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Population Health for Manufacturers

Addressing the High-Risk, High-Cost Workforce

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Manufacturing employers face some of the most challenging workforce health profiles in any industry — and they represent one of the most compelling opportunities for community health systems to demonstrate measurable population health impact.

The Challenge

Manufacturing employers face some of the most challenging workforce health profiles in any industry. Physical demands, shift work, environmental exposures, and workforce demographics combine to create elevated rates of hypertension, type 2 diabetes, obesity, musculoskeletal disorders, and behavioral health conditions. These chronic conditions drive disproportionate healthcare utilization — and disproportionate cost.

For a manufacturer with 500 to 5,000 employees on a self-funded health plan, the financial impact is direct and immediate. Double-digit annual increases in health benefit costs compress margins, reduce competitiveness, and create pressure to shift costs to employees — reducing workforce satisfaction and retention at the worst possible time.

Most manufacturing employers have tried traditional wellness programs and found them insufficient. Biometric screenings without clinical follow-through, incentive programs without risk stratification, and health fairs without ongoing engagement produce participation numbers but not outcomes. What

manufacturing employers need is a population health infrastructure — the same infrastructure that community health systems are uniquely positioned to provide.

$464
average monthly per-employee healthcare cost before the population health program

$324
average monthly per-employee cost after — a 30% reduction

WHY MANUFACTURING EMPLOYERS ARE A PRIORITY TARGET

Manufacturing workforces carry significantly higher rates of chronic disease, occupational injury, and health risk factors than white-collar populations. These are precisely the employers who most need what a well-designed population health program can deliver — and who will generate the greatest clinical and financial outcomes when the right infrastructure is in place.

The Opportunity

For community health systems, manufacturing employers represent a high-value, underserved market. They are typically large enough to generate meaningful referral volume, self-funded enough to make direct population health investment decisions, and desperate enough for solutions that they are receptive to structured, data-driven partnerships.

The health system that positions itself as the population health partner for local manufacturers gains immediate access to a commercially insured workforce, generates primary care and specialist referrals, and builds the kind of deep employer relationship that is difficult for competitors to displace.

Applied Health Analytics has developed a manufacturing-specific approach to population health that addresses the unique risk profile, cultural dynamics, and operational constraints of this workforce segment. The approach combines on-site screening, risk stratification, incentive design, and care coordination in a structure that works for shift-based, production-focused environments.

The Solution

Applied Health Analytics supports health system partners in designing and executing on-site screening events that can process large numbers of employees efficiently — including biometric screenings, health risk assessments, and point-of-care testing tailored to the chronic conditions most prevalent in manufacturing populations.

The bIQ™ Population Health Management platform's risk stratification engine uses biometric data, health risk assessment results, and claims data to identify employees who are at elevated risk for the chronic conditions most prevalent in manufacturing populations. This allows health coaches and care coordinators to focus resources on the individuals who will benefit most — and cost the most if left unmanaged.

Financial incentives are particularly effective in manufacturing populations, where employees respond to tangible rewards for measurable health improvements. Applied Health Analytics designs risk-stratified incentive programs that reward clinical outcomes — normalized blood pressure, improved HbA1c, weight reduction — rather than simply participation, ensuring that incentive spend drives real health improvement.

Hypertension	Biometric screening at worksite; blood pressure monitoring; medication adherence coaching; PCP referral
Type 2 Diabetes / Pre-diabetes	HbA1c screening; diabetes prevention program enrollment; nutrition coaching; endocrinology referral
Obesity	BMI tracking; nutrition and activity coaching; GLP-1 eligibility assessment; incentive for clinical milestones
Musculoskeletal Disorders	Injury prevention education; physical therapy referral pathways; ergonomics assessment coordination
Mental Health	HRA-based identification; EAP integration; behavioral health referral; telehealth coordination

"Our commercial strategy is front-and-center to achieving our payor mix objectives. Last year, we touched over 41,445 employees through our HRA, on-site screening events and seminars. Primary care physician referrals were up considerably and represented annual recurring revenue of $9.8 million."
— SVP, Payor Stratagy, Mid-Atlantic, Regional Health System

Proven Results: Charlotte Pipe & Foundry

Charlotte Pipe and Foundry (CP&F) is one of the most compelling case studies in population health management for manufacturing employers. CP&F, a North Carolina-based manufacturer of cast iron and PVC pipes employing 1,200 workers, had reached a financial breaking point with years of double-digit health benefit cost increases.

CP&F engaged Atrium Health, powered by Applied Health Analytics technology, to implement a targeted risk stratification program focused on the two conditions driving the greatest utilization: heart disease and diabetes. Employees with elevated blood pressure, cholesterol, and HbA1c levels were paired with financial incentives for achieving normalized clinical values, supported by health coaches using the bIQ™ platform to track progress over a 12-month program year.

The average monthly per-employee cost decreased from $464 to $324 — a 30% reduction in utilization — generating $1.6 million in savings to CP&F over the prior program year. Beyond the financial results, the clinical outcomes demonstrated sustainable health improvement across the workforce.

13.8%
decrease in total cholesterol among participating CP&F employees

4.1%
decrease in blood pressure among participating employees

A Partnership with Applied Health Analytics

Applied Health Analytics partners with community health systems to design, launch, and operate population health programs specifically structured for manufacturing employer clients. The partnership provides health systems with the strategy, technology, and execution capability to serve this market effectively — generating referral volume, enhancing payer mix, and building the employer relationships that support long-term commercial market growth.

Manufacturing-Specific Program Design

We work with health system partners to adapt the population health program framework to the operational realities of manufacturing environments — shift-based workforces, limited break time, production floor constraints, and the cultural dynamics that affect health behavior in these settings.

On-Site Screening & Risk Stratification

Applied Health Analytics coordinates and supports on-site biometric screening events and health risk assessments, then uses the bIQ™ platform to stratify the workforce by risk level and develop targeted intervention plans for high-risk employees.

Outcomes Reporting & Employer Retention

We provide health system partners with the outcomes reporting infrastructure to demonstrate measurable clinical and financial ROI to employer clients — the foundation for program renewal, expansion, and referrals to other manufacturers in the region.

Conclusion

Manufacturing employers represent one of the most compelling and underserved markets for community health system population health programs. Their workforces carry disproportionate chronic disease burden, their health benefit costs are a direct threat to competitiveness, and their appetite for solutions that actually deliver measurable outcomes is high.

The Charlotte Pipe and Foundry case study is not an outlier. It is a model that Applied Health Analytics and its health system partners have replicated across a wide range of manufacturing employers — adapting the approach to different workforce profiles, risk concentrations, and employer priorities while

maintaining the core infrastructure of risk stratification, incentive design, health coaching, and care coordination.

For community health systems with manufacturing employers in their service area, the question is not whether a population health program can work. The question is whether they will be the partner that delivers it — or whether that role will be filled by a national vendor or private equity-backed competitor who is already at the gate.

Ready to advance your commercial market strategy? Visit **appliedhealth.net** or call **(615) 665-8825** to schedule a strategy session.

ABOUT APPLIED HEALTH ANALYTICS

Founded in 2009 as a Joint Venture partner with Vanderbilt University Medical Center in Nashville, Tennessee, Applied Health Analytics is recognized by health system executives across the United States as the trusted leader in the execution of employer-centric, population health management strategies. Through the combination of strategy leadership, best-in-class technology, and go-to-market sales support, Applied Health Analytics links the workforce health interests of over 3,700 employers nationwide with the commercial market share and payer mix objectives of health system leadership.