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Eversight  
2018 Strive Executive Review &  
2019 Strategic Planning Meeting  
Presented by Kapnick Insurance Group

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## Summary

### Trends

- The average health score continues to increase each year
- The average age of the population continues to increase each year
- There were zero critical values reported for 2016, 2017, and 2018
- 44% of participants fell into the moderate and high risk range for Body Mass Index
- 33% of participants fell into the moderate and high risk range for Total Cholesterol
- 23% of participants fell into the moderate and high risk range for Hemoglobin A1C

### Top Health Risks

- Weight Management
- Total Cholesterol
- Blood Glucose (Hemoglobin A1C)

### Goals for Upcoming Year

- Continue to increase program participation
- Improve scores of current top health risks
- Target participants in the high risk level (health score of 60 points or below) to review health report and top risk factors
  - All 2018 high risk individuals have been provided with an outreach to ensure they have reviewed their health report
- Help individuals find ways to be more accountable for their health year-round by increasing participation in lunch and learns and wellness challenges

### 2018 Employee Events

- April 4<sup>th</sup> – Lifestyle Not A Diet Lunch and Learn + Eat The Rainbow Challenge
- May 16<sup>th</sup> – Snooze or Lose Challenge
- June 13<sup>th</sup>, 20<sup>th</sup>, 21<sup>st</sup>, 29<sup>th</sup> – 2018 Health Screenings
- July 19<sup>th</sup> – Understanding Your Health Score + Don't Worry Be Happy Lunch and Learn
- July 20<sup>th</sup> – Summer Fun Challenge
- Scheduled to take place October 10<sup>th</sup> – Power Meals Lunch and Learn
- Scheduled to begin on October 11<sup>th</sup> – Hollywood Walk to Fame Challenge
- Scheduled to take place December 6<sup>th</sup> – Stress Busters Lunch and Learn
- Scheduled to begin December 7<sup>th</sup> – No Time Like the Pleasant Challenge

## Participation and Demographics

Strong participation numbers ensure eligible employees are being educated on their health risks. In addition, a more complete representation of the population is being screened, which allows for better analytics and a comprehensive view of your population's risks. The tables below show some demographics of screening participation this year and in years past.

	Participants	Average Age	Average Score	CoreHealth Avg. Score
<b>EVRST 2018</b> Repeat Participants	101 59	41	84	78
<b>EVRST 2017</b> Repeat Participants	79 57	40	83.1	76
<b>EVRST 2016</b>	100	39	79.6	75.94

Ideal =100-85    Low = 84-70    Moderate = 69-60    High = 59-50    Very High = 49-0

	2018 # of Participants	% of Participation
<b>Male</b>	32	32%
<b>Female</b>	69	68%

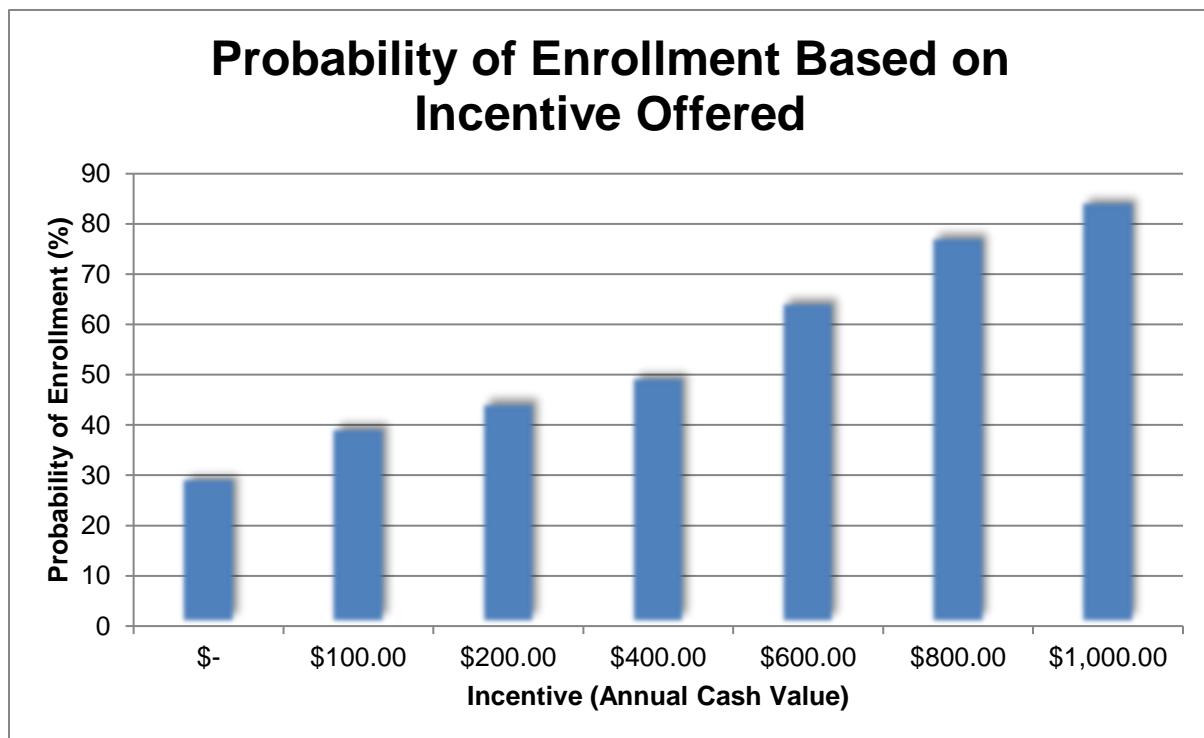
## Participation/Incentive Structure

### 2018 Eligible Employee Participation

101 (# of employees screened)/ 160 (# of eligible employees) = 63%

#### Incentive Offered: Premium Reduction of \$500 annually

To qualify for the full wellness incentive, a previously eligible participant must have a Health Score of 70 or higher OR improve his or her Health Score by 5 points from the previous year's score. New participants are considered incentive eligible their first year.



#### Return on Investment

Average returns on investment can vary and heavily depend upon the specifics of the health promotion program, but reviews have suggested savings of between \$1.20 and \$3.00 for every dollar invested.

#### Value on Investment

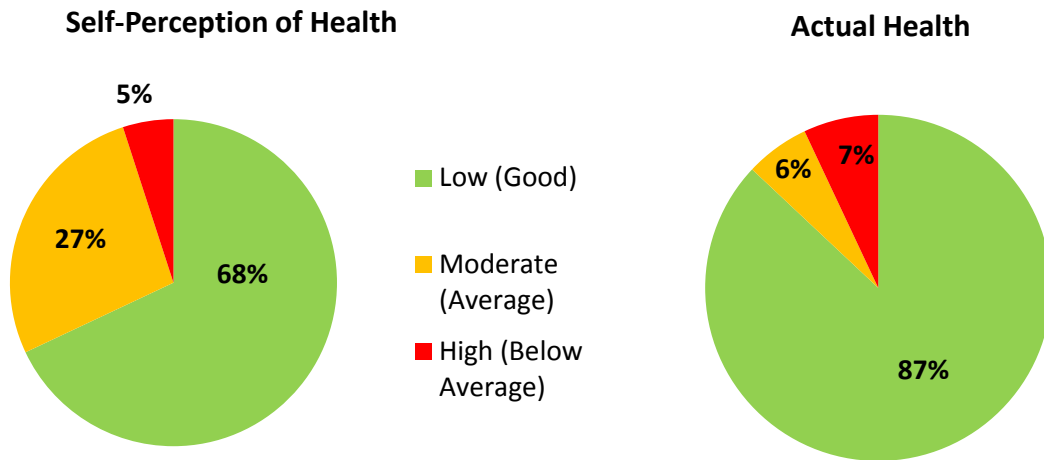
VOI calculations, on the other hand, allow employers to examine the broader impact of the workplace health promotion program on the core priorities of their organization.

Improved employee morale, talent attraction and retention, enhanced company loyalty, and improved company image are all benefits of workplace health promotion programs that may not show up in ROI estimates.

## Health Score Analysis

### Self-Perception vs. Actual Health

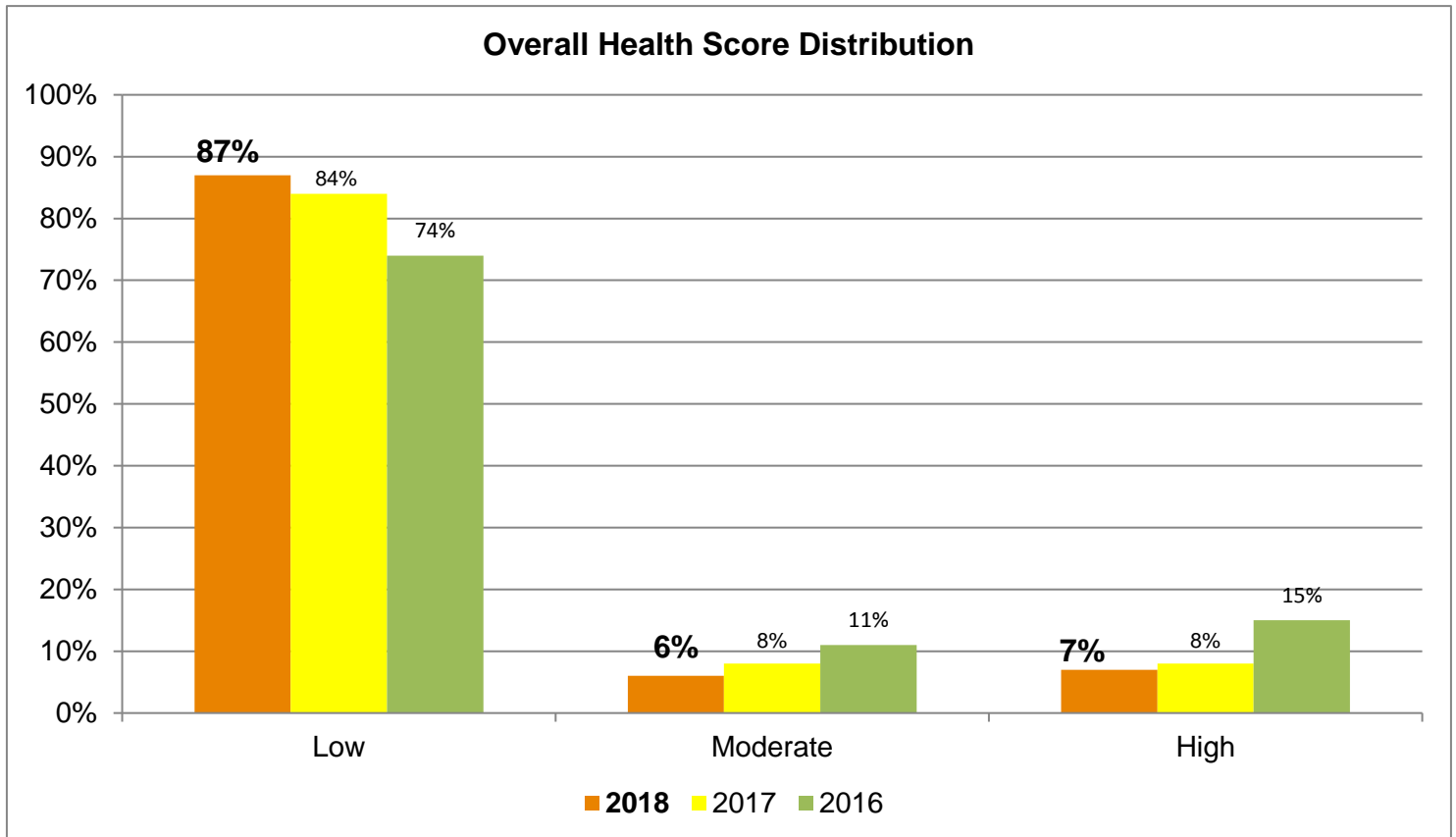
The following graphs show a comparison of participants' perception of health as self-reported on the Health Risk Assessment and their actual biometric score. This brings awareness to those who over or underestimate their current state of health.



2018	Self-Reported	Actual Results
Low Risk	68%	87%
Moderate Risk	27%	6%
High Risk	5%	7%

## Company Average

The average health score of your population is a strong indicator of the overall wellness of your population. The graph below shows the average score of your participants compared to the previous year of health screenings.

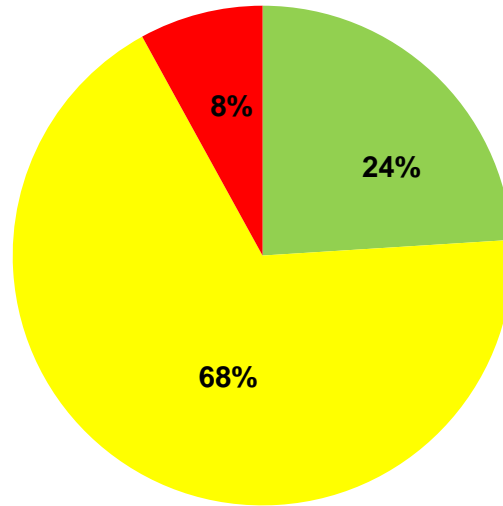


\*Please note: In 2017, the number of risk categories went from five to three. Ideal and low risk were combined into one category and high and very high risk were combined into one category.

## Risk Status Change for Repeat Participants

The following graph shows how participants improved from the 2017 screenings to the 2018 screenings.

**Percentage of Change**



■ Positive Change   ■ No Change   ■ Negative Change

### Risk Status Change for Repeat Participants

■	POSITIVE CHANGE	16
■	NO CHANGE	40
■	NEGATIVE CHANGE	3

## Biometric Averages

	2018	2017	2016	Core Health
Total Score	84	83	79	78
BMI	30.7	28	29.2	29.3
Waist/Hip Ratio	0.6	0.83	0.85	.91
Blood Pressure: Systolic	115	111	113	117
Blood Pressure: Diastolic	73	73	72	75
Cholesterol	188	183	184	192
HDL (Good)	55.7	61	57.3	55
LDL (Bad)	107.6	100	101.3	109
Triglycerides	128	110	121.5	132
Hemoglobin A1C	5.4	N/A	N/A	5.4
Blood Sugar	124.9	93	94.8	98

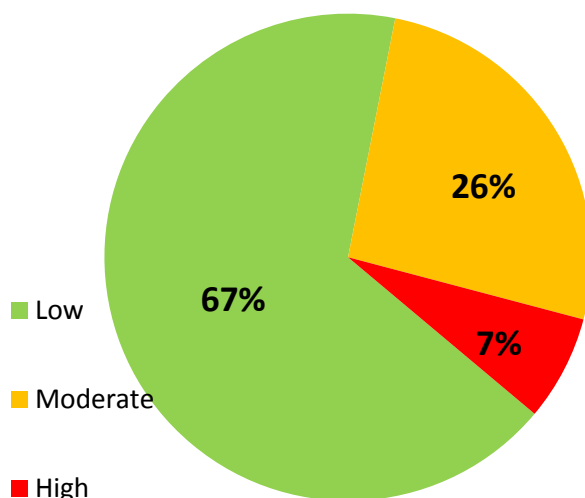
Within Low Risk Range

Within Moderate Risk Range

## Heart Health: Total Cholesterol

Cholesterol is a main factor in determining overall heart health. The graph below shows the breakdown of your participants cholesterol ranges.

### 2018 Total Cholesterol Risk Level Breakdown

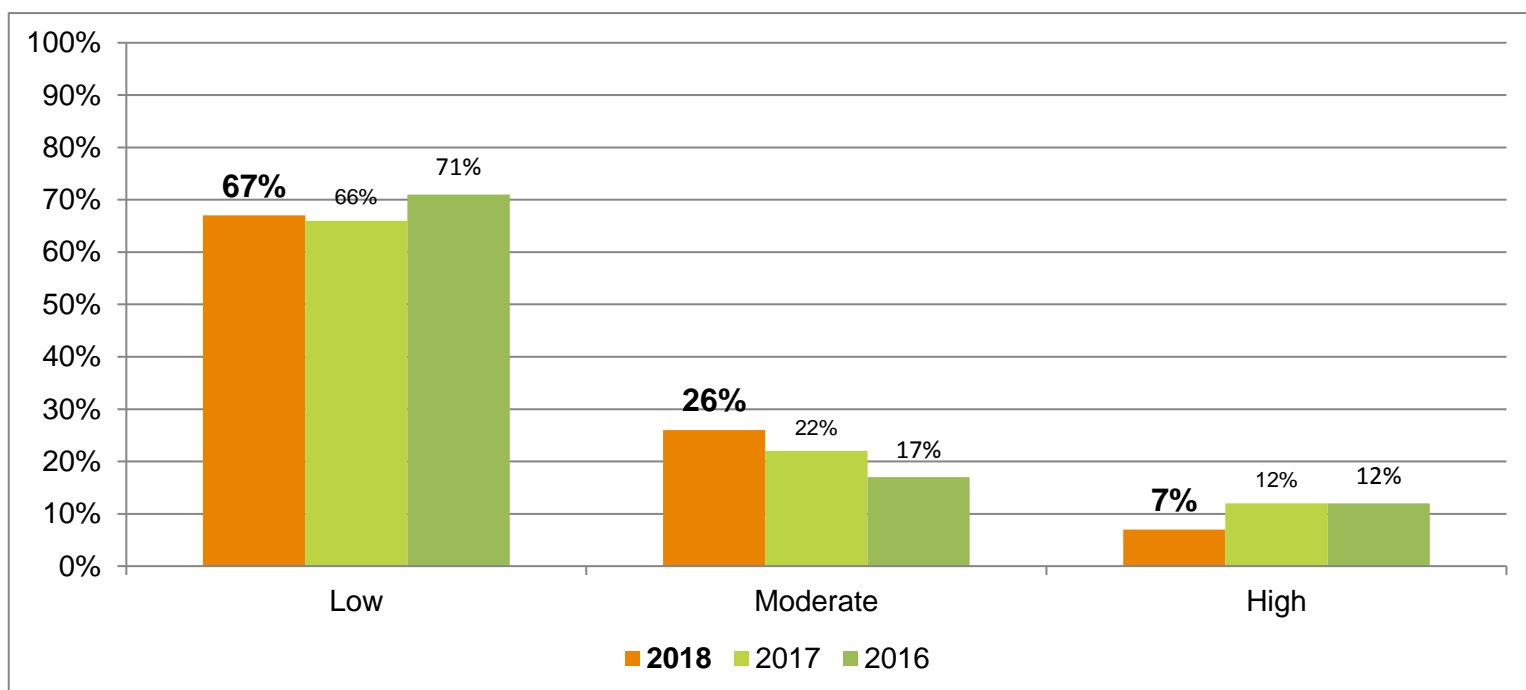


### Total Cholesterol Change for Repeat Participants

■	POSITIVE CHANGE	8
■	NO CHANGE	43
■	NEGATIVE CHANGE	8

**Area for Concern:** 33% of participants fell into the moderate and high risk range.

## Year-to Year Cholesterol Trend



Please note: In 2017, the number of risk categories went from five to three. Ideal and low risk were combined into one category and high and very high risk were combined into one category.

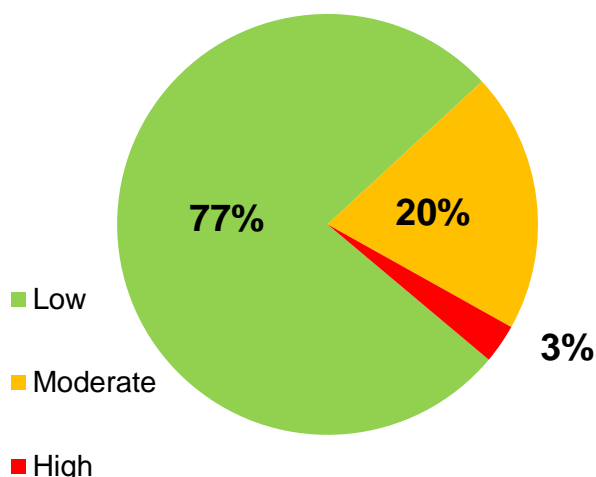
Low- (<200 mg/dL)    Moderate- (201 - 239 mg/dL)    High- (>240 mg/dL)

## Heart Health: Systolic Blood Pressure

Blood pressure is another main factor in determining overall heart health. Blood pressure is closely tied not only to the excess strain put on the heart through lack of exercise and proper nutrition, but also through unmanaged stress.

The chart below shows the percentage of participants in each risk category for systolic blood pressure measurements.

**2018 Systolic Blood Pressure Risk Level Breakdown**



Low- ( $\leq 121$ mmHg) Moderate- (122-140mmHg) High- ( $\geq 141$  mmHg)

**Blood Pressure Change for Repeat Participants**

■	POSITIVE CHANGE	3
■	NO CHANGE	44
■	NEGATIVE CHANGE	12

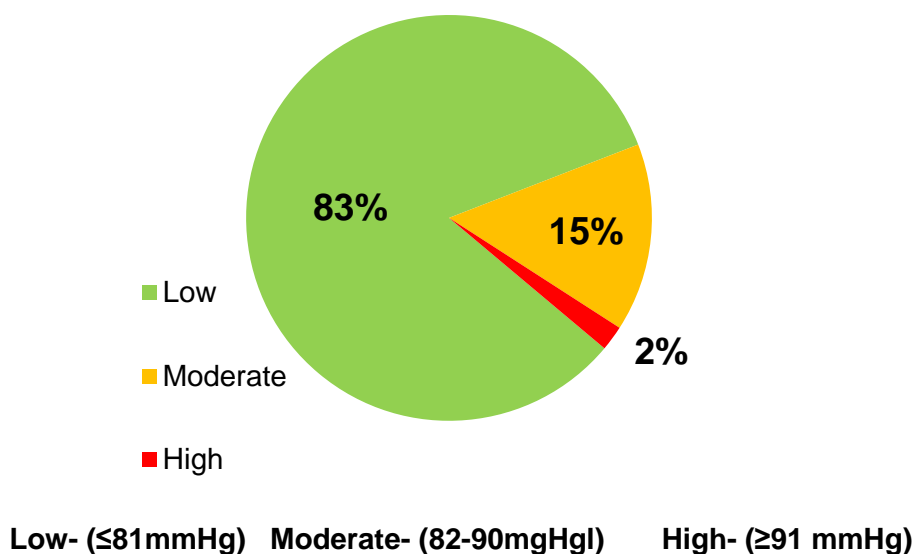
**Area for Applause:** 77% of participants fell into the low risk range.

**Area for Concern:** 23% of participants fell into the moderate and high risk range.

## Heart Health: Diastolic Blood Pressure

Blood pressure is another main factor in determining overall heart health. Diastolic blood pressure is the pressure in the arteries when the heart is relaxing. The chart below shows the percentage of participants in each risk category for diastolic blood pressure measurements.

### 2018 Diastolic Blood Pressure Risk Level Breakdown



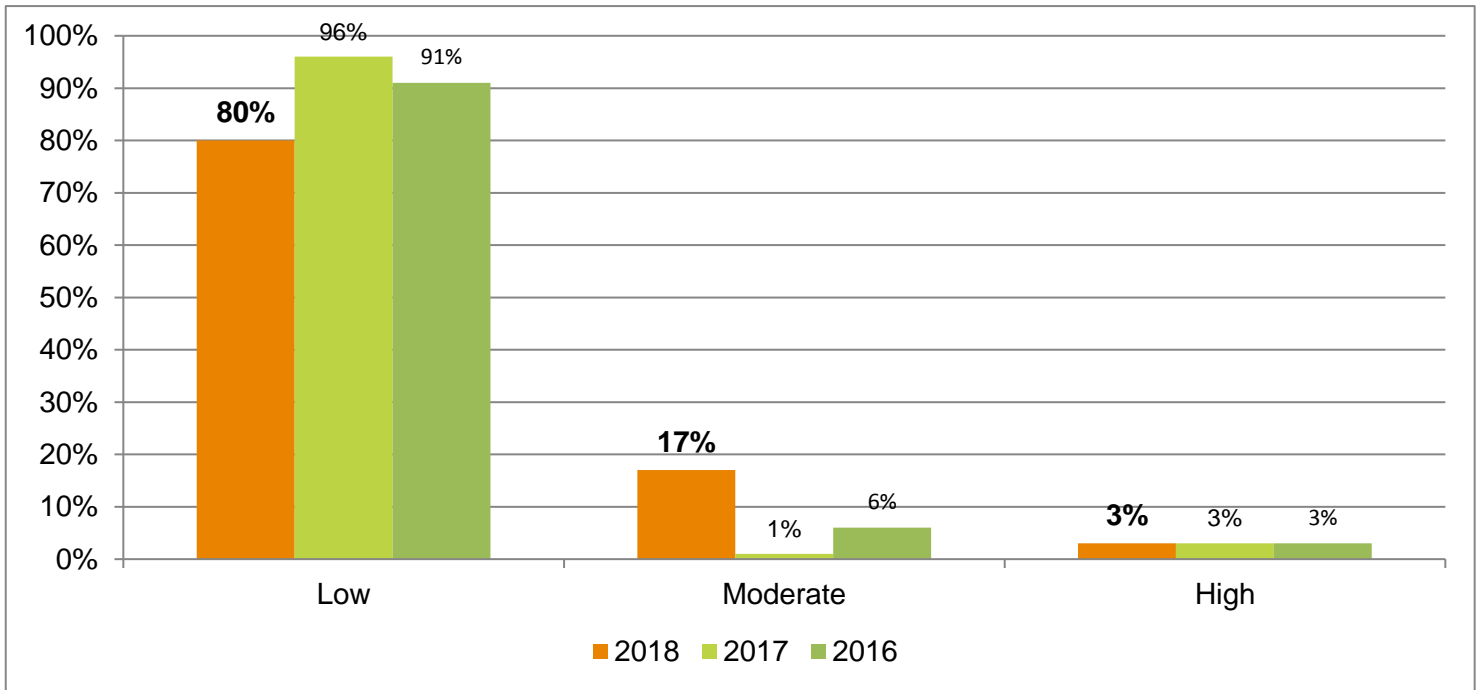
### Blood Pressure Change for Repeat Participants

■	POSITIVE CHANGE	2
■	NO CHANGE	52
■	NEGATIVE CHANGE	5

**Area for Applause:** 83% of participants fell into the low risk range.

**Area for Concern:** 17% of participants fell into the moderate and high risk range.

## Year-to-Year Blood Pressure Trend



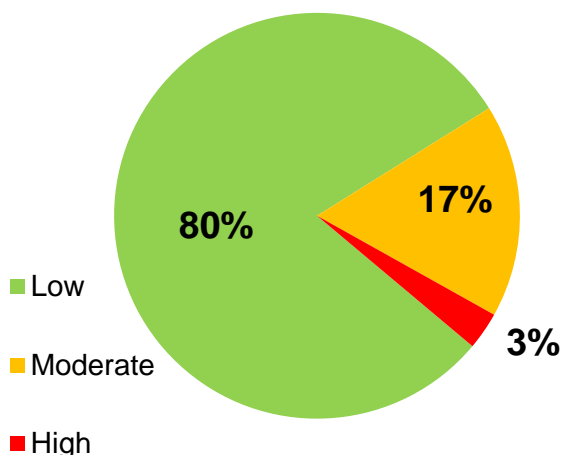
Please note: In 2017, the number of risk categories went from five to three. Ideal and low risk were combined into one category and high and very high risk were combined into one category.

**Low-** ( $\leq 121/81$ mg/dL) **Moderate-** (122/82-140/90mg/dL) **High -** ( $\geq 141/91$ mg/dL)

## Diabetes Risk: Blood Glucose

Diabetes presents a serious risk to your participants and also to your bottom line. Undiagnosed diabetics are a catastrophic claim waiting to happen, while those who are diabetic present a significant cost, especially if they are not compliant with their care.

### 2018 Blood Glucose Risk Level Breakdown



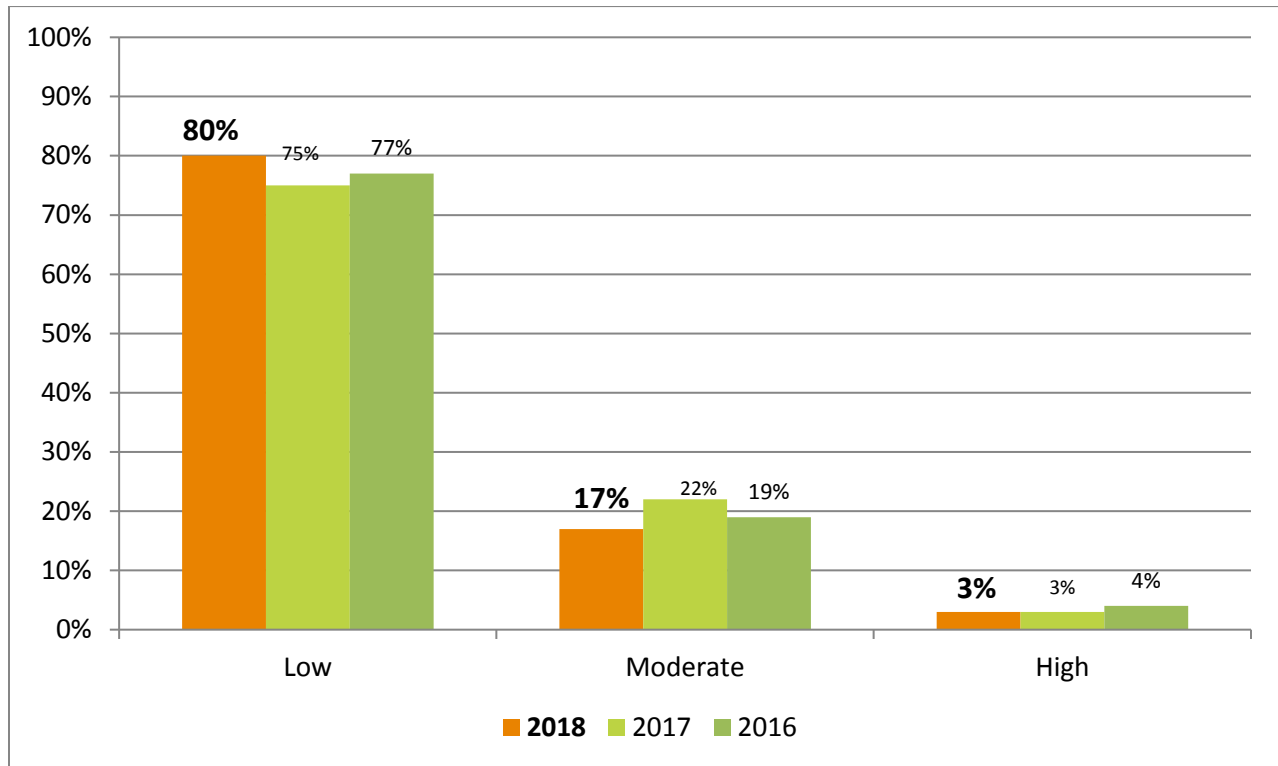
Low Risk- ( $\leq 100\text{mg/dL}$ ) Moderate Risk- ( $101\text{-}125\text{mg/dL}$ ) High Risk- ( $\geq 126\text{mg/dL}$ )

### Total Blood Glucose Change for Repeat Participants

■	POSITIVE CHANGE	4
■	NO CHANGE	51
■	NEGATIVE CHANGE	4

**Area of Concern:** 20% of participants fell into the moderate and high risk range.

## Year-to-Year Glucose Trends



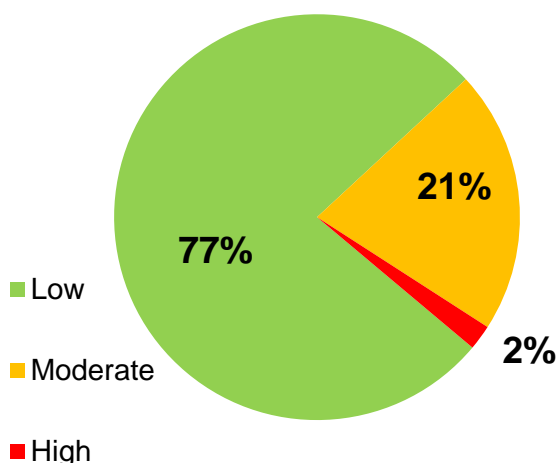
Please note: In 2017, the number of risk categories went from five to three. Ideal and low risk were combined into one category and high and very high risk were combined into one category.

**Low Risk- ( $\leq 100\text{mg/dL}$ ) Moderate Risk- ( $101\text{-}125\text{mg/dL}$ ) High Risk- ( $\geq 126\text{mg/dL}$ )**

## Diabetes Risk: Hemoglobin A1C

Hemoglobin A1C measures average glucose levels over a 2-3 month period. Anything 6.5% or higher represents an increased risk for diabetes. Diabetes presents a serious risk to your participants and also to your bottom line. The graph below demonstrates your populations risk for diabetes.

### 2018 Hemoglobin A1C Risk Level Breakdown



**Low Risk:** <5.7%    **Moderate Risk:** 5.7%-6.4%    **High Risk:** ≥6.5%

### Total A1C Change for Repeat Participants

■	POSITIVE CHANGE	N/A
■	NO CHANGE	N/A
■	NEGATIVE CHANGE	N/A

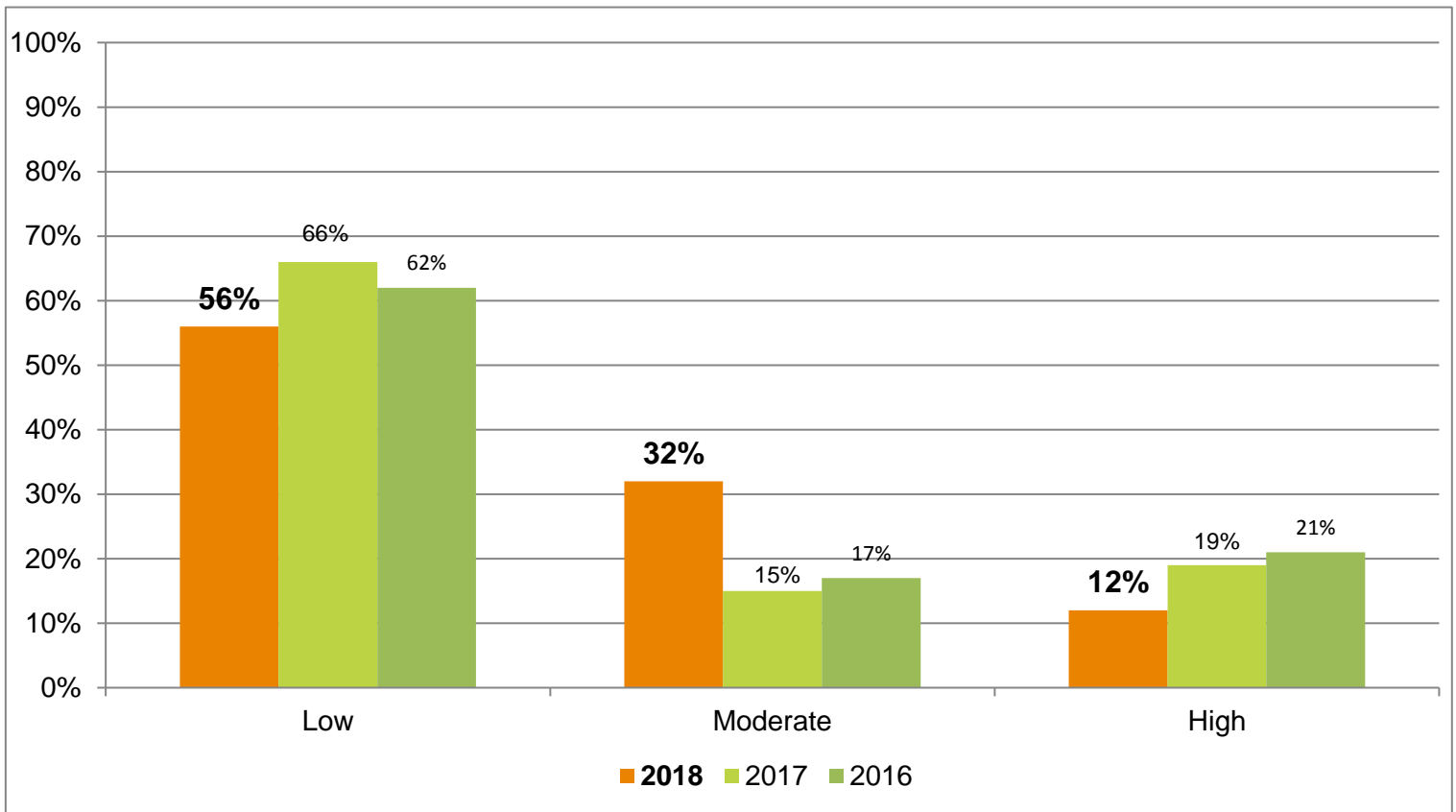
**Area of Concern:** 23% of participants fell into the moderate and high risk range.

**\*\*Please note:** This measurement was not provided in previous years. Therefore, repeat participants do not apply.

## Body Composition

### Body Mass Index

BMI is an indicator of excess body weight. Generally, those with a higher BMI are also more likely to suffer from high cholesterol, increased blood pressure, and diabetes. BMI does have its limitations, but overall is a good indication of a serious risk. The graph below demonstrates your population's risk breakdown of BMI.



**Low- (18.5-29.9)   Moderate- (30-39.9)   High- (≥40)**

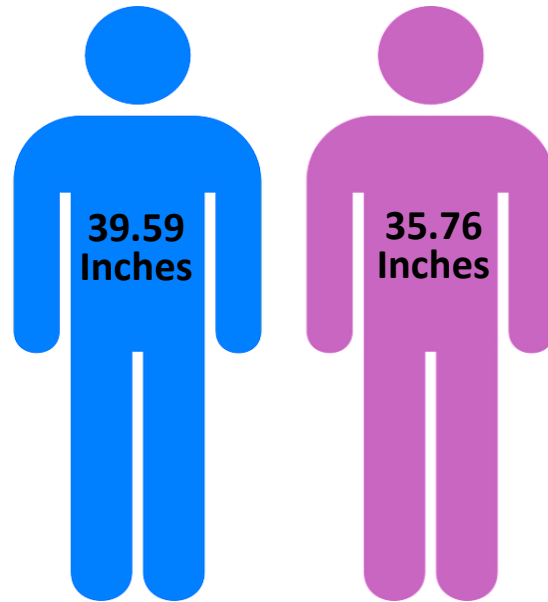
**Area of Concern:** 44% of participants fell into the moderate and high risk range.

\*\*Please note that in 2017, the number of risk categories went from five to three. Ideal and low risk were combined into one category and high and very high risk were combined into one category.

## Average Waist Circumference

Waist circumference is an indicator of excess body weight. Generally, those with a higher waist circumference are also more likely to suffer from high cholesterol, increased blood pressure, and diabetes.

The graphic below provides the average waist measurement in inches of the male and female participants.



Low risk: < 40 inches

Moderate risk: 40 – 45 inches

High risk: > 45 inches

Low risk: <35 inches

Moderate risk: 35 – 40 inches

High risk: > 40 inches

**Area for Applause:** The average waist circumference for males is in healthy range.

## Nicotine Use

Nicotine use presents a serious risk to individuals. Those who use tobacco not only have increased rates of cancer and other diseases, but they are more likely to miss work. The CDC estimates that tobacco use costs \$156 billion in lost productivity each year and \$170 billion in healthcare expenditures (CDC, 2017). The table below summarizes your participant's tobacco use, as well as self-reported tobacco use.

	2018	2017	2016
Tested Positive	12.87% (13)	11.69% (9)	15.84% (16)
Self-reported Nicotine Use	9.91% (11)	7.8% (6)	12.6% (13)

### Nicotine Change for Repeat Participants

■	POSITIVE CHANGE	0
■	NO CHANGE	59
■	NEGATIVE CHANGE	0

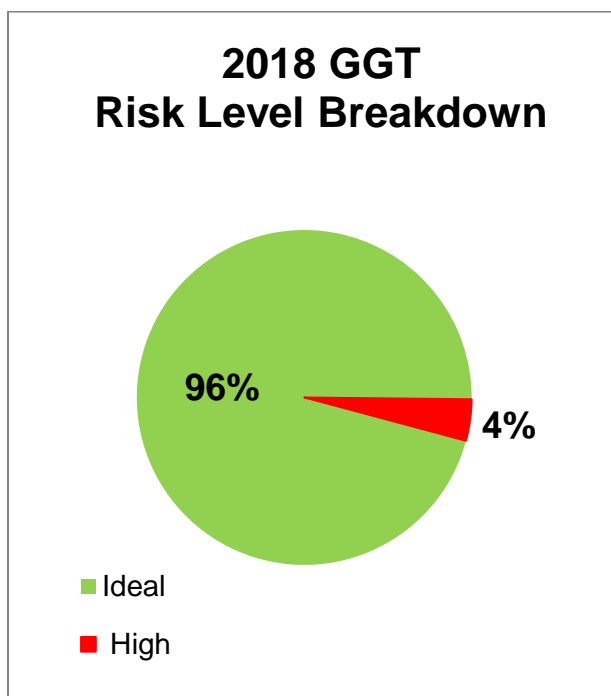
**Area for Applause:** No repeat participants made a negative change, confirming no one started smoking within the last year.

**Area for Concern:** 13 participants tested positive for nicotine.

## Gamma-Glutamyltransferase (GGT) Test Results

GGT is used for diagnosing and monitoring disease of the liver, gallbladder, bile ducts and bile. Levels outside of the normal range could indicate any form of liver disease or biliary obstruction.

Elevated levels of GGT can also indicate alcoholic cirrhosis or individuals who are heavy drinkers.



Low Risk: <66    High Risk: ≥66

### GGT Change for Repeat Participants

■	POSITIVE CHANGE	0
■	NO CHANGE	58
■	NEGATIVE CHANGE	1

## Critical Values

A Critical Value (CV) is when a testing metric is elevated to a critical range that requires immediate participant notification.

Clinical Reference Laboratory's registered nurses will reach out via phone and email/mail within 24 hours to inform participant of abnormal lab results. The RN provides recommended steps and follows up when warranted.

The Kapnick Strive Wellness Team will reach out to all individuals who fall within the critical range for blood pressure.

Issue	2018	2017	2016	Repeat
None	0	0	0	0
<b>Total</b>	0	0	0	0

**Area for Applause:** There were no reported critical values in 2016, 2017, or 2018.

## Stand-Out Stories

43 repeat participants improved their score

12 repeat participants improved their score by 10+ points

**Participant A** – Improved their health score by 12 points by losing more than 20 pounds, decreasing their Body Mass Index (BMI), and decreasing their triglycerides level!

**Participant B** – Improved their health score by 18 points by decreasing their total cholesterol, triglycerides, and blood glucose level!

## 2019 Recommended Wellness Strategy

### Wellness Strategy

- Increase health screening participation and year-round engagement
  - Robust health screening communication campaign
  - Strive for 5 Reward Points Program
  - Interactive wellness challenges (individual and/or team)
  - Present interactive Lunch & Learn topics that will increase awareness of high cholesterol , weight management, and diabetes risk
  - Monthly communication materials
- New features available on Kapnick Strive Portal via Learn Page: Financial wellness, self-help programs, robust health and wellness library
- Reasonable Alternative Standard health coaching program is available to those who did not meet the qualifying standard.
- Participants scoring 60 or below will receive a voluntary telephonic coaching call from a certified Kapnick Strive Health Coach within 3 months of completing their screening
- Consideration of offering a smoking cessation program for those who are looking to become tobacco free

## Questions, comments or concerns?



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