Catapult HEALTH

Depression in the American Workplace

A Data-Driven Look at Workplace Depression Plus Practical Tips for Helping Your Employees

About **This Report**

Data included in this report was drawn from checkup records of 427,118 Catapult Health patients for whom depression screening was administered between July 2017 and mid-March 2021, taken with consent from participating parties and in compliance with Catapult's privacy policy.

Given the scope of the sample size, the quality of the data and the clinical approach taken, we at Catapult believe this study is an accurate representation of the health of working American adults who are employed, who participate in preventive care, and who work for employers that are committed to promoting the health and well-being of their employees. Outside of these parameters, however, we acknowledge that these findings may not be representative of all working Americans.

To date, this report represents one of the largest analyses ever conducted using validated depression and suicide screening methods, validated biometric values, health histories, physical measurements, and one-on-one consultations with licensed medical providers.

Catapult HEALTH

Executive **Summary**

In April 2021, the United States reached a **dark milestone** unfamiliar to the vast majority of living Americans: 500,000 people dead as a result of COVID-19. Surpassing the battlefield death tolls of both World Wars, COVID-19 cemented itself as the most significant public health crisis in a generation. Its impact, while severe, was not limited to cardiorespiratory systems of the afflicted. A maelstrom of factors, from preventive social distancing and isolation to individual perception regarding the state of the world meant that this unique moment in history was perfectly poised to exacerbate an already problematic mental health crisis in the American workplace.

COVID-19 was a threat not only to the body, but the mind.

Yet, as vaccination rollouts continue and economic outlook improves, leaders of governments, businesses and communities prepare for life on the other side – largely focused on adapting to a world scarred by threat of widespread illness. Many, however, ignore the long-term psychological damage wrought by a year of isolation and disruption of comforting social norms. In fact, an **American Psychiatric Association poll** reported that 62% of Americans feel more anxious than they did in 2019.

For leaders to optimally prepare for a post-COVID environment, they must consider both sides of the coin. This requires a deeper understanding of the complex nuances of mental health and building policies around clinical data and guidelines rather than a layman's definition influenced by media. For example, words like anxiety and depression are often used interchangeably when in reality they have distinct, meaningful differences.

According to the **National Institute of Mental Health**, occasional anxiety involves temporary worry or fear and is an expected part of life. Anxiety disorders are less common and more serious. Depression is a serious mood disorder. It causes severe symptoms that affect how you feel, think, and handle normal daily activities, and can even lead to suicidal thoughts.

In building a successful return-to-work plan, leaders need to ask themselves how prevalent are behavioral health issues among staff, and what are the implications for both individuals and the community at large?

Our findings discovered that rates of depression have increased in all segments of the population since 2018, especially among the least healthy and most overweight. There were consistent correlations between unhealthy habits such as smoking and alcohol abuse and depression. Demographically speaking, we also discovered a significantly higher rate of depression and suicidal ideation among our youngest patients, who are the least likely to be chronically ill. Notably, three out of every 1,000 Catapult patients (0.31%) were referred for emergency care based on test results or symptoms discovered during their Catapult checkup. That number, however, soared to 90 patients per 1,000 (8.96%) for patients who were depressed.

Alarmingly, between July 2017 and mid-March 2021, assessment of 1,822 Catapult patients indicated signs of suicidal ideation. Of these, 38.2% shared with their Catapult Nurse Practitioner that they had a plan for ending their lives. Broken down even further, millennials, women, smokers, those who are overweight or physically inactive, and those with a chronic health disease continued to be at highest risk for both depression and suicide.

These results, along with the timeline of the study, paint a picture of a workforce under a long simmering, yet potent, psychological burden. A study conducted by the **Centers for Disease Control and Prevention** (CDC) over a three-year period (2013-2016) found that nearly 10 percent of all Americans over 20 experienced depression during a given two-week period. The COVID-19 pandemic did not create a mental health crisis, rather, the circumstances forced many to confront one that was already well under way.

The wider embrace of health and wellness does create an opportunity for American organizations to course correct and take a more holistic approach to employee

health. As leaders re-examine office spaces to accommodate social distancing and other physical health-related measures, how can they be balanced with greater support for the psyche? In the context of our study, the two largely went hand-in-hand. In many cases, we discovered that depression rates dropped among those who participated in a Catapult preventive care checkup during the pandemic and at least once in a prior year. We believe this is only reflective of a population that was continually employed and worked for employers who continued to promote health, specifically preventive care, throughout the pandemic.

This unique window, wherein leaders are hyper-focused on returning to a sense of normalcy and building back better, can lay a critical foundation for the long-term wellbeing of an employee community. The dual emphasis on both mental and physical health will be the key differentiator in truly supporting their needs, inside and outside the office.

At-A-Glance:

Depression in the American Workplace

Depressed patients needed **emergency care** at a rate 28 times greater than those who were not depressed.

Females were 130% (or 1.3 times) more likely to be depressed than males.

Millennials were 250% (or 2.5 times) more likely to be depressed than boomers.

Heavy drinkers were 190% (or 1.9 times) more likely to be depressed than light and non-drinkers.

Obese patients were 170% (or 1.7 times) more likely to be depressed than normal weight patients.

Smokers were 220% (or 2.2 times) more likely to be depressed than non-smokers.

Smokers were 250% (or 2.5 times) more likely to experience **suicidal ideation** than non-smokers.

Patients who were physically active considered suicide at only **half the rate** of those who were inactive.

11 out of every 1,000 patients under 40 reported thoughts of suicide.

1.7 out of every 1,000 patients 60 and over reported thoughts of suicide.

About **The Study**

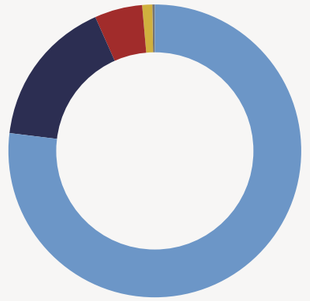
Cohort Overview

Data included in this report were drawn from records of 427,118 adults who were screened for depression between July 2017 and mid-March 2021. The patients represented all 50 states and the District of Columbia.

Results in this report are from de-identified findings for checkups conducted for 413 different employers. Most industry segments are represented, including banks, utilities, hospitals, engineering firms, religious organizations, state governments, colleges and universities, primary and secondary schools, county and municipal governments, law enforcement, health insurers, retailers, manufacturers, casinos, chemical plants, farming, and food service.

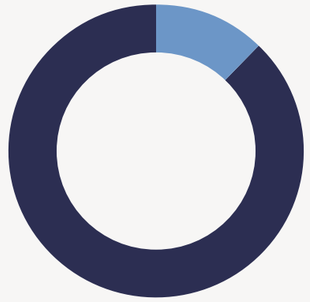
Below is how the study's population compares to the U.S. Census Bureau's 2020 race and ethnicity numbers:

	U.S. Census	Catapult
Race		
White	76.3%	77.1%
Black or African American	13.4%	16.2%
Asian	5.9%	5.3%
American Indian and Alaska Native	1.3%	1.1%
Native Hawaiian and Other Pacific Islander	0.2%	0.2%
Ethnicity		
Hispanic or Latino	18.5%	12.3%



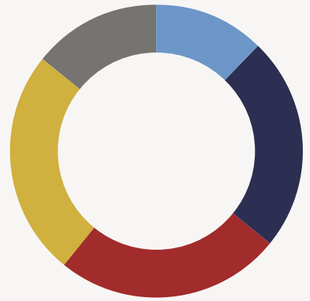
Patients by **Race**

- White (77.1%)
- Black (16.2%)
- Asian (5.3%)
- American Indian & Native Alaskan (1.1%)
- Native Hawaiian & Pacific Islander (0.2%)



Patients by **Ethnicity**

- Hispanic or Latino (12.3%)
- Non-Hispanic or Latino (87.7%)



Patients by **Age**

- 18-29 (12.3%)
- 30-39 (23.6%)
- 40-49 (25.1%)
- 50-59 (24.9%)
- 60+ (14.1%)

Patients by **Biological Sex**

- Male (39.5%)
- Female (60.5%)
- Other (0.04%)

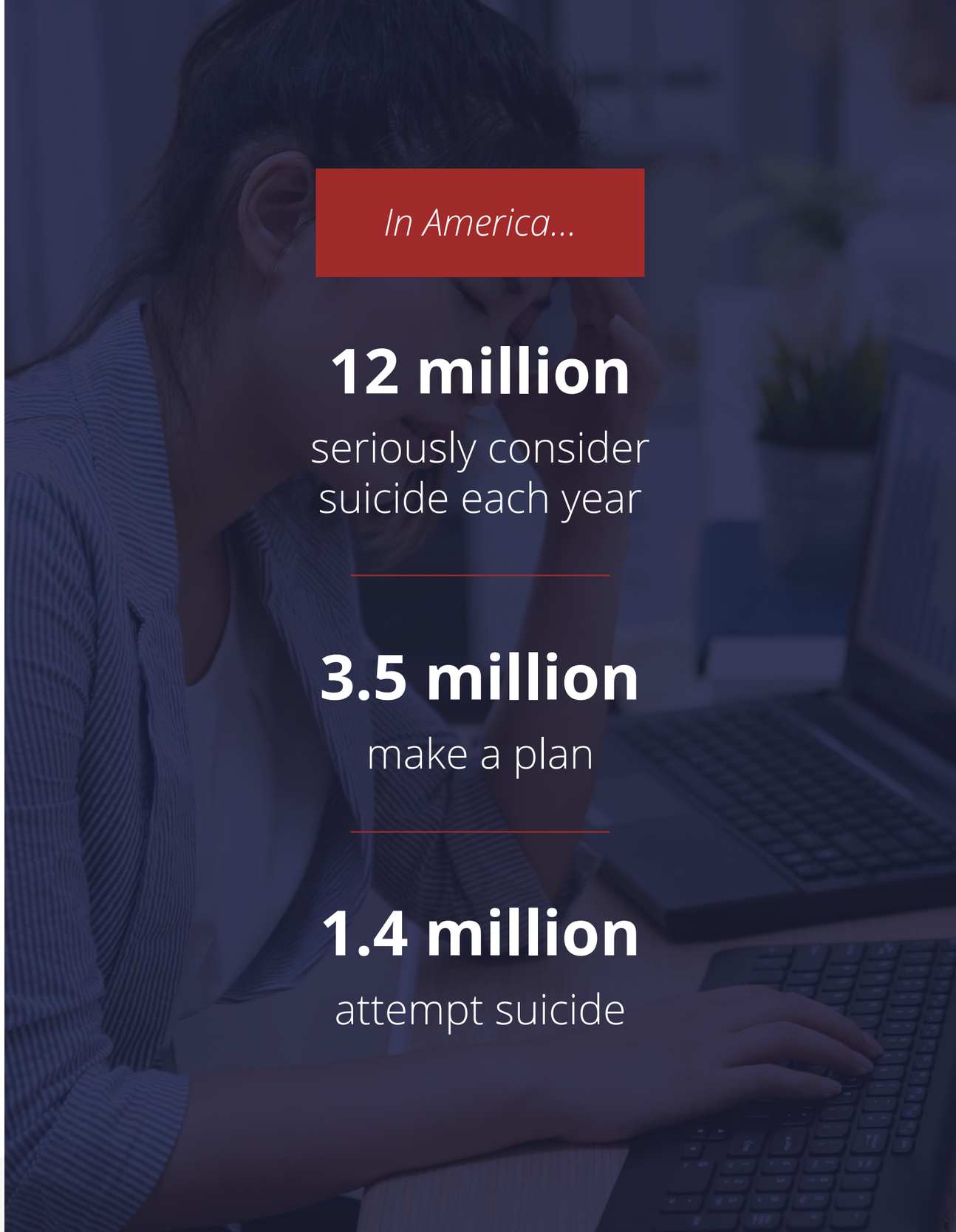
Condition Overview

Depression is a serious and growing health problem in America. Without proper screening it can go undiagnosed for years, which is a major reason why over 80% of those who have symptoms of clinical depression are not receiving any specific treatment. Depression screening is now recommended for all adults by the U.S. Preventive Services Task Force.

- **4.7%** of American adults experience regular feelings of depression
- Nearly **8%** of American adults had at least one major depressive episode in the past year
- **9.3%** of physician office visits had depression indicated on the medical record
- **11.2%** of emergency department visits had depression indicated on the medical record
- About **1 out of every 6** adults will have depression at some time in their life
- At some point in their lives, **10%-25%** of women and **5%-12%** of men will become clinically depressed
- Depression is the **leading cause** of disability among people ages 15-44
- Depression is a **common comorbidity** with physical disorders, including diabetes, heart disease and cancer and often has an adverse impact on the courses of these and other diseases
- The **most common** types of depression include major depressive disorder, bipolar disorder, persistent depressive disorder, and adjustment disorder

There's no single cause for suicide. Suicide most often occurs when stressors and health issues come together to create a feeling of hopelessness and despair, according to the **American Foundation for Suicide Prevention**. Depression is the most common condition associated with suicide, and it is often undiagnosed and untreated. Conditions like depression, anxiety disorders, and substance abuse problems, especially when unaddressed, increase the risk for suicide.

- More than **47,500** Americans die by suicide each year
- **14.5** — Number of suicide deaths per 100,000 Americans
- Suicide is the **10th** leading cause of death in America
- Suicide is the **2nd** leading cause of death for ages 10-34
- On average, there are approximately **123 suicides** per day
- For every suicide, there are **25** other suicide attempts
- There are more than **2.5 times** as many suicides in the U.S. each year as there are homicides
- **312,000** — Number of emergency department visits annually for self-harm



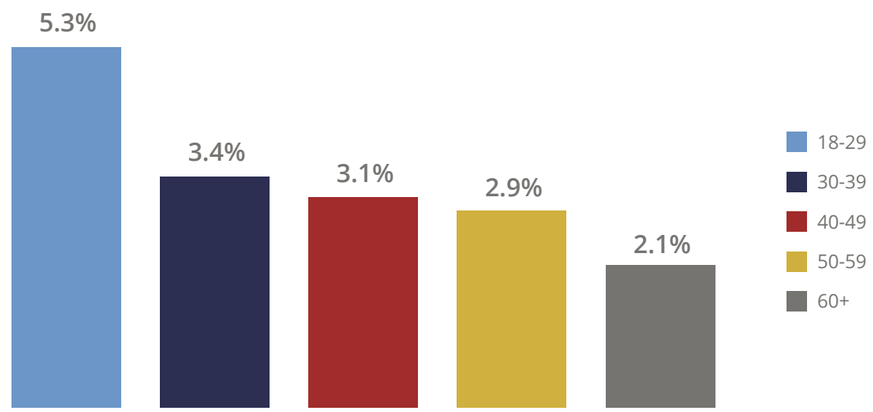
Depression by **Demographics & Lifestyle Factors**

Age

Younger adults are experiencing depression at higher rates than their older counterparts.

While this is consistent with what other recent studies have reported, such as Mental Heath America's recent finding that 9.7% of youth in the U.S. have severe major depression, compared to 9.2% in last year's dataset, what is unique in our data is patients over 70 that are still in the workforce had the lowest rate of depression of all age categories.

Depression by **Age**

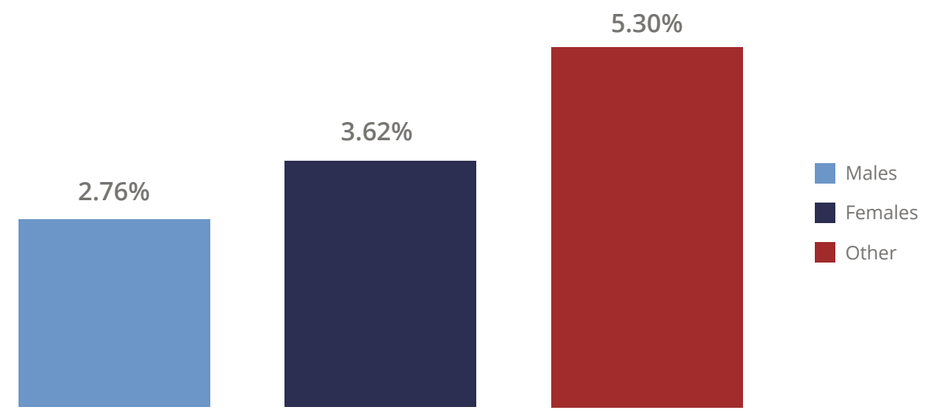


Biological Sex

Biologically identified females experienced depression at a rate 31% higher compared to biologically identified male counterparts.

Although they represented only a small segment of the population (151 total), those who identified as "other" had much higher rates of depression than those who identified as either "male" and "female."

Depression by **Biological Sex**

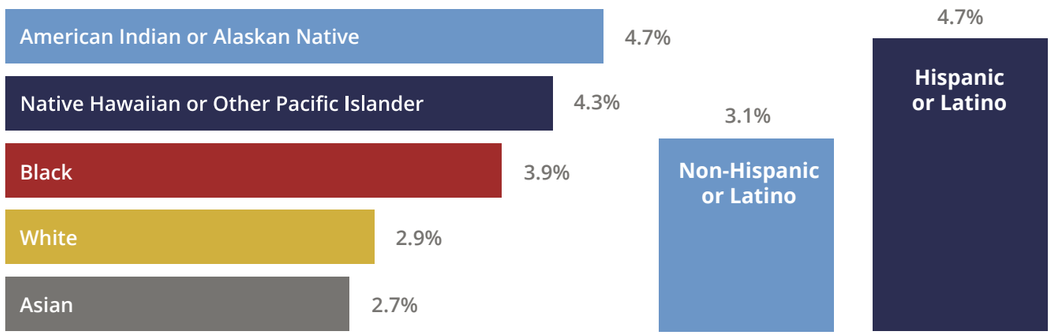


Race and Ethnicity

Patients self-selected the race with which they identify. American Indian or Alaskan Native, which account for 0.2% of the study population, had the highest rate of depression. Patients who identified as Asian had the lowest rate. Patients were also asked if they identified themselves as Hispanic or Latino, regardless of race.

Those who did identify as Hispanic or Latino had depression at a rate that was 52% higher than those who did not identify as such.

Depression by **Race & Ethnicity**



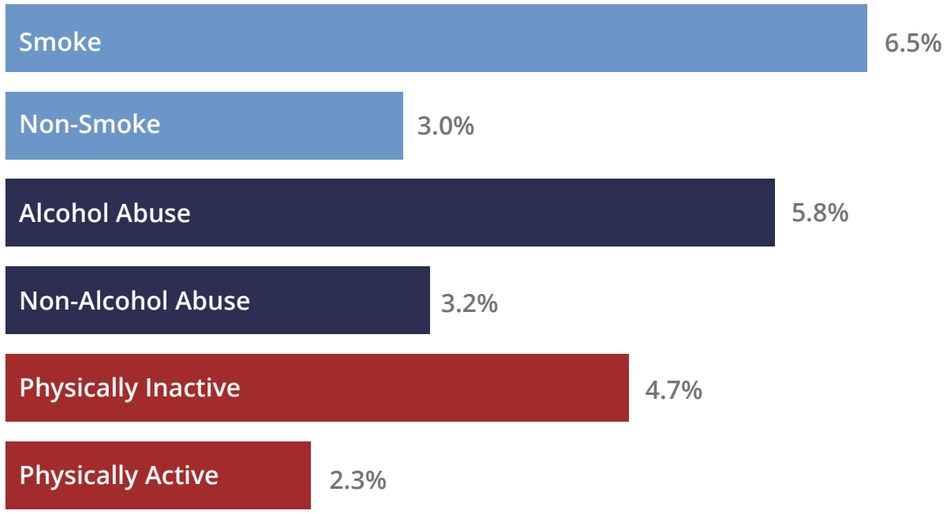
DEMOGRAPHICS & LIFESTYLE FACTORS

Health Behaviors

More than 6.5% of the 33,725 smokers indicated depression — double the rate of the non-smokers.

Similar ratios were noted among those who were physically inactive and those who consumed excessive amounts of alcohol.

Depression by **Health Behaviors**



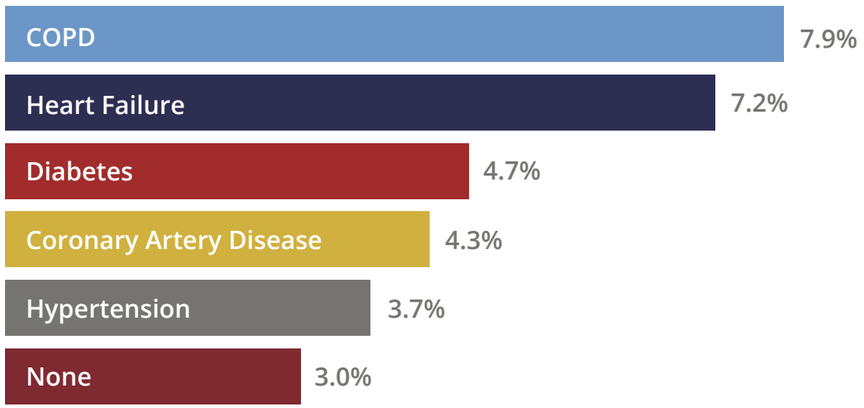
Depression as a **Comorbidity**

Chronic Disease

Numbers in the graph represent patients who self-reported a history of each of the chronic conditions and scored in a depression range.

While this is consistent with findings in the 2018 study, the correlation between diabetes and depression increased, surpassing those with Coronary Artery Disease.

Depression and **Chronic Disease**

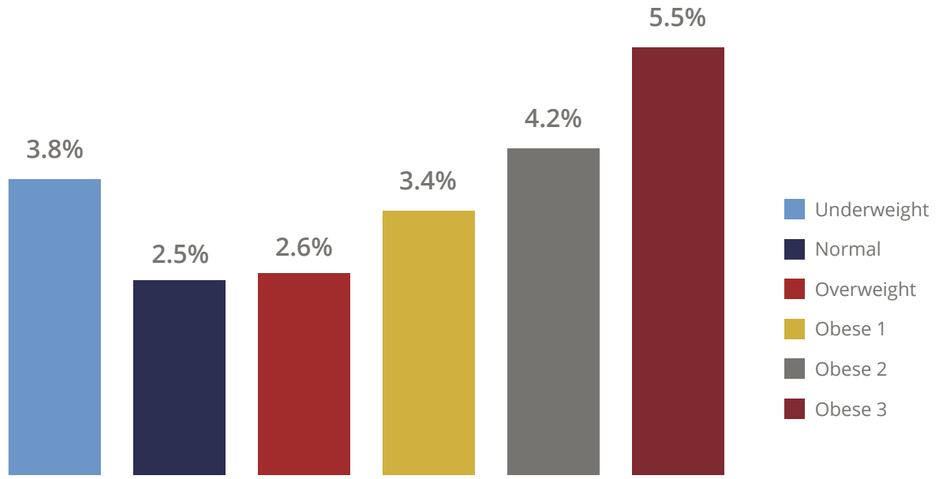


Body Mass Index

Patients with a "normal" BMI were least likely to be depressed, while those in the "obese" categories were the most likely.

Obese patients accounted for 46% of the total population and were 58% of the depressed population.

Depression and **Body Mass Index**

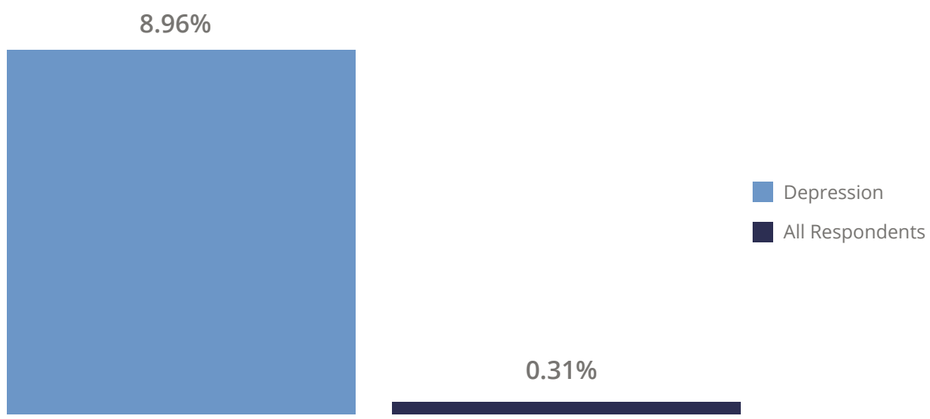


High Risk/Emergency Referrals

Three out of every 1,000 Catapult patients (0.31%) were referred for emergency care based on test results or symptoms discovered during their Catapult checkup.

That number soared to 90 patients per 1,000 (8.96%) if the patient was depressed.

Depression by **High Risk/Emergency Referral**



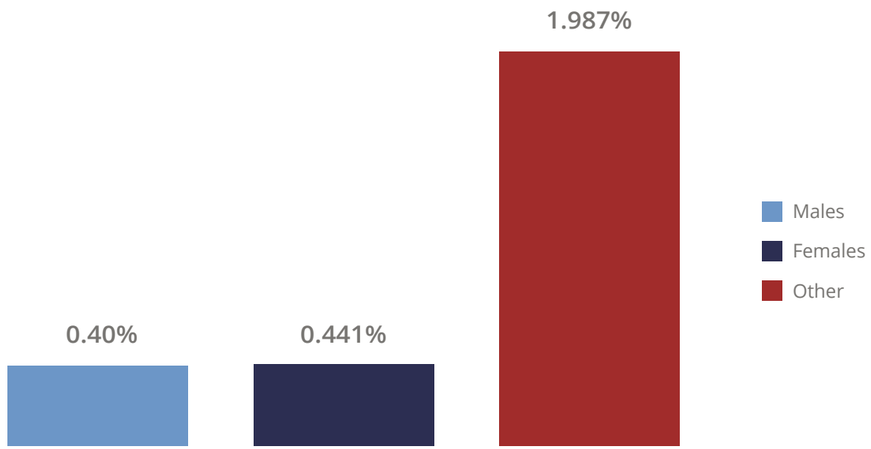
Appearance of **Suicidal Ideation**

Biological Sex

The percentage of those who identified as “female” and indicated suicidal ideation was 9.3% higher than those identifying as “male.” Even more dramatic than what was noted in the depression analysis, those who identified as “other” indicated suicidal ideation at a rate almost five times higher than the rest of the study population. Previous studies have shown that females have higher rates of non-fatal suicidal behavior and suicidal ideation, and attempt suicide more frequently than males. However, males have a much higher rate of completed suicides.

In 2018 in the U.S., mortality from suicide for males was almost four times higher than for females.

Suicidal Ideation by **Biological Sex**

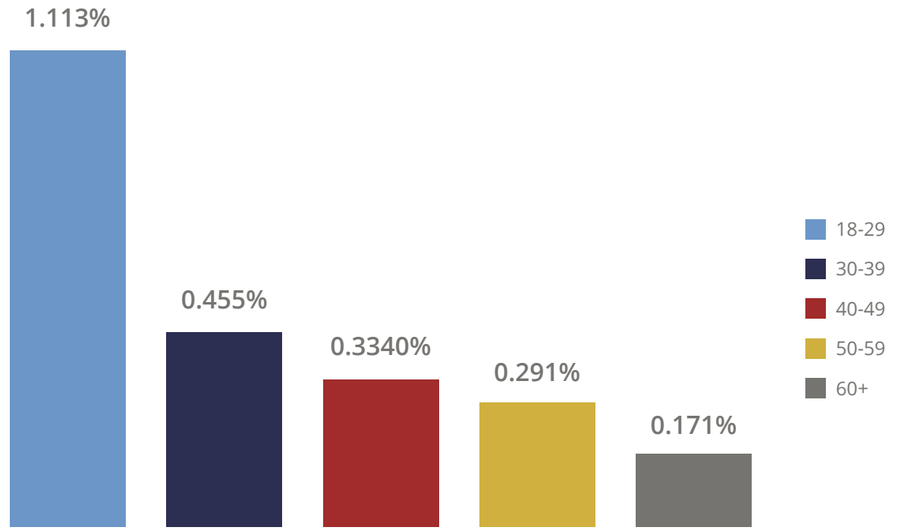


Age

Younger patients are much more likely to consider suicide compared to their older counterparts.

While suicide is the 10th leading cause of death among all Americans, it is the 2nd leading cause for those between the ages of 10 and 34, trailing only unintentional injury. In this study, those in the 18-29 age group represent 32% of those who indicated suicidal ideation, but accounted for only 12.3% of the total population. The 60+ age group accounted for 14.1% of the total population, but only 5.7% of the suicidal ideation population.

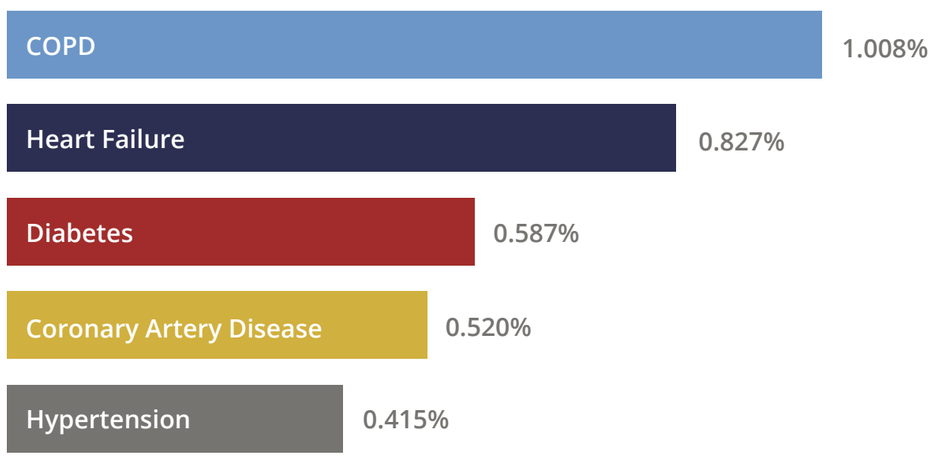
Suicidal Ideation by **Age**



Chronic Disease

Similar to the findings related to depression, this analysis reveals a correlation between health status and suicidal ideation. For example, those with Chronic Obstructive Pulmonary Disease accounted for 3.9% of those contemplating suicide, but only 1.6% of the total population. Those with Heart Failure accounted for 1.2% of those considering suicide, but only 0.6% of the total population. (Note: Chronic disease rates are higher for older adults, and suicidal ideation is higher among those with chronic disease. However, even though a relatively small number of younger patients had a chronic disease, they accounted for higher rates and larger numbers with suicidal ideation.)

Suicidal Ideation by **Chronic Disease**



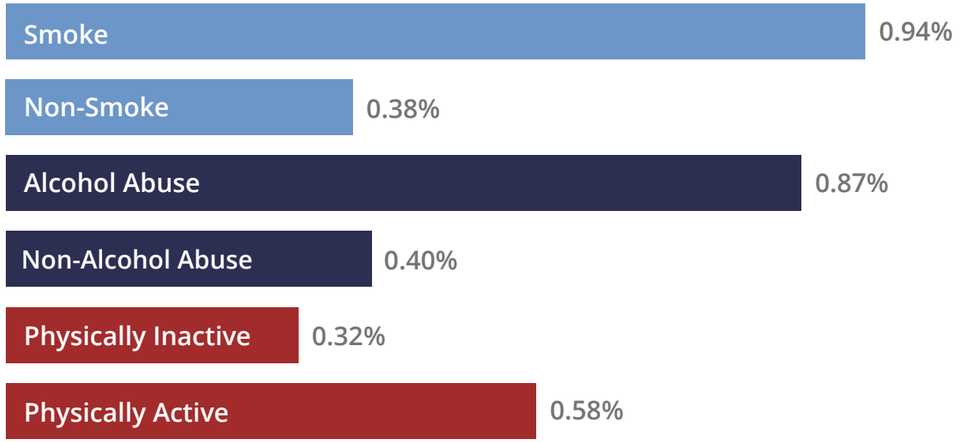
APPEARANCE OF SUICIDAL IDEATION

Health Behaviors

Several studies have been published that identify correlations between health behaviors and suicide. For example, alcohol is involved in over a quarter of all suicides.

There is sufficient evidence that being physically active is associated with lower suicidal ideation, and that cigarette smoking is linked to an increase in suicidal behaviors. This study shows a clear correlation between suicidal ideation and all three behaviors.

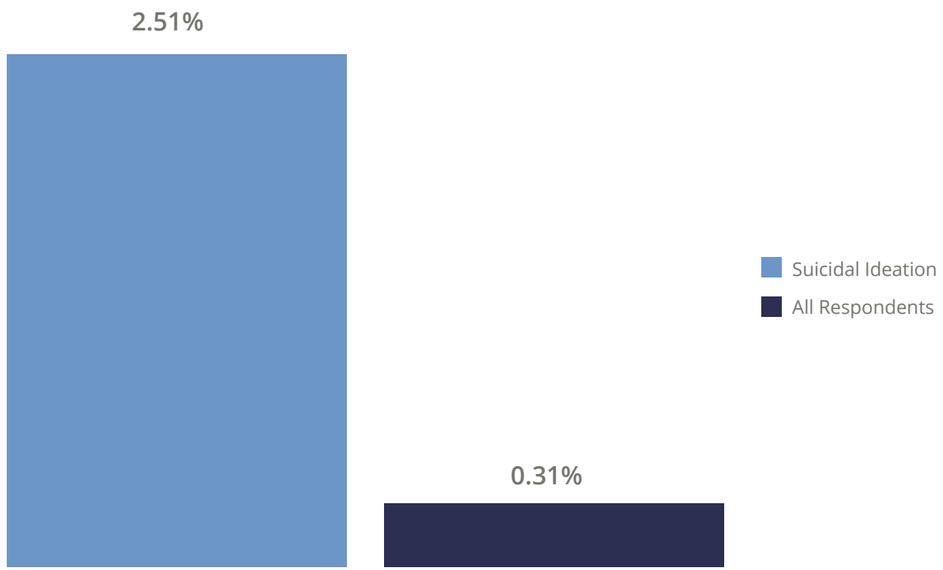
Suicidal Ideation by **Health Behaviors**



Emergency Referrals

Although not as dramatic as the differences found with those who indicated depression, those who needed emergency care were eight times more likely to indicate suicidal ideation compared to those who did not.

Depression by **High Risk/Emergency Referral**



Depressive disorder, frequently referred to simply as depression, is more than just feeling sad or going through a rough patch. It's a serious mental health condition that requires understanding and medical care. Left untreated, depression can be devastating for those who have it and their families. Fortunately, with early detection, diagnosis and a treatment plan consisting of medication, psychotherapy and healthy lifestyle choices, many people can and do get better.

National Alliance on Mental Illness

Depression Screening

The U.S. Preventive Services Task Force and the American Academy of Family Physicians recommend depression screening for all adults when staff assisted depression care supports are in place. Catapult recognized early the need for depression screening but initially did not have in place the resources and personnel to meet the needs of those identified with depression or who were considering suicide. Once those resources were in place and the personnel were trained, screening was implemented in July 2017.

Delivering clinical services in all 50 states is a massive and complicated process. In addition to federal regulations, each state has its own rules and regulations controlling the practice of medicine, including mental health. Catapult is a licensed medical provider and complies with the rules and regulations of the state where each patient is physically located.

Our Methodology

Depression

First, let's clarify what depression is and what it's not. Much attention has been given by the media to the emotional distress that has surfaced during the pandemic. Depression, anxiety, sadness, stress, loneliness, and other psychological reactions have been bundled together, and sometimes incorrectly labeled as "depression". While there is a relationship among these emotions and clinical conditions, there are also distinctions for each.

The data presented in this report are specific to depression as identified through the administration of the Patient Health Questionnaire (PHQ-9).

Patients completed the PHQ-9 assessment, a nine-item depression screening tool. It is one of the most validated tools in mental health and is a powerful resource to help clinicians with diagnosing depression. The PHQ-9 questions are designed to evaluate symptoms of depression during the previous two weeks. Patients whose scores indicate moderate or severe depression or suicidal ideation are verbally asked additional questions by their Catapult Nurse Practitioner during the consultation.

The PHQ-9 has been endorsed by the National Institute for Health and Clinical Excellence for measuring depression severity and responsiveness to treatment in a primary care setting. Among the users of the PHQ-9 for screening of depression are the Veterans Administration, the Department of Defense, the National Center for Health Statistics, Kaiser Permanente, and the United Kingdom's National Health Service.

Patients who scored 5 or higher on the PHQ-9 assessment are included among the depression population in this study. That included 14,015 patients, or 3.28% of the total population, an increase of 10.4% from the depression rate in the 2018 report.

Because depression frequently occurs in episodes rather than ongoing symptoms, a one-time assessment will not account for everyone who experiences depression within a year. Thus, the 3.28% is a snapshot in time and not the full view of depression for the included population. During a 12-month period, the actual percentage of employees experiencing depression would likely be in the 8-12% range.

Suicidal Ideation

Responses to specific questions in the PHQ-9 assessment can suggest that a patient may be considering suicide or self-harm. During each Catapult checkup, the consulting Nurse Practitioner (NP) is aware of these patients' responses, and the focus of the conversation is about possible suicidal ideation. The NP verbally administers the Columbia-Suicide Severity Rating Scale Assessment. This tool allows the NP to determine the severity and intensity of the patient's thoughts, and to ask questions about behaviors related to self-harm and the potential lethality of those behaviors.

All patients who indicate any degree of suicidal ideation are referred to their Employee Assistance Program, psychologist, therapist, or Primary Care Provider. If the patient does not have one, Catapult helps them find a provider who is in their insurer's medical network. The patient is introduced to the National Suicide Prevention Hotline (phone and text). Those who need immediate care are connected with available resources the same day, and a Catapult NP reaches out to the patient within 24 hours to ensure that they have sought help. If they have not, the NP emphasizes the importance of getting help and offers to assist the patient take the next step in seeking care.

> *Between July 2017 and mid-March 2021, results of 1,822 Catapult patients indicated signs of suicidal ideation. Of these, 38.2% shared with their Catapult Nurse Practitioner that they had a plan for ending their lives. [Active Early and Active Advanced]*

Practical Tips:

A Guide to Proactive Strategy & Response

Understanding the correlation between physical and psychological health is paramount in supporting an effective workforce. That said, while the data provides clarity into the mind-body connection, it is most valuable as a roadmap for taking action and implementing new internal policy that can have an explicit impact. Based on the data, we at Catapult Health have compiled a list of 4 practical tips for taking this strategic approach to comprehensive employee health.

Here's how to get started:

Communicate frequently and consistently.

One positive environmental shift spurred by the COVID-19 pandemic is a greater comfort with topics previously unmentioned in the workplace. The weight of the times deconstructed the artificial taboo around simply reaching out to a coworker or employee to see how they are holding up. Sustaining this momentum and cementing the communication practices around issues of physical and mental health is critical. The onus is on employers to make it a permanent part of their culture, both on the individual and organizational level. Not only does it provide an outlet to reinforce the available resources your business offers – such as psychological health coverage included in health insurance – but embeds a long-term information apparatus for issues surrounding health and other policy related changes.

Acknowledge COVID's lasting impact.

Without a doubt, increased vaccination rates and the reopening of American life is cause for celebration – with some businesses already laying the groundwork for a quasi-return to normalcy. That said, be careful. Any return-to-work plan that treats reopening as a path to the pre-pandemic culture fundamentally ignores the underlying psychological issues that plague so many of us. As a leadership team, be sure to take the opportunity to identify how policy can put health, both physical and psychological, first. It requires an executive mindset shift that embraces the link between health of employees and their families and organizational success.

Rethink manager training.

Unlike physical ailments, the signs of depression or suicidal ideation among employees are much more subtle and nuanced. To the untrained, the differences between someone who is seemingly having a bad day or exhibiting signs of severe mental anguish might be indistinguishable. Therefore, consider integrating new training policies for managers about the signs of depression and suicidal ideation, how to recognize them in others, including active listening techniques and how to encourage someone to seek help. This can, and should, include recommendations for participating in depression screening. These individuals have the most interaction and facetime with their teams, and need the technical skills to effectively serve as the front lines of mental health support.

Balance internal policy with external resources.

While leadership and HR departments can revise company guidelines to better protect and improve psychological health, ultimately these individuals are not trained psychological experts – and that's okay. Therefore, companies need to create the institutional infrastructure that supplements traditional health support with a direct pipeline to behavioral health providers. By steamlining access to in-network providers through an employee assistance program (EAP), employers can remove any barriers to ensuring that individuals get the help they need, when they need it.

About Catapult HEALTH

Catapult Health is a national preventive care medical provider operating in all 50 states. Catapult works with more than 400 employers serving 2 million employee and dependent lives. Our VirtualCheckup provides employees with annual wellness checkups including diagnostic screenings available onsite, at Quest locations or via a provided home kit.

Each checkup includes completion of a health questionnaire, blood chemistry analysis, physical measurements, evaluation of current medications, and consultation with a board-certified Catapult Nurse Practitioner, who asks questions to gain a deeper understanding of each patient's health, needs, barriers, and opportunities for improvement. The NP also has visibility to the prescription refill history from the previous 12 months for each patient, which allows them to consult on medication adherence and possible medication misuse. Checkups also include a review of cancer screenings, vaccinations, and gaps in care related to previous diagnoses.

A personal health plan is developed for each patient, who has access to all findings in a private, secure online personal health record.

Patients are referred to resources offered by their employer and health plan, such as health management, disease management, care management, and wellness programs. Each patient's test results and gaps in care are securely transmitted to their PCP within hours of their Catapult checkup.

Since its initial clinics in 2011, Catapult has focused on identifying health patterns, health histories, and biometric values that would indicate physical diseases, including diabetes, hypertension, lipid disorders and morbid obesity. In 2017, Catapult expanded its focus to include depression and suicidal ideation screening.

About
The Authors

LEE DUKES
VP, Clinical Outcomes

Lee's experience in employee health spans almost 40 years, including leadership roles with Campbell Soup Company, the Cooper Institute, WinningHabits, Alere, and Principal Wellness Company. He has consulted with more than 1,500 organizations in the U.S., Mexico, Canada, Great Britain, Germany and Japan, including every branch of the U.S. armed forces. Lee's role at Catapult Health includes continually analyzing its extensive database of approximately 800,000 patient records, seeking trends and patterns that can positively affect the way that preventive care is delivered in America.

TIM CHURCH
MD, MPH, PHD Senior Medical Advisor

As a distinguished researcher and specialist in public health and general preventive medicine, Dr. Timothy Church ranks among the country's most accomplished medical professionals, earning numerous distinctions as a physician, scientist, professor, patent holder, author and civil servant. As Chairman of the Catapult Health Medical Advisory Board, Dr. Church was instrumental in constructing the Catapult Health worksite Health Evaluation. His passion for helping people achieve better health has been the driving force behind his life's work, which has included positions such as Vice President of Medical and Laboratory Research at Texas' famed Cooper Institute and director of the Laboratory of Preventive Medicine at the Pennington Biomedical Research Center (part of the Louisiana State University system) in Baton Rouge, Louisiana, where he currently resides. Dr. Church served as the Chairman of the Physical Activity Committee of the Council on Nutrition, Physical Activity and Metabolism at the American Heart Association, was a consultant in the writing of the Federal Physical Activity Guidelines Advisory Report 2008 and was invited to speak before the United States Congress' Committee on Government Reform on the topic of diet, physical activity and dietary supplements.

Dr. Church frequently contributes to the national news media as an expert on the subjects of exercise, weight and preventive medicine, and has been interviewed by such media outlets as *CNN*, NBC's *Today Show*, *Time Magazine, The Wall Street Journal*, *USA Today*, and *The New York Times*.

KEVIN GILLILAND
PSYD Behavioral Health Director

Dr. Kevin Gilliland is a licensed clinical psychologist and the Executive Director of Innovation 360, an outpatient behavioral health company that provides treatment for mental health, substance abuse, and relationship issues. Over the past twenty years, Kevin has mentored countless individuals and couples, participated in research trials, and lectured across the country. Dr. Gilliland has a diverse range of expertise and experience including research for alcohol and opiate addiction medications and serving as an expert witness and evaluator in court cases involving substance use.

As Catapult's Clinical Director of Behavioral Health and a member of its Medical Advisory Board, Dr. Gilliland leads the implementation of depression screening tools and development of training materials for Catapult's clinical team. His passion for the connection between physical and mental wellness is what has led to his broad range involvement in the healthcare industry; from the Cooper Clinic to Johnson & Johnson. Kevin is also a member of People Magazine's Health Squad and has contributed as a mental health expert to Men's Health, NBC, Women's Health, and CNN among other media outlets. Additionally, he lectures graduate students in the Counseling Department at Southern Methodist University.

ISABEL ALENCAR
DNP,APRN, ACNP-BC VP of Clinical Services

As Vice President of Clinical Services, Isabel leads Catapult Health's team of Nurse Practitioners. Isabel is a board-certified Acute Care Nurse Practitioner who has extensive experience in the treatment of cardiovascular disease and diabetes in adults. She earned her Doctorate of Nursing Practice from Duke University's School of Nursing, and her Bachelor of Science in Nursing and Master of Science in Nursing from UCLA. Isabel's career includes practices at several university hospitals, primarily in cardiothoracic surgery and diabetes care and management. She is passionate about preventive medicine and patient education, and believes in empowering individuals to live healthier lives. She joined Catapult in 2020 and serves as a member of the Catapult Health Medical Advisory Board.

DAVID MICHEL
CEO

David Michel is a successful entrepreneur and business executive that has started several successful companies in various industries including healthcare, technology and entertainment. In 2010, David founded Catapult Health — a national Preventive Healthcare Practice — where he currently serves as Chairman and CEO. Catapult brings Preventive Checkups with next generation telemedicine to employer worksites across the United States. Prior to Catapult Health, David also founded WinningHabits, a company that devised technology-based health and wellness programs for corporations and government agencies across the country. After successfully arranging the sale of WinningHabits in 2005, he became President and CEO of InnerChange, a nationally recognized residential treatment facility operator that specializes in the care of teen girls with emotional trauma. His passion for education and personal development (as well as his passion for helping children) also inspired his co-creation of the animated television show Jay Jay the Jet Plane, which is enjoyed by children and parents across the globe.

For information about this study, to inquire about additional analysis, or to schedule an interview contact Lee Dukes.

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