

HPMC OCCUPATIONAL
MEDICAL SERVICES

Hanford Health & Productivity
Symposium

Occupational Health & Wellness

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MEDICAL SERVICES

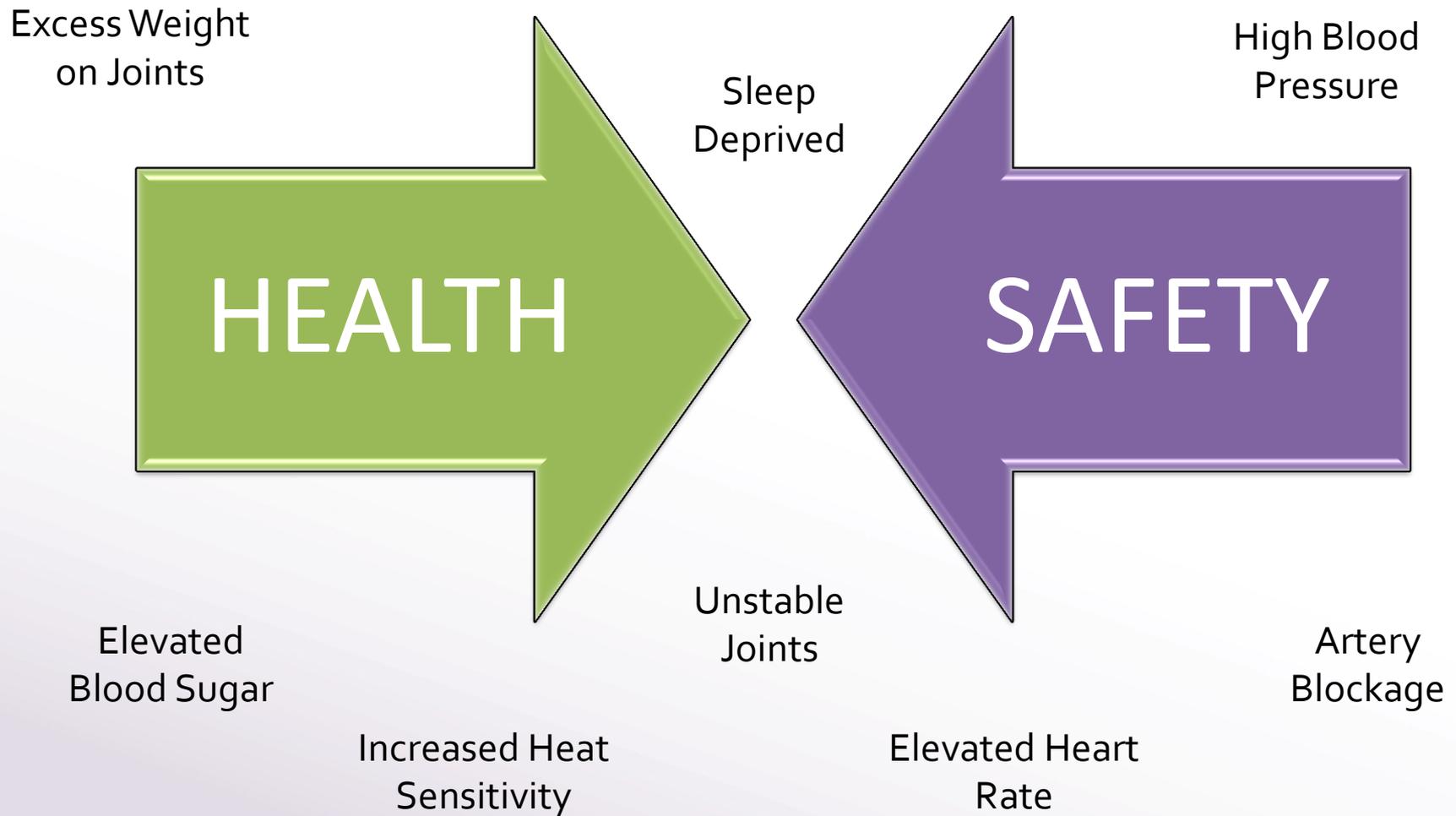
Health IS safety

Paul Rudis, RCEP
Exercise Physiologist



- ◆ In what ways can your health status be detrimental to your safety at work?
- ◆ How often do you assess your own health? Can others be affected by your health status?
- ◆ Do you view your health as something that you can control?
- ◆ Can you see how and why health and safety are connected?

A significant connection



Hanford BMI Categories



Body Mass Index (BMI)

19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40+



Normal



Overweight



Obese
Class I

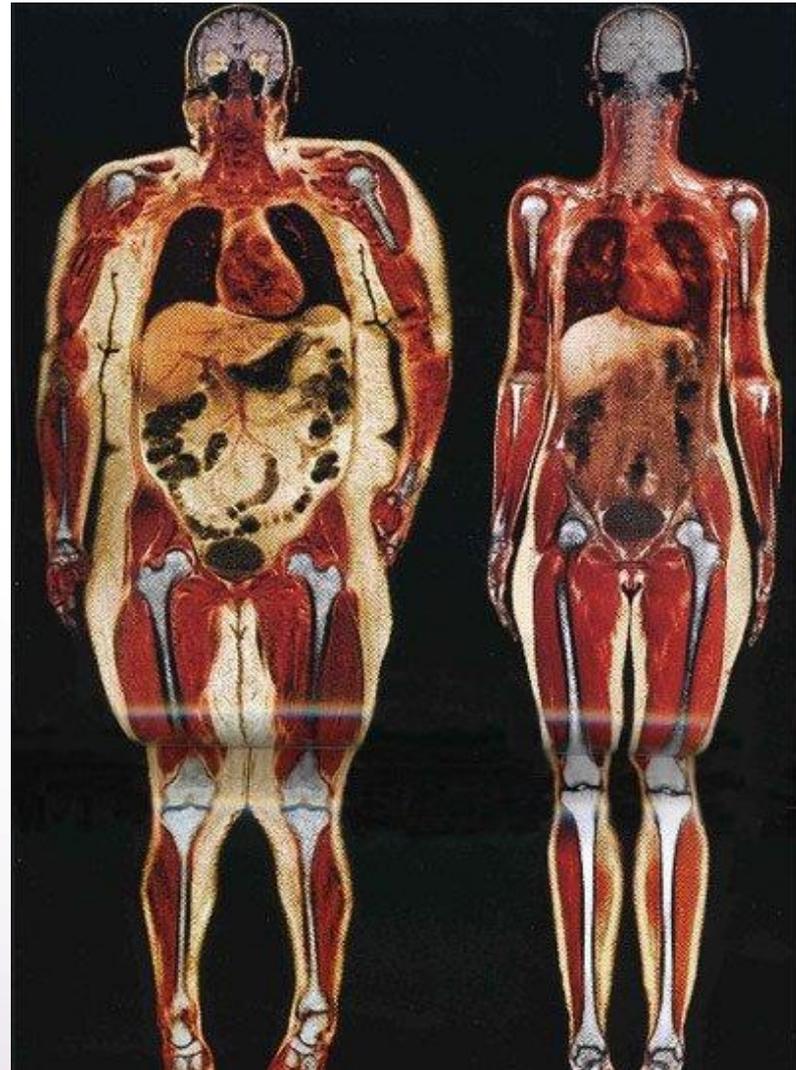
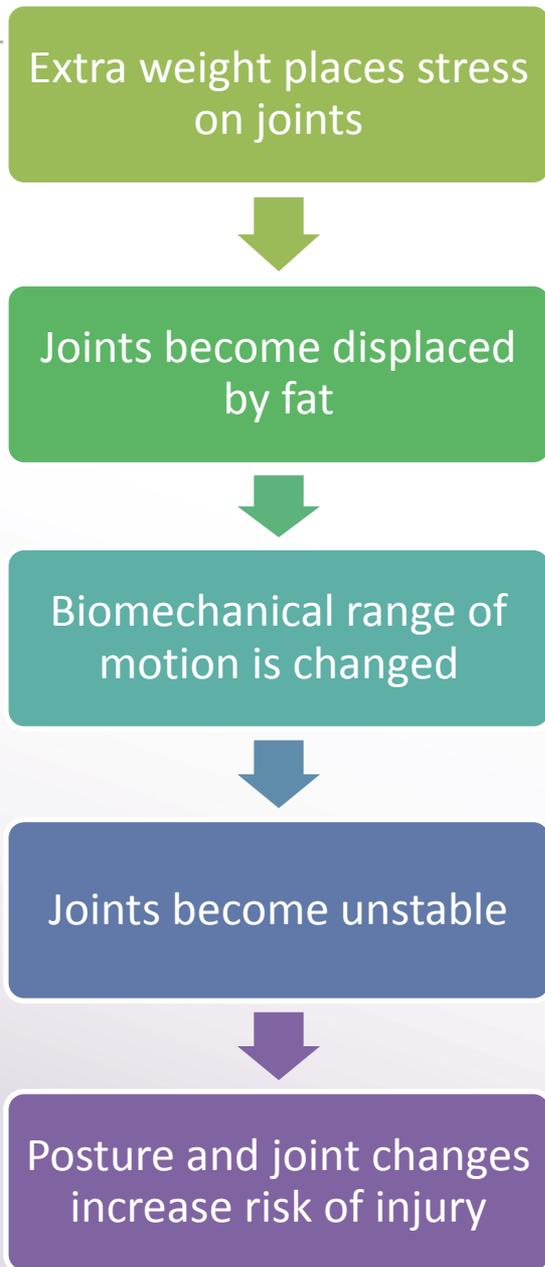


Obese
Class II

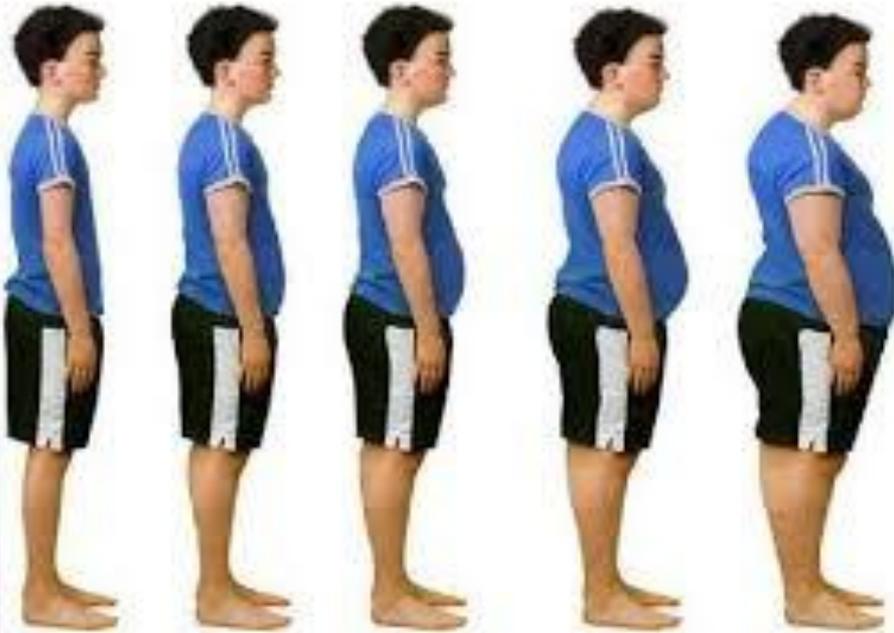


Obese
Class III

Obesity & Joint Problems



COG and Posture: Obesity related changes



- ◆ Carrying extra weight (mostly in the abdominal area) causes the body's center of gravity to shift forward
- ◆ Your body attempts to counter-balance by tilting the pelvis forward, rounding the mid-back shifting it backwards, and moving the head/neck forward
- ◆ Also increases pressure on spinal discs and causes extensive amounts of muscle imbalance.

Youth may not be the answer

	2009	2010	2011	2012	2013
Age:	22	23	24	25	26
Height:	71"	71"	71"	71"	71"
Weight/lbs.:	234	242	279	275	310
Body comp %:	27.6	28.5	34	35.5	38.2

Common Health Issues

- ◆ Obesity
- ◆ High blood pressure
- ◆ High cholesterol
- ◆ Diabetes and associated symptoms
- ◆ Poor aerobic conditioning
- ◆ Poor muscular strength
- ◆ Decreased coordination/balance
- ◆ Multiple medications
- ◆ Sleep disorder
- ◆ Fatigue
- ◆ Stress (mental/physical)

Sitting all day is bad news

As soon as you sit:

- ◆ Leg muscle activity shuts down.
- ◆ Calorie burn drops to 1 per minute.

After 2 hours:

- ◆ Good cholesterol drops.
- ◆ Insulin effectiveness drops, diabetes risk rises.

6 or more hours per day:

- ◆ Heart disease risk significantly increases.
- ◆ Life expectancy decreases.

Sitting all day is bad news

2 weeks of sitting more than 6 hours per day:

- ◆ Increased plasma triglycerides, LDL cholesterol and insulin resistance.
- ◆ Muscles atrophy and no longer effectively take up blood sugar.
- ◆ VO2 max declines.

After one year of sitting more than 6 hours per day:

- ◆ Weight gain
- ◆ High cholesterol
- ◆ Decreased bone mass

Sitting all day is bad news

Turning it around:

- ◆ Sit/Stand workstations- Stand as often as possible, while talking on the phone or reading reports.
 - ◆ Treadmill desks in common multi-use areas.
 - ◆ Be active during down time.
 - ◆ Fitness/Wellness stations. (Think of these like an AED)
 - ◆ Active meetings.
 - ◆ Learn exercises to perform at your workstation.
 - ◆ Take the stairs.
 - ◆ Get daily moderate to vigorous exercise.
- 

Ergonomics of the sit/stand workstation



Sit/stand workstations have benefits for both the employee and the employer. Health, injuries, productivity, benefits cost.





Benefits of Exercise vs. Common Site Safety Concerns

BENEFITS

- ◆ Improves posture
- ◆ Improves balance and mobility
- ◆ Injury prevention
- ◆ Increases strength and endurance
- ◆ Improves aerobic capacity
- ◆ Reduces or eliminates need for certain medications
- ◆ Improves heat tolerance
- ◆ Reduces physical and mental stress
- ◆ Weight loss and maintenance

COMMON SAFETY CONCERNS

- ◆ Slips, trips and falls
- ◆ Sprains and strains: back, shoulder, etc.
- ◆ Heat stress
- ◆ Upper extremity ergonomics

Hanford Culture

- ◆ Unhealthy overtime meals, including desserts
- ◆ Safety culture is well-established, but the health culture is not
- ◆ Overtime concerns with chronic health conditions
- ◆ Food-centered events/rewards
- ◆ Sedentary jobs and few safe walking areas
- ◆ Lack of healthy options on Site
 - Vending machines
 - Lunch trucks
 - Physical activity

Health Culture Opportunities

- ◆ Active meetings
- ◆ Sit/Stand workstations
- ◆ Treadmill desks
- ◆ Fitness/Wellness stations
- ◆ Modify food rewards
- ◆ Increase healthy options for food
- ◆ Move **Health** to the top of your personal and professional goals
- ◆ Take the excellent safety framework already in place and apply it to achieving a healthier workforce

Other Services: 376-3939

Work Conditioning

- ◆ Work Conditioning
 - Injury Rehabilitation
 - Cardiopulmonary Conditioning
- ◆ Preventive Exercise
 - Injury Prevention
 - Fitness Assessment
 - Design Exercise Program
- ◆ Ergonomic Assessments

Health Education

- ◆ One on One
 - Wellness Coaching
 - Tobacco Cessation
 - Weight Management
- ◆ Health Fairs
 - BP, Body Comp, Weight
- ◆ Health Challenges
- ◆ WorkFit Leader Training
 - First Working Friday of the Month @ Hammer

Visit our Website:
www.hanford.gov/health

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If I knew then what
I know now...

Daily Stretch

GUIDELINES

- Never stretch to the point of pain.
- Do not bounce. Use slow, controlled movements.
- Do not hold your breath.
- Breathe normally and relax while stretching.
- Hold each stretch position 10 seconds.
- Repeat on opposite side when applicable.

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October - 2012

1 SHOULDER & SIDE NECK

Place arm behind back, reaching toward opposite shoulder blade. Tilt head to side of straight arm.



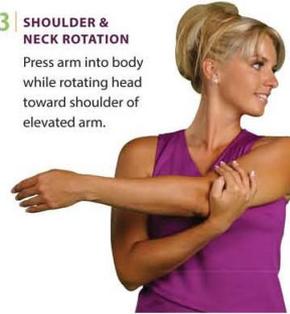
2 3-WAY NECK

Bend neck diagonally at 45 degree angle to right and hold. Repeat for the center and left positions.



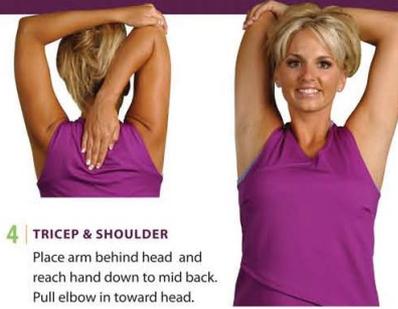
3 SHOULDER & NECK ROTATION

Press arm into body while rotating head toward shoulder of elevated arm.



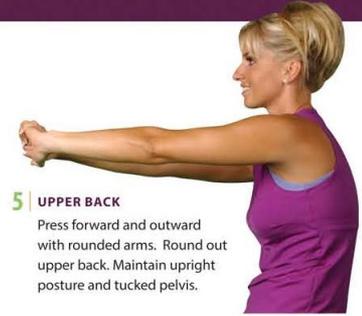
4 TRICEP & SHOULDER

Place arm behind head and reach hand down to mid back. Pull elbow in toward head.



5 UPPER BACK

Press forward and outward with rounded arms. Round out upper back. Maintain upright posture and tucked pelvis.



6 FOREARM FLEXORS & EXTENSORS

Grasp palm side of hand, fingertips pointing up. Keep elbow straight and pull hand toward body. Repeat with fingertips pointing down.



7 HAND, WRISTS & FINGERS

Separate and straighten fingers and hold. Next, bend at knuckles and hold. Finish by making fist and curling wrists in.



8 TRUNK SIDE BEND

Place hand on hip. Fully extend free arm by reaching up and overhead.



9 QUADRICEPS

Holding a solid support, bend leg back. Keep knee in line with hip and tuck pelvis forward.



10 HAMSTRINGS & LOWER LEG

Extend leg out with toes pointing up. Bend forward at hips, while maintaining flat back.



11 LOW BACK EXTENSION

Place your hands on your low back and arch back gently. Your neck should remain fairly straight.



12 HIP & PIRIFORMIS

Cross leg over so foot is resting on opposite knee. Maintain flat back and bend forward at hips. Bring chest out toward leg.



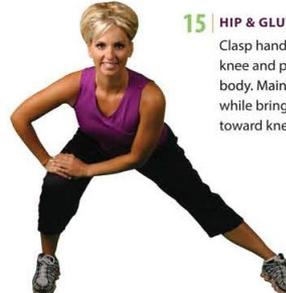
13 BACK ROTATION

Place arm on outside of opposite leg and apply pressure to rotate torso. Use chair to assist with rotation movement.



14 INNER THIGH

From a wide stance, feet forward, shift weight to one side. Bend forward at hips, while maintaining flat back.



15 HIP & GLUTEALS

Clasp hands around knee and pull in toward body. Maintain flat back, while bringing chest out toward knee.

16 LOW BACK & HAMSTRINGS

Extend leg out on chair. Bend forward at hips, keeping shoulders back and back flat. Repeat with toes pointed forward.



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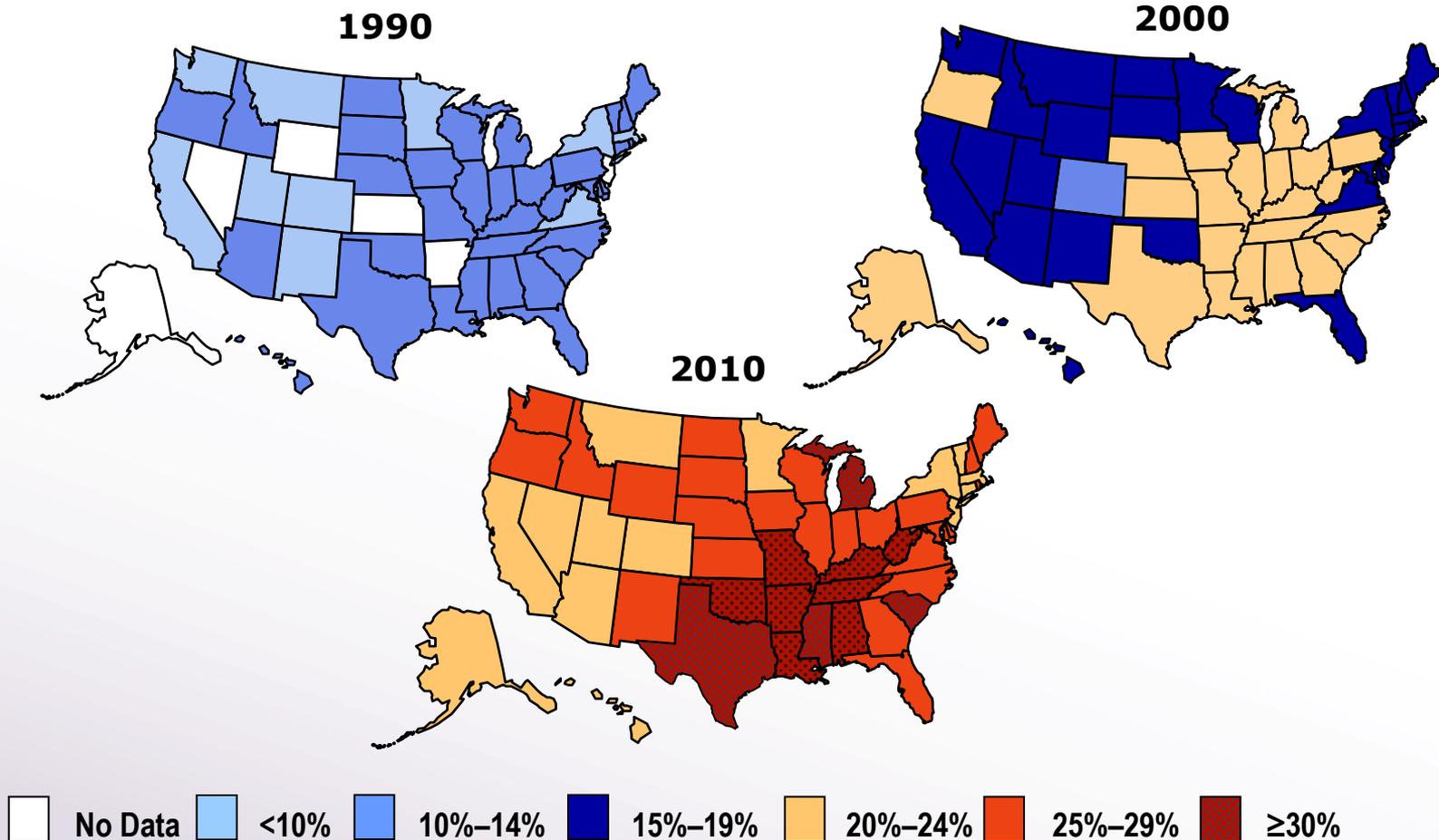
The Cost of Obesity at Hanford

Kelly Harnish, MPH, MCHES
Health Education Specialist

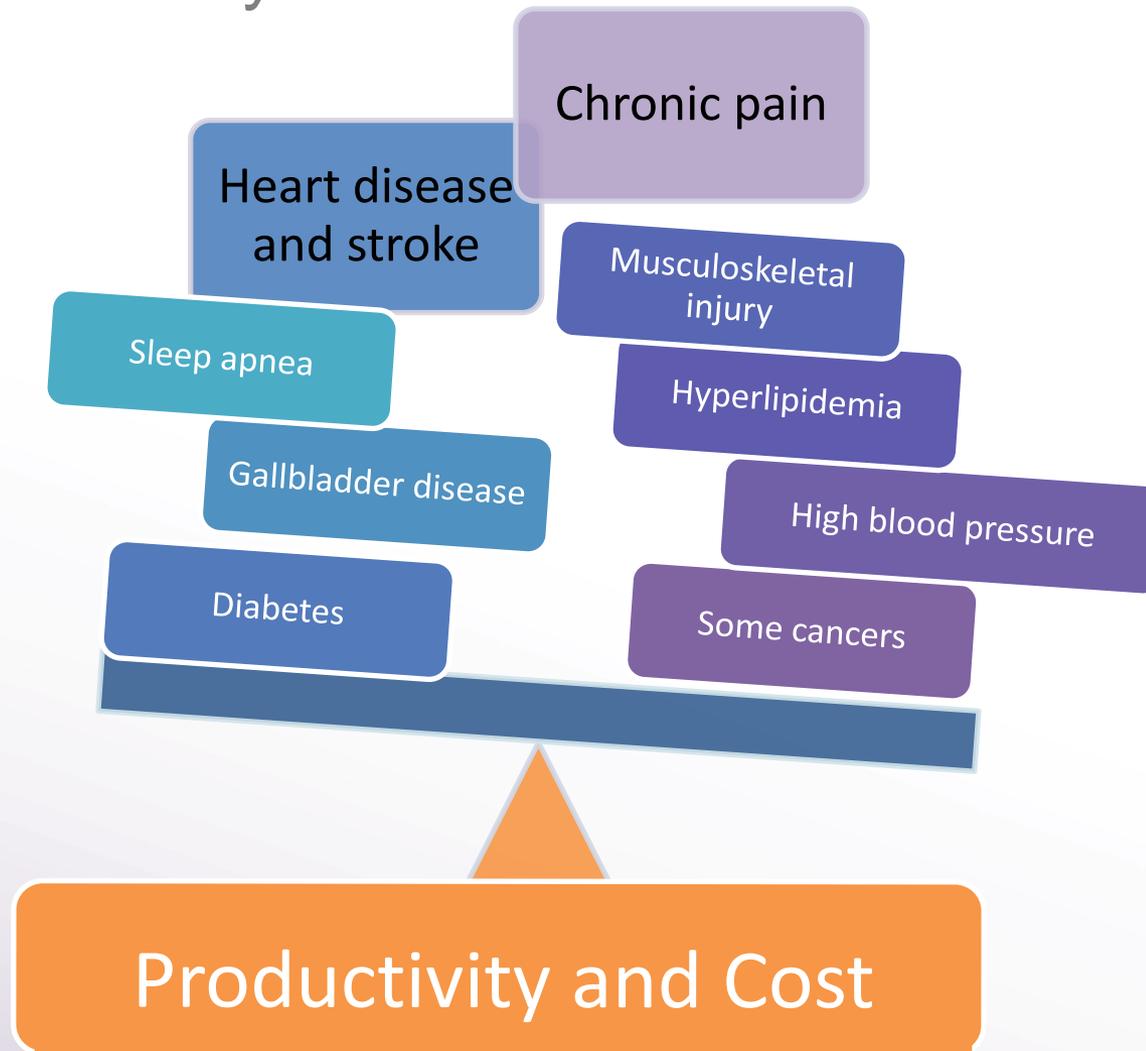
Obesity Trends* Among U.S. Adults

BRFSS, 1990, 2000, 2010

(*BMI ≥ 30 , or about 30 lbs. overweight for 5' 4" person)



Effects of Obesity



Financial Burden of Obesity

Over **72 million** US adults categorized as obese

Obese individuals on average have annual medical costs that are **\$1429 higher** than people of normal weight

The national costs associated with obesity were **\$152 billion** in 2012

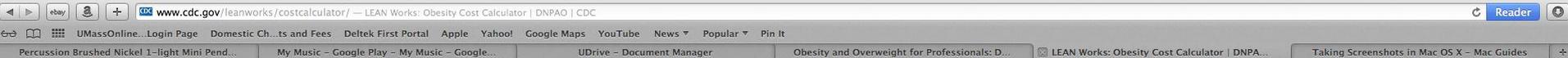
Projections in Trends

- ◆ Trust for America's Health (TFAH)
 - No state would have an adult obesity rate <44% by 2030.
 - WA: obesity rate 55.5% and costs rise 21.6%
 - If BMIs are lowered by 5%, WA would save 7.4% of healthcare costs... 15 billion dollars.
- ◆ RTI International: savings of keeping the obesity rates from getting worse = \$549 billion saved over 20 years

What will obesity at Hanford **cost** in 2020 if the BMI rates continue to rise?



The CDC Obesity Cost Calculator



CDC Home
Centers for Disease Control and Prevention
 CDC 24/7: Saving Lives. Protecting People.™

A-Z Index A B C D E F G H I J K L M N O P Q R S T U V W X Y Z #

CDC's LEAN Works! - A Workplace Obesity Prevention Program

Step By Step

- Introduction
- Why
- Plan
- Build
- Assess

Additional Resources

- Obesity Cost Calculator**
- Calculate Cost of Overweight and Obesity
- Information About Estimations
- Frequently Asked Questions (FAQ)
- Estimations and Practices
- Tools Index
- State Toolkits and Resources
- Glossary
- Site Map
- References
- Web Site Contributors

Obesity Cost Calculator

Obesity is increasingly affecting workers all over the world. Many organizations realize the need to assess the costs of obesity as it relates to their bottom line. Forward thinking organizations are looking for ways to quantify the magnitude of this challenge and to assess the options and benefits of providing interventions and incentives to better manage the health of their employees.

CDC's **Obesity Cost Calculator** uses input data provided by human resources or benefits personnel to calculate an estimate of the costs to an organization that are obesity related. More specifically, the Obesity Cost Calculator:

- Estimates the costs of obesity based on characteristics of your company. These include costs for medical expenditures and the dollar value of increased absenteeism resulting from obesity.
- Costs are estimated separately for four groups based on Body Mass Index (BMI); measured as weight in kilograms divided by height in meters squared).¹⁹⁴

Before You Calculate

- Weight-based Discrimination
- Obesity Cost Calculator Worksheet (DOC-492k)

Ready?

Calculate Cost of Obesity

Related Links

- Healthy Weight
- Overweight and Obesity
- Division of Nutrition, Physical Activity, and Obesity

Microsoft Word

Description: Microsoft Word is a word processing program used to create and edit text documents. Text in Word documents can be easily modified or copied for use in other applications.
File extensions: .doc, .rtf
Viewing: If you do not already have Word, you can [download Word Viewer for free*](#).

Developed by RTI International and funded by the CDC

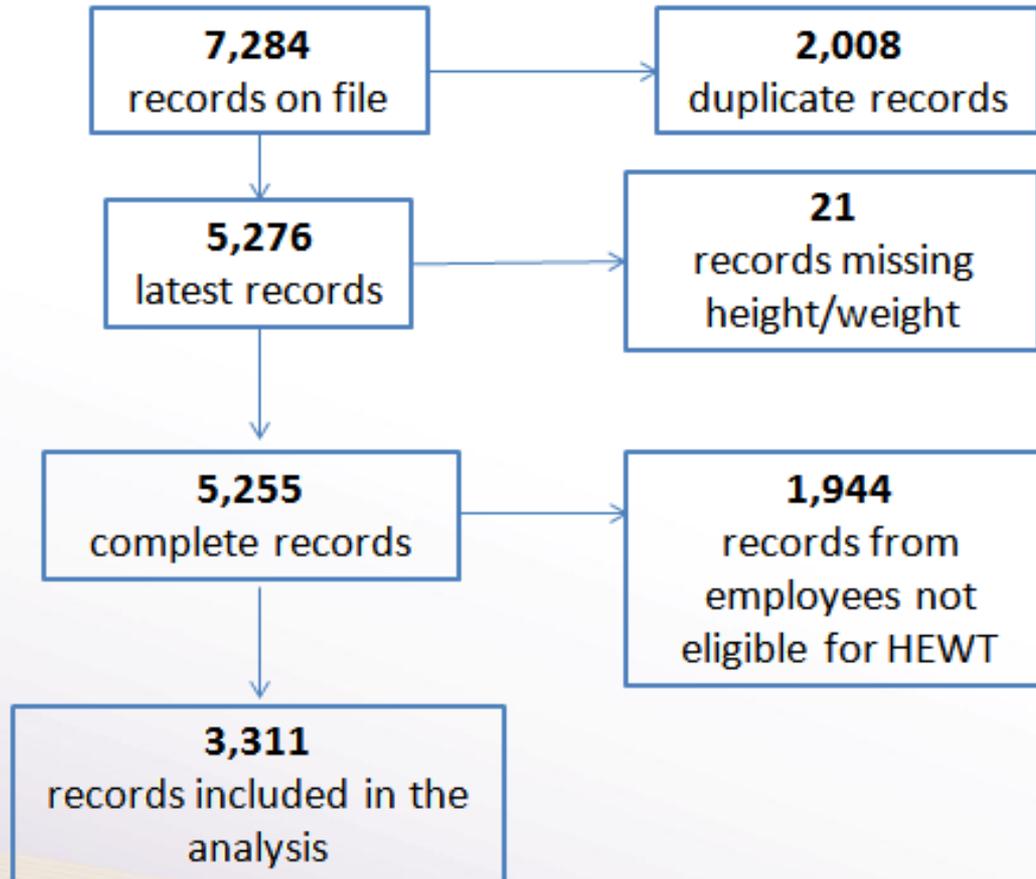
Inclusion Criteria

- ◆ The employees included in this study work for primary- and sub-contractors of the DOE Hanford Site and are eligible for Hanford Employee Welfare Trust benefits.
- ◆ Mission Support Alliance (MSA)
- ◆ CH2M Hill Plateau Remediation Company (CHPRC)
- ◆ Washington River Protection Services (WRPS)
- ◆ Advanced Technologies and Laboratories International, Inc. (ATL)
- ◆ Employees of the above contractors and subcontractors who are:
 - active employees
 - on disability leave

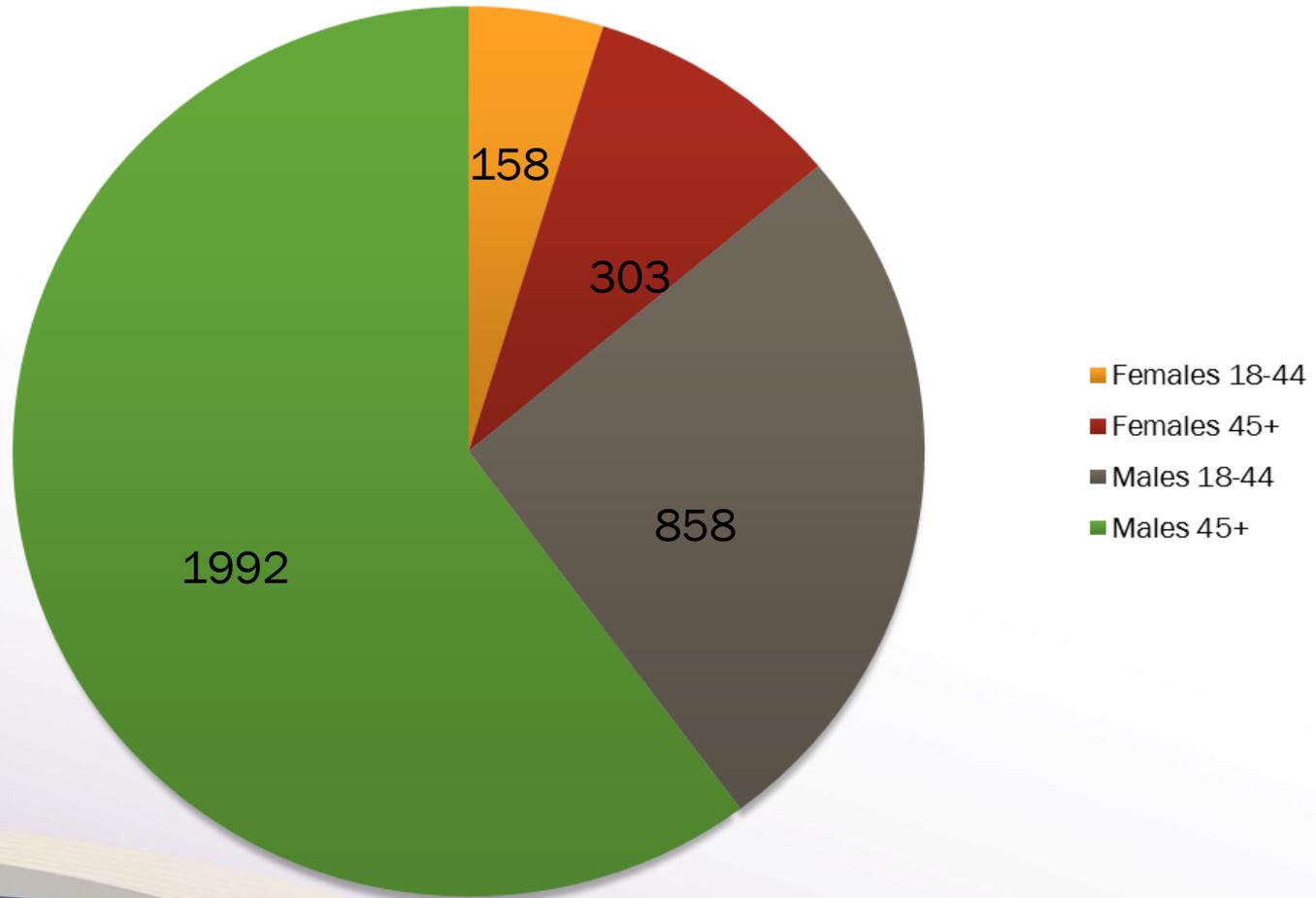
Obesity Cost Calculator Variables

Variable	Source
Type of industry	HEWT human resources
Location	HEWT human resources/HPMC OMS
Employee BMI by gender and age	HPMC OMS
Default values for medical expenditures	BRFSS data
Number of employees by gender and age	HPMC OMS
Default wages and benefits	U.S. Current Population Survey
Percent of employees receiving benefits	HEWT human resources

Demographic Records Flowchart



Employees by Sex and Age (N)

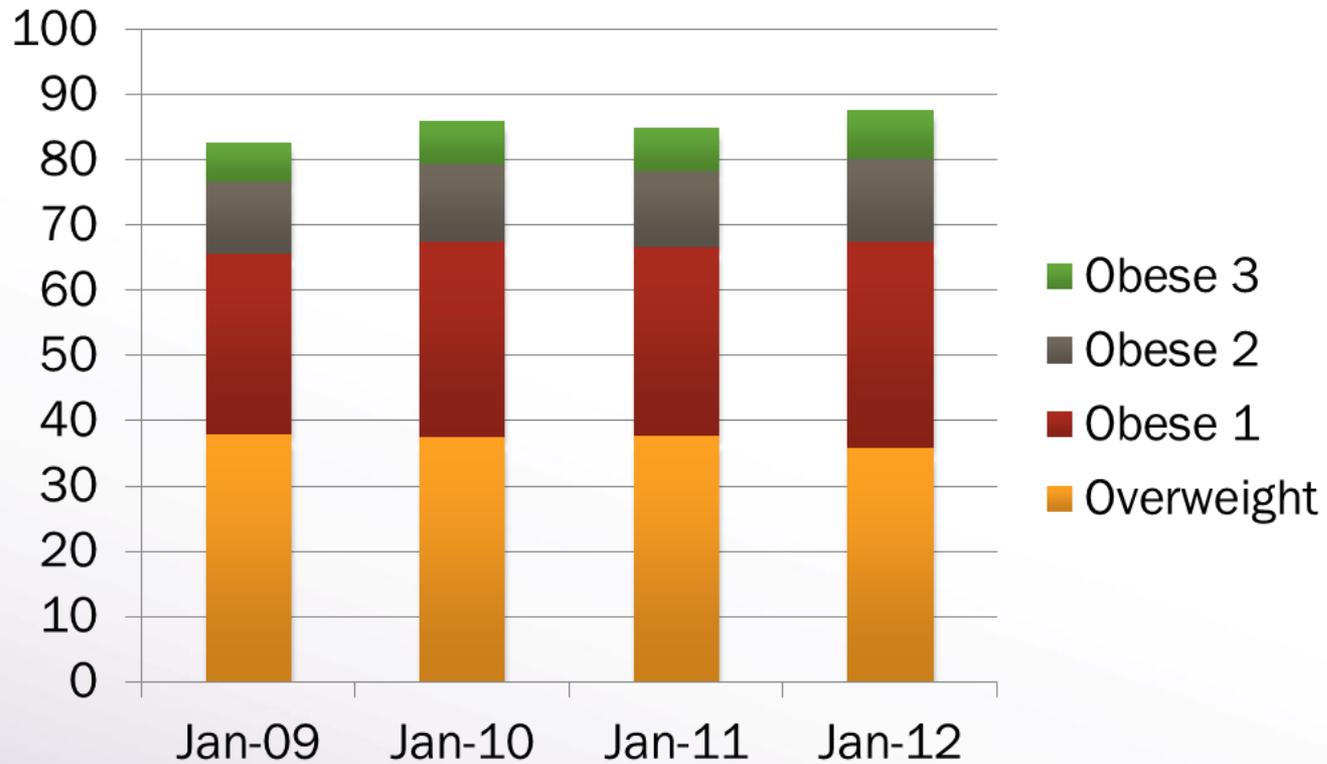


Employee Wages & Benefits

Employees without benefits (wages only)	
Males aged 18-44	\$28.18
Males aged 45+	\$36.83
Females aged 18-44	\$21.66
Females aged 45+	\$24.78
Employees with benefits (wages + benefits)	
Males aged 18-44	$\$27.71 + \$9.14 = \$36.85$
Males aged 45+	$\$36.22 + \$11.95 = \$48.17$
Females aged 18-44	$\$21.30 + \$7.03 = \$28.33$
Females aged 45+	$\$24.37 + \$8.04 = \$32.41$
Percentage of employees with benefits	92%

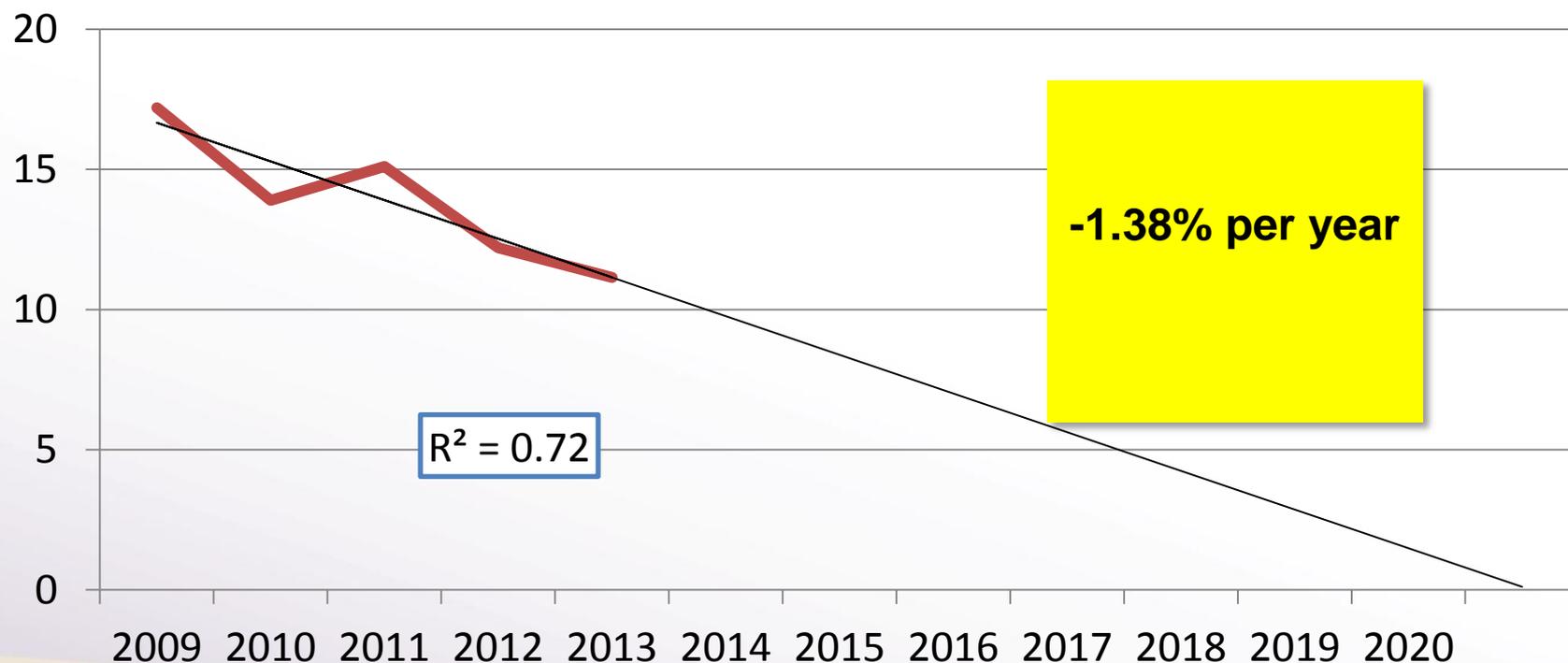
Default data from the 2008 Current Population Survey (CPS) from the U.S. Bureau of the Census (N=64,504)

Overweight and Obesity Entire Workforce



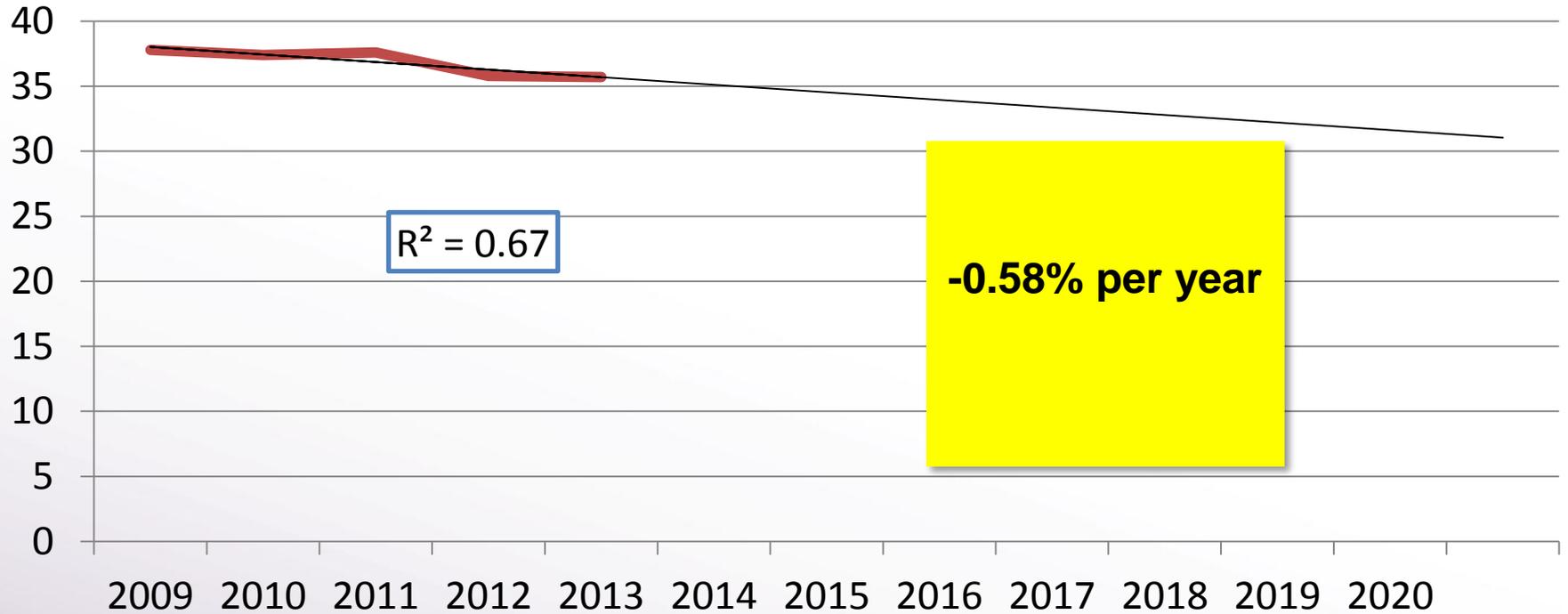
Simple Linear Regression

Normal Weight



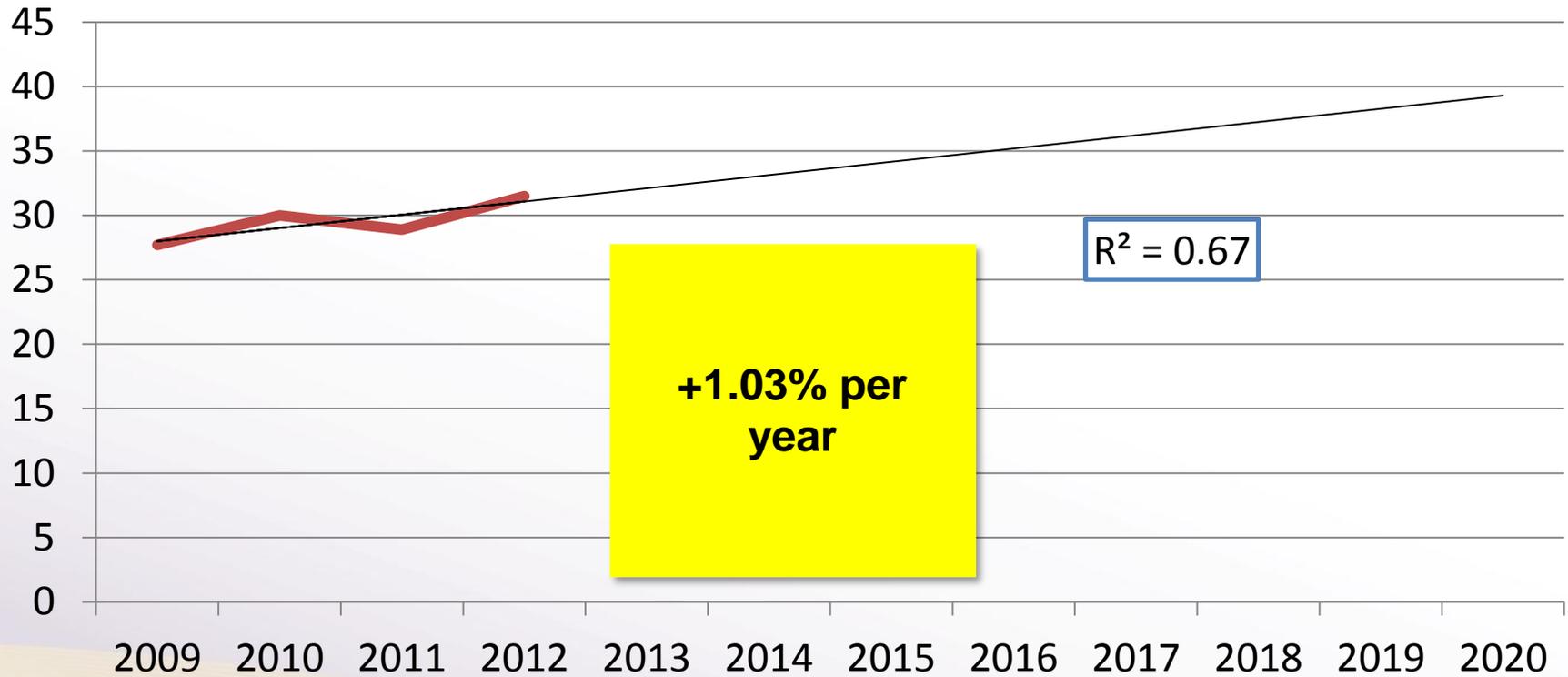
Simple Linear Regression

Overweight

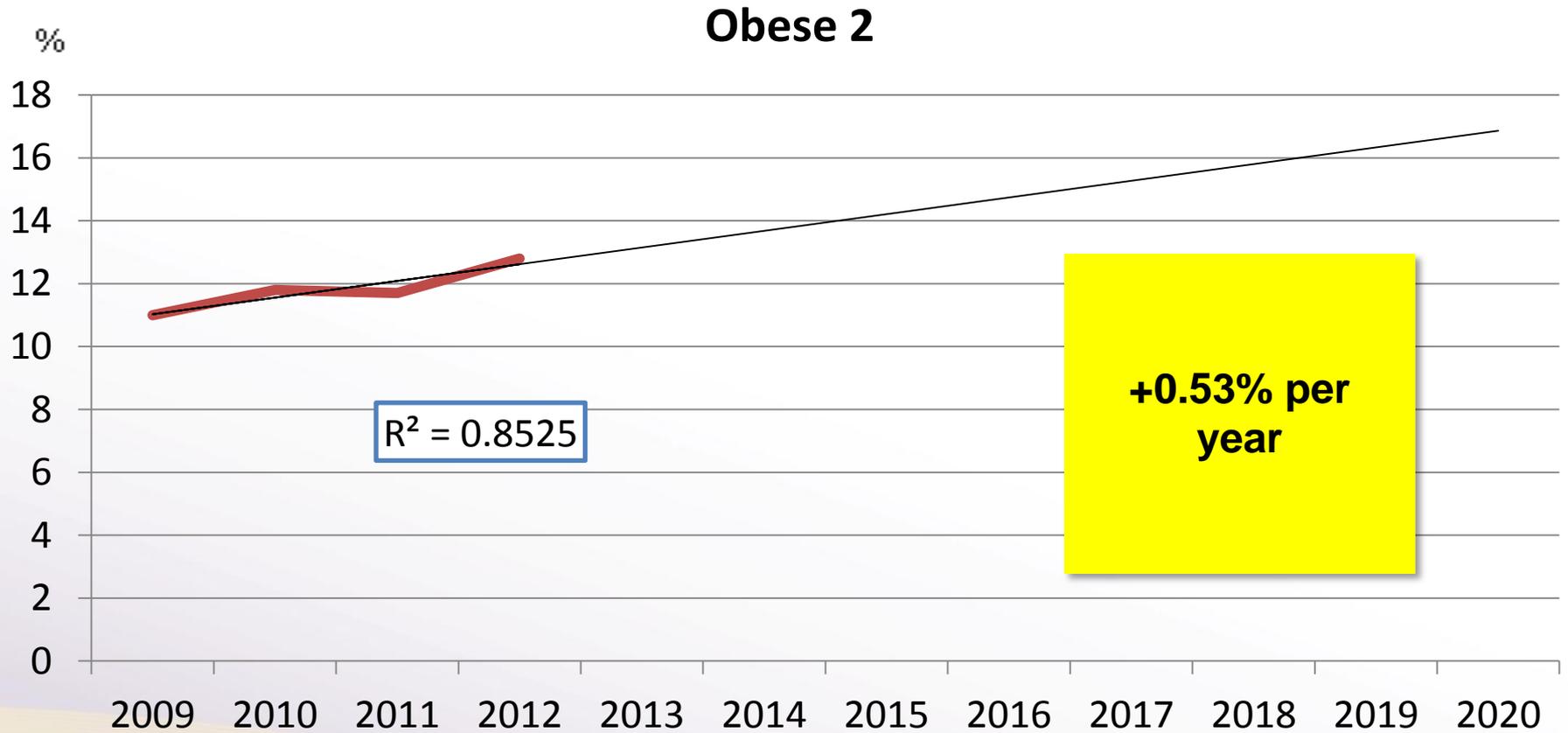


Simple Linear Regression

Obese 1

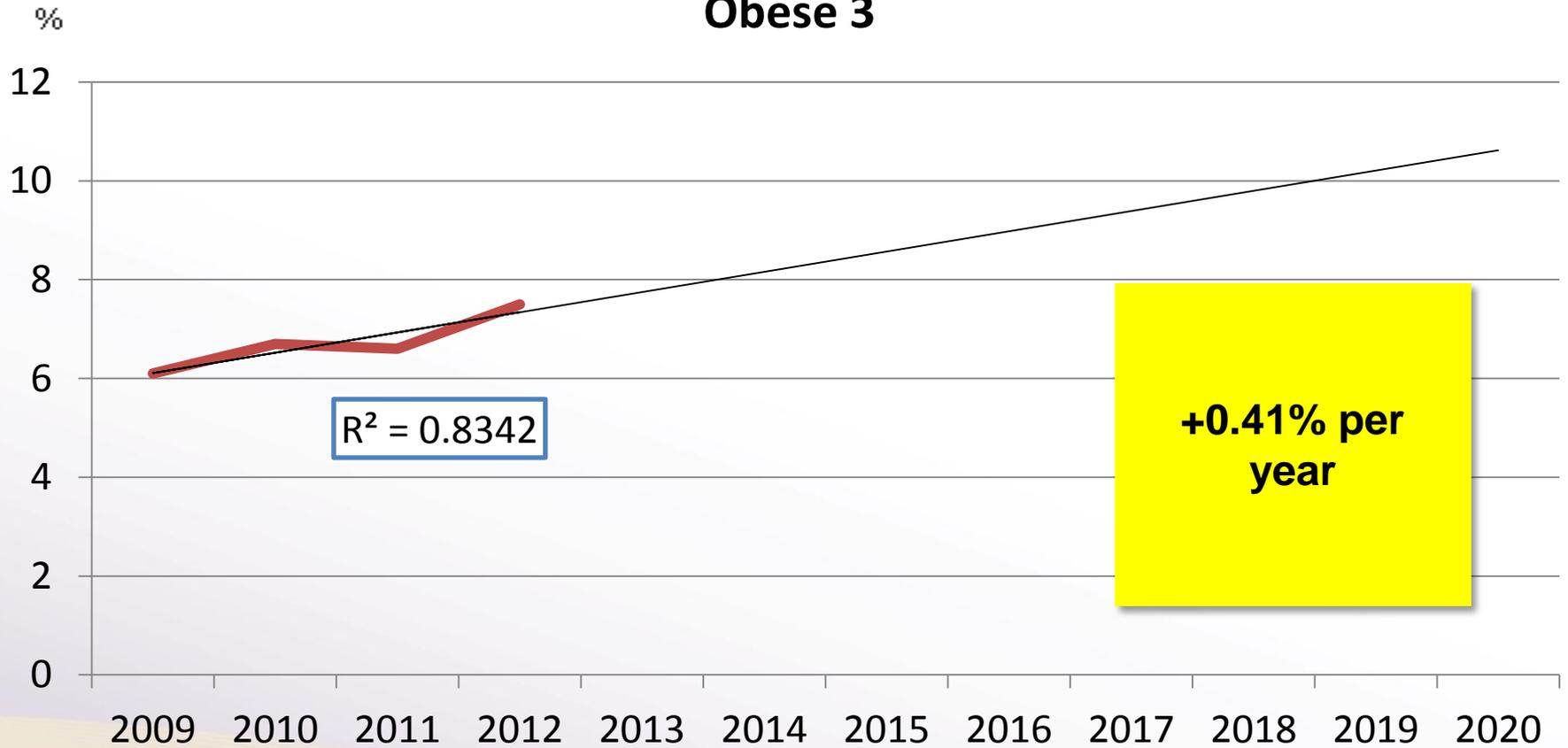


Simple Linear Regression

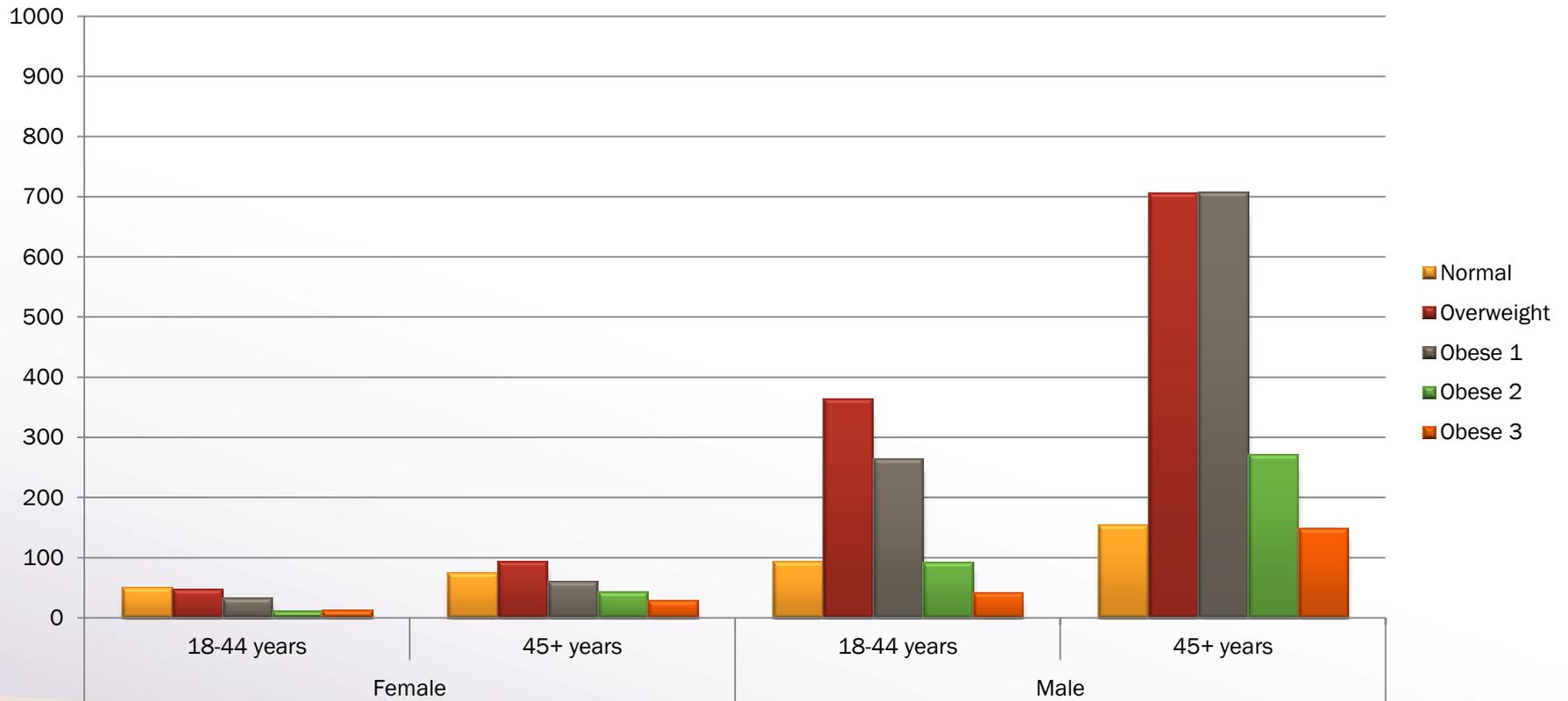


Simple Linear Regression

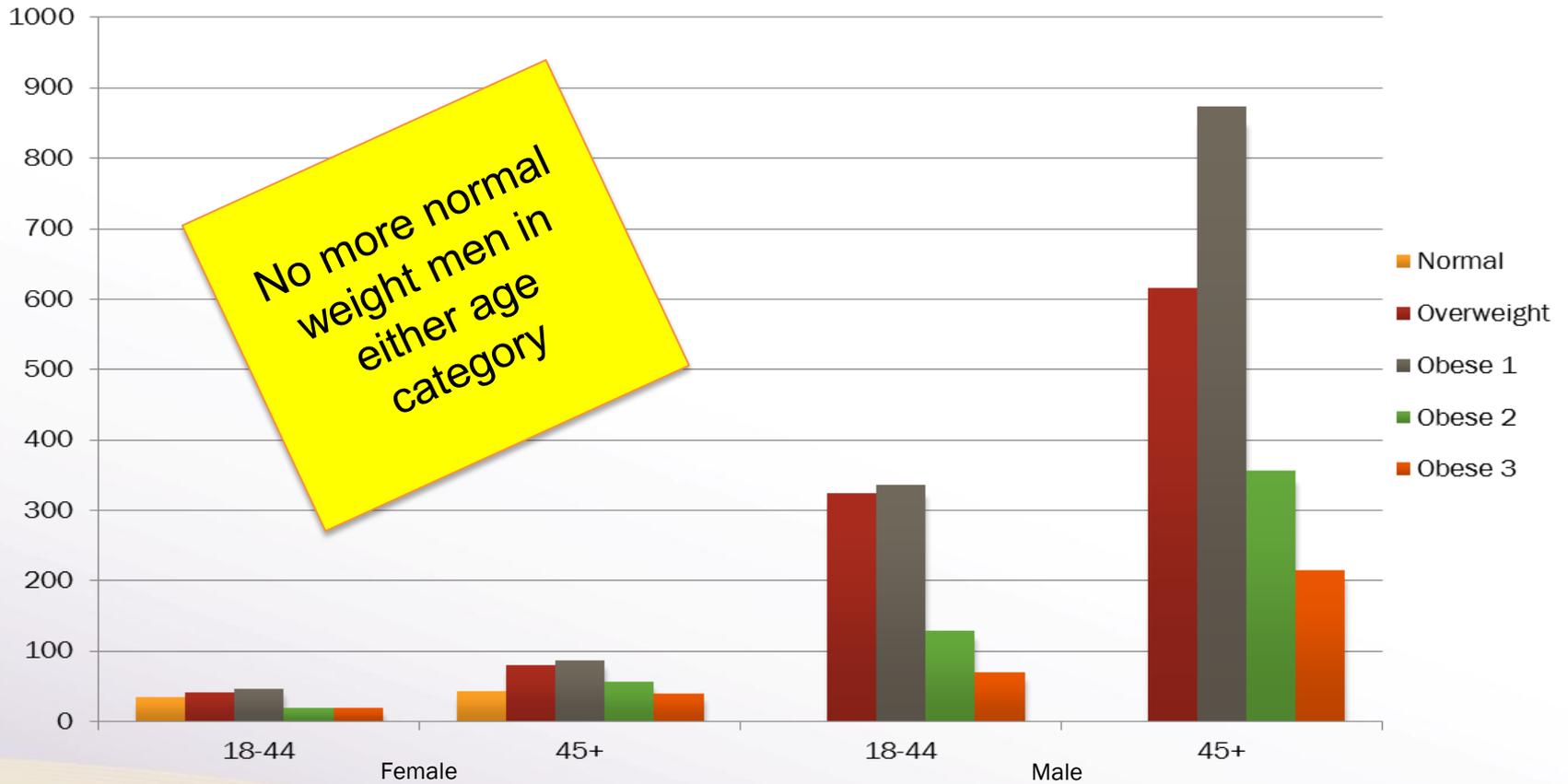
Obese 3



Eligible Employee BMI by Sex and Age 2012 (N)



Eligible Employee BMI by Sex and Age 2020 (N)



Obesity-Related Health Conditions

	BMI <25	BMI 25.0-29.9	BMI 30.0-34.9	BMI 35.0-39.9	BMI 40+
Hypertension	6.4	12.5	21.8	28.8	36.9
CVD	4.0	4.4	5.9	7.0	8.9
Diabetes	1.5	3.3	7.0	12.5	16.2
High Cholesterol	5.9	11.0	14.0	15.4	15.4
Arthritis	12.0	14.7	19.5	23.0	28.1
Asthma	3.0	3.0	4.4	4.8	7.9
Depression	6.1	6.1	7.1	9.4	13.7
Injury	16.8	18.2	18.7	21.8	24.0
COPD	3.2	3.2	4.7	5.7.	6.8
Back Disorders	10.1	11.4	12.3	13.0	14.3

Estimations from NHANES (N=3,955), BRFSS (N=180,144), NHIS (N=13,784)

Costs Attributed to High BMI in 2012

	BMI 25.0-29.9	BMI 30.0-34.9	BMI 35.0-39.9	BMI 40+	Total
Total medical and work loss costs \$(%)	\$540,700 (15%)	\$1,302,200 (37%)	\$964,300 (28%)	\$688,800 (20%)	\$3,496,000 (100%)
Annual medical \$(%)	\$378,300 (15%)	\$861,500 (35%)	\$775,400 (31%)	\$474,400 (19%)	\$2,489,600 (100%)
Prescription	\$125,300	\$290,400	\$176,200	\$180,700	\$772,600
Inpatient	\$37,200	\$101,300	\$315,900	\$100,100	\$554,500
Other	\$215,800	\$469,700	\$283,400	\$193,600	\$1,162,500
Annual work loss \$(%)	\$162,400 (16%)	\$440,700 (43%)	\$188,800 (19%)	\$214,400 (21%)	\$1,006,300 (100%)
Annual work days lost	469	1,246	554	621	2,890
Average attributable cost per employee	\$446	\$1,219	\$2,301	\$2,931	\$1,191
Medical					
Work loss	\$312	\$807	\$1,851	\$2,091	\$848
	\$134	\$413	\$451	\$912	\$343

Expenditures were estimated from Medical Expenditure Panel Survey (MEPS) Consolidated Data Files (N=27,927)

Costs Attributed to High BMI in 2012

	BMI 25.0-29.9	BMI 30.0-34.9	BMI 35.0-39.9	BMI 40+	Total
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**Annual Medical Costs
\$2,489,600**

Expenditures were estimated from Medical Expenditure Panel Survey (MEPS) Consolidated Data Files (N=27,927)

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	BMI 25.0-29.9	BMI 30.0-34.9	BMI 35.0-39.9	BMI 40+	Total
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Annual medical \$ (%)					2,489,600 (100%)
Prescription					772,600
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Annual Work Loss Costs
\$1,006,300

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Costs Attributed to High BMI in 2012

	BMI 25.0-29.9	BMI 30.0-34.9	BMI 35.0-39.9	BMI 40+	Total
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**Annual Work Days Lost
2,890**

Expenditures were estimated from Medical Expenditure Panel Survey (MEPS) Consolidated Data Files (N=27,927)

Costs Attributed to High BMI in 2012

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Annual medical \$(%)					2,489,600 (71.00%)
Prescription					772,600
Inpatient					554,500
Other					1,162,500
Annual work loss \$(%)					1,006,300 (29.00%)
Annual work days lost					890
Average attributable cost per employee					1,191
Medical	\$312	\$807	\$1,851	\$2,091	\$848
Work loss	\$134	\$413	\$451	\$912	\$343

**Average Annual
 Attributable Cost Per
 Employee
 \$1,191**

Expenditures were estimated from Medical Expenditure Panel Survey (MEPS) Consolidated Data Files (N=27,927)

Costs Attributed to High BMI in 2012

	BMI 25.0-29.9	BMI 30.0-34.9	BMI 35.0-39.9	BMI 40+	Total
Total medical and work loss costs \$(%)	\$540,700 (15%)	\$1,302,200 (27%)	\$964,300 (28%)	\$688,800 (20%)	\$3,496,000 (100%)
Annual medical \$(%)					2,489,600 (700%)
Prescription					772,600
Inpatient					554,500
Other					1,162,500
Annual work loss \$(%)					1,006,300 (200%)
Annual work days lost					890
Average attributable cost per employee	\$446	\$1,219	\$2,301	\$2,931	\$1,191
Medical					
Work loss	\$312	\$807	\$1,851	\$2,091	\$848
	\$134	\$413	\$451	\$912	\$343

**Total Costs Associated
with High BMI
\$3,498,000**

Expenditures were estimated from Medical Expenditure Panel Survey (MEPS) Consolidated Data Files (N=27,927)

Costs Attributed to High BMI in 2020

	BMI 25.0-29.9	BMI 30.0-34.9	BMI 35.0-39.9	BMI 40+	Total
Total medical and work loss costs \$ (%)	\$469,500 (11%)	\$1,634,00 (37%)	\$1,273,300 (29%)	\$998,400 (23%)	\$4,375,200 (100%)
Annual medical \$ (%)	\$328,600 (11%)	\$1,083,500 (35%)	\$1,023,200 (33%)	\$688,000 (22%)	\$3,123,200 (100%)
Prescription	\$108,900	\$365,200	\$232,500	\$262,100	\$968,600
Inpatient	\$32,300	\$127,500	\$416,800	\$145,200	\$721,700
Other	\$187,400	\$590,800	\$373,900	\$280,700	\$1,432,800
Annual work loss \$ (%)	\$140,900 (11%)	\$550,500 (43%)	\$250,100 (20%)	\$310,400 (25%)	\$1,251,900 (100%)
Annual work days lost	406	1,566	737	899	3,608
Average attributable cost per employee	\$443	\$1,218	\$2,278	\$2,750	\$1,317
Medical	\$310	\$808	\$1,830	\$1,895	\$940
Work loss	\$133	\$410	\$447	\$855	\$377

Expenditures were estimated from Medical Expenditure Panel Survey (MEPS) Consolidated Data Files (N=27,927)

Costs Attributed to High BMI in 2012

	BMI 25.0-29.9	BMI 30.0-34.9	BMI 35.0-39.9	BMI 40+	Total
Total medical and work loss costs \$ (%)	\$540,700 (15%)	\$1,302,200 (27%)	\$964,300 (28%)	\$688,800 (20%)	\$3,496,000 (100%)
Annual medical \$ (%)					2,489,600 (100%)
Prescription					772,600
Inpatient					654,500
Other					1,162,500
Annual work loss \$ (%)	\$162,400 (16%)	\$440,700 (43%)	\$188,800 (19%)	\$214,400 (21%)	\$1,006,300 (100%)
Annual work days lost	469	1,246	554	621	2,890
Average attributable cost per employee	\$446	\$1,219	\$2,301	\$2,931	\$1,191
Medical					
Work loss	\$312	\$807	\$1,851	\$2,091	\$848
	\$134	\$413	\$451	\$912	\$343

**Annual Medical Costs
\$3,123,200**

Expenditures were estimated from Medical Expenditure Panel Survey (MEPS) Consolidated Data Files (N=27,927)

Costs Attributed to High BMI in 2012

	BMI 25.0-29.9	BMI 30.0-34.9	BMI 35.0-39.9	BMI 40+	Total
Total medical and work loss costs \$ (%)	\$540,700 (15%)	\$1,302,200 (27%)	\$964,300 (28%)	\$688,800 (20%)	\$3,496,000 (100%)
Annual medical \$ (%)					2,489,600 (100%)
Prescription					772,600
Inpatient					654,500
Other					1,162,500
Annual work loss \$ (%)	\$162,400 (16%)	\$440,700 (43%)	\$188,800 (19%)	\$214,400 (21%)	\$1,006,300 (100%)
Annual work days lost	469	1,246	554	621	2,890
Average attributable cost per employee	\$446	\$1,219	\$2,301	\$2,931	\$1,191
Medical					
Work loss	\$312	\$807	\$1,851	\$2,091	\$848
	\$134	\$413	\$451	\$912	\$343

Annual Work Loss Costs
\$1,251,900

Expenditures were estimated from Medical Expenditure Panel Survey (MEPS) Consolidated Data Files (N=27,927)

Costs Attributed to High BMI in 2012

	BMI 25.0-29.9	BMI 30.0-34.9	BMI 35.0-39.9	BMI 40+	Total
Total medical and work loss costs \$ (%)	\$540,700 (15%)	\$1,302,200 (27%)	\$964,300 (28%)	\$688,800 (20%)	\$3,496,000 (100%)
Annual medical \$ (%)					2,489,600 (100%)
Prescription					772,600
Inpatient					654,500
Other					1,162,500
Annual work loss \$ (%)	\$162,400 (16%)	\$440,700 (43%)	\$188,800 (19%)	\$214,400 (21%)	\$1,006,300 (100%)
Annual work days lost	469	1,246	554	621	2,890
Average attributable cost per employee	\$446	\$1,219	\$2,301	\$2,931	\$1,191
Medical					
Work loss	\$312	\$807	\$1,851	\$2,091	\$848
	\$134	\$413	\$451	\$912	\$343

**Annual Work Days Lost
3,608**

Expenditures were estimated from Medical Expenditure Panel Survey (MEPS) Consolidated Data Files (N=27,927)

Costs Attributed to High BMI in 2012

	BMI 25.0-29.9	BMI 30.0-34.9	BMI 35.0-39.9	BMI 40+	Total
Total medical and work loss costs \$(%)	\$540,700 (15%)	\$1,302,200 (27%)	\$964,300 (28%)	\$688,800 (20%)	\$3,496,000 (100%)
Annual medical \$(%)					2,489,600 (71.2%)
Prescription					772,600 (22.4%)
Inpatient					554,500 (16.1%)
Other					1,162,500 (33.9%)
Annual work loss \$(%)					1,006,300 (28.8%)
Annual work days lost					890
Average attributable cost per employee					1,191
Medical	\$312	\$807	\$1,851	\$2,091	\$848
Work loss	\$134	\$413	\$451	\$912	\$343

**Average Annual
 Attributable Cost Per
 Employee
 \$1,317**

Expenditures were estimated from Medical Expenditure Panel Survey (MEPS) Consolidated Data Files (N=27,927)

Costs Attributed to High BMI in 2012

	BMI 25.0-29.9	BMI 30.0-34.9	BMI 35.0-39.9	BMI 40+	Total
Total medical and work loss costs \$(%)	\$540,700 (15%)	\$1,302,200 (27%)	\$964,300 (28%)	\$688,800 (20%)	\$3,496,000 (100%)
Annual medical \$(%)					2,489,600 (700%)
Prescription					772,600
Inpatient					554,500
Other					1,162,500
Annual work loss \$(%)					1,006,300 (200%)
Annual work days lost					890
Average attributable cost per employee	\$446	\$1,219	\$2,301	\$2,931	\$1,191
Medical					
Work loss	\$312	\$807	\$1,851	\$2,091	\$848
	\$134	\$413	\$451	\$912	\$343

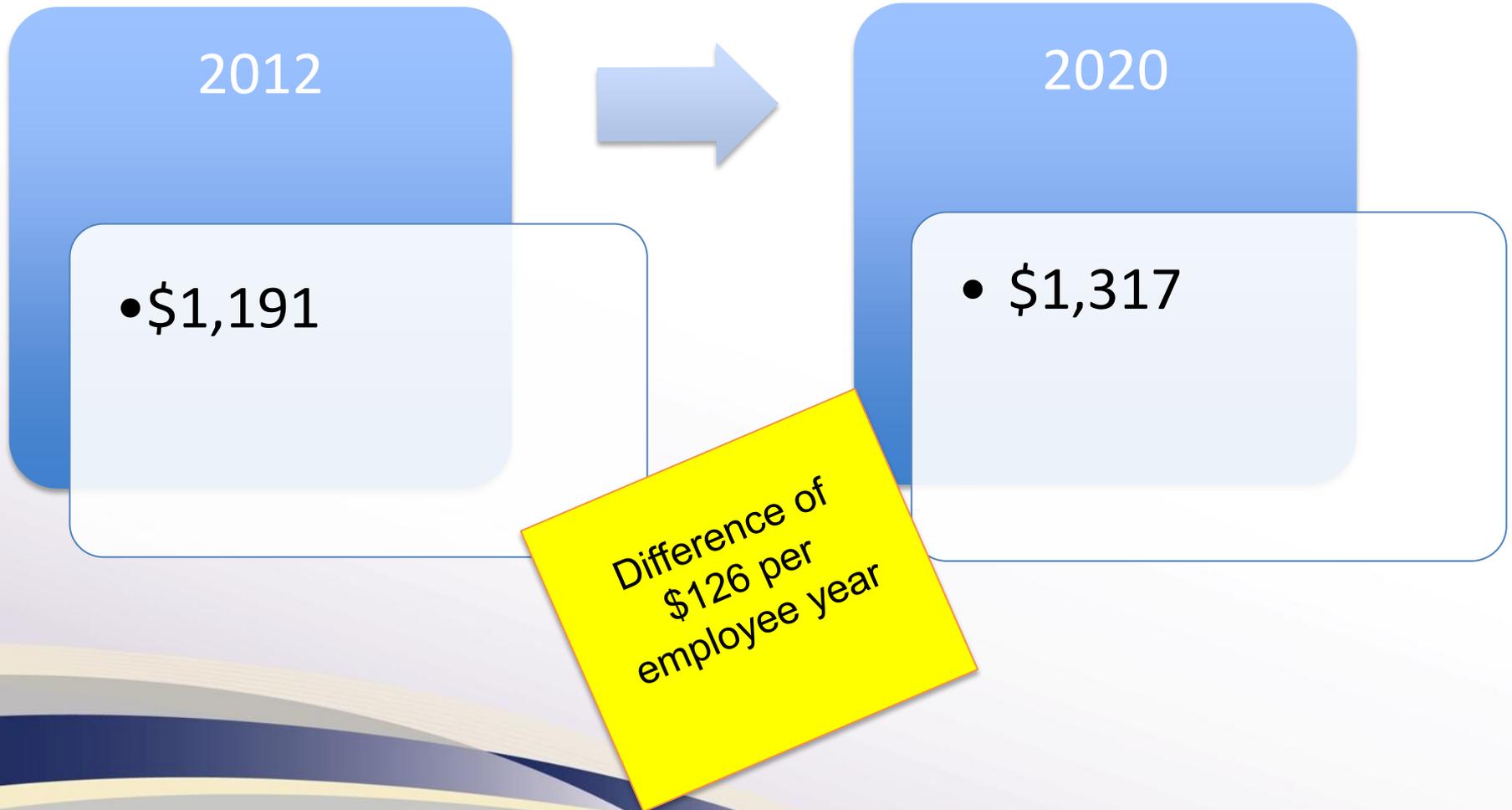
Total Costs Associated with High BMI
\$4,375,200

Expenditures were estimated from Medical Expenditure Panel Survey (MEPS) Consolidated Data Files (N=27,927)

Annual Costs Attributed to High BMI



Annual Costs Attributable Cost Per Employee



Discussion

- ◆ Obesity is common, costly, and rising.
 - ◆ Related health conditions not only compromise individual physical health, but also result in costs to employers due to increased medical needs and lost work time.
 - ◆ Comprehensive workplace wellness initiatives show promise in creating a workplace where the healthy choice is easy and accepted.
- 

The Workplace as an Environment

- ◆ Reach
- ◆ Concentrated groups with common cultures
- ◆ Communication
- ◆ Social and organizational supports
- ◆ Policies, procedures, and practices
- ◆ Financial or other types of incentives



Summary and Conclusions

- ◆ This assessment focused on the enormous *costs* associated with obesity.
- ◆ To establish a long-term, comprehensive, positive approach, change the conversation to the *value* of health.

The Zero Trends Approach



Pillar 1:
Senior
Leadership



Pillar 2:
Operations
Leadership



Pillar 3:
Self-
Leadership



Pillar 4:
Reward
Actions



Pillar 5:
Quality
Assurance

HPMC OCCUPATIONAL
MEDICAL SERVICES

Refreshment break

HPMC OCCUPATIONAL
MEDICAL SERVICES

WellSuite

Health and Productivity Tools

Jill Harvill, MS, ATC/L, CES
Occupational Health & Wellness Manager

- ◆ The WellSuite® Portal is a comprehensive health and wellness tool used to deliver health promotion and education.
- ◆ Provides a comprehensive health risk assessment, called the Personal Wellness Profile (PWP), and the Health Activity Tracker (HAT) for health promotion challenges and awards.
- ◆ Access is organized by Prime Contractor to help us direct company-specific health events and resources to you.
- ◆ Why it's good:
 - Anyone who works at Hanford and is contracted with us can use it.
 - It is primarily a self-directed tool with lots of access to additional resources.
 - It is web-based, so we can gather and provide excellent health and wellness information effectively across the Site.
 - Reporting tools are very good once data is collected.



Benefits of WellSuite®

- ◆ HPMC OMS provides the HRA as part of our OMS contract to improve worker health and well-being.
- ◆ Individuals receive *specific* feedback on current health risks so they can make informed choices about improving health.
- ◆ From a company perspective, the aggregate data and associated reports can be used to:
 - target health and safety initiatives
 - negotiate insurance premiums and discounts
 - set appropriate organizational performance goals



Step 1: Enter YOUR WellSuite Portal From Our Website.

You can then save the login page to your desktop for easy access.

Health Education & Wellness

Health Challenge Tracker

Downloads & Patient Materials

Hanford Highway to Health

Health Calculators & Logs

Health Coaching

Health Fairs and Screenings

WellSuite

Interactive Exercises
"WorkFit"

Interactive Eye / Vision
Exercises

Interactive Nutrition Modules

Tobacco Cessation

Weight Management Program

WellSuite

WellSuite® Portal

The WellSuite® Portal is a comprehensive health and wellness tool used to deliver current health promotion and education. Here, you can access the annual Personal Wellness Profile (PWP), Health

Activity Tracker (HAT) for awards, and health education resources. The access is organized by Prime Contractor to help us direct company-specific health events and resources to you.

Create your free individual account by clicking on the **Prime Contractor** you work for. On the bottom left of the login screen, you will see a link that says: "Sign Up":

- [ATL International Inc.](#)
- [CH2MHill Plateau Remediation Company](#)
- [DOE Office of River Protection](#)
- [DOE Richland Operations Office](#)
- [HPMC Occupational Medical Services](#)
- [Mission Support Alliance](#)
- [Washington Closure Hanford](#)
- [Washington River Protection Solutions, LLC](#)

Browse around the homepage to get to know the new tool. There are instructions for the Personal Wellness Profile and a "Help" link in the upper right of the home screen if you need help. We look forward to providing great information and health resources with this upgraded tool. Since it is new, if you find any issues or have feedback, please let us know by calling Health and Wellness at 376-3939 or email OMCHEW@rl.gov.

Email | Print | Text

Step 2: Create Your Account



[HANFORD WORKFIT](#)

[CENTERS FOR DISEASE
CONTROL AND PREVENTION](#)

[CHOOSE MY PLATE](#)

Not logged in.

Text size [A](#) [A](#) [A](#)

Language(s):

English ▾

LOGIN

* denotes required field

Log in using your Hanford (work) email account ending in:

- @rl.gov
- @rl.doe.gov
- @orp.doe.gov
- @wch-rcc.com

Hanford Email Address*

Password:*

Your password is case sensitive AND must contain both letters and numbers and must be a minimum of 4-12 characters long. No spaces, accented letters, or special characters are allowed.

Login

 [I don't have an account: Sign-Up](#)

[I Forgot My Password: Reset it](#)

Step 3: Create Basic Account Information, Password and Biometrics



[HANFORD WORKFIT](#)

[CENTERS FOR DISEASE CONTROL AND PREVENTION](#)

[CHOOSE MY PLATE](#)

Not logged in.

Text size [A](#) [A](#) [A](#)

SELF-REGISTRATION

* denotes required field

[Step 1: Contact Information](#) > [Step 2: Biometric Information](#) > [Step 3: Login Information](#) > [Complete](#)

Enter your contact information to start the self-registration process.

A proactive approach to a healthy lifestyle and a healthier you.

Country:

First Name:*

Middle Initial:

Last Name:*

Address 1:

Address 2:

City:

State/Province:

Postal Code:

Email:*

Home/Cell:

Work:

Step 4: Complete Your Personal Wellness Profile (Annually)



[HANFORD WORKFIT](#)

[CENTERS FOR DISEASE CONTROL AND PREVENTION](#)

[CHOOSE MY PLATE](#)

Welcome Tester Two!

Text size [A](#) [A](#) [A](#) [Logout](#) | [Help](#)

HOME

MY HEALTH TOOLS

[Health Activity Tracker™](#)

[Healthy Living Guidelines™](#)

[Personal Wellness Profile™](#)

[Hanford WorkFit](#)

MY ACCOUNT

COMPANY INFORMATION
Occupational Health and Wellness
Phone: 376-3939
Email: omchew@rl.gov

WELCOME



HPMC Occupational Medical Services provides a comprehensive Health and Wellness program to the DOE Hanford Site. The WellSuite® Portal is one of the great tools available. By completing these easy-to-use health assessments and tracking your health progress, you will learn more about yourself and your health.

For assistance in using WellSuite®, please refer to "Help". If you need more assistance, contact Health and Wellness at 376-3939 or email us at omchew@rl.gov.

ANNOUNCEMENTS (0)

[View Announcements](#)

HEALTH NEWS

Raise HDL Cholesterol to Improve Heart Health

An estimated one in five adults in America have low levels of HDL or "good" cholesterol.



WELLNESS SCORE

What is your wellness score?

Learn about your health and get on track today!

[Assess your health now!](#)

DAILY TO-DO LIST

1. Be active 30-60 minutes.
2. Choose low-calorie foods.
3. Eat 4-5 cups of fruits and veggies.
4. Eat 3+ servings of whole grains.
5. Watch portion sizes.
6. Get 7-8 hours of sleep.
7. Stay positive!

DECEMBER 2013

Personal Wellness Profile

[HANFORD WORKFIT](#)

[CENTERS FOR DISEASE CONTROL AND PREVENTION](#)

[CHOOSE MY PLATE](#)

Welcome Tester Two!

Personal Wellness Profile Advantage

Text size [A](#) [A](#) [A](#) [Home](#) | [Help](#)

SECTIONS

PART 1: BIOGRAPHICAL INFORMATION

* denotes required field

- Part 1: Biographical Information
- Part 2: Health History
- Part 3: Medical Care
- Part 4: Physical Activity
- Part 5: Eating Practices
- Part 6: Substance Use
- Part 7: Mental/Social Health
- Part 8: Safety
- Part 9: Job Satisfaction
- Part 10: Readiness to change
- Part 11: Health Interests
- Part 12: Health Tests
- Part 13: Additional Questions

HEIGHT *

select your height in feet and inches

WEIGHT *

enter your weight in pounds (50-999)

male

RACE ETHNICITY

Select race/ethnicity

- White/Caucasian
- African American
- Hispanic/Latino
- Asian
- Native American
- Other
- East Indian
- Middle Eastern

Time Left: 19:40

[Add more time](#)

The timer specifies the amount of time you have to complete a section before you will be automatically logged out. You can reset it at any time if more time is needed.

Next



[HANFORD WORKFIT](#)

[CENTERS FOR DISEASE CONTROL AND PREVENTION](#)

[CHOOSE MY PLATE](#)

Welcome Testy Tester!

Text size [A](#) [A](#) [A](#) [Logout](#) | [Help](#)

[HOME](#)

MY HEALTH TOOLS

[Health Activity Tracker™](#)

[Healthy Living Guidelines™](#)

[Personal Wellness Profile™](#)

[Hanford WorkFit](#)

MY ACCOUNT

HPMC OCCUPATIONAL MEDICAL SERVICES

Occupational Health and Wellness
Phone: 376-3939
Email: omchew@rl.gov

WELCOME!



HPMC Occupational Medical Services provides a comprehensive Health and Wellness program to the DOE Hanford Site. The WellSuite® Portal is one of the great tools available. By completing these easy-to-use health assessments and tracking your health progress, you will learn more about yourself and your health.

For assistance in using WellSuite®, please refer to Help. If you need more assistance, please contact Health and Wellness at 376-3939 or email us at omchew@rl.gov.

ANNOUNCEMENTS (0)

[View Announcements](#)

HEALTH NEWS

Raise HDL Cholesterol to Improve Heart Health

An estimated one in five adults in America have low levels of HDL or "good" cholesterol.

Low levels of HDL cholesterol increase your risk for developing heart disease, and it may be one reason heart disease is the leading cause of death in the United States.



Here's how you can improve your HDL cholesterol:

[Get the Full Story](#)

WELLNESS SCORE

Your wellness score:

Latest assessment on 13-Mar-2013 7:35 AM
Wellness Score: 71/100

71

[View your latest report](#)

DAILY TO-DO LIST

1. Be active 30-60 minutes.
2. Choose low-calorie foods.
3. Eat 4-5 cups of fruits and veggies.
4. Eat 3+ servings of whole grains.
5. Watch portion sizes.
6. Get 7-8 hours of sleep.
7. Stay positive!

DECEMBER 2013						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
24	25	26	27	28	29	30
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

There are no events or tasks for this month.

Health Activity Tracker

HPMC OCCUPATIONAL
MEDICAL SERVICES



[HANFORD WORKFIT](#)

[CENTERS FOR DISEASE
CONTROL AND PREVENTION](#)

[CHOOSE MY PLATE](#)

Welcome Testy Tester!

Health Activity Tracker™

Text size [A](#) [A](#) [A](#) [Wellsuite Home](#) | [Logout](#)

[HAT Home](#)

[General Activities](#)

[Report Activities Completed This Month](#)

[Log your points!](#)

[Reports Of My Activities](#)

[GAIAM Easy Balance Fitness Ball](#)

[How to Use This Program](#)

HPMC OCCUPATIONAL MEDICAL
SERVICES

Occupational Health and
Wellness

Phone: 376-3939

Email: omchew@rl.gov

Welcome to Health Activity Tracker™

Exercise and Heart Health Challenge!

Hello Hanford!

From January 1 through February 28th it's all about exercising for a healthy heart! You can accrue one-time points and daily points for the activities listed below. **Participants who accrue at least 200 points will be entered into a drawing** for GAIAM Fitness Ball! Winners will be announced on March 7, 2014. The only way to enter is to participate!

Since last year's Exercise Challenge, we've made some changes to how you'll use this program, and we think you're going to like it! You can log points on a calendar, just like you used to in the retired Health Challenge Tracker system. Just click on the "Log your points!" button to the right to get started. Enter the points that you accrue for each of the activities below. Note that some activities are one-time events and others are daily activities. All you have to do is enter the total points you accrued for each day!

ONE-TIME ACTIVITIES:

- **Earn 20 points** by attending a WorkFit Train-the-Trainer class on either [January 10th](#) or [February 7th](#).
- **Earn 5 points** by attending a [Site-Wide Health Fair](#) on either [January 9th](#) or [February 13th](#).
- **Earn 30 points** by attending the [Back Health & Safety Workshop](#) on January 16th.
- **Earn 50 points** by scheduling an Exercise Planning appointment with an HPMC OMS Exercise Physiologist. Call 396-3939 or email omchew@rl.gov.

DAILY ACTIVITIES

- **Earn 1 point** for every 15 minutes of cardiovascular exercise (brisk walking, running, bicycling,

◆ Personal Report

- This report informs the participant of the results of their health risk appraisal, educates them about their personal areas of risk, and gives them suggestions for improvements.

◆ Executive Summary Report

- Shows how well an organization is doing compared to US norms. Prioritizes risks, makes recommendations for improvement.

◆ Productivity and Economic Benefits Report

- **Estimates future monetary savings if health risks are reduced in an organization.**



◆ Report includes:

- Projected annual savings (based on the current health risks) from:
 - Estimated excess health claims
 - Estimated productivity losses
 - Estimated absenteeism costs
- Return on investment
- Excess cost per health risk factor
- Summary of your potential health savings per year

- ## ◆ This report can be used to target health initiatives toward your highest risk employees and support those areas where they are strong.





Productivity and Economic Benefits Report

Report Date: 01-Jan-2013 to 18-Jul-2013

Report Prepared: 18-Jul-2013

Table of Contents

Cover Page	1
Excess Health Claims	2
Presenteeism and Productivity	3
Absenteeism	4
Excess Cost per Risk Factor	5

Your sponsor phrase goes here.

Sample Report

Economic Impact

Research shows that poor health practices and existing health risks of employees have a significant impact on an organization's bottom line, resulting in:

- ◆ Increased health claims
- ◆ Decreased productivity
- ◆ Increased absenteeism
- ◆ Increased employee turnover

This Productivity and Economic Benefits Report summarizes the prevalence of health risks in your organization linked to increased costs. It also shows potential savings that may be realized by improving the health status of your employees.

Health Risks Linked to Increased Costs

- ◆ Smoking
- ◆ Physical inactivity (no exercise)
- ◆ Seat belts (<100%)
- ◆ High alcohol use (>14 drinks/wk)
- ◆ Relaxation/sleep medications
- ◆ Life dissatisfaction
- ◆ Poor physical health
- ◆ Job dissatisfaction
- ◆ High stress
- ◆ High blood pressure (140/90+ or meds)
- ◆ High cholesterol (240+ mg/dL)
- ◆ Low HDL (<40 mg/dL)
- ◆ Overweight (BMI > 27.5)
- ◆ High sick days (6+/year)
- ◆ Chronic health problem(s)

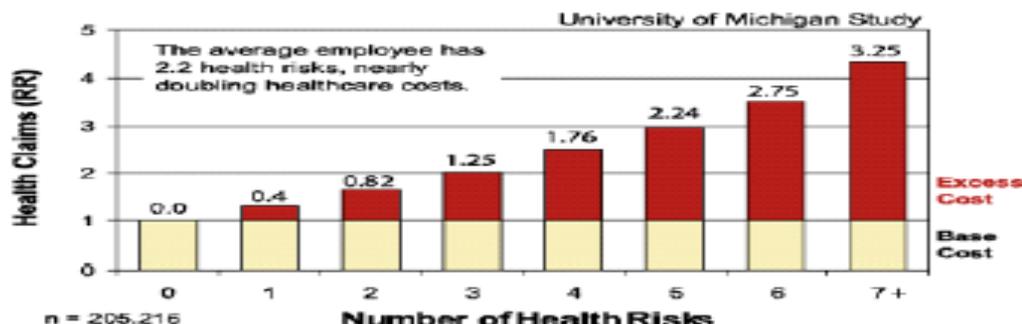
References

Based on research from the University of Michigan, Health Management Research Center, Cost-Benefit Research Report, 2006
Wright D, et al. Comparing excess costs across multiple corporate populations. *Journal of Occupational and Environmental Medicine* 2004;46 (9):937-945.

Excess Health Claims

The graph below shows the relationship between risk factors and healthcare costs in a study of 205,216 employees by the University of Michigan. As the number of risks go up so do healthcare costs. For example, health claims double for employees with 3 risk factors, and increase by 3-4 times for those with 5 or more risks. The prevalence of health risks in your organization and their estimated economic impact due to increased health claims is shown below.

Number of Health Risks and Excess Healthcare Claims Cost



Estimated Excess Health Claims in Your Organization

# of Risks	# of Employees	% of Employees	Excess Claims (\$)*
No risks	0	0.0%	0
1 risk	0	0.0%	0
2 risks	0	0.0%	0
3 risks	1	1.0%	2,690
4 risks	6	6.0%	22,728
5 risks	12	12.0%	57,854
6 risks	32	32.0%	189,402
7+ risks	49	49.0%	342,754
Total	100	100.0%	615,428

Estimated excess health claims due to existing risk factors are \$615,428 per year for your organization, or \$6,154/employee. This is your potential savings should all risk factors be eliminated. A more realistic expectation is to reduce risks by 10-20% per year over several years as shown below. The average risks per employee for your organization is 6.6.

Projected Annual Savings* by Reducing Health Risks:

Health Risk Reduction Goal	Total Savings (\$)	Savings/Employee (\$)
20% reduction	123,086	1,231
30% reduction	184,628	1,846
40% reduction	246,171	2,462
50% reduction	307,714	3,077

*Increased claims, above base costs, for persons with no risk factors. Projections based on your average health claims of \$3,745/year and 100 employees.

Note: Rounding errors can occur when values are rounded to the nearest whole number.

Productivity Research

The University of Michigan researched the effects of poor health practices and health risks on productivity for 28,375 employees. They found that productivity decreased by about 2.4% for each risk factor present.

Risks that were most closely linked to the greatest decrease in productivity include:

- ◆ Relaxation medications
- ◆ Life dissatisfaction
- ◆ High stress
- ◆ Seat belts (<90%)
- ◆ Job dissatisfaction
- ◆ Current smoker
- ◆ Physical inactivity
- ◆ Poor health perception
- ◆ Obesity (BMI 30+)
- ◆ High blood pressure (140/90+ or meds)

The average employee in this study had a decrease in productivity of 5% compared to those with no health risks. This amounted to a cost of \$2,132 per employee per year.

****Presenteeism** is a term meaning employees are present at work, but their productivity is impaired due to physical and emotional health problems and concerns linked to health risks.

Reference
Burton WN, et al. The association of health risks with on-the-job productivity, *Journal of Occupational and Environmental Medicine*. 2005;47(8):769-777.

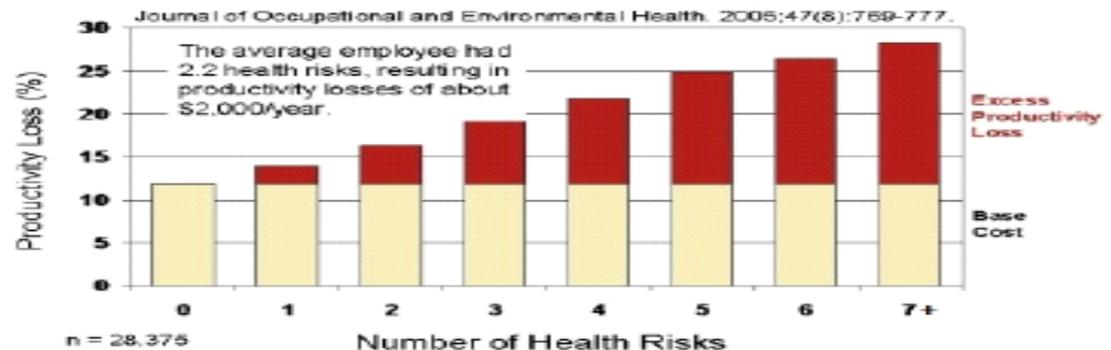
Productivity Savings

Potential savings from improved productivity by reducing risks and enhancing health are usually greater than potential savings from decreased healthcare expenses.

Presenteeism** and Productivity

The graph below shows the relationship between the number of health risks and their effect on productivity in a study of over 28,000 employees. Productivity decreased as the number of health risks increased. For example, persons with 3 risk factors showed a 6.2% loss in productivity on the average, and persons with 5 or more risk factors showed a 12+% decrease in productivity. The prevalence of risk factors in your organization and their estimated economic impact due to presenteeism are shown below.

Number of Health Risks and Productivity Loss



Estimated Productivity Losses in Your Organization

# of Risks	# of Employees	% of Employees	Productivity Loss (\$)*
No risks	0	0.0%	0
1 risk	0	0.0%	0
2 risks	5	5.0%	7,656
3 risks	19	19.0%	49,590
4 risks	34	34.0%	107,671
5 risks	27	27.0%	122,148
6 risks	13	13.0%	65,598
7+ risks	2	2.0%	11,414
Total	100	100.0%	364,077

Your estimated excess cost due to decreased productivity from existing risk factors is \$364,077/year or \$3,641/employee/year. This is your potential savings from productivity improvement should all risk factors be eliminated. A more realistic expectation is not to eliminate all risks but to reduce risks by 10-20% per year over several years, as shown below.

Projected Annual Savings* in Productivity by Reducing Health Risks:

Health Risk Reduction Goal	Total Savings (\$)	Savings/Employee (\$)
20% reduction	72,815	728
30% reduction	109,223	1,092
40% reduction	145,631	1,456
50% reduction	182,039	1,820

*Projections based on 100 employees with an average wage of \$17.40/hour.
Note: Rounding errors can occur when values are rounded to the nearest whole number.

Return on Investment (ROI)

Companies that invest in wellness generally see significant savings. One review of 7 corporate wellness programs showed average savings of \$3.48 for every \$1 invested. Other companies report ROIs of 6:1 and higher on long-term comprehensive programs.

While medical care plans and pharmaceuticals are expensive, preventive healthcare provided to employees is essentially "free" due to savings realized.

Setting Priorities

When planning interventions to reduce costs, consider these factors:

- ◆ Prevalence of the health problem
- ◆ Resources and staff for providing the intervention
- ◆ Personal interest and readiness to change

Excess Cost Per Risk Factor

The following list is a summary of estimated excess costs for healthcare costs, productivity losses, and absenteeism broken down by individual risk factors for your organization.

Risk Factors	# of Employees	% of Employees	Excess Cost(\$)
Current smokers	8	8.0%	14,086
Physically inactive (no regular exercise)	14	14.0%	25,203
Seat belt use (<100%)	96	96.0%	160,299
Heavy alcohol use (>14 drinks/wk)	25	25.0%	24,033
Use of mood/relaxation medications	46	46.0%	84,523
Life dissatisfaction	36	36.0%	64,939
Poor physical health perception	33	33.0%	61,846
Job dissatisfaction	35	35.0%	63,460
High stress score (3+ stress indicators)	58	58.0%	106,832
High blood pressure (140/90+ or meds)	89	89.0%	164,587
High cholesterol (240+ mg/dL)	10	10.0%	8,841
Low HDL (<40 mg/dL)	31	31.0%	30,414
Overweight (BMI >27.5)	50	50.0%	80,477
High sick days (6+ days/year)	32	32.0%	31,244
Chronic health problem (heart disease, cancer, stroke, diabetes, asthma, COPD)	100	100.0%	100,661
Total			1,021,445

References

Aldana S. Financial impact – literature review. *American Journal of Health Promotion*. 2001 May/June;15:5.
 Burton WN, et al. The association of health risks with on-the-job productivity. *Journal of Occupational and Environmental Medicine*. 2005;47(8):769-777.

Summary of Potential Health Savings in Your Organization per Year*

	100%	20%	30%	40%	50%
Health claims	615,428	123,086	184,628	246,171	307,714
Productivity	364,077	72,815	109,223	145,631	182,038
Absenteeism	41,940	8,388	12,582	16,776	20,970
Totals	1,021,445	204,289	306,434	408,578	510,722
Savings/employee	10,214	2,043	3,064	4,086	5,107

*Savings by Meeting Percentage of Risk Reduction Goals

Note: Rounding errors can occur when values are rounded to the nearest whole number.

Additional Benefits

Other documented economic benefits from a worksite wellness program include:

- ◆ Lower employee turnover rates
- ◆ Lower accident rates and workers' compensation claims
- ◆ Lower short-term and long-term disability
- ◆ Lower costs to replace employees who retire early due to poor health or burnout
- ◆ Improved employee morale and commitment to the organization

Next Steps

- ◆ We would like to meet with POCs from your organization to outline the approach to improving worker health that works best for you.
 - Evaluate your current employee health status.
 - Partner with HR/Benefits to effectively use the data.
 - Match worker health risks to worksite health education.
 - Integrate employee health goals into the business strategy.
 - Additional training on how to use WellSuite
- ◆ Log on today and complete your WellSuite PWP!
- ◆ Together with our resources and your leadership, we can improve health culture at Hanford and set a positive example for our community!



HPMC OCCUPATIONAL
MEDICAL SERVICES

Panel DÍSCUSSION