

Universal Music Group employees significantly improve their health with LiveSmart

An executive summary of research carried out in partnership with AXA PPP

Background

LiveSmart's model of a health improvement programme is new to market and has a number of potential benefits over traditional health screening providers. LiveSmart offers a comprehensive health assessment of every major biological organ system, as well as lifestyle analysis and wearable integration. All of this at a much lower cost to other providers and as it is delivered remotely it takes far less time out of an employee's work day.

The LiveSmart health improvement programme focuses on improving health outcomes and combines a health assessment delivered via a digital platform, with telephone-based coaching to help employees improve their health and reduce their risk of developing disease.

The telephone-based coaching focuses on improving modifiable risk factors for developing disease such as improving nutrition, increasing physical activity, promoting weight loss, smoking cessation, managing stress and mood and reducing alcohol intake.

Objective

To evaluate the effectiveness, cost-effectiveness and satisfaction of a digital health improvement programme within a corporate organisation

Pilot Implementation

Employees of Universal Music Group (UMG) based in Central London, were provided with details about what the LiveSmart health assessments included in the pilot and that they would receive monthly health coaching over the 6-month period. Employees were asked to volunteer for this pilot and they were informed that 100 were needed and this was to be decided on a first come, first serve basis. Over 398 potential participants responded and those recruited were capped at 103. Those 103 were offered the opportunity to sign up to the pilot and the consent to the programme was completed during their onboarding to LiveSmart.

The following outcome measures were reviewed at baseline, 3 months and 6 months (i.e. the end of the pilot):

- **Primary clinical outcome measure:** LiveSmart Health Score
- **Secondary clinical outcomes measures:** BMI, Blood pressure, Nutritional intake, Physical activity levels, Alcohol intake, Smoking habits, Sleep patterns, Stress levels, Mood, Cognitive function, Fasting lipids, HbA1c%, Vitamin D, Omega 6:3 Ratio, Patient satisfaction (Qualitative)

Results

Evaluation of the LiveSmart Health Improvement Pilot with UMG was carried out by Imperial College London. Further analysis continues at this time, hence this is the first version of the results.

Observed effect of LiveSmart intervention on proposed outcome measures at 6-months

Outcome measure	Met?	Comments	P value
Primary Outcome			
LiveSmart Health Score	Yes	<ul style="list-style-type: none"> Health score significantly increased by 6.22 units at 3 months and then again by a further 7.73 units at 6 months. Total increase from 55 at baseline to 62 at 6 months 	<0.001
Secondary Outcome			
BMI	No	<ul style="list-style-type: none"> Median BMI was within the healthy range at baseline and remained stable at 6-months 	0.84
Blood pressure	Yes	<ul style="list-style-type: none"> Significant reduction in both systolic and diastolic BP 	0.003
Nutritional intake	Yes (for 80% or variables)	<ul style="list-style-type: none"> Significant improvement in fruit and vegetable intake, oily fish intake and reduction in red/processed meat. Significant improvement in salt intake with more awareness of reducing salt (<0.004). 	<0.05
Physical activity levels	Yes	<ul style="list-style-type: none"> Increases in moderate and vigorous exercise, increases in number of strength sessions completed per week The number of days in which people met 10,000 steps did not change significantly 	<0.05
Alcohol intake	No	<ul style="list-style-type: none"> Alcohol consumption reduced but was not statistically significant 	0.60
Smoking cessation	Yes	<ul style="list-style-type: none"> The amount participants were smoking (smoking quantity) reduced significantly 	<0.001
Sleep	No	<ul style="list-style-type: none"> Minimal change, average hours of sleep per night remained at 7 hours. No change in sleep quality 	0.32
Stress	Yes	<ul style="list-style-type: none"> Confidence in dealing with stress increased significantly by 3 months and at the end of the pilot 	0.001
Mood	Yes	<ul style="list-style-type: none"> Significant reduction in reports of feeling down, depressed, or hopeless in past month 	0.04
Cognitive Function	Yes	<ul style="list-style-type: none"> Highly significant improvement in cognitive function at 3 months and maintained at 6 months 	<0.001
Fasting lipids	No	<ul style="list-style-type: none"> No significant changes were seen in any fasting lipids at 6-months (cholesterol, triglycerides, LDL and HDL). All had a median within the normal range at baseline and at 6-months 	0.2 - 0.9 range
HbA1c%	Yes	<ul style="list-style-type: none"> HbA1c remained within the normal range, but did significantly improve within this range too 	0.002
Vitamin D	Yes	<ul style="list-style-type: none"> Vitamin D levels increased significantly from baseline 	<0.001
Omega 6:3 Ratio	Yes	<ul style="list-style-type: none"> Ratio decreased significantly from 13:1 to 10:1 at 6 months. This improvement brings the ratio below the average for for a western diet of 15:1 	0.001

Qualitative data collected from 28 participants suggest that the programme was generally well received overall, achieving good traction with employees. **The vast majority of respondents felt that the programme should be offered to all employees in the future, with most respondents reporting an overall improvement in health literacy and awareness, empowerment, improved mood and willingness to take better control of their health and wellbeing.**

There were some suggestions on how to improve future iterations of the programme. Examples include reducing number of repeat questions in follow up sessions, and facilitating phlebotomy sessions on site at other locations, rather than just the organisation's main site.

A third of participants felt that this programme could improve recruitment and retention by host organisation, whereas nearly half of the respondents felt that participation increased their productivity.

"Honestly it's great to be able to talk to someone that I feel actually cares about my health programme and offers tips and reading material to support me." - UMG Employee

"[I really liked] that it motivated me to improve my health and was convenient to view via app and online." - UMG Employee

Summary

The primary aim of this evaluation was to investigate the effectiveness, cost-effectiveness and satisfaction of a digital health improvement programme. The preliminary results from the LiveSmart 6-month health improvement programme with UMG show that the programme can significantly impact a large number of personal behaviours to promote positive change to an individual's health. In addition, UMG employees were satisfied with the digital health improvement programme. Limitations are always present in any pilot or piece of research. The main limitations of this pilot were; not having a control group and not being able to control for seasonal variability as the pilot did not run for 12 months.

In view of the above more research is required to delve further into the long-term impact a LiveSmart health improvement programmes can have to employee health and performance.