

# LOGO

## **ABC COMPANY** **Health Coaching Report**

### **2019**

Dates Reflected: October 1, 2017 – September 30, 2018 &  
October 1, 2018 – September 30, 2019

## Health Coaching Summary

Coaching program candidates are identified through the biometric screening and health risk assessment. The coaching program was offered to anyone interested in working with a health coach to set goals in various disease and lifestyle categories.

Participation (2018) = 17% (217 participants/1,312 eligible)

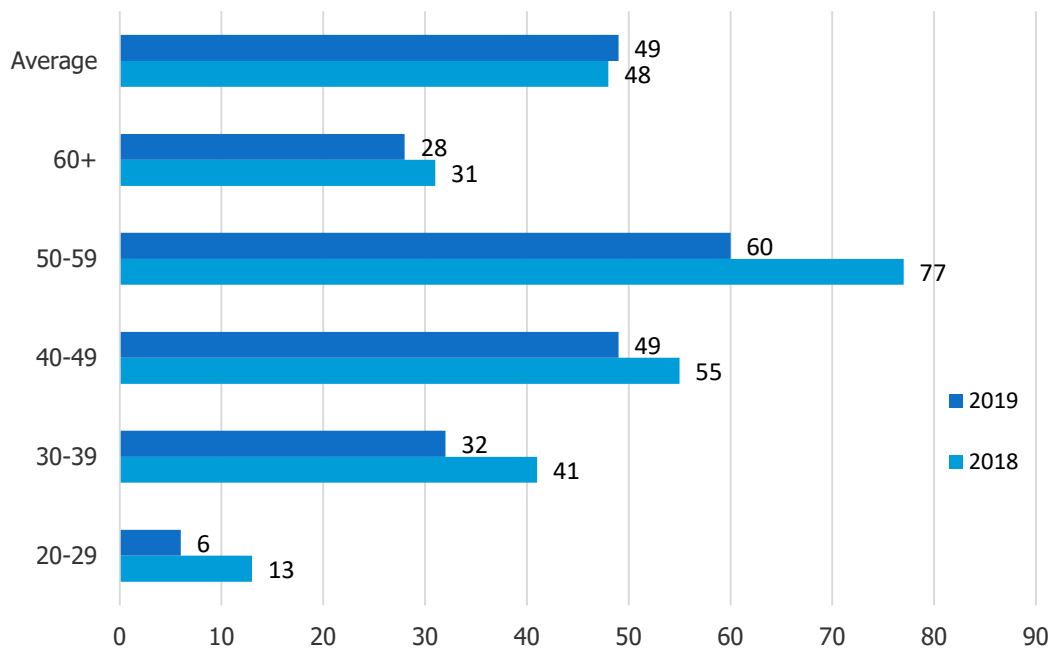
Participation (2019) = 13% (175 participants/1,382 eligible)

\*Eligible participants include entire population.

Date from	Date to	Number of Participants	Number of Contacts	Goals Created	Total Length of Time (min)	Avg. Length of Time (min)
10/01/2017	09/30/2018	217	722	220	19,440	30
10/01/2018	09/30/2019	175	698	200	20,940	30

\*105 Repeat participants

## Age Band 2018 & 2019

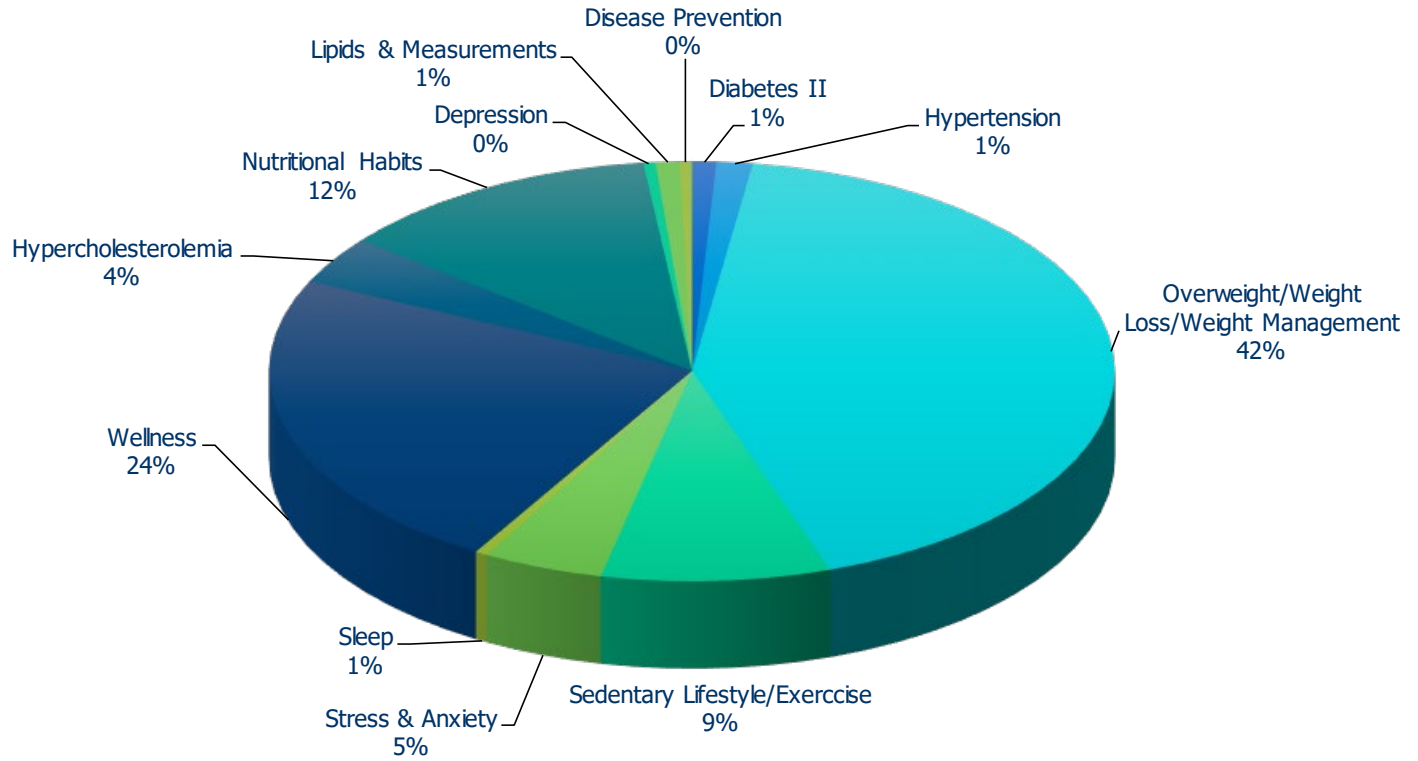


Age is determined at the reporting end date. Average age for repeat participants: 49.

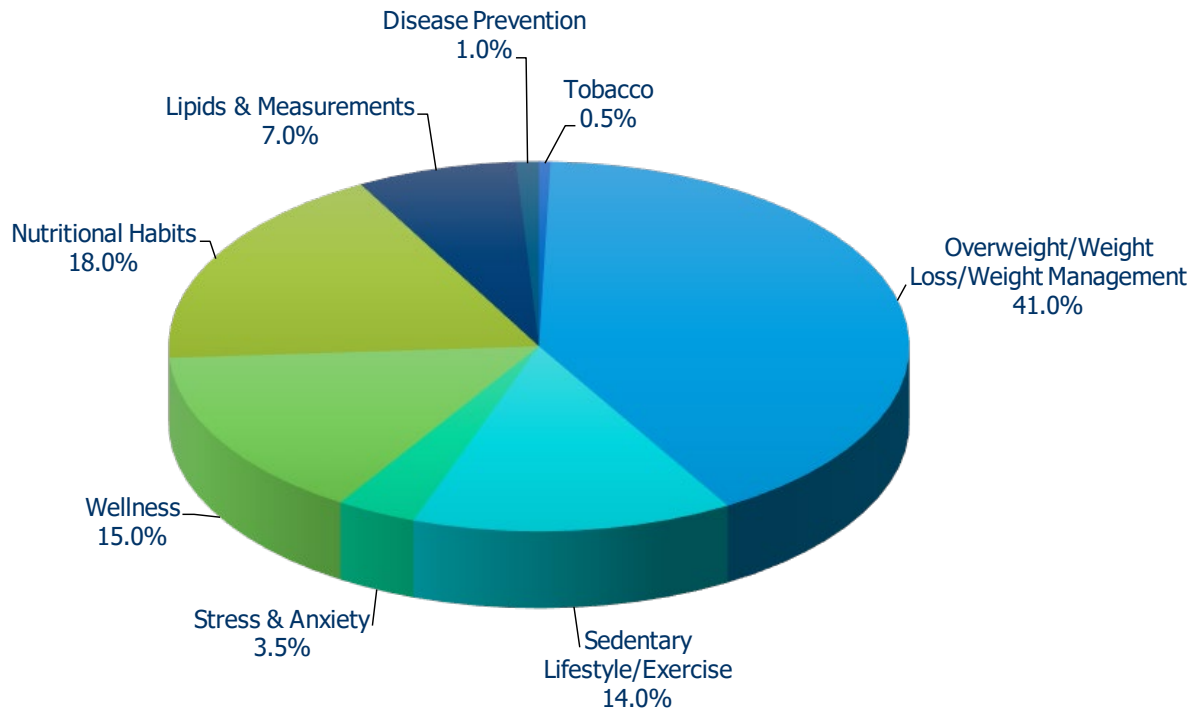
## Goal Category Distribution

During a coaching session, a goal is created and categorized into various disease and lifestyle categories. Participants can work on multiple goals throughout the year. Goal distribution is represented in the charts below.

2017 - 2018

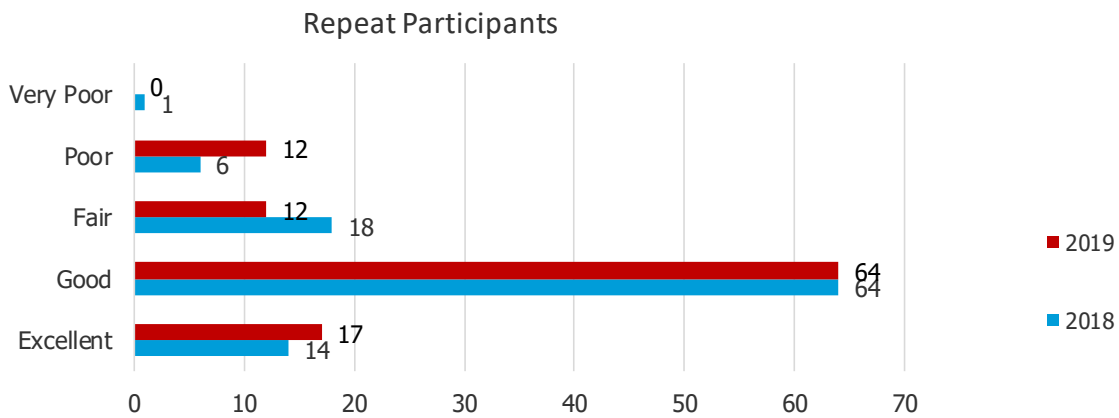
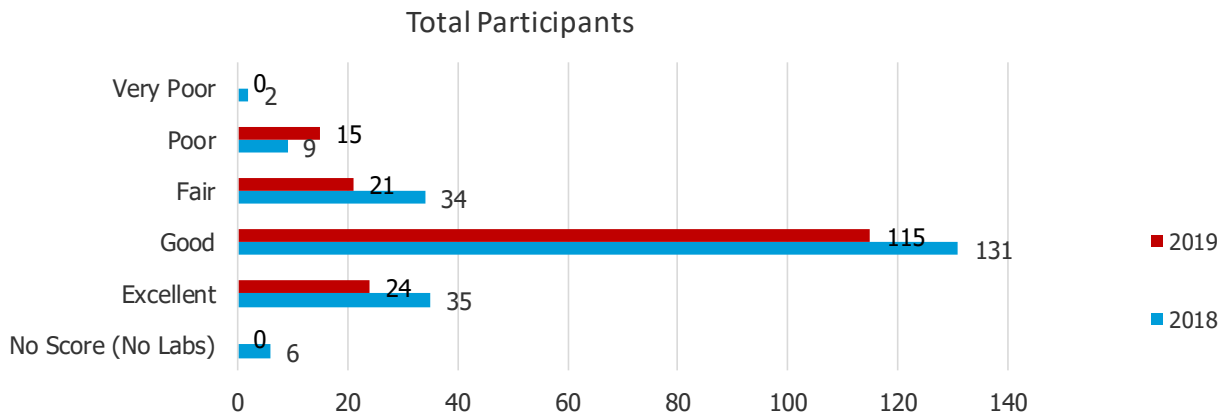


2018 - 2019



## WellCentives Score Stratification

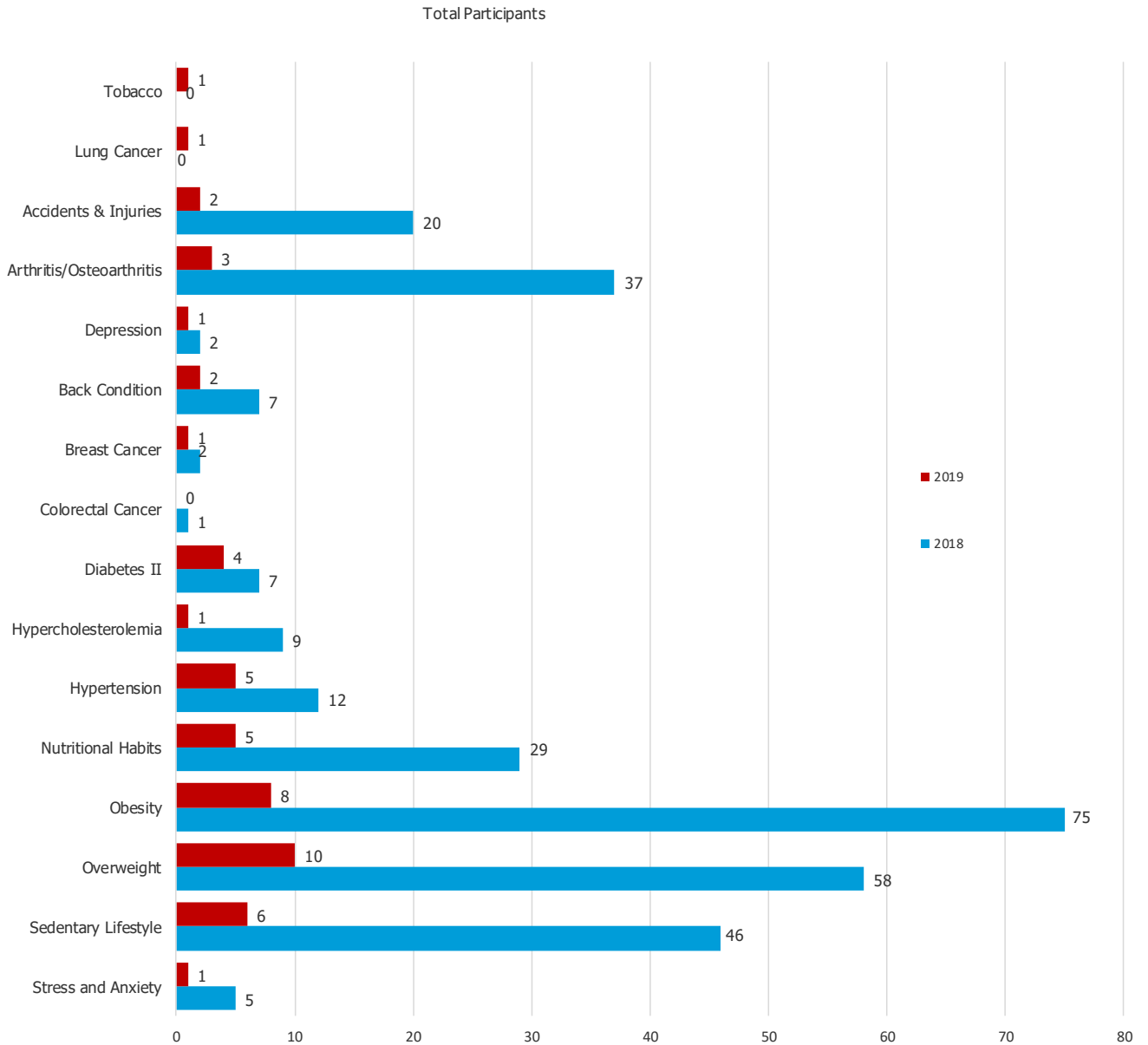
The below report illustrates WellCentives Score risk stratification of participants who are actively engaged in the coaching program. The second chart shows migration of scores as a result of the coaching program.



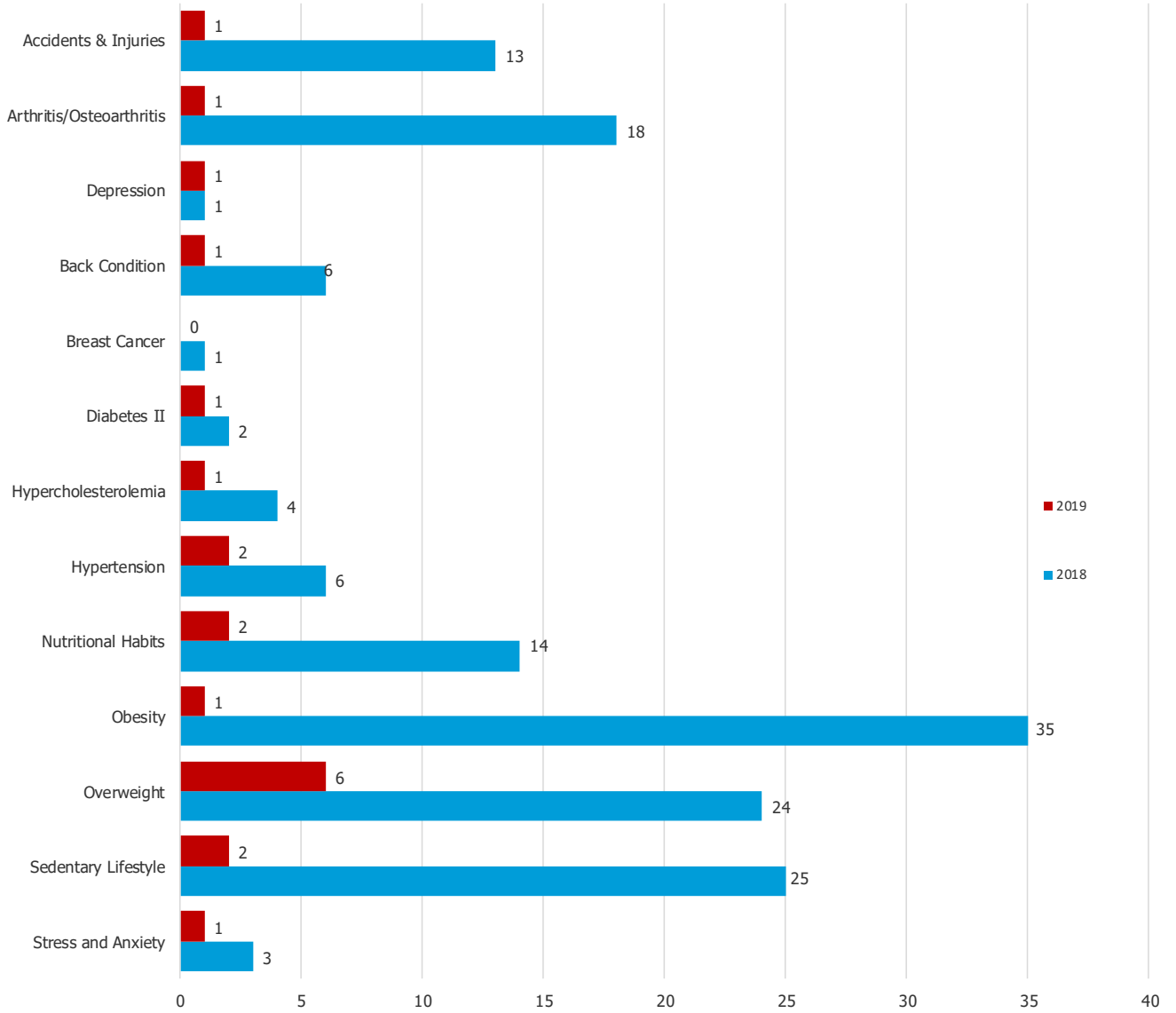
\*105 repeat participants

## Predisease/Lifestyle Risk Stratification

The below report illustrates elevated, high and serious predisease and lifestyle risks for those actively engaged in the coaching program. Participants with multiple risks will be counted more than once.

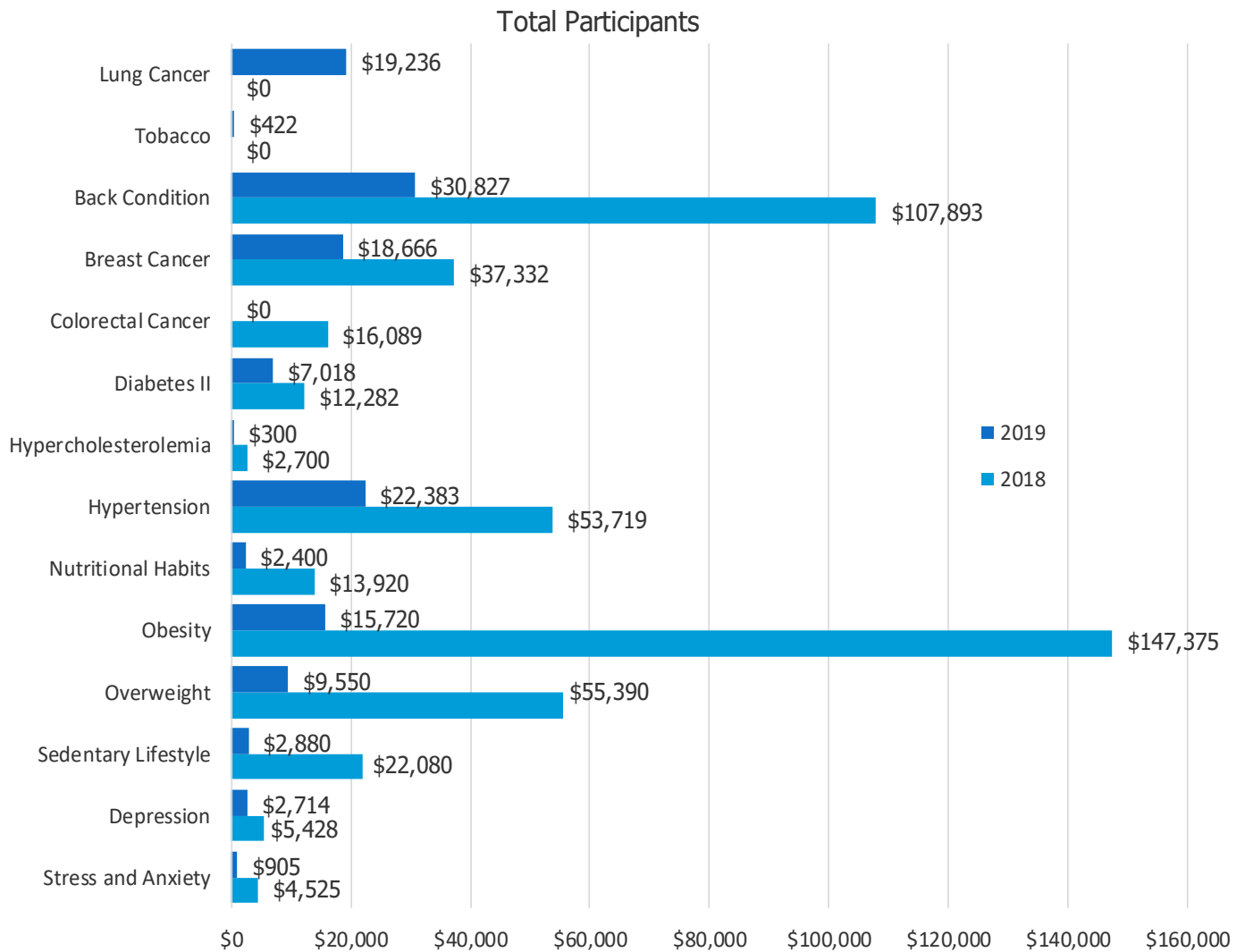


Repeat Participants



## Predisease/Lifestyle Cost Exposure

The below report illustrates elevated, high and serious predisease and lifestyle risk burden for those actively engaged in the coaching program. Participants with multiple risks will be counted more than once. The second chart shows migration of these cases as a result of the coaching program. To calculate future direct medical costs we first apply the statistical likelihood of those in significant risk categories have to convert from high risk to being diagnosed with a condition in the next three years. Each condition has its own "conversion rate", or rate at which those in the high risk categories may actually convert from high risk to disease. We then apply average cost of diagnosis and treatment to the conversion factor to arrive at an average cost. The costs are then annualized to provide an average exposure of cost per year over the next three years.





Repeat Participants

