Dissertation

at

SEVA AT HOME INDIA PVT LTD

Cross Sectional Descriptive study on Corporate Health Risk Management: Laboratory Data Analysis in Identifying & Addressing Employee Health Risks

by

Name - **Dr Kajal Gupta**

Enroll No. **PG/21/045**

Under the guidance of

Dr Sukesh Bhardwaj

PGDM (Hospital & Health

Management)2021-2023

International Institute of Health Management ResearchNew Delhi

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International Institute of Health Management ResearchNew Delhi

The certificate is awarded to

Name – Dr. Kajal Gupta

in recognition of having successfully completed her Internship in the department of Operations

Title – Operations Intern
and has successfully completed her Project on

Descriptive study on Corporate Health Risk Management: Laboratory Data Analysis in Identifying & Addressing Employee Health Risks

Date 14/6/2023

Organization – SEVA AT HOME INDIA PVT LTD

She comes across as a committed, sincere & diligent person
who hasa strong drive & zeal for learning.

We wish her all the best for future endeavors.

Kavita
Training & Development

Shalini Gyaan
Zonal Head-Human Resources

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr Kajal Gupta student of PGDM (Hospital & Health Management) from International Institute of Health Management Research, New Delhi has undergone internship training at Seva at Home India Pvt Ltd from 1st March 2023 to 31st May 2023.

The Candidate has successfully carried out the study designated to him during internship training and her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish her all success in all her future endeavors.

Dr. Sumesh Kumar
Associate Dean, Academic and Student Affairs
IIHMR, New Delhi

Dr Sukesh Bhardwaj
IIHMR, New Delhi

Certificate of Approval

The following dissertation titled **"Descriptive study on Corporate Health Risk Management: Laboratory Data Analysis in Identifying & Addressing Employee Health Risks"** at **"SEVA AT HOME INDIA PVT LTD."** is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptanc as a prerequisite for the award of **PGDM (Hospital & Health Management)** for which it has been submitted. It is understood thatby this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

Name	Signature
EKTA SAROHA	

Certificate from Dissertation Advisory Committee

This is to certify that **Dr KAJAL GUPTA,** a graduate student of the **PGDM (Hospital & Health Management)** has worked under our guidance and supervision. She is submitting this dissertation titled " **Descriptive study on Corporate Health Risk Management: Laboratory Data Analysis in Identifying & Addressing Employee Health Risks"** in partialfulfillment of the requirements for the award of the **PGDM (Hospital & Health Management).**

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

Dr Sukesh Bhardwaj,
Assistant Professor,

IIHMR-DELHI

Arun Datta
Chief Operating Officer,

SEVA AT HOME

INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH, NEW DELHI

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation **titled Descriptive study on Corporate Health Risk Management: Laboratory Data Analysis in Identifying & Addressing Employee Health Risks** and submitted by **Dr. Kajal Gupta** Enrollment No. PG/21/045 under the supervision of ……**Dr. Sukesh Bharadwaj** for award of PGDM (Hospital & Health Management) of the Institute carried out duringthe period from …**1st MARCH - 31ST MAY** embodies my original work and has not formed the basis for the award of any degree,diploma associate ship, fellowship, titles in this or any other Institute or other similarinstitution of higher learning.

Signature

FEEDBACK

Name of the Student: Dr. Kajal Gupta

Name of the Organisation in Which Dissertation Has Been Completed: SEVA AT HOME INDIA PVT LTD

Area of Dissertation: Operations

Attendance: 100%

Objectives achieved: Kajal was able to come up with the health index of our corporate clients by assessing their health conditions data.

Deliverables: Corporate Health Risk Assessment, Patient Feedback analysis, Employee Satisfaction feedback analysis

Strengths: Kajal has constantly shown exemplary commitment to and professionalism in her work. Her commitment to quality work and meeting deadlines speaks much about her strong work ethic. She routinely goes above and above what is required, demonstrating tremendous initiative and voluntarily accepting new duties. Her strong communication skills ensure efficient coordination and effective problem-solving. Her commitment to personal growth and continuous improvement is inspiring. Overall, she is an asset to our organization.

Suggestions for Improvement: I encourage Kajal to develop her leadership abilities and improve her ability to work with others by aggressively looking for chances to collaborate with coworkers from other departments. She will continue to flourish and make an even greater contribution to the success of our organisation with these areas of focus.

Suggestions for Institute (course curriculum, industry interaction, placement, alumni): None.

Bindiya Reddy
General Manager Operations
SEVA AT HOME INDIA PVT.LTD

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I would like to take this moment to express my deepest acknowledgment and special recognition to the Chief Operating Officer, **Mr. Arun Dutta sir**, who despite being outstandingly busy with his work schedule, took time to listen, direct and keep us on the rightful path and permitting us to carry our internship at the organization and guiding throughout the internship.

It is my deepest emotion to place on record my best compliments and a deep sense of gratitude to Ms. **Bindiya Reddy** (Operations - General Manager) for providing necessary advice, guidance, and information during every step. I am using this opportunity to admit their contribution delightfully.

I would like to express genuine thanks to **Dr. Sutapa B. Neogi** (Director, IIHMR Delhi) for giving me a chance to do Dissertation. Now, I would like to express my honest gratitude towards my mentor at IIHMR Delhi, **Dr. Sukesh Bhardwaj** for his support, invaluable instructions, and supervision. This report is the result of his meticulous and generous outlook.

I would also like to express a deep sense of gratitude to the Placement Cell of my esteemed university for guiding me throughout the internship process and for providing time-to-time internship guidelines.

ABSTRACT

Title -Cross sectional Descriptive study on Corporate Health Risk Management: Laboratory Data Analysis in Identifying & Addressing Employee Health Risks

Background of the Study Workplace health promotion refers to the various efforts made by organizations to enhance the health, safety, and well-being of their employees. These initiatives encompass a broad range of strategies and policies aimed at creating a healthy work environment, encouraging healthy behaviours, preventing health issues, and supporting employees in managing their well-being.

The recognition of workplace health promotion stems from organizations acknowledging the significance of employee well-being in achieving organizational objectives. When employees are healthy, they tend to be more productive, engaged, and exhibit lower rates of absenteeism and turnover. Additionally, promoting health and well-being in the workplace has a positive impact on employees' overall quality of life.

In summary, workplace health promotion involves organizational actions that prioritize and support employee health, leading to improved productivity, reduced absenteeism, and enhanced overall well-being for employees.

Rationale-

The rationale for using laboratory data analysis in corporate health risk management is to improve risk identification, enable targeted interventions, support data-driven decision making, facilitate proactive health management, and enhance employee well-being and productivity.

Objective –

Primary Objective: The objective of this study is to profile the health status of employees through comprehensive full-body health checkups and analyze the disease profile prevalent among them.

Secondary Objectives:

Secondary objective is to develop a targeted disease preventive program to improve the overall health and well-being of the employees.

Methodology

The study employs a Cross sectional Descriptive research design with a duration of three months, from March 1st to May 31st. The study sample consists of 946 participants. The main tools utilized for data analysis are Microsoft Excel and Power BI. These software tools provide a robust platform for organizing, analysing, and visualizing the laboratory data collected from the participants. The research design allows for a systematic examination of the relationship between laboratory data parameters and employee health risks, enabling the identification and addressing of potential health issues in the corporate setting. The utilization of Microsoft Excel and Power BI enhances data management, analysis, and visualization, facilitating comprehensive insights and effective decision-making in corporate health risk management.

Results : Out of 946 participated25.79% (244) were female & 73.47%(695)were male. Out of Total participants, 630 were under 30,233 were between 30-40,76 were above 40. 26.43%(250) Employees has high HDL, LDL, Cholesterol and Triglycerides .33.62%(318) Employees has elevated level of HDL ,LDL, Cholesterol and Triglycerides. Total 130 employees under 30 91 between 30-40 28 above 40 have these heart related problems . 262 Employees have moderate to high Blood Pressure under 30 ,96 Employees have moderate to high Blood Pressure between 30-40,35 Employees have moderate to high Blood Pressure above 40. 194 of total population under 30 are obese,109 of total population between 30-40 are obese,44 of total population over 40 are obese. 194 of total population under 30 are obese,109 of total population between 30-40 are obese,44 of total population over 40 are obese. **9.3%(88)** has pre - diabetic disposition,**1.16%(11)** are diabetic. When comparing parameters Heart analysis, Gender, BP ,Age group ,Body type.4.23%(**40**) Employees have **heart related** problem & all of them have **high BMI values.**4.23%(**40**) Employees have **hypertension** & 50%(**20**) of them are under 30 years ,Out of these 40 Employees 39(97.5%) are Males.

Conclusion: Laboratory data analysis offers a valuable tool for detecting early warning signs and implementing preventive measures. This study explores the potential of laboratory data analysis in corporate health risk management, specifically focusing on heart-related problems and blood pressure.

Tailored interventions will be developed to address the identified health risks. These may include educational programs, lifestyle modifications, wellness initiatives, and personalized health plans. The interventions will be designed to improve employee health outcomes and reduce the prevalence of heart-related problems and high blood pressure. The well-being of employees is crucial for the success of any organization.

Cardiovascular diseases and high blood pressure are among the leading causes of morbidity and mortality worldwide. Identifying and addressing these health risks in the workplace can significantly impact employee health outcomes and reduce healthcare expenses.

Keyword: Workplace, health, heart, BP ,Stress

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ABBREVIATIONS

S. No.	Abbreviation	Full Form
1.	CVDs	Cardiovascular Diseases
2.	BMI	Body Mass Index
3.	DM	Diabetes Mellitus
4.	HTN	Hypertension
5.	EHR	Electronic Health Record

Cross Sectional Descriptive study on Corporate Health Risk Management: Laboratory Data Analysis in Identifying & Addressing Employee Health Risks

Background of organization

Seva at Home is a home health organization focused on providing healthcare services to individuals in the comfort of their homes. The organization works to improve patients' quality of life and ensure their health through personalized care and support. Here is a brief description of Seva at Home:

1. Services: Seva at Home offers a variety of medical services to meet the needs of different patients. These services include palliative care, personal services, medical services, palliative care services, hospice and end-of-life services, illness management, social services, and respite services.

2. Professionals: Seva at Home has a team of professional and caring doctors trained to provide quality care. The team includes nurses, certified doctors, physical therapists, occupational therapists and other health professionals.

3. Personal Care: Seva at home refers to personal care tailored to the unique needs of each individual.

By conducting comprehensive assessments and working closely with patients, their families and doctors, Seva at Home creates treatment plans based on the patient's unique needs and goals.

4. Comfort and Comfort: The main purpose of Seva at Home is for patients to receive medical care in the familiar and comfortable environment of their home. This approach eliminates the need for unnecessary hospital visits and allows individuals to protect their freedom, dignity and privacy.

5.Collaboration and collaboration: Seva at Home places emphasis on collaboration and collaboration with other healthcare providers involved in patient care. They work with primary care physicians, specialists and other healthcare providers to ensure effective communication, accurate information sharing and care coordination.

6. Technology Integration: Seva at Home uses technology to improve health. This may include electronic health records (EHRs) for effective data management, remote monitoring and financial resources for real-time health monitoring, nature telemedicine for virtual counselling, and other digital tools to improve communication and care.

7. Commitment to quality: Seva at Home is committed to maintaining quality and safety standards in all its services. They follow established guidelines, adhere to official guidelines, and regularly monitor and evaluate their practice to ensure quality care.

Seva at Home strives to be a reliable partner for improving the health and well-being of individuals in the home by offering a wide range of services provided by expert professionals focused on self-control, easy and well. Some of the services that

Seva at Home frequently provides are as follows:

1.Patient care: At home Seva provides physician services, including wound care, medication administration, injections, vital signs monitoring, and chronic pain management.

2. Personal Care: Organizing activities of daily living (ADL) such as bathing, dressing, grooming and toileting. Therapists are trained to provide personal support to help individuals gain independence.

3.Rehabilitation Services: Seva at home offers rehabilitation services to help patients recover and improve their physical abilities. This may include physical therapy, occupational therapy, and speech therapy.

4. Medical Supplies: This organization provides medical equipment and supplies that people need to care for at home. This may include items such as mobility equipment, oxygen equipment, and home care equipment.

5. Inadequate care and end of life: Seva at Home provides quality care to people with serious illnesses. They provide pain management, symptom management, emotional support and support to families during this difficult time.

6. Chronic Disease Management: This organization helps people with chronic conditions such as diabetes, high blood pressure or heart disease manage their health at home.

This includes collaboration with education, care and healthcare providers.

7. Cooperation and Social Support: Seva at Home is aware of the importance of relationships and relationships for overall health. His caregivers encourage, engage in conversation, and provide personal companionship.

8.Respite Care: This organization provides respite care for family caregivers. This allows caregivers to relax while making sure their loved one receives appropriate care.

Seva at Home focuses on individualized care, supports independence and provides a safe and comfortable environment for patients. Seva at Home is a home healthcare provider that provides tests to patients in the comfort of their home. Test results are important for diagnosis and treatment.

Seva at Home collects test results and stores them in the database. However, the results of the research should be monitored and analysed to improve the quality of treatment. Monitoring and analysing the results of laboratory tests plays an important role in improving the quality of health services provided by Seva at Home.

The process is detailed as follows:

Activity 1. Monitoring and reviewing the results of the audit will help ensure the accuracy and reliability of the experiment. By regularly reviewing results, Seva at Home can identify errors, inconsistencies or inconsistencies that could indicate a problem with the testing process, equipment, or staff. This allows for quick adjustments to maintain the best quality assurance standards.

2. Diagnosis and treatment: Laboratory test results are based on diagnosis and determination of appropriate treatment. By monitoring and analysing these positive results, Seva at Home can identify abnormalities or conditions that may require immediate intervention or adjustments in the patient's treatment. This helps doctors deliver timely and accurate diagnoses, leading to better outcomes.

3. Patient Safety: Monitoring test results is important for patient safety. By regularly reviewing results, Seva at Home can identify risks or complications associated with treatment or medication. This allows doctors to make informed decisions about patient care and take measures to avoid side effects or complications.

4. Continuous improvement: Monitoring test results over time can give better insight into the effectiveness of different treatments and interventions. Seva at Home can analyse patterns and patterns of outcomes, allowing them to evaluate the effectiveness of certain treatment options and build needs-based evidence. This continuous improvement process helps improve the quality and efficiency of patient care.

5.Research and Data Analysis: Collection and analysis of test results from large patient populations to support clinical research and data analysis. Seva at Home may record and collect information to identify general patterns, relationships or trends in certain diseases or conditions. This information can be used to manage public health, identify hazards, and develop more effective interventions or prevention.

Overall, monitoring and analysis of test results allows Seva at Home to improve the accuracy of diagnosis, improve treatment plans and ensure patient safety, conception and contribute to the continuous improvement of treatment. By leveraging this valuable information, Seva at Home can provide patients with better, more personalized care in the comfort of their own home.

CHAPTER 1: INTRODUCTION

Purpose of research

Health promotion in the workplace refers to the activities, policies and strategies that organizations use to promote and improve the health, safety and well-being of their employees. It includes a variety of initiatives designed to create a healthy workplace, promote health, prevent health problems, and support employees in managing their own health.

The idea of promoting health in the workplace is accepted as organizations recognize the importance of employee health in achieving organizational goals. Healthy employees are more productive, engaged, and have less absenteeism and turnover. Also, promoting health and wellness in the workplace has a positive effect on the overall quality of life of employees.

Workplace health promotion programs typically include:

1. Health Education: Provide employees with information and resources so they can make decisions about their health. This may include meetings, workshops, webinars, newsletters or online platforms.

2. Health Assessment: A health assessment, assessment or assessment is conducted to determine an employee's risk of healthy eating and nutritional needs. This knowledge can help remove barriers and improve personal health.

3. Promote Physical Activity: Employees are encouraged to engage in regular physical activity through initiatives such as fitness competitions, exercise classes, on-site gyms, or travel.

4. Food and health: Promote healthy eating and provide healthy food in restaurants or vending machines. Providing nutrition education and counselling can also be part of this strategy.

5. Mental Health Support: Recognize the importance of mental health and use services to reduce stress, maintain work-life balance, and provide support ideas or services for employees.

6. Work Environment: Create a supportive work environment that is important for worker health and safety. This may include ergonomic assessments, workplace safety programs, flexible working arrangements and workplace reduction programs.

7. Smoking and Drug Prevention: Use policies and programs to prevent and reduce smoking and drug use among employees, such as smoking cessation programs, medication or drug use counselling.

8. Health Services and Policies: Provide health services such as maternity leave, appointments or phone calls, access to preventive care, and policies that support active living.

Organizations may develop in-house workplace health promotion programs or seek partnerships with healthcare professionals, healthcare companies or insurance companies to create and implement services tailored to their specific needs and staff. Overall, promoting health in the workplace is creating a culture of health in an organization that benefits and promotes people's health. By investing in employee health, organizations can reduce medical

expenses and absenteeism while increasing employee satisfaction, engagement, and productivity.

Research Question: - " What is the morbidity profile of employees, and how can laboratory data analysis be utilized in corporate health risk management to effectively identify and address their health risks?"

Objectives of the Study: -

Primary Objective: The objective of this study is to profile the health status of employees through comprehensive full-body health checkups and analyze the disease profile prevalent among them.

Secondary Objectives: Secondary objective is to develop a targeted disease preventive program to improve the overall health and well-being of the employees who belong to risk category.

Table 1

LITERATURE REVIEW

SR NO.	TOPIC	AUTHOURS	FINDINGS	CITATION.
1	Burnout prevention: A review of intervention programs	Wendy L. Awa, Martina Plaumann, Ulla Walter	25 Sample Size There were 17 (68%) individual interventions, 2 (8%) intra-institutional interventions, and 6 (24%) a combination of the two intervention types. Eighty percent of the studies resulted in a reduction in violence. While human-centred interventions reduce violence in the short term (6 months or less), a combination of people-centered and organization-based interventions again has long-term benefits.	Awa WL, Plaumann M, Walter U. Burnout prevention: a review of intervention programs. Patient Educ Couns. 2010 Feb;78(2):184-90. doi: 10.1016/j.pec.2009.04.008. Epub 2009 May 20. PMID: 19467822.
2	Effects of a Workplace Wellness Program on Employee Health, Health Beliefs, and Medical Use: A Randomized Clinical Trial	Julian Reif[1,2], David Chan[2,3,4], Damon Jones[2,5], Laura Payne[6], David Molitor[1,2]	4834 participants This randomized controlled trial showed that the workplace wellness program had no significant impact on physical health measures, diagnostic value, or use of health services after 24 months, but increased the percentage of employees reporting it. . Primary care providers have and have the confidence to work on their own health.	Reif J, Chan D, Jones D, Payne L, Molitor D. Effects of a Workplace Wellness Program on Employee Health, Health Beliefs, and Medical Use: A Randomized Clinical Trial. JAMA Intern Med. 2020 Jul 1;180(7):952-960. doi: 10.1001/jamainternmed.2020.1321. PMID: 32453346; PMCID: PMC7251499.

3	Workplace pedometer interventions for increasing physical activity	Rosanne LA Freak-Poli [1], Miranda Cumpston [1], Lo ai Albarqouni [2], St acy A Clemes [3], Anna Peeters	Exercise in the workplace can improve the physical and mental health of employees. However, the available evidence does not support the effectiveness of pedometer-based interventions. Technological advances in accelerometers have outstripped pedometers, and it will be difficult to find disease-free control groups in future studies. Lawmakers should approach pedometer integration with caution and consider long-term safety. Future research should focus on identifying effective interventions and providing consistent measures of physical activity and health outcomes.	Freak-Poli R, Cumpston M, Albarqouni L, Clemes SA, Peeters A. Workplace pedometer interventions for increasing physical activity. Cochrane Database Syst Rev. 2020 Jul 21;7(7):CD009209. doi: 10.1002/14651858.CD009209.pub3. PMID: 32700325; PMCID: PMC7389933.
4	[Workplace health promotion in Poland in 2015 - Diagnosis based on a representative survey of companies employing more than 50 employees]	Krzysztof Puchalski [1], Elżbieta Korzeniowska	Many companies have voluntarily made the health of their employees a priority by improving healthcare, physical support, and the work environment beyond legal requirements. This is done to improve their image, increase productivity and reduce costs. Lack of funding, along with inadequate national support, workforce management, low benefits awareness and good service, is the biggest obstacle to health promotion in the	Puchalski K, Korzeniowska E. Promocja zdrowia w zakładach pracy w Polsce w 2015 r. – diagnoza na podstawie reprezentatywnego badania firm zatrudniających powyżej 50 pracowników [Workplace health promotion in Poland in 2015 - Diagnosis based on a representative survey of companies employing more than 50 employees]. Med

			workplace. Few companies actively motivate their employees and measure the effectiveness of their health promotion efforts.	Pr. 2017 Mar 24;68(2):229-246. Polish. doi: 10.13075/mp.5893.00532. Epub 2016 Dec 22. PMID: 28345683.
5	Workplace Mental Health Interventions in India: A Rapid Systematic Scoping Review	Apurvakumar Pandya [1], Niharika Khanal [2], Mudita Upadhyaya [3]	It's important to address mental health issues and follow your organization's policies. First, research on occupational health and risk factors in the Indian context and cost-benefit analysis of workplace mental health interventions are required.	Pandya A, Khanal N, Upadhyaya M. Workplace Mental Health Interventions in India: A Rapid Systematic Scoping Review. Front Public Health. 2022 May 3;10:800880. doi: 10.3389/fpubh.2022.800880. PMID: 35592077; PMCID: PMC9110774.
6	Workplace health promotion and safety in state and territorial health departments in the United States: a national mixed-methods study of activity, capacity, and growth opportunities	Laura A Linnan [1,2], Maija S Leff [3,4], Marisa C Martini [4], Ann Marie L Walton [5], Sherry Baron [6], Peggy A Hannon [7], Jean Abraham [8], Melanie Studer [9]	The results outline current activities and specific strategies to support SHD's ability to promote worker and workplace safety and health, an important aspect of public health to reduce acute and chronic injuries.	Linnan LA, Leff MS, Martini MC, Walton AL, Baron S, Hannon PA, Abraham J, Studer M. Workplace health promotion and safety in state and territorial health departments in the United States: a national mixed-methods study of activity, capacity, and growth opportunities. BMC Public Health. 2019 Mar 12;19(1):291. doi: 10.1186/s12889-019-6575-x. PMID: 30866884; PMCID: PMC6417036.

7	Physical activity and relaxation during and after work are independently associated with the need for recovery	Jennifer K Coffeng [1], Esther M van Sluijs, Ingrid J M Hendriksen, Willem van Mechelen, Cécile R L Boot	412 Future evidence is needed to confirm the association, and our findings suggest that climbing, participating in recreational activities, (physical) separation from work, leave after leave and resignation are associated with lower NFR. For future workplace wellness programs, interventions will improve physical activity and relaxation.	Coffeng JK, van Sluijs EM, Hendriksen IJ, van Mechelen W, Boot CR. Physical activity and relaxation during and after work are independently associated with the need for recovery. J Phys Act Health. 2015 Jan;12(1):109-15. doi: 10.1123/jpah.2012-0452. Epub 2014 Feb 5. PMID: 24509946.
8	The effectiveness of workplace health promotion interventions on physical and mental health outcomes - a systematic review of reviews	Karin Ingeborg Proper [1], Sandra Helena van Oostrom	This review found evidence of the effectiveness of workplace interventions in preventing the consequences of obesity, including mental health and musculoskeletal disorders. However, future research is needed to examine the factors that contribute to the success of interventions.	Proper KI, van Oostrom SH. The effectiveness of workplace health promotion interventions on physical and mental health outcomes - a systematic review of reviews. Scand J Work Environ Health. 2019 Nov 1;45(6):546-559. doi: 10.5271/sjweh.3833. Epub 2019 May 28. PMID: 31134284.
9	Economic evaluation of workplace health promotion interventions focused on Lifestyle: Systematic review and meta-analysis	Ana M Vargas-Martínez [1], Manuel Romero-Saldaña [2,3], Rocío De Diego-Cordero	There are few studies that aim to evaluate the effectiveness of WHP interventions. However, although there is evidence that such researchers improve quality of care, individuals who describe and evaluate lifestyle interventions are rare. What are the main benefits? This systematic review has demonstrated the effectiveness of WHP	Vargas-Martínez AM, Romero-Saldaña M, De Diego-Cordero R. Economic evaluation of workplace health promotion interventions focused on Lifestyle: Systematic review and meta-analysis. J Adv Nurs. 2021 Sep;77(9):3657-3691. doi: 10.1111/jan.14857.

			interventions and, in some cases, the effectiveness of these interventions for employers and communities. More research is needed in this area and to assess the cost-effectiveness of these interventions. Where is the research and who will it affect? Understanding the impact of different WHP interventions enables better resource management that can help make political and economic decisions for health and workplace safety.	Epub 2021 Apr 19. PMID: 33876454.
10	Digital Health Promotion and Prevention in Settings: Scoping Review	Anna Lea Stark[#1], Cornelia Geukes[#1], Christoph Dockweiler	Research centers for the promotion and prevention of digital health in a variety of settings. At the same time, we found a lack of research on the ineffectiveness of relevant contexts (eg digital media) and a lack of information on technical support, health and protection in the environment. Therefore, it is unclear whether digital technologies will cause structural (or organizational) changes in the environment. More research is needed to perfect digital technologies for health promotion and environmental protection.	Stark AL, Geukes C, Dockweiler C. Digital Health Promotion and Prevention in Settings: Scoping Review. J Med Internet Res. 2022 Jan 28;24(1):e21063. doi: 10.2196/21063. PMID: 35089140; PMCID: PMC8838600.

11	Factors associated with the implementation of health-promoting telework from the perspective of company decision makers after the first COVID-19 lockdown	Gert Lang [1], Kathrin Hofer-Fischanger	The level of use and need for communication increased significantly during the initial lockdown and did not return to pre-pandemic levels. Change depends on preparation and experience: Evaluation of phone service and willingness to continue depends on level of readiness and use. Prerequisites for the future of telehealth promotion include preparation, rethinking and existing models of workplace health promotion.	Lang G, Hofer-Fischanger K. Factors associated with the implementation of health-promoting telework from the perspective of company decision makers after the first COVID-19 lockdown. Z Gesundh Wiss. 2022;30(10):2373-2387. doi: 10.1007/s10389-022-01717-z. Epub 2022 May 4. PMID: 35530416; PMCID: PMC9064540.
12	Promoting physical activity-related health competence to increase leisure-time physical activity and health-related quality of life in German private sector office workers	Simon Blaschke 1, Johannes Carl 2, Klaus Pelster 3, Filip Mess	The results confirm the theoretical aspects of the variation and stability of PAHCO over time and show the influence of psychological factors on PA and HRQOL activity. These findings highlight the potential for PAHCO to develop interventions in OW that could lead to long-term improvements in HEPA and HRQOL.	Blaschke S, Carl J, Pelster K, Mess F. Promoting physical activity-related health competence to increase leisure-time physical activity and health-related quality of life in German private sector office workers. BMC Public Health. 2023 Mar 11;23(1):470. doi: 10.1186/s12889-023-15391-7. PMID: 36899338; PMCID: PMC10007852.

13	A workplace mindfulness training program may affect mindfulness, well-being, health literacy and work performance of upper-level ICT-managers: An exploratory study in times of the COVID-19 pandemic	Kristina Schubin[1], Laura Seinsche[1], Holger Pfaff[1], Sabrina Zeike[1]	The results showed that the late and test results showed better results compared to the first WMT. Therefore, workplace awareness training can be a promising way to improve the mental health and work skills of senior ICT managers. Workplace conditions must be considered to support long-term leadership.	Schubin K, Seinsche L, Pfaff H, Zeike S. A workplace mindfulness training program may affect mindfulness, well-being, health literacy and work performance of upper-level ICT-managers: An exploratory study in times of the COVID-19 pandemic. Front Psychol. 2023 Apr 20;14:994959. doi: 10.3389/fpsyg.2023.994959. PMID: 37151337; PMCID: PMC10158731.
14	Effects of workplace measures against COVID-19 and employees' worry about them on the onset of major depressive episodes: A 13-month prospective study of full-time employees	Norito Kawakami[1], Natsu Sasaki[1], Hiroki Asaoka[1], Reiko Kuroda[4], Kanami Tsuno[1], Kotaro Imamura[5]	Of the 968 people employed in May 2020, 827 completed the 7th survey (80%) in June 2021. We excluded 75 participants who reported having MDE in May 2020 or before. After adjusting for covariates, concern about workplace assessment was associated with the incidence of MDE There was no significant relationship between the number of workplace evaluations and the incidence of MDE.	Kawakami N, Sasaki N, Asaoka H, Kuroda R, Tsuno K, Imamura K. Effects of workplace measures against COVID-19 and employees' worry about them on the onset of major depressive episodes: A 13-month prospective study of full-time employees. J Affect Disord. 2023 Feb 1;322:187-193. doi: 10.1016/j.jad.2022.04.040. Epub 2022 Apr 16. PMID: 35439468; PMCID: PMC9013016.

15	Job burnout and its influencing factors in Chinese medical staffs under China's prevention and control strategy for the COVID-19 pandemic	Shuzhi Peng[1,2], Juhua Zhang[1], Xingyue Liu[1,2], Mengyu Pei[1,2], Tingting Wang[4], Peng Zhang	The crisis of health workers is affected by health, work, mental health of the epidemic, wages and marriage. Hospital managers should create incentives based on differences in the psychological variables of healthcare workers to create a good medical workplace as a preventive measure and management of COVID-19 disease.	Peng S, Zhang J, Liu X, Pei M, Wang T, Zhang P. Job burnout and its influencing factors in Chinese medical staffs under China's prevention and control strategy for the COVID-19 pandemic. BMC Public Health. 2023 Feb 8;23(1):284. doi: 10.1186/s12889-022-14945-5. PMID: 36755304; PMCID: PMC9906585.
16	Organizational-level determinants of participation in workplace health promotion programs: a cross-company study	Liesa Marie Lier[1], Christoph Breuer[2], Sören Dallmeyer	Participation in WHPP is limited because many companies struggle to motivate their employees to join WHPP. Strong corporate support and low-paid employees have been identified as drivers of employee engagement in corporate wellness programs. Thus, social and economic support for employee participation can help increase schooling. Firm size has been shown to have a negative effect on the WHPP record, meaning that large firms must consider their size and complexity when implementing such strategies.	Lier LM, Breuer C, Dallmeyer S. Organizational-level determinants of participation in workplace health promotion programs: a cross-company study. BMC Public Health. 2019 Mar 6;19(1):268. doi: 10.1186/s12889-019-6578-7. PMID: 30894160; PMCID: PMC6427860.

17	Healthy lifestyle interventions across diverse workplaces: a summary of the current evidence	Amalia Sidossis[1,2], Gabriel C Gaviola[1,2], Mercedes Sotos-Prieto[2,3,4], Stefanos Kales[1,2]	While recent literature demonstrates the positive effects of healthy living and improving health and well-being in the workplace, research should include longer follow-up periods, more objective health measures, employee performance, and studies of similar interventions to identify mechanisms. best effect to improve employee health and well-being.	Sidossis A, Gaviola GC, Sotos-Prieto M, Kales S. Healthy lifestyle interventions across diverse workplaces: a summary of the current evidence. Curr Opin Clin Nutr Metab Care. 2021 Nov 1;24(6):490-503. doi: 10.1097/MCO.0000000000000794. PMID: 34622825.
18	Promoting Physical Activity and Weight Loss With mHealth Interventions Among Workers: Systematic Review and Meta-analysis of Randomized Controlled Trials	Jiyeon Jung[1], Inhae Cho	PA improved significantly in the mHealth intervention group (standardized mean difference [SMD] 0.22, 95% CI 0.03-0.41; P<.001; I2 = 78%). When the intervention group was compared with the control group, no significant difference was observed in weight loss. This study demonstrates that mHealth interventions are effective in improving PA in workers. Future studies are recommended to evaluate long-term efficacy in larger populations.	Jung J, Cho I. Promoting Physical Activity and Weight Loss With mHealth Interventions Among Workers: Systematic Review and Meta-analysis of Randomized Controlled Trials. JMIR Mhealth Uhealth. 2022 Jan 21;10(1):e30682. doi: 10.2196/30682. PMID: 35060913; PMCID: PMC8817216.
19	Efficacy and costs of a workplace wellness programme	R Rezai[1,2], N SantaBarbara[2], E Almirol[2], K Shedd[3], E Terry[3], M Park[2], W S Comulada	A total of 518 participants (84% women) participated in the BHIP program (mean age = 41, SD = 1.17). From baseline to follow-up, all anthropometric measures decreased and	Rezai R, SantaBarbara N, Almirol E, Shedd K, Terry E, Park M, Comulada WS. Efficacy and costs of a workplace wellness programme. Occup Med (Lond). 2020 Dec

			all health outcomes increased ($P < 0.01$). The cost of the program was estimated at $473 per session per participant, and weight loss was estimated to reduce medical costs by about $2,200 per year.	30;70(9):649-655. doi: 10.1093/occmed/kqaa189. PMID: 33289018; PMCID: PMC7773169.
20	Health And Economic Outcomes Up To Three Years After A Workplace Wellness Program: A Randomized Controlled Trial	Zirui Song [1], Katherine Baicker	Among employees of a large U.S. retail company, the workplace wellness program resulted in self-reported employees scoring higher on some health indicators compared with non-employees, but there were no significant differences in health measures, spending and use, and work. results after 18 months. While data on some outcomes are lacking, these findings may provide an estimate of the financial return on investment that health care could provide for a short period of time.	Song Z, Baicker K. Health And Economic Outcomes Up To Three Years After A Workplace Wellness Program: A Randomized Controlled Trial. Health Aff (Millwood). 2021 Jun;40(6):951-960. doi: 10.1377/hlthaff.2020.01808. PMID: 34097526; PMCID: PMC8425177.

METHODOLOGY

Research Question-

" What is the morbidity profile of employees, and how can laboratory data analysis be utilized in corporate health risk management to effectively identify and address their health risks?"

Research Design

Cross sectional Descriptive research design was used for this study

Study Setting

The study was organized in Head offices of organization "SEVA AT HOME INDIA PVT. LTD."

Duration of the study

The study was done from March 1st to May 31st May 2023 (90 days).

Study population

Study population for this study was renowned corporate setting

-Inclusion Criteria : The study population consists of Employees who participated in the full body health checkup , it included – Men, Women, and elderly people.

-Exclusion Criteria- The employees who did not Participate in this study

Study tools-

First employee goes through full body check-up & sample was collected through our lab network & then they provide us the Clinical data of patient. Assessment form is filled from employees.

Data Analysis tool-

- The categorical variables were reported in counts and percentages & the data was analysed in using excel. Excel is used to clean data & convert data into desired format.
- For visual representation POWER BI was used

SAMPLE SIZE

946 employees

Research procedures/approaches

Data Collection: Employee health screening data and medical records will be collected from participating organization. These records may include demographic information, medical history, laboratory results (lipid profiles, blood glucose levels, etc.), and blood pressure measurements.

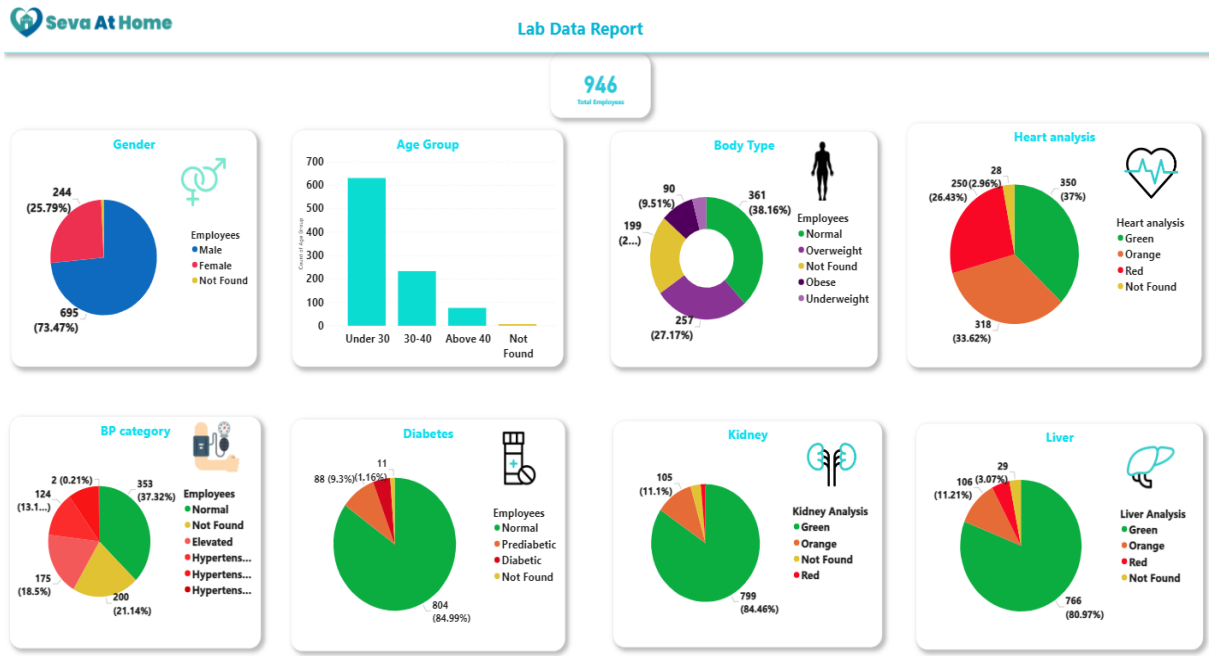
Sampling technique

Complete sampling

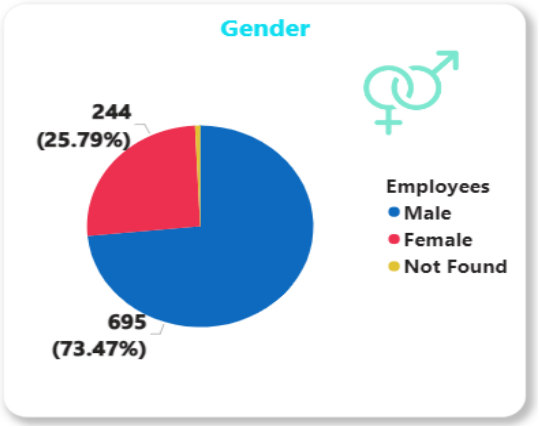
Ethical consideration

Respect for the dignity of research participants was prioritised and research participant was not subjected to harm in any ways whatsoever. The organization "Seva at Home" gave their permission to utilize their sensitive data for research purposes without jeopardizing their privacy or confidentiality. Participants freely participated in this study and filled with their consent, and it was ensured that personal details were not revealed in any area of this study article, ensuring confidentiality. For analysis unique identification number was used.

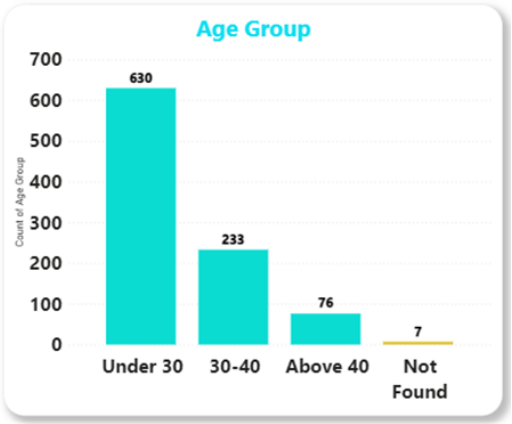
Result



- Total of 946 Employees participated in study.
- Distribution of participant according to socio demographic characteristics.
- Gender & Age



Out of 946 participated(25.79%) 244 were female & 695(73.47%) were male



Out of Total participants
630 were under 30
233 were between 30-40
76 were above 40

STANDARD PARAMETER:

- Heart evaluation

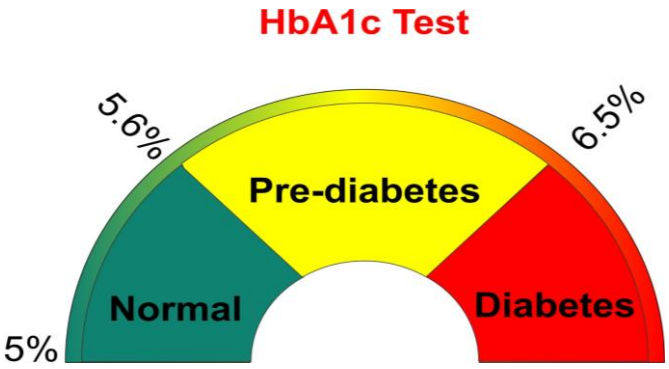
	Unit	Optimal	Intermediate	High
Total Cholesterol	mg / dL	< 200	200 – 239	> 239
	mmol / dL	< 5.2	5.2 – 6.2	> 6.2
LDL Cholesterol (calculated)	mg / dL	< 130	130 – 159	> 159
	mmol / dL	< 3.36	3.36 – 4.11	> 4.11
HDL Cholesterol	mg / dL	> 60	60 – 40	< 40
	mmol / dL	> 1.55	1.55 – 1.03	< 1.03
Triglycerides	mg / dL	< 150	150 – 199	> 199
	mmol / dL	< 1.69	1.69 – 2,25	> 2,25
Non-HDL-C (calculated)	mg / dL	< 130	130 – 159	> 159
	mmol / dL	< 3.3	3.3 – 4.1	> 4.1
TG to HDL ratio (calculated)	mg / dL	< 3	3 – 3.8	> 3.8
	mmol / dL	< 1.33	1.33 – 1.68	> 1.68

- Renal activity evaluation

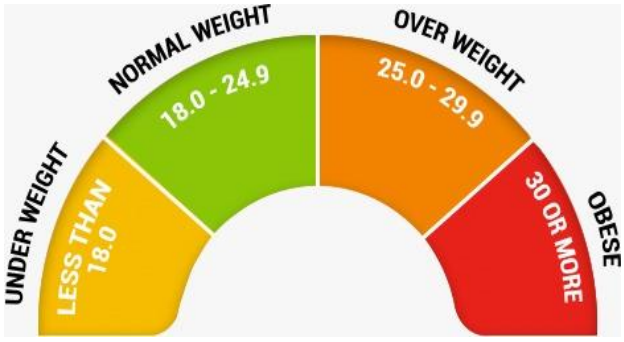
Panel 3: Typical adult reference ranges for tests for renal function

Sodium	135–148mmol/L
Potassium	3.5–5.0mmol/L
Chloride	95–105mmol/L
Serum creatinine	0.7–1.4mg/dl
Creatinine clearance	97–137ml/min ♂ 95-133 88–128ml/min ♀
Blood urea nitrogen	7–20 mg/dl

- Diabetes evaluation



- BMI evaluation



- Liver activity evaluation

Box 1: Normal values

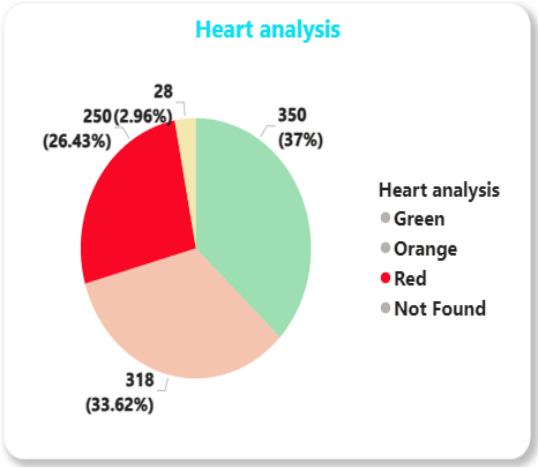
- GPT Alanine transaminase: 0–45 IU/l.
- GOT Aspartate transaminase: 0–35 IU/l.
- Alkaline phosphatase: 30–120 IU/l.
- Gammaglutamyl transferase: 0–30 IU/l.
- Bilirubin: 2–17 µmol/l.
- Prothrombin time: 10.9–12.5 sec.
- Albumin: 40–60 g/l.

- Blood Pressure evaluation

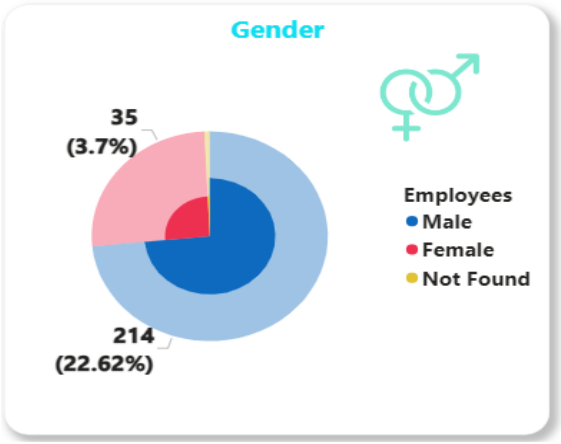
BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120 – 129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130 – 139	or	80 – 89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120

	Lab			WHO		
Parameters	Patient Value	Normal Values (Neuberg)	Normal Values (Redcliffe)	Normal values Min	Normal Values Max	SAH interpretation
Alkaline Phosphatase	127 U/L	45-129 U/L	40-150 U/L	38	126	Slightly high
Albumin	4.71 g/dl	3.2-4.8 g/dl	3.8-5.0 g/dl	3.2	4.8	Normal
SGOT	62 U/L	0-34 U/L	5-34 U/L	0	34	High
SGPT	123 U/L	10-49 U/L	0-55 U/L	10	49	High
T. Cholesterol	198 mg/dl	<200 mg/dl	<200 mg/dl	<200	200	Normal
Triglycerides	348 mg/dl	<150 mg/dl	<150 mg/dl	<150	150	High
HDL	25 mg/dl	40-60 mg/dl	>40 mg/dl	40	>40	Low
LDL	120 mg/dl	<100 mg/dl	<100 mg/dl	<100	100	High
Blood Urea Nitrogen	11.3 mg/dl	9-23 mg/dl	8.9-20.6 mg/dl	8	20	Normal
S. Creatinine	0.77 mg/dl	0.6-1.3 mg/dl	0.57-1.11 mg/dl	0.7	1.3	Normal
Potassium	4 mmol/L	3.5-5.1 mmol/L	3.5-5.1 mmol/L	3.5	5.5	Normal
Sodium	143 mmol/L	136-145 mmol/L	136-145 mmol/L	132	146	Normal

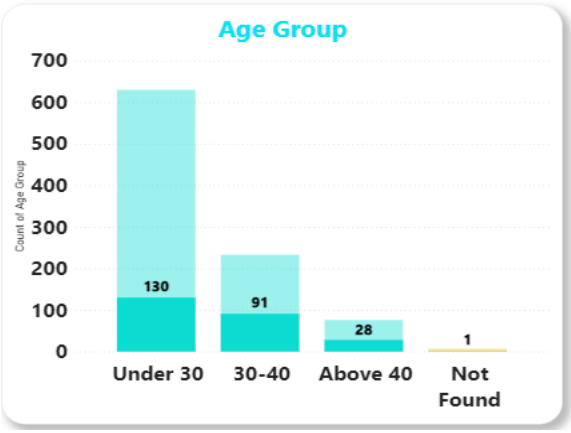
Heart Profile Analysis



- 26.43%(250) Employees has high HDL, LDL, Cholesterol and Triglycerides
- 33.62%(318) Employees has elevated level of HDL ,LDL, Cholesterol and Triglycerides

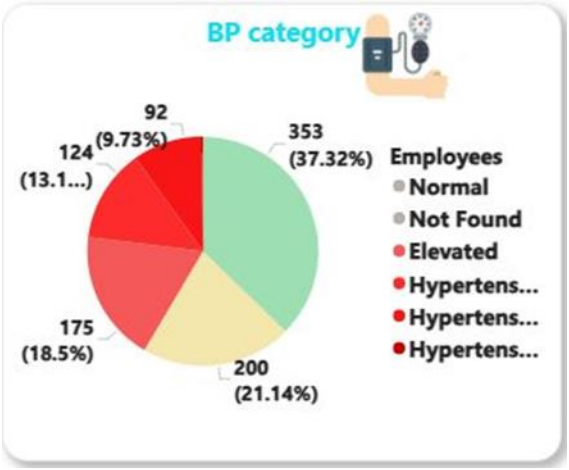


- **30.79%(214) male & 14.34(35)** % of female out of total 946 populations have Heart related problem.

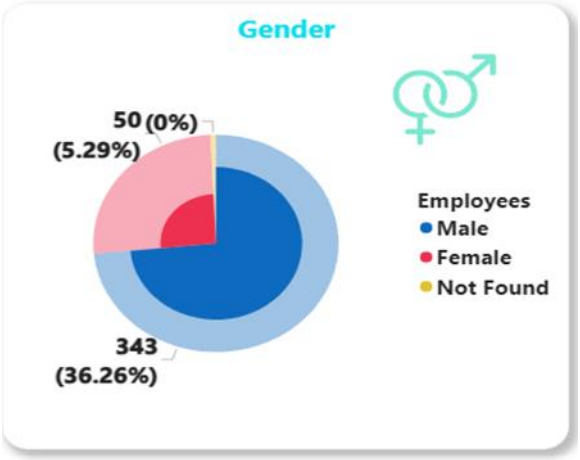


- Total 130 employees under 30
- 91 between 30-40
- 28 above 40 have these heart related problems

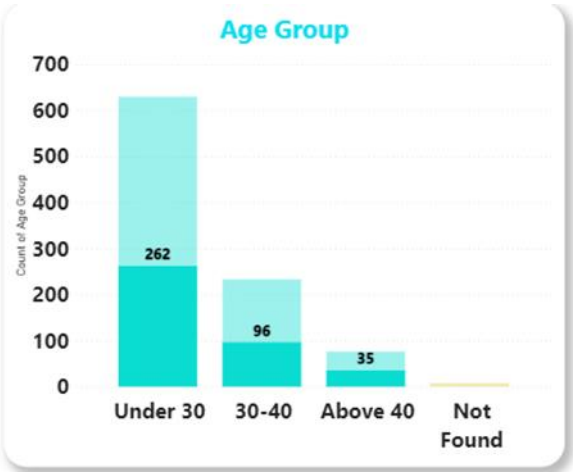
Hypertension



- 0.21 %(2) – Employees come under HT crisis
- 9.73%(92) - Employees come under HT STAGE 2
- 13%(124) -Employees come under HT STAGE 1
- 18.5%(175)- Employees come under elevated

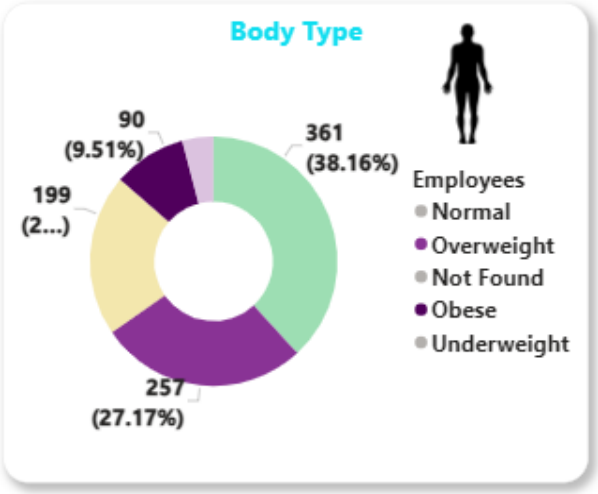


- **49.35%(343)** male of total population have moderate to high Blood Pressure
- **20.49% (50)**female of total population have moderate to high Blood Pressure

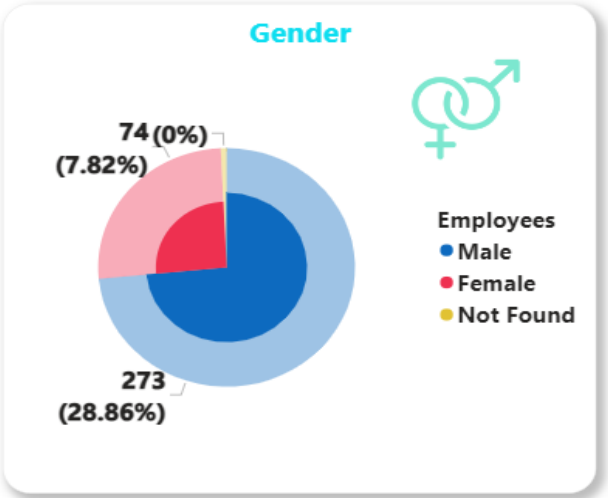


- 262 Employees have moderate to high Blood Pressure under 30
- 96 Employees have moderate to high Blood Pressure between 30-40
- 35 Employees have moderate to high Blood Pressure above 40

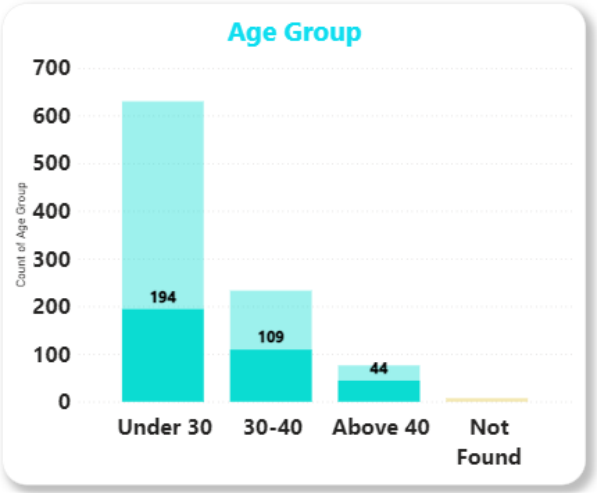
Obesity



- 27.1% (257)come under overweight
- 9.5%(90) come under obesity
- 4.12%(37) come under underweight

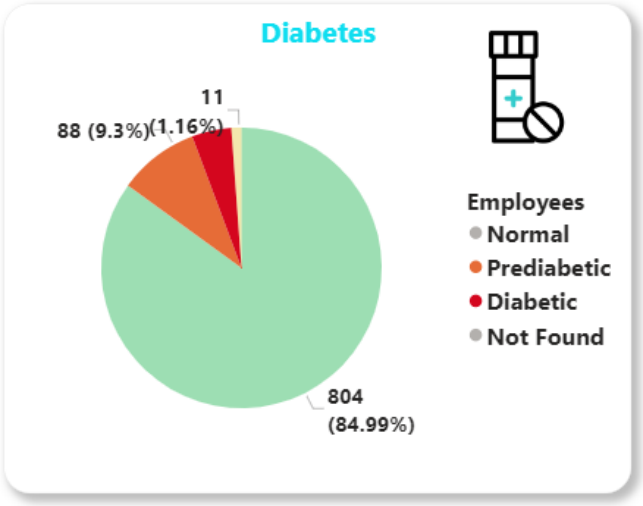


- **39.28%(273)** are total male who come under obesity
- **30.32% (74)**are total female who come under obesity

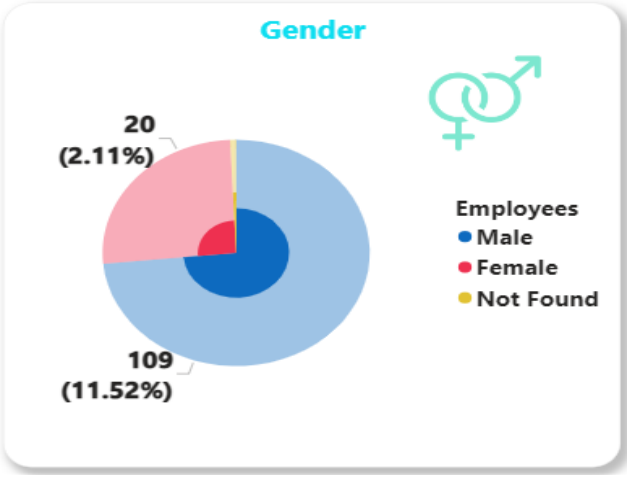


- 194 of total population under 30 are obese
- 109 of total population between 30-40 are obese
- 44 of total population over 40 are obese

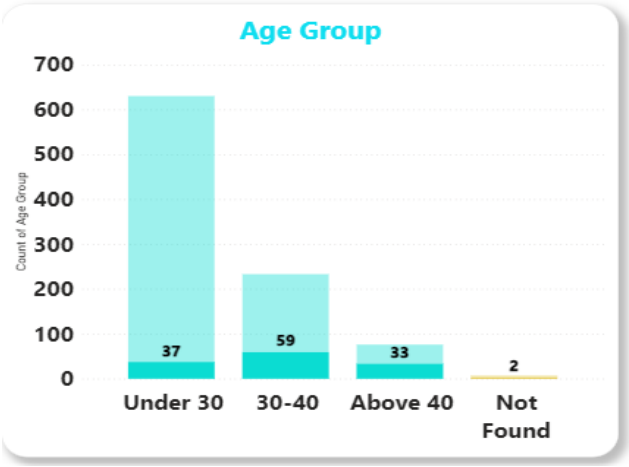
Diabetes



- 9.3%(88) has pre -diabetic disposition
- 1.16%(11) are diabetic

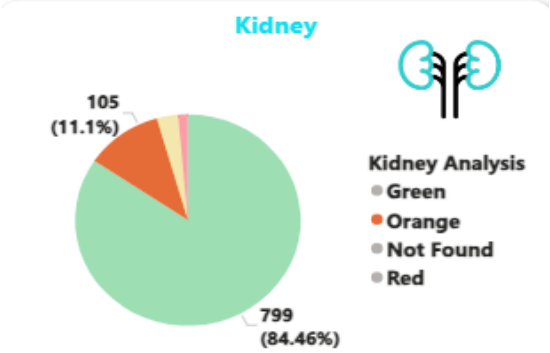


- **9.64% (67)**males are under pre-diabetic
- **6.14% (15)**females are under pre-diabetic
- **5.17 %(36)** male are diabetic
- **2.04% (5)** female are diabetic

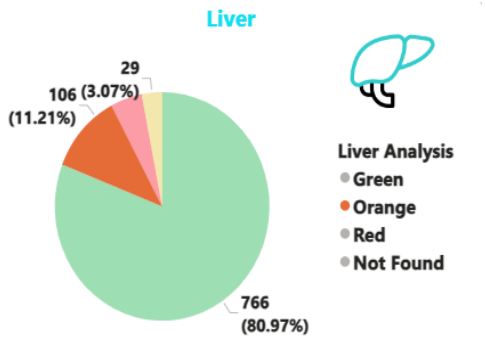


- 37 Employee under 30 are under diabetic zone
- 59 Employee between 30 -40 are under diabetic zone
- 33 Employee over 40 are under diabetic zone

Results

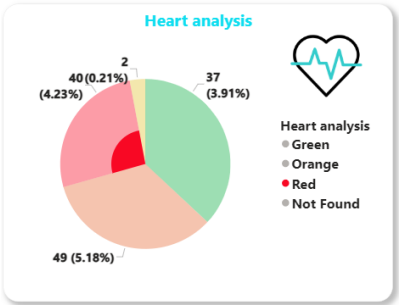


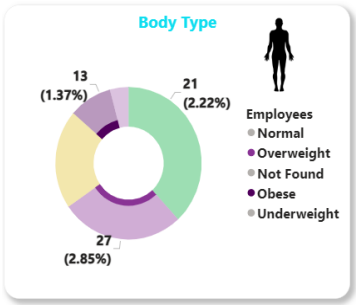
- 11.1% (105) Employees have elevated level
- 1.3% (13) Employees have very high level

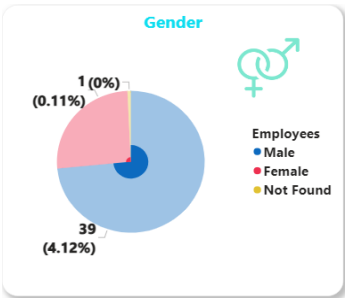


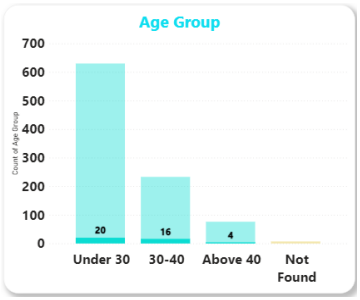
- 11.21% (106) Employees have elevated level of SGOT/SGPT.
- 4.76% (45) Employees have very high level of SGOT/SGPT.

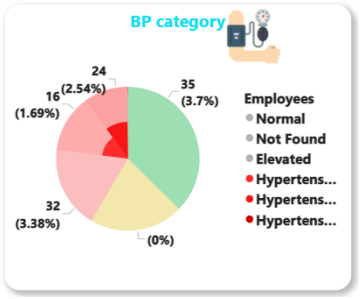
Co-Morbidity











- When comparing parameters Heart analysis, Gender, BP ,Age group ,Body type.
- 4.23%(**40**) Employees have **heart related** problem & all of them have **high BMI values.**
- 4.23%(**40**) Employees have **hypertension** & 50%(**20**) of them are under 30 years.
- Out of **these 40** Employees **39**(97.5%) are **Males.**

Programs

MENTAL HEALTH PROGRAM

Programs

WEIGHT MANAGEMENT PROGRAM

HEALTHY HABITS, HAPPY LIFE: DISCOVER THE POWER OF NUTRITION WITH SEVA AT HOME

Who Is This Program For:

It is for corporate employees and their family members.
The following risk factors make people more susceptible to weight management problems:

- Family History of being Overweight / Underweight / Obesity
- Diabetes Mellitus
- High Blood Pressure (Hypertension)
- Cardiac Problems
- Osteoarthritis
- Metabolic Syndrome
- Depression / Mood Disorders
- Liver Disorders
- Reproductive Disorders
- Cholesterol Disorders
- Childhood Obesity

Programs

PREVENTIVE CARDIAC PROGRAM

Contact Us

If you'd like to know more about what we can do for your organisation, please contact

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Arun Datta, COO
+91 98108 38455
arun.datta@sevaathome.com

Seva At Home

Who Is This Programme For

It is for corporate employees and their family members. There are certain risk factors that make people more susceptible to heart disease:

- Family history of CVD
- Personal history of CVD
- Obesity
- Cholesterol disorders
- High blood pressure
- Diabetes
- Poor lifestyle habits (including diet, smoking, excess alcohol consumption, lack of physical activity, high stress etc.)

About Seva At Home

Founded in 2019, the award-winning+ Seva At Home (SAH) is India's leading health and wellness concierge.
Through its technology-enabled platform and large on-the-ground partner network, Seva At Home is on a mission to transform the way healthcare is approached and navigated by individuals, corporates, and not-for-profit organisations.
Recognising the need for safe, reliable and unparalleled quality healthcare, Seva At Home empowers individuals, family members and caregivers to focus on health and wellbeing, no matter where they are in the world.
With services offered across 60+ cities in India, Seva At Home has been trusted with the healthcare needs of over 8,400+ customers and 60+ corporates.

facebook.com/sevaathome/
instagram.com/seva_at_home/
linkedin.com/company/seva-at-home/

+SAH named one of the 10 most promising elderly care service companies - 2021 by Silicon India.

Indians tend to suffer from heart-related diseases without warning almost 33% earlier than other demographics

India accounts for approximately 60% of the world's heart disease burden

As per the WHO, 86% of cardiovascular deaths could have been avoided through prevention and treatment

50% of all heart attacks in Indian men occur under 50 years of age and 25% of all heart attacks in Indian men occur under 40 years of age

What Does The Programme Include

Our Cardiac Preventive Care Programme is doctor-designed to screen for potential cardiac event markers & provide multidisciplinary intervention.
By adopting this multipronged approach to cardiac care, Seva At Home offers you a holistic preventive care plan. Our programme includes consultations with:

Cardiologist	Cardiac risk assesment with point of care testing (POCT)
Physician	Vital Signs & Early Warning Signs monitoring
Physiotherapist	Physical Engagement Activities
Psychologist	Work-life balance
Nutritionist	Nutritional education & weight control programme
Health & Wellness Advisor	Lifestyle modification

Your Care Journey

Divided into three steps, our programme has been devised to reduce one's risk of cardiac disease and spread awareness about risk factors.

Step 1 : Cardiovascular Risk Assessment
Through the QRISK® assessment tool, each employee and their family members' cardiac risk scores and heart age will be calculated. There are three possible scores that an individual can get: Low Risk, Moderate Risk and High Risk. Individuals will be segregated into these categories, and this will serve as the baseline score for their care journey.

Step 2: Multidisciplinary Risk Intervention
A unique multidisciplinary and preventive plan will be developed for each individual as per their risk score.
This will include specialised treatment from the multidisciplinary team.

Step 3: Tracking
A personalised tracker for high-risk and moderate-risk individuals will be used to monitor the impact of the specialists' interventions and to constantly reevaluate their risk scores.

The Urgent Need For A Cardiac Preventive Care Programme

Heart related or cardiovascular diseases (CVD) result in 17 million+ deaths across India annually, and are the leading cause of mortality. What's even more alarming is that studies indicate that 25% of Indians under the age of 40 are at risk for heart-related complications; for those between 40-50 years of age, the risk increases to 50%, impacting the country's productive workforce.

Research has shown that Indians are genetically predisposed to premature cardiovascular disease. Recently, news and social media are inundated with stories of young people who died due to cardiac arrest.

At Seva At Home, we understand the criticality and urgency to address this with the right preventive care.

South Asian populations have a higher prevalence of coronary artery disease and premature onset of myocardial infarction episodes than other populations

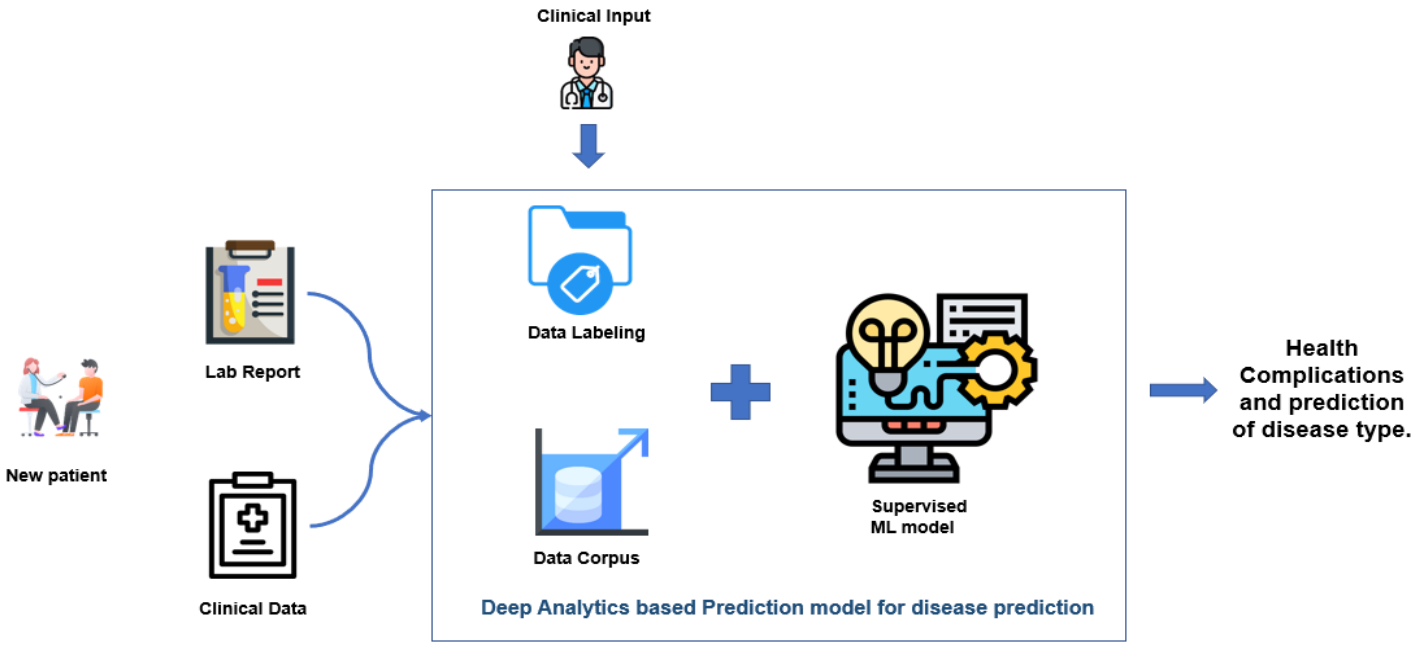
How Long Is The Preventive Cardiac Programme

Our programme is for a minimum of six months for at-risk employees.

Learnings from study

1. Laboratory data analysis helps identify common health risks
2. Early detection through laboratory data aids in timely intervention and cost savings
3. Tailoring programs based on laboratory data improves targeted health interventions
4. Evaluating intervention effectiveness using laboratory data guides future strategies.
5. Cost-benefit analysis of health risk management programs benefits from laboratory data
6. Creating Data Pool for running future machine learning algorithm

Future Plan



Discussion

Findings from the definition of health management in the company, from the analysis of data from the definition and resolution of employee health related to heart problems and blood pre ssure, give a good idea of the effectiveness of interventions in the economy. The Discussion s ection aims to describe and discuss the main results, their implications, limitations, and potent ial avenues for further research.

• Identification of risk factors: Screening shows the association of various risk factors and pro blems with the heart and blood pressure. For example, age, BMI, cholesterol levels, and lifest yle have been shown to be associated with risk.
These findings highlight the importance of regular health checkups and laboratory data collec tion to identify high-risk workers.
By identifying and focusing on these risk factors, organizations can tailor interventions to add ress specific concerns.

• Appropriate interventions: This study demonstrates the effectiveness of interventions based on identified risks. Through education, lifestyle changes, and personal wellness, organization s can encourage their employees to stay healthy and reduce their risk of heart disease and hig h blood pressure.
The effectiveness of these interventions should be monitored through evaluation, allowing adj ustments and improvements based on employee input and health outcomes.

• The Importance of Data Analytics: Organizations can use the power of data analytics to prio ritize resources, allocate budgets, and create effective action plans.
This approach allows for more efficient use of resources and improved employee health.

• Implications for organizations: Management of heart problems and blood pressure in organi zations can be beneficial. By addressing these health issues, organizations can reduce health c are costs associated with chronic diseases, improve employee productivity and health, and pr omote a culture of wellness in the workplace. By monitoring employee health, employers can reduce absenteeism, increase employee satisfaction, and increase retention.

Conclusion & Recommendation

The research focuses on the role of laboratory data analysis in identifying and solving health problems of employees in health management in enterprises. By analysing laboratory data, organizations can better understand the potential impact on employee health, particularly issues related to the heart and high blood pressure.

Comprehensive analysis of laboratory data allows organizations to develop response plans to address health issues. By understanding the specific risks associated with heart disease and hypertension, organizations can develop interventions to reduce these risks, such as education, lifestyle changes, and a clean health drink. This personal approach will lead to a more productive workforce.

The findings of this study contribute to the knowledge of corporate health management. By demonstrating the potential of data analysis in the laboratory, the study highlights the importance of using a data-driven approach and analytical methods to manage health risks in business. This emphasis on evidence-based decision making is essential for organizations seeking to improve their health risk management strategies.

The study also highlights the importance of interventions for employee health. Organizations can use insights from data analysis in the lab to create interventions that target identified risk factors.

Focusing on this will increase the effectiveness of the intervention and increase the potential for positive health outcomes.

The effectiveness of health management benefits organizations. By managing health risks and addressing heart and blood pressure issues, organizations can improve employee health, reduce healthcare costs, produce good products and create a healthy work environment. This increases employee satisfaction, reduces absenteeism and improves retention.

However, it is important to acknowledge the limitations of the study.

These findings may be tissue- and study-specific and limit their generalizability.

To improve the economics of health management, future research may focus on longitudinal research to assess the long-term effects of interventions and the sustainability of health promotion. In addition, researching the effectiveness of these interventions and their impact on the results of the organization will provide a better understanding of employers.

In conclusion, this descriptive study shows the importance of data analysis in detecting and solving health problems of employees in workplaces. By using analytical techniques and data correctly, organizations can manage health risks, improve employee health, and create a healthy work environment.

The findings highlight the importance of interventions and evidence-based decision-making in occupational health management, paving the way for further research and practice to promote employee health and overall organizational success.

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Annexure

Questionnaire:

New Camp Assessment

Information

Camp Assessment Number

Owner
Kajal Gupta

* Camp Location
Search Families...

Camp Date

* Full Name

* Age

Email

* Height (in Centimeters)

Mobile

* Weight (in Kilograms)

New Camp Assessment

Blood Pressure Related Questions

Are you suffering from high BP?

Hypertension Years

Are you taking any BP medications?

Do you have a BP problem in family?

Do you Smoke?

Smoking Years

Cigarettes Per Day

Do you consume Alcohol?

Alcohol Years

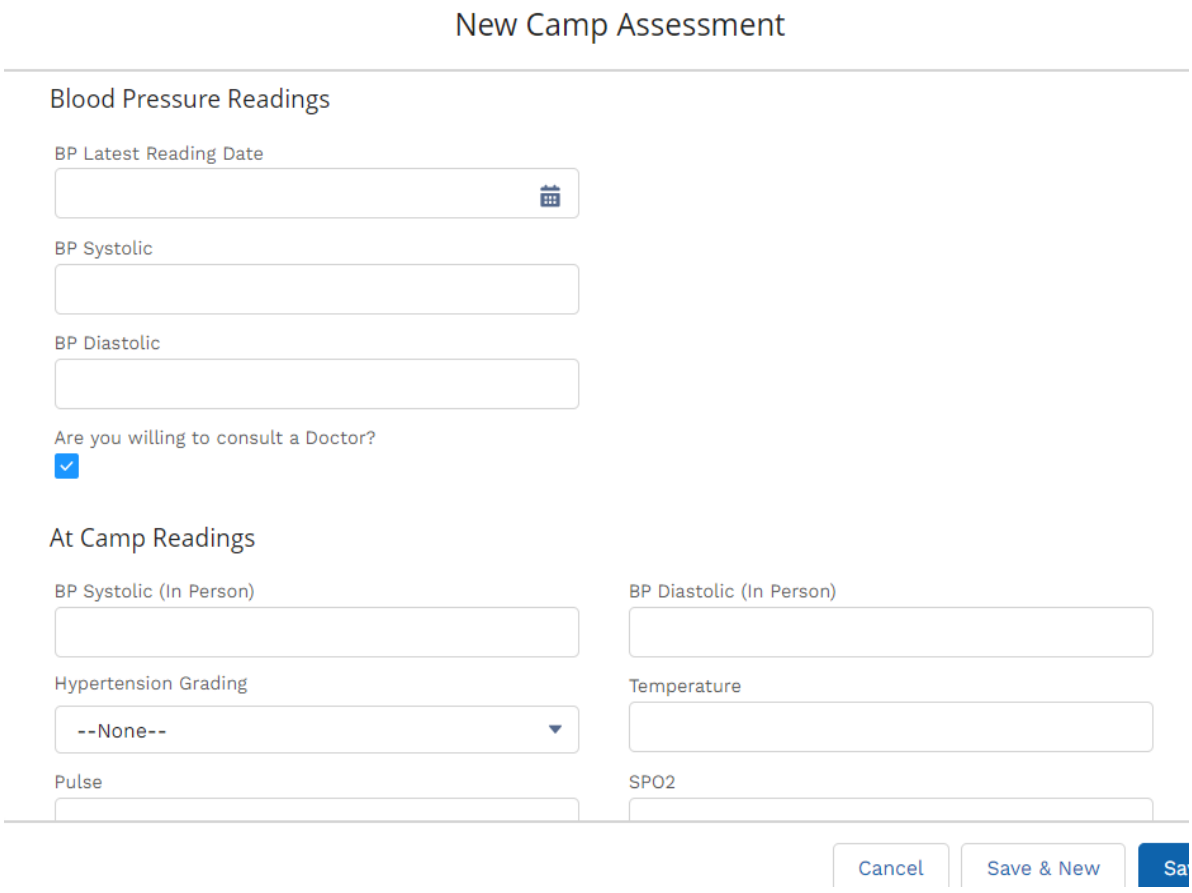
Alcohol Glasses Per Day

Do you get Headaches on a regular basis?

Do you get Blurred Vision often?

Additional Information

Cancel | Save & New | Save


New Camp Assessment
Blood Pressure Readings
BP Latest Reading Date
BP Systolic
BP Diastolic
Are you willing to consult a Doctor?
At Camp Readings
BP Systolic (In Person)
BP Diastolic (In Person)
Hypertension Grading
--None--
Temperature
Pulse
SPO2
Cancel
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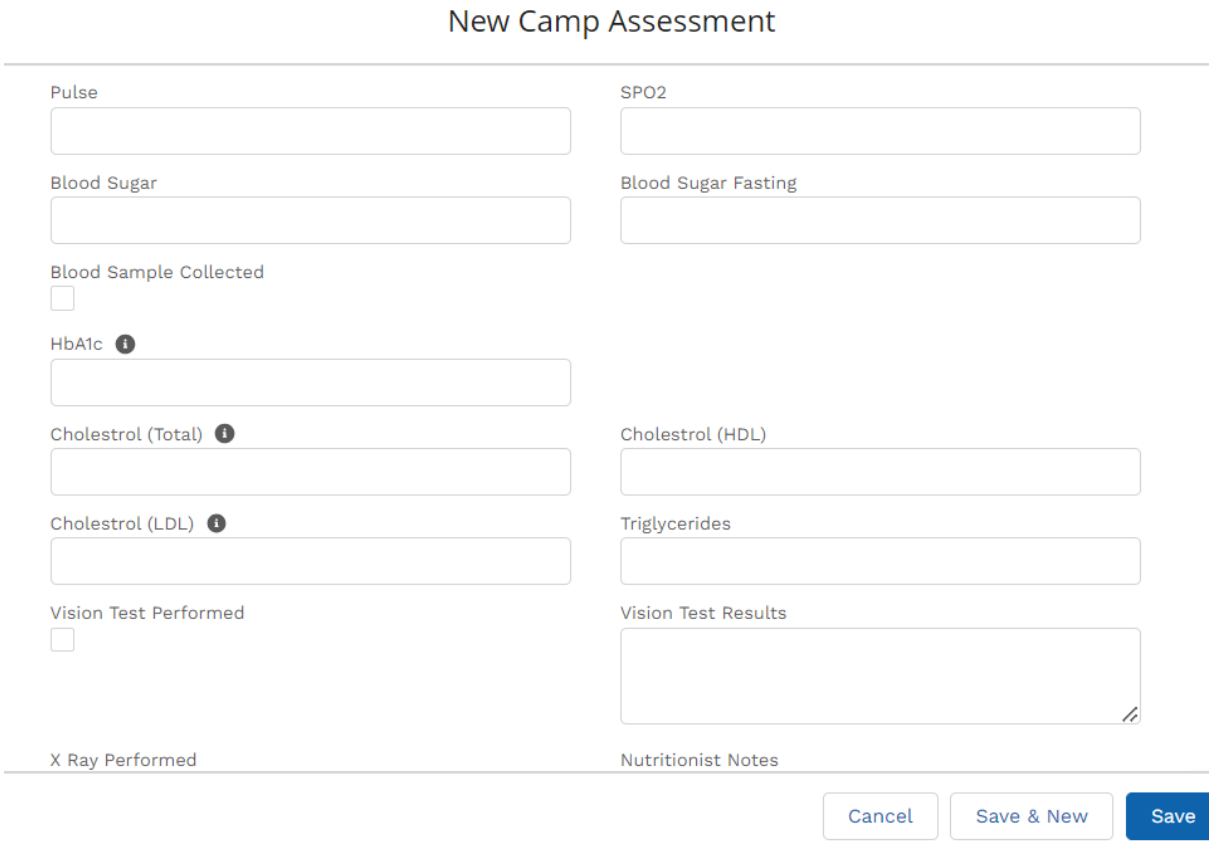
New Camp Assessment
Pulse
SPO2
Blood Sugar
Blood Sugar Fasting
Blood Sample Collected
HbA1c
Cholestrol (Total)
Cholestrol (HDL)
Cholestrol (LDL)
Triglycerides
Vision Test Performed
Vision Test Results
X Ray Performed
Nutritionist Notes
Cancel
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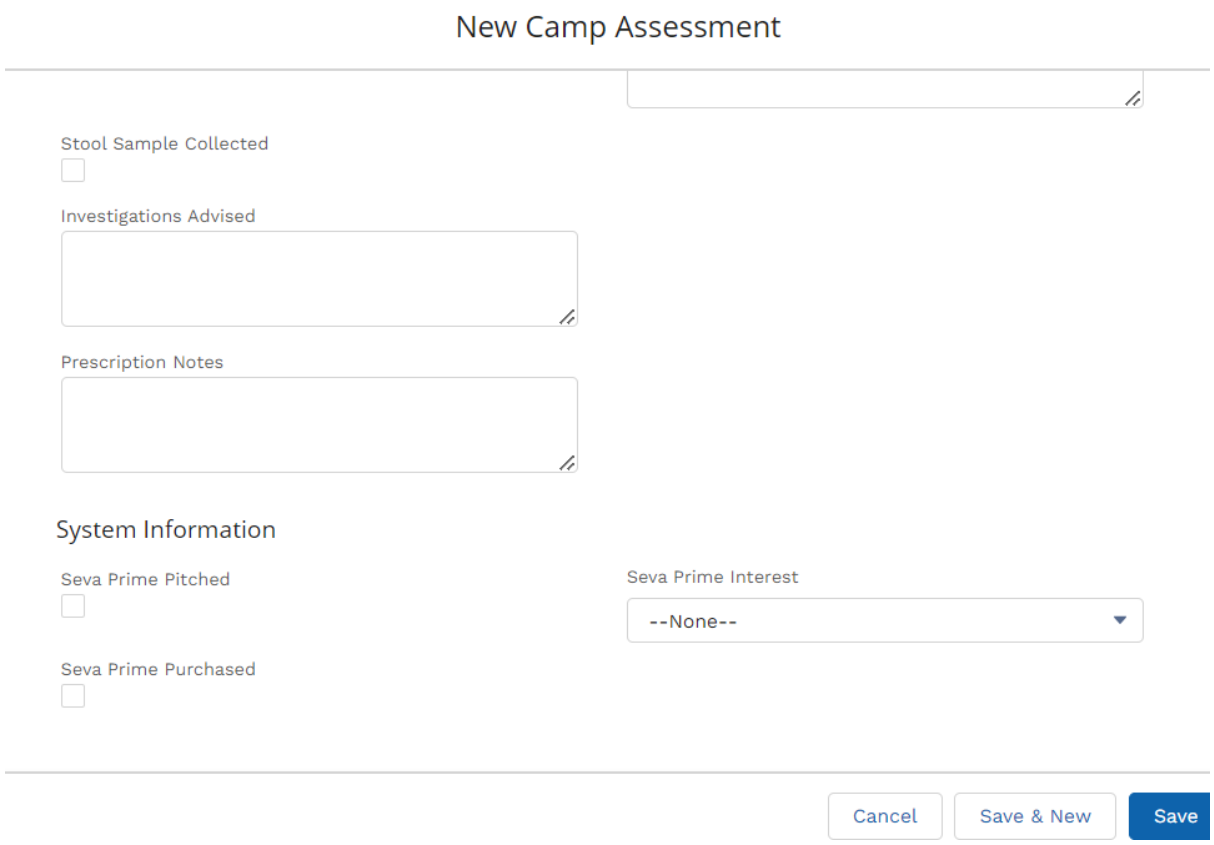
Save


New Camp Assessment
Stool Sample Collected
Investigations Advised
Prescription Notes
System Information
Seva Prime Pitched
Seva Prime Interest
--None--
Seva Prime Purchased
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Course Specialization (Choose one)	Hospital Management	Health Management	Healthcare IT
Name of Guide/Supervisor	Dr./ ~~Prof.~~: SUKESH BHARDWAJ		
Title of the Summer Training/ Dissertation	Descriptive study on Corporate Health Risk management: Lab Data Analysis in Pandemic & Addressing employee health Risk.		
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