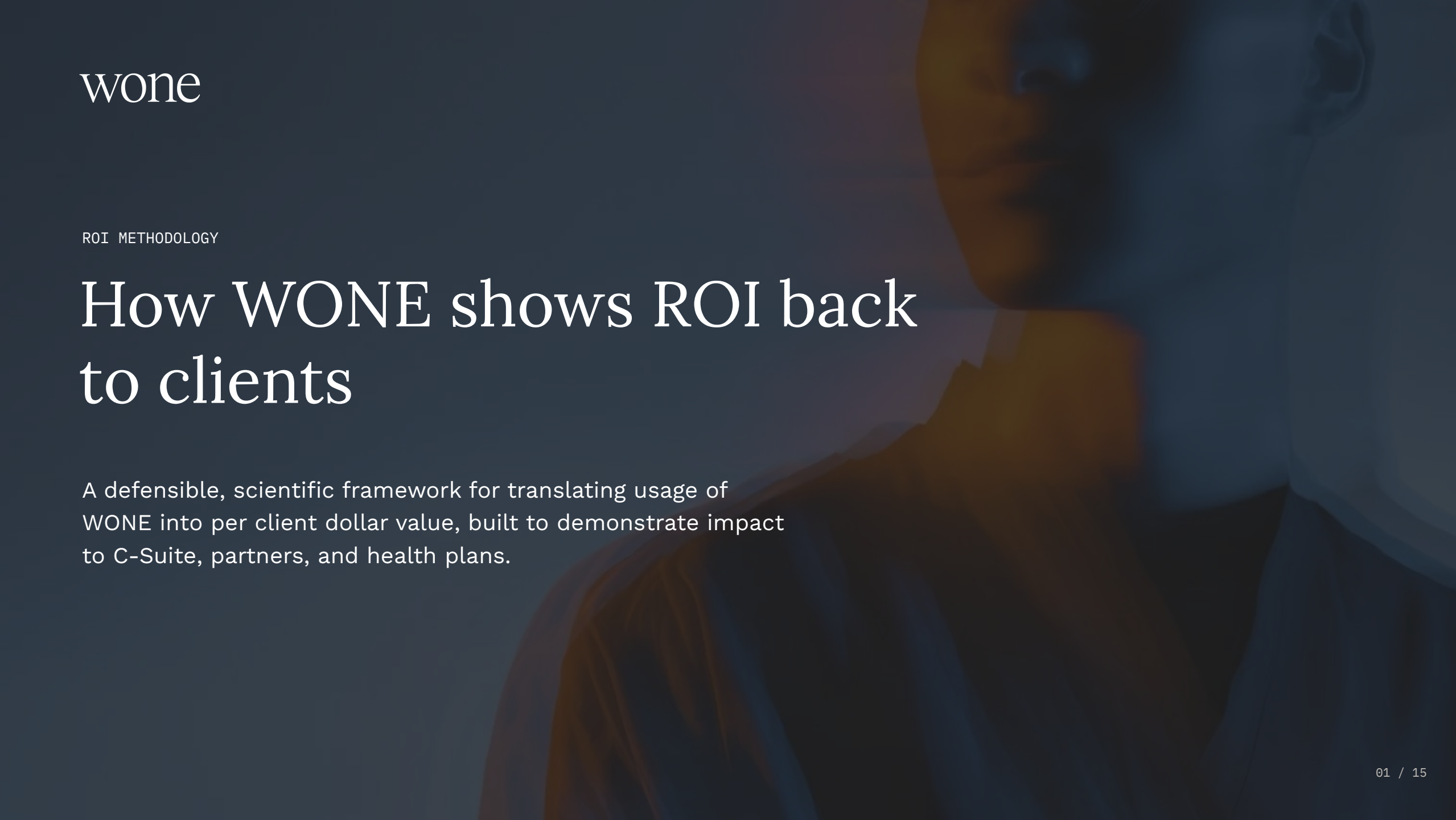




wone

ROI METHODOLOGY

How WONE shows ROI back to clients

A defensible, scientific framework for translating usage of WONE into per client dollar value, built to demonstrate impact to C-Suite, partners, and health plans.

Most workplace health programs estimate ROI. We measure it.

Stress carries a measurable business cost through absence, lost productivity, healthcare claims, and turnover. The challenge is proving that an intervention moved those costs, without overstating what the data can support.

01

We measure change, not snapshots

ROI is a claim about how a person's outcomes shifted over time, so we anchor on within person change rather than cross sectional comparisons.

02

We show where every number comes from

Measured savings and literature based predictions are always traceable to their source, so any figure can be checked, whether we report them separately or blended.

03

We report per dimension dollar value

Absence, presenteeism, healthcare, and retention each stand on their own so a reviewer can scrutinize or replace any one.

04

We hold a conservative line

The bridge method applies a 20% deadweight adjustment for what would have happened anyway. Trajectory is direct measurement, so it is reported as-is.

A validated measure of stress resilience

Every ROI figure begins with the WONE Index, the first integrated, validated measure of stress resilience, published in the Journal of Medical Internet Research in 2026.

01

Clinically anchored

Concurrent validation links the Index to the PHQ-9, GAD-7, WHO-5, PSS-4, and PSQI in working adults, across two studies totaling 1,311 participants.

02

Outcomes tracked over time

Stress related sick days, unplanned sick days, healthcare visits, presenteeism, and intent to leave are measured directly alongside resilience, most on a six-month cadence.

03

First party data

The economic bridges are anchored on real WONE Index variance, not inferred from external populations.



SOURCE: Roos et al (2026), The WONE Index as a Multidimensional Assessment of Stress Resilience: A Development and Validation Study. Journal of Medical Internet Research

Our research on stress and business risk

Our whitepaper 'Risky Business', a study of 1,005 full time employees across the US and UK in professional services (published January 2025), had participants report on seventeen business risks and validated our Stress-Risk Thermometer theory. It found 45% of the workforce highly stressed, with 43% of workplace risk linked directly to stress. As stress rises, business risk multiplies across five categories.



SOURCE: WONE (2025), Risky Business: The Hidden Cost of Stress. Study of 1,005 employees.

Two complementary methodologies

Run individually or in parallel. When both converge, the ROI claim becomes far harder to dispute.

DIRECT MEASUREMENT

Trajectory methodology

Monetizes each participant's actual reported changes in absence days, healthcare visits, productivity, and intent to leave, integrated over the observation window using their own data.

- Strongest for employer, HR, and CFO conversations
- Grounded in the client's own workforce data

LITERATURE ANCHORED

Bridge methodology

A cost consequence model with human capital productivity valuation, translating WONE Index movement into dollar outcomes through peer reviewed coefficients.

- Recognizable to brokers, health plans, and HTA reviewers
- Bounded, cohort independent, resistant to outliers

Both can be right at once. Where they disagree, the gap is analyzed rather than hidden. That cross validation is a core feature of the framework.

What we measure

We run ROI two ways. The trajectory method measures outcomes directly from what users report. The bridge method translates WONE Index movement into dollars through published clinical coefficients.

TRAJECTORY: DIRECT MEASUREMENT

Five outcomes from each retaker's reported counts

- Stress-related sick days (absenteeism)
- Other unplanned sick days (absenteeism)
- Healthcare visits
- Presenteeism (productivity)
- Intent to leave (turnover risk)

BRIDGE: LITERATURE ANCHORED

Seven outcome paths, each tied to a clinical anchor

- PHQ-9 → presenteeism
- PHQ-9 → absenteeism
- PHQ-9 → mental health healthcare cost
- PHQ-9 → short-term disability cost
- WHO-5 → other healthcare cost
- PSQI sleep latency → sleep-attributable healthcare cost
- Wellbeing (Krekel 2019) → annual turnover probability

We use trajectory with rich per-user data and 100+ retakers, bridge for smaller cohorts from 30 retakers, and both for cross-validation at 200+ retakers over twelve months. Trajectory reflects what employees actually reported; bridge stays more consistent across cohort sizes.

Trajectory: measured directly

For each WONE user who takes the Index repeatedly, we measure how their reported outcomes actually changed, and the cost savings for the business.

01

Area under the curve

Each person's outcome is integrated across every assessment using trapezoidal integration, capturing mid window movement that endpoint only methods miss.

02

Conservative counterfactual

Credit is tied to actual exposure from first assessment to the analysis cutoff, not an assumed instant change.



Bridge: anchored in the literature

Every step in the methodology is rigorously tested and scientifically robust.

- 1 WONE Index change per person integrated over the observation window
- 2 Predicted clinical anchor change PHQ-9, GAD-7, WHO-5, PSS-4, PSQI, via first party longitudinal slopes
- 3 Predicted outcome change productivity, absence days, healthcare cost, turnover
- 4 Dollar value, then attribution adjusted salary and published unit costs, less 20% deadweight
- 5 Per dimension cost consequence total, then cohort ROI

Honest by construction: we report the directly measured floor alongside any extrapolation to the wider engaged workforce, disclose the extrapolation share, and apply a 20% deadweight loss so the headline stays conservative.

Six reasons it holds up under scrutiny

01

First party crosswalk

The bridge regressions are fit on real WONE Index variance validated against gold standard clinical measures, not borrowed from external populations.

02

Longitudinal slopes

Coefficients are fit on within person change, the correct and more conservative parameter for a claim about change over time.

03

Conservative coefficients

Every conversion uses a conservative midpoint from peer reviewed sources, with low and high bounds carried through.

04

Explicit attribution

A 20% deadweight adjustment removes change that would have happened anyway, following established social return convention.

05

Disaggregated output

Dimensional dollar values are reported separately, aligned with the transparent format endorsed by NICE.

06

Bounded against outliers

Because the bridge applies cohort slopes to a bounded Index scale, no single reading can dominate the headline.

And uncertainty is quantified, not hidden: low, mid and high bounds on every coefficient, a one-way tornado that ranks the biggest drivers, a Monte Carlo credible interval on the ROI, and a hard thirty retaker minimum before any ROI claim.

An enterprise technology cohort, end to end

Based on WONE's client, an enterprise technology company with a global employee base of 10,000 users and a cohort of 2,214 WONE users who took the WONE Index over a sixteen month window.

Value driver	Annual savings
Productivity uplift	\$475k
Absenteeism reduction	\$294k
Health claims reduction	\$203k
Retention improvement	\$158k
Total cohort savings	\$1.13m

GROSS ROI

2.5x

Return on the program investment across the engaged cohort.

COHORT-WIDE SAVINGS

\$1.13m

\$1.13 million in savings across the engaged workforce.

The same cohort run through both the trajectory and bridge methodologies converges within ten percent, so the figure does not rest on a single method.

Projecting ROI before a program begins

Our ROI calculator gives prospects a defensible projection from their own headcount and salary, using the same literature anchored model. It shows what a WONE program could return before day one.

INPUTS

- Employee count and average salary
- Expected engagement and repeat assessment rates
- Baseline stress distribution
- Platform investment

MODEL

- Stress transition matrix from WONE's own cohort data, showing how users actually move between stress levels
- Per dimension cost coefficients from published research: absence, presenteeism, turnover, health claims
- 20% deadweight loss applied

OUTPUTS

- Gross ROI and net ROI after deadweight
- Net projected annual savings
- A scenario modeler that scales results by participation

Projections are later validated by the measured methodology as repeat Index data accrues.

What clients actually see

The data provides leadership robust outcomes directly linked to business performance.

01

Executive health risk report

Workforce stress exposure, hotspots, engagement, and the ROI captured to date, benchmarked against the client portfolio.

02

Live business impact dashboard

Return on investment, value drivers, and stress level changes, with a scenario modeler for participation growth.

03

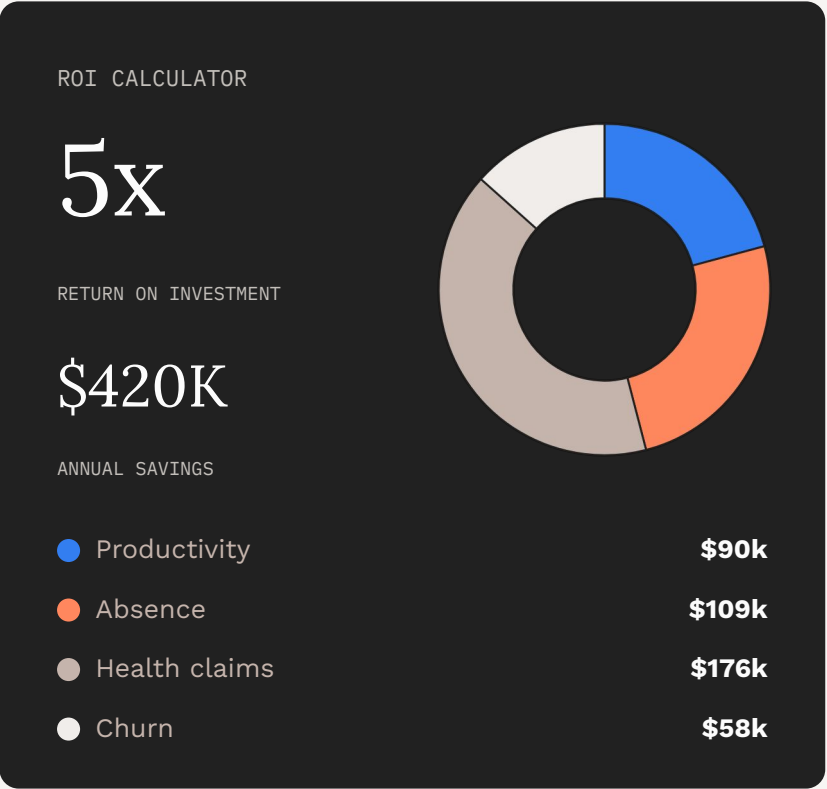
Full methodology on request

Coefficient sources, sensitivity analyses, and limitations, available for any reviewer who wants to audit the workbook.

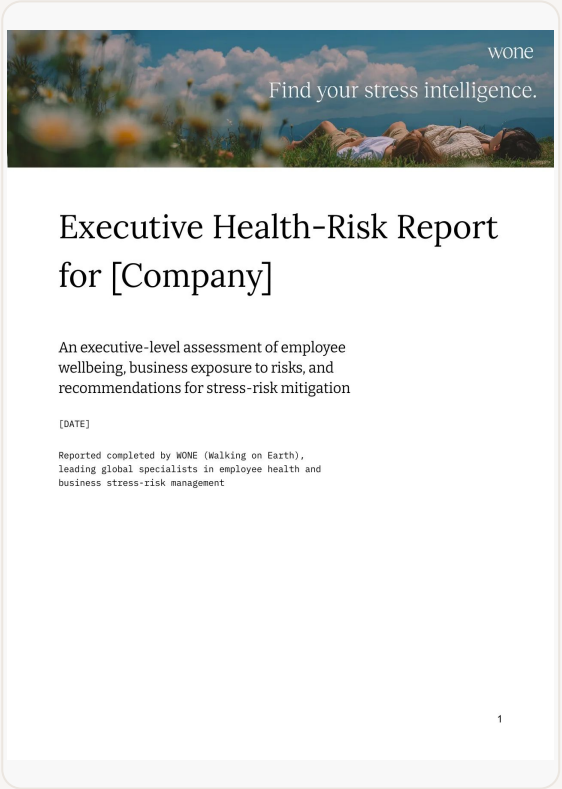


The dashboard and report clients receive

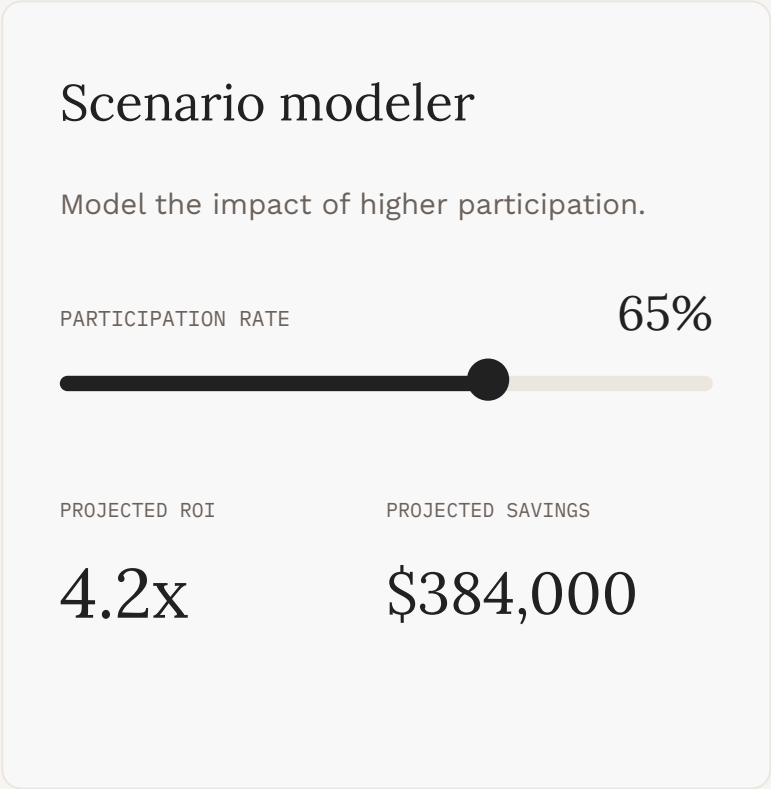
The ROI calculations are shared with client leadership as a live dashboard and a branded executive report, with insight and interventions.



CLIENT DASHBOARD: BUSINESS IMPACT



EXECUTIVE HEALTH RISK REPORT



SALES SCENARIO MODELER

wone

Measurable ROI that shows clients the true impact of investing in employee health solutions

Robust scientific methodology, peer reviewed science, modeled assumptions, and transparency over what is measured.

SCIENCE LED · AI POWERED · HUMAN FIRST

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