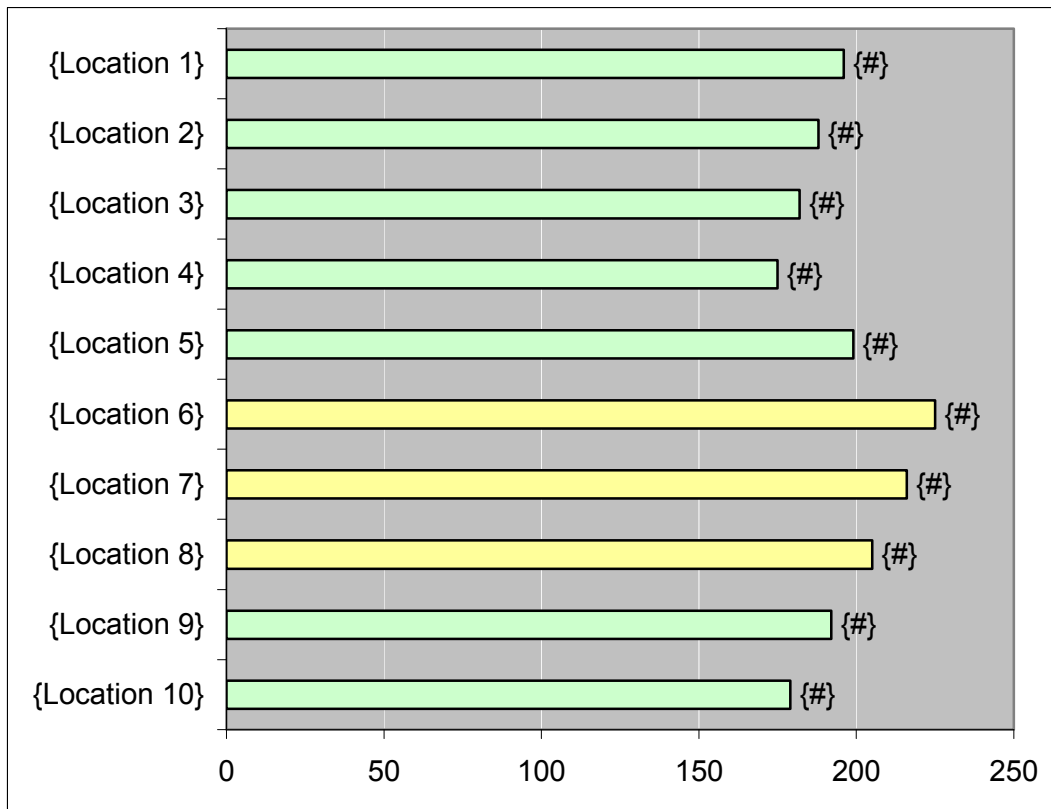
Risk Category	Screening {#} {Date} to {date}	Screening {#} {Date} to {date}	Screening {#} {Date} to {date}	Screening {#} {Date} to {date}	Screening {#} {Date} to {date}
< 200 mg/dL Desirable	{%}	{%}	{%}	{%}	{%}
200 – 239 mg/dL Borderline High	{%}	{%}	{%}	{%}	{%}
≥ 240 mg/dL High Risk	{%}	{%}	{%}	{%}	{%}
Total	{%}	{%}	{%}	{%}	{%}

The average Total Cholesterol for {Company Name} employees is {Number} mg/dL. The national average is 199 mg/dL for Americans aged 20 to 74 years. Approximately 15.7% of Americans aged 20 to 74 have high cholesterol (greater than 240 mg/dL).⁴

Graph 1. Average TC for {Company Name}



Graph 2. Average TC by Location



HDL Cholesterol

High Density Lipoprotein (HDL) is called “Good Cholesterol” because it transports cholesterol from blood vessels and body tissue back to the liver for excretion or reutilization. HDL values of greater than 60 mg/dL are ‘desirable’ and believed to decrease the risk for heart disease. HDL values less than 40 mg/dL for men, and 50 mg/dL for women, may significantly increase an individual’s risk for heart disease.^{1, 3} Approximately {#}% of employees screened have ‘High Risk’ levels of HDL cholesterol.

Table 6. Male HDL Risk Stratification – Frequency

Risk Category	Screening {#} {Date} to {date}	Screening {#} {Date} to {date}	Screening {#} {Date} to {date}	Screening {#} {Date} to {date}	Screening {#} {Date} to {date}
> 60 mg/dL Desirable	{#}	{#}	{#}	{#}	{#}
40 – 60 mg/dL Moderate Risk	{#}	{#}	{#}	{#}	{#}
< 40 mg/dL High Risk	{#}	{#}	{#}	{#}	{#}
Total	{#}	{#}	{#}	{#}	{#}

Table 7. Male HDL Risk Stratification – Percent

Risk Category	Screening {#} {Date} to {date}	Screening {#} {Date} to {date}	Screening {#} {Date} to {date}	Screening {#} {Date} to {date}	Screening {#} {Date} to {date}
> 60 mg/dL Desirable	{%}	{%}	{%}	{%}	{%}
40 – 60 mg/dL Moderate Risk	{%}	{%}	{%}	{%}	{%}
< 40 mg/dL High Risk	{%}	{%}	{%}	{%}	{%}
Total	{%}	{%}	{%}	{%}	{%}

Table 8. Female HDL Risk Stratification – Frequency

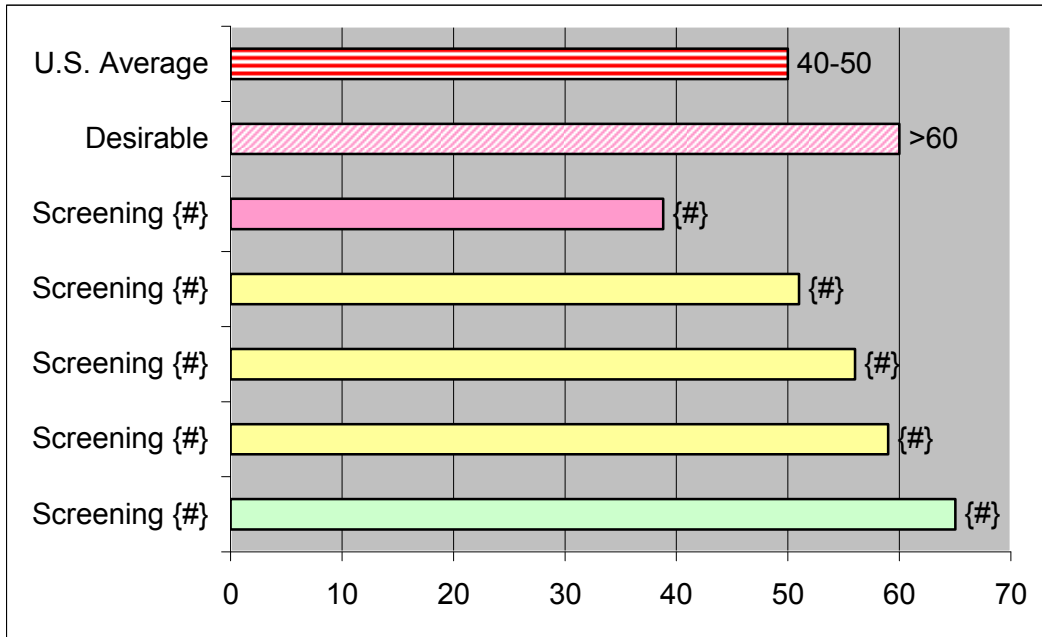
Risk Category	Screening {#} {Date} to {date}	Screening {#} {Date} to {date}	Screening {#} {Date} to {date}	Screening {#} {Date} to {date}	Screening {#} {Date} to {date}
> 60 mg/dL Desirable	{#}	{#}	{#}	{#}	{#}
50 – 60 mg/dL Moderate Risk	{#}	{#}	{#}	{#}	{#}
< 50 mg/dL High Risk	{#}	{#}	{#}	{#}	{#}
Total	{#}	{#}	{#}	{#}	{#}

Table 9. Female HDL Risk Stratification – Percent

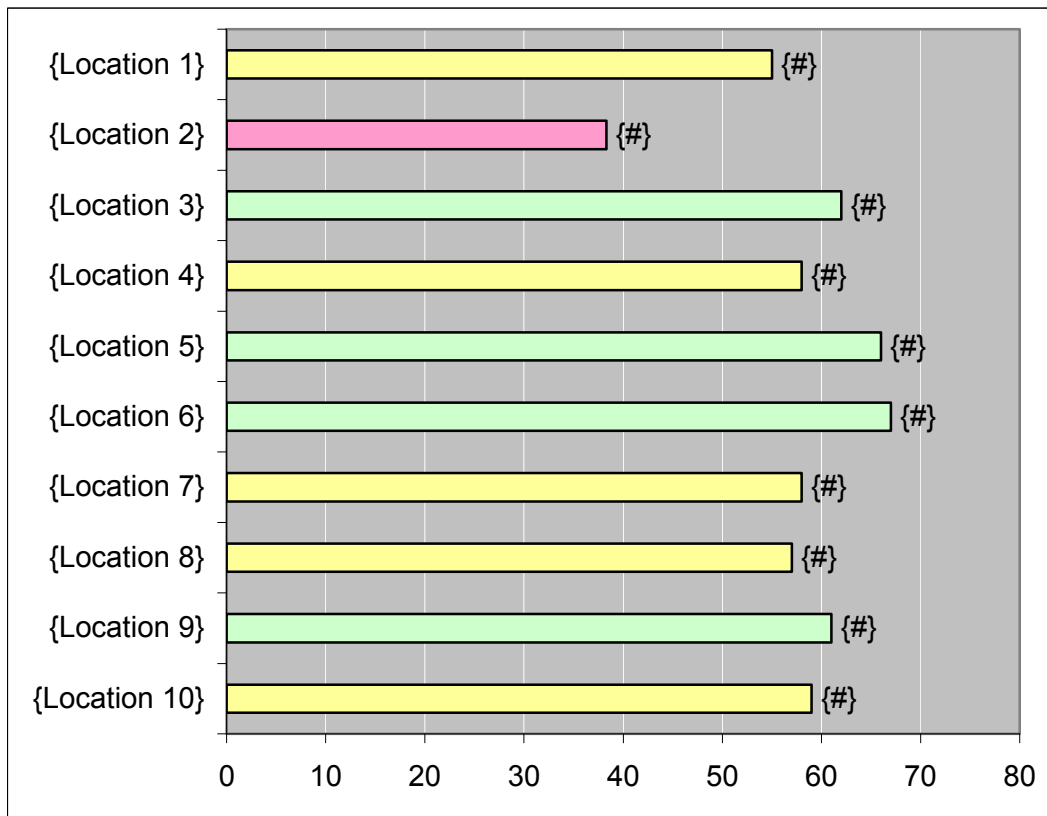
Risk Category	Screening {#} {Date} to {date}	Screening {#} {Date} to {date}	Screening {#} {Date} to {date}	Screening {#} {Date} to {date}	Screening {#} {Date} to {date}
> 60 mg/dL Desirable	{%}	{%}	{%}	{%}	{%}
50 – 60 mg/dL Moderate Risk	{%}	{%}	{%}	{%}	{%}
< 50 mg/dL High Risk	{%}	{%}	{%}	{%}	{%}
Total	{%}	{%}	{%}	{%}	{%}

According to the American Heart Association, the average HDL value for American males ranges from 40-50 mg/dL and the average for females ranges from 50-60 mg/dL.² The average HDL value for male {Company Name} employees is {#} mg/dL, and {#} mg/dL for female employees.

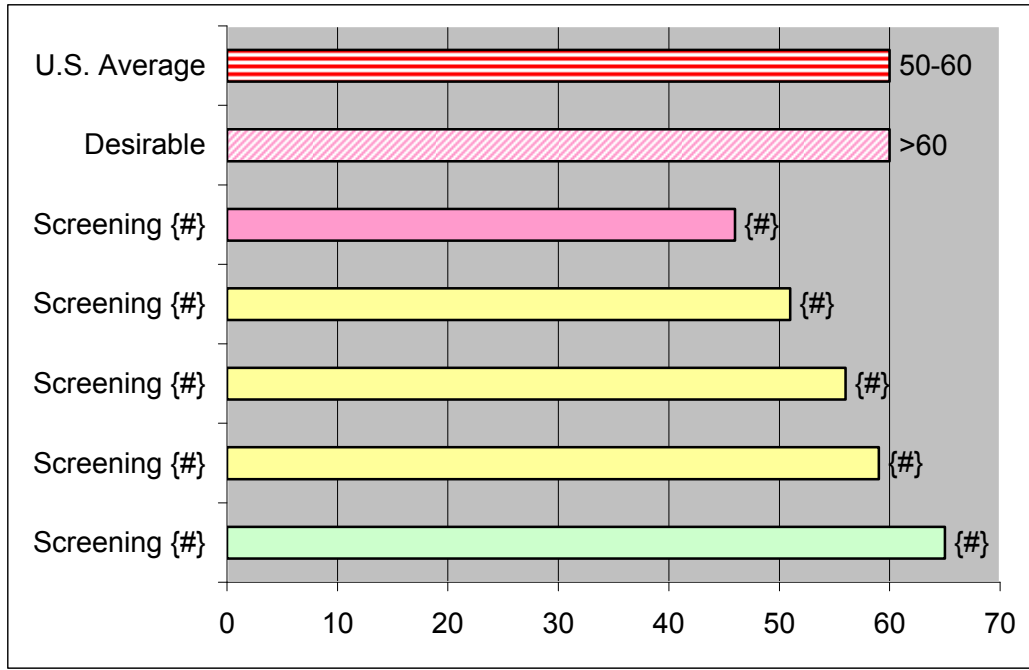
Graph 3. Male Average HDL for {Company Name}



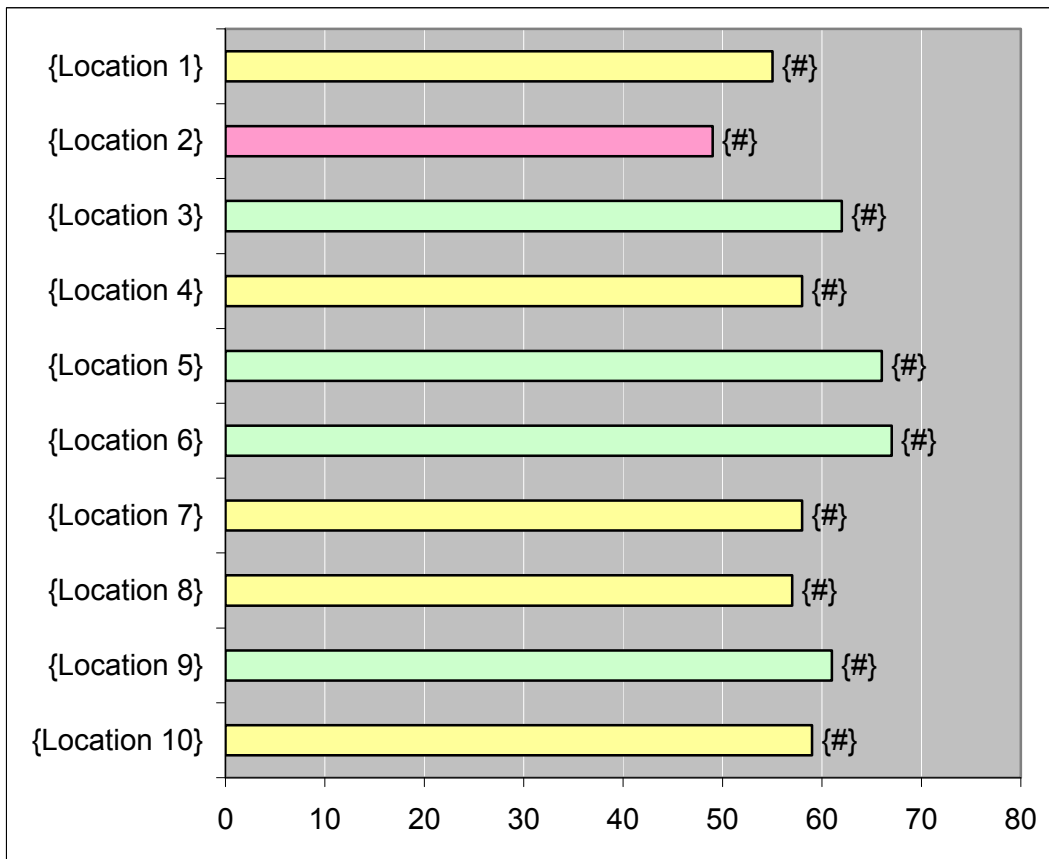
Graph 4. Male Average HDL by Location



Graph 5. Female Average HDL for {Company Name}



Graph 6. Female Average HDL by Location



WHAT TO DO NEXT

Share Results with Senior Leadership

Results likely provide ongoing health improvement program justification, and may even demonstrate the need for increased resource commitment. Keeping senior leaders informed on health improvement program outcomes is a good way to maintain consistent program support.

Compare Assessment Results to Program Goals

Evaluating program outcomes guides the health improvement program effort. Determining what goals have been met, and where additional work is still needed, allows a health improvement program to accomplish results-driven changes. When old goals are met, new standards should be developed to continue the progress.

Target Employees in High-Risk Areas

Employees with critical values should be targeted for program interventions. Participation in lifestyle/disease management programming, health coaching, and other programming initiatives help improve the health of the employee population. Employees meeting the criteria for metabolic syndrome are at an increased risk for critical health incidents such as heart attack and stroke and should be a focus of the health improvement effort.

Continue to Assess the Health of {Company Name} Employee Population

Employee populations are dynamic. It is important to constantly monitor population health to identify areas of need, and evaluate the health improvement program.

Review Strategic Plan

Having updated health assessment and biometric results provide a good opportunity to revise the organization strategic plan. Such a review can determine appropriate program mix, resource allocation, feasible timelines, and the need for other evaluation outcome measures. In most cases a third-party or peer review can provide valuable insight regarding suggested strategic plan modifications.

Cost Outcomes

Having updated biometrics also presents an opportunity to plan out or provide additional evaluation outcomes such as cost saving data related to percent of health care claims associated with lifestyle, health-related productivity costs, presenteeism, and health related absence costs. It is recommended that the evaluation strategy is part of the strategic plan. Having the evaluation plan account for short- and longer-term outcomes ensures there is frequent cost outcomes data to share with senior management.

For assistance with any of these next steps contact Summit Health.

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