

# **CORPORATE GROUP REPORT**

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Provided by

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## **Executive Summary Report**

This report summarises in brief format the primary health findings for those individuals in the organisation who completed the Personal Wellness Profile (PWP) health assessment programme in 2003. Group health needs and risks are presented along with recommendations for initiating risk reduction and health enhancement programmes. This data is very helpful in planning for a comprehensive health enhancement programme in your organisation.

### **HEALTH PRACTICES**

By living a healthful lifestyle, much can be done to prevent serious illness and premature death. Recently, the U.S. Taskforce on Disease Prevention and Health Promotion delivered a report to the health care providers of the nation. They stated that "the most effective interventions available to clinicians for reducing incidence of disease and disability in the United States are those that address the personal health practices of patients.

### **GROUP NEEDS**

The PWP Executive Summary Report highlights those personal health practices of this group most closely associated with high risk for disease and premature death. The most likely leading causes of death and disability for workers in your organisation are shown. The prevalence of each contributing risk factor is listed, and the health and economic impact commented on.

### **LONGEVITY**

The impact of lifestyle is dramatically shown in the Health Practices and Longevity report. Studies show that persons can add up to 11 or more years to their life expectancy by choosing to follow good health practices. The potential for increased life expectancy for this group is shown.

### **RISK REDUCTION ACTIONS**

The last section makes recommendations for specific interventions to reduce identified health problems in your organisation. Based on this information, specific goals can be set for reducing risks, enhancing health and improving the productivity of your organisation.

### **DEMOGRAPHICS**

There were 65 individuals from your organisation that participated in the wellness assessment programme in 2003. Overall, the group consisted of 53 men and 12 women. The average age of the group was 32. The health norms and comparisons used in this report are based on these demographics.

The ethnicity mix was 0% Caucasian, 16.9% African, 56.9% East Indian, 0% Oriental, and 26.2% mixed/other. 0% chose not to indicate their ethnicity.

## Major Health Risks

### LIFESTYLE

The US Surgeon General's report on "Health Promotion and Disease Prevention" points out that half or more of all leading causes of death in the United States are caused by "lifestyle factors", and the same applies to Trinidad and Tobago. This means that making wise personal choices in health practices can significantly decrease risk for disease while enhancing the quality of life.

### LEADING HEALTH HAZARDS

The most common causes of disease and death for persons in your organization are shown below. Known contributing risk factors for each disease and their prevalence are shown. Reducing the number of these major health risks can significantly reduce health problems and health care costs while improving productivity in your organization.

### CARDIOVASCULAR

CONTRIBUTING RISK FACTORS	(n)	(%)
Personal history of heart disease	0	0.0
Family history of heart disease	13	20.0
High total cholesterol	10	15.4
High blood pressure (140/90 and above)	11	16.9
Smoking	11	16.9
Diabetes/high blood sugar (120+ fast, 140+ non)	3	4.6
No regular exercise	49	75.4
Excessive overweight	9	13.8
High coronary risk	17	26.2

### CANCER

CONTRIBUTING RISK FACTORS	(n)	(%)
Personal history of cancer	0	0.0
Tobacco use	11	16.9
High risk drinking (more than 14/week)	0	0.0
High fat diet	20	30.8
Low fiber diet	57	87.7
Excessive overweight	9	13.8
Bowel Disease	1	1.5

## ACCIDENTS

CONTRIBUTING RISK FACTORS	(n)	(%)
Doesn't wear seat belt all the time	20	30.8
No working smoke alarm in home	58	89.2
Drinks and drives occasionally	28	43.1
Does not use good lifting technique	8	12.3

## LUNG DISEASE

CONTRIBUTING RISK FACTORS	(n)	(%)
Smoking	11	16.9
No regular exercise	49	75.4
Unusual shortness of breath	4	6.2
Chronic bronchitis or emphysema (COPD)	0	0.0

## DIABETES

CONTRIBUTING RISK FACTORS	(n)	(%)
Personal history of Diabetes	3	4.6
High blood sugar (120+ fast, 140+ non)	3	4.6
Excessive overweight	9	13.8

## OTHER KEY HEALTH PRACTICES

	(n)	(%)
Lower nutritional status	43	66.2
Low in sleep (less than 7 hours per day)	24	36.9
Low energy level (feel tired most the time)	9	13.8
Not very happy with life	7	10.8
Have no good social support system	5	7.7
Uses drugs monthly to alter mood, relax or sleep	5	7.7
Numerous stress signals present (3 or more)	2	3.1
Heavily stressed (often have trouble coping)	1	1.5

## HEALTH AGE SUMMARY

One's choice of health practices has a significant effect on health and longevity. In a prospective study of some 7000 people for 15 years, people who followed a healthy lifestyle lived some 11.5 years longer than those with poor health practices; smoke, sedentary, poor eating habits, overweight etc. The health practices of persons in your organization were compared to this study population to determine the effect of their lifestyle on longevity.

Average Age	Health Age	Achievable Age	Potential Years of Added Life
31.8	32.4	25.6	%442

The average person in this group could add 6.8 years to their life expectancy by improving health practices. For the entire group of 65 people, over 442 person years could be gained. Adding these person years would be invaluable. People would feel better and be more productive all the years of their life.

## MEDICAL CARE SUMMARY

(n) (%)

6 or more office visits to doctor last year	1	1.5
Sick and missed work 7 or more days last year	8	12.3
Spent 1 or more days in hospital last year	3	4.6

## **Recommended Health Actions**

**Based on the prevalence of health risks identified in persons in your organization, the following health actions are recommended:**

**FITNESS/EXERCISE PROGRAM** (75% of participants have no regular exercise program). Regular exercise is a positive lifestyle practice helping prevent many serious health problems: heart disease, stroke, diabetes, obesity, hypertension, osteoporosis. It also helps ease tension and generally builds energy, self worth, and motivation for other healthy practices such as not smoking and better nutrition. A good fitness program can form the foundation for a good health enhancement program.

**NUTRITION AWARENESS PROGRAM** (66% of participants show need for making nutritional changes). Good nutrition is a positive health step towards preventing heart disease, cancer, obesity, osteoporosis, and improving general health and resistance to disease.

**CHOLESTEROL CONTROL PROGRAM** (49% of participants had moderately raised or high total cholesterol levels). Lowering cholesterol levels can significantly reduce risks for heart disease. For every 1% cholesterol is lowered, the risk for heart disease drops by 2%. A program of nutritional education, dietary counseling and medical referral is needed for these individuals.

**WEIGHT REDUCTION PROGRAM** (29% of participants are over their ideal weight range). Weight control is a commonly felt need. By losing or preventing excess weight, risk for heart problems, cancer risk, hypertension, diabetes, and other serious health problems can be prevented. Losing weight can also have a positive effect on self image.

**CORONARY RISK REDUCTION** (26% of participants have a high coronary risk rating.) These individuals are high risk due to multiple risk factors, current symptoms, or a personal history of heart problems. Emphasis on reducing overall coronary risk and a systematic program to build heart health is always important.

**BLOOD PRESSURE CONTROL** (17% of participants had elevated blood pressure levels). Reducing blood pressure is a proven effective way to reduce risk for cardiovascular disease and increase longevity. Much can be done to control high blood pressure through lifestyle changes and medications. Regular opportunity for blood pressure checks, education programs and medical referral are needed to decrease this problem.

**SMOKING CESSATION PROGRAM** (17% of participants are smokers). Smoking cessation significantly reduces health risks and health care expense. Smoking is the most preventable cause of premature death in the United States.

**BACK CARE/LIFTING EDUCATION** (12% of participants do not know or practice correct lifting techniques to protect the back). Back injury is a major cause of injury and medical expense for most organizations. Education and training programs in lifting and back care would be beneficial for all.