

**Strive** 

May 11, 2023

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# 2022 KEY FINDINGS

- All biometric averages, except for Systolic Blood Pressure and Triglycerides, have continued to remain in low-risk range
- 75% of repeat participants remained in the low-risk range or made a positive risk migration based on health score
- 28% of the repeat participants improved by 5+ points
- **No** critical values were reported for 2022
- Metabolic syndrome risk increased from 2021
- Average health risk score **remains** in the ideal risk range
- Based on the biometric data, the top health risks are **Nicotine Use, Body Composition**, and **Heart Health** (Blood Pressure & Cholesterol)
- Royal Truck and Trailer has a **lower** percentage of members with chronic conditions as compared to benchmark (25.5% vs 27.9%)
- Employees with screenings had a higher well-visit utilization rate as compared to employees without screenings (34.8% vs 26.9%)
- Employees with a health screening cost \$357 less per member than employees without screenings
- Employees with a health score of at least 70 cost \$701 less per member than employees with a health score below 70
- Repeat participants in the 2021-2022 screenings experienced a 26% (\$450) decrease in costs
- Employees with a health score improvement from 2021 to 2022 experienced \$1,022 less in costs

### WELLNESS PRESENTATIONS/RECORDINGS

- February Lifestyle, Not a Diet
- June Nutrition 101
- August Happiness Is...
- December Sugar Busters

### **MONTHLY WEBINARS**

Offered on the last Wednesday of each month

### **CHALLENGES**

- February The Beat Goes On: 0 participants
- April Strive Corporate Challenge: 0 participants
- June Nutrition 101: 3 participants
- August HIIT for 30: 11 participants
- December Snooze or Lose: 7 participants

### **QUARTERLY MEDITATION MOMENTS**

# 2022 EMPLOYEE EVENTS





# TOTAL PARTICIPATION

### \*101 Repeat Participants



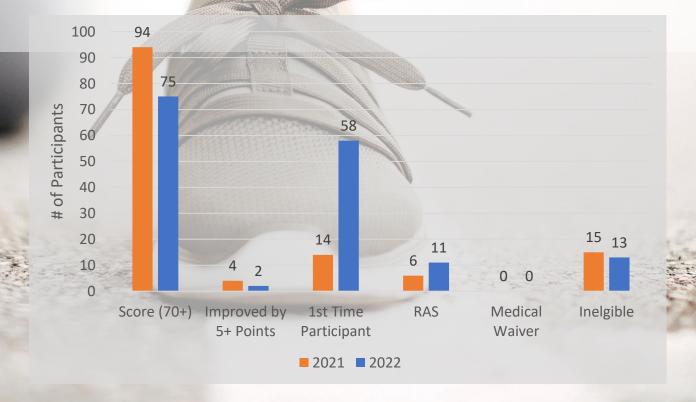
YEAR	TOTAL PARTICIPATION	TOTAL ELIGIBLE	% OF ELIGIBLE	AVG HEALTH SCORE
2022	159	222	72%	75
2021	133	177	75%	76
2020	103	154	67%	77

# WELLNESS INCENTIVE BREAKDOWN



# WELLNESS INCENTIVE BREAKDOWN







# PROGRAM OUTREACHES

### **CRITICAL VALUES**

There were no critical values reported in 2022

### **HEALTH COACHING**

- 60 or below: 14 participants scored 60 or below
  - A health coach was able to connect with 10 out of the 14 participants
- RAS health coaching program: 11 enrolled
  - 11 participants have completed the program to become eligible for the incentive

# BIOMETRIC AVERAGES

Biometric	2022 AVG	2021 AVG	Strive AVG	Ideal Range
Health Score	76	76	76	70 - 100
BMI	29.2	29.86	30	18.5 - 29.9
Waist/Hip Ratio	.94	.90	0.88	<= 0.95
BP: Systolic	122	119	115	≤121mmHg
BP: Diastolic	79	77	75	≤81mmHg
Total Cholesterol	199	191	193	<200mg/dL
HDL Cholesterol	53	53	54	>=50
LDL Cholesterol	116	111	112	<=129
Triglycerides	161	135	134	<150
Blood Glucose	98	95	100	≤100mg/dL
Hemoglobin A1C	5.4	5.4	5.6	<5.7%

# **AVERAGE** SCORE- 76

Ideal = 100-85

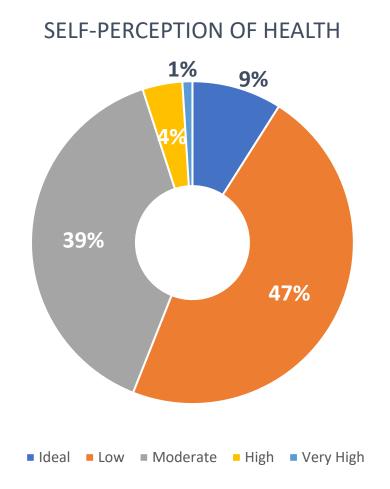
Low Risk = 84-70

Moderate Risk = 69-60

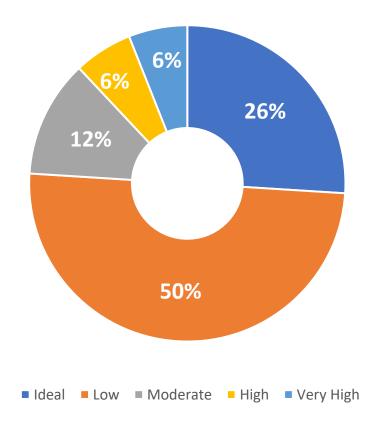
High Risk = 59-50

Very High Risk = 49-0

# SELF-PERCEPTION VS ACTUAL HEALTH

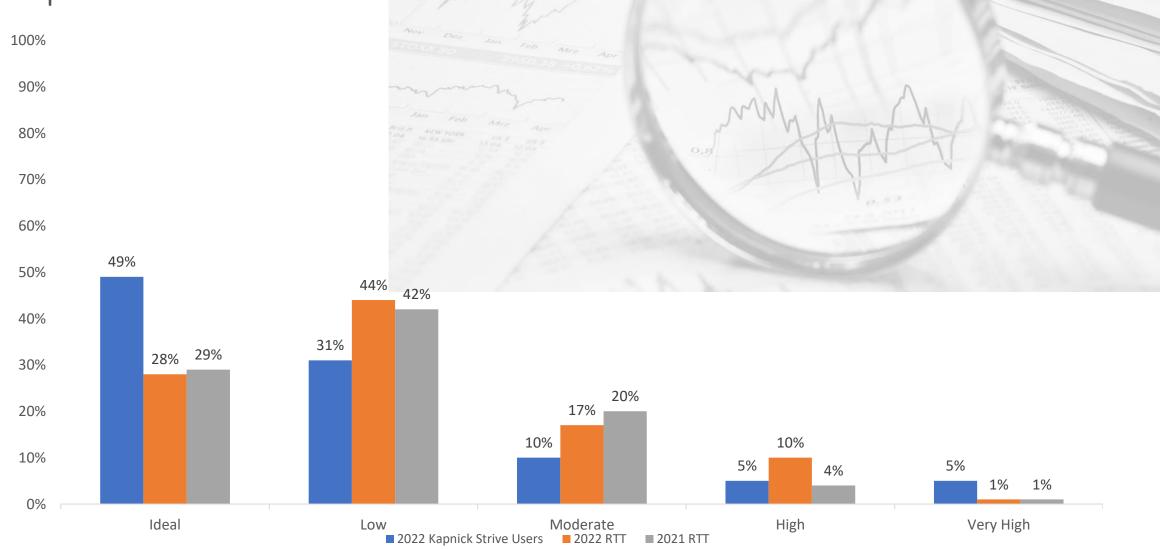


### **ACTUAL HEALTH SCORE**





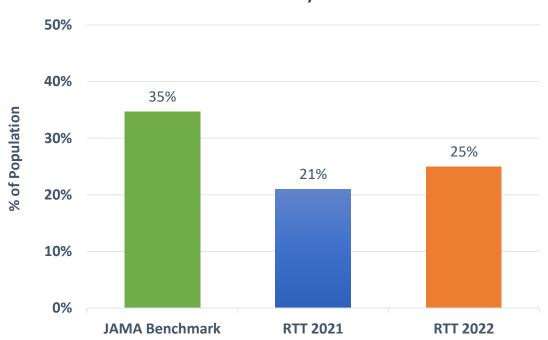
# HEALTH SCORE BENCHMARKING

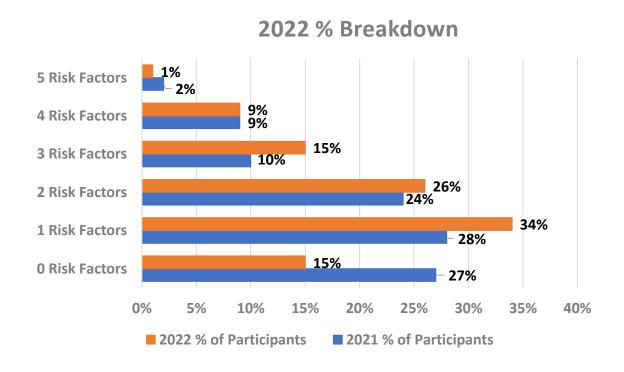




# METABOLIC SYNDROME RISK

### Prevalence of Metabolic Syndrome – 3 or more risk factors





The National Institutes of Health guidelines define metabolic syndrome as having three or more of the following traits, including traits you're taking medication to control:

- •Large waist A waistline that measures at least 35 inches for women and 40 inches for men
- •High triglyceride level 150 milligrams per deciliter (mg/dL) or higher of this type of fat found in blood
- •Reduced "good" or HDL cholesterol Less than 40 mg/dL in men or less than 50 mg/dL in women of high-density lipoprotein (HDL) cholesterol
- •Increased blood pressure 130/85 millimeters of mercury (mm Hg) or higher
- •Elevated fasting blood sugar 100 mg/dL or higher



# REPEAT PARTICIPANT RISK CHANGE



76 975%

REMAINED MODERATE
OR HIGH/V HIGH

9 🤨 9%

MADE A NEGATIVE RISK MIGRATION

16 2 16%

\*101 Repeat Participants



### REPEAT PARTICIPANT BIOMETRIC RISK CHANGE

### \*101 Repeat Participants

### **Total Cholesterol**

Remained low risk or made a positive risk migration	Remained in moderate or high risk	Made a negative risk migration	
64 😧 63%	24 24%	13 23 13%	

Remained low risk or made a positive risk migration	Remained in moderate or high risk	Made a negative risk migration	
67 67%	18 18%	16 25%	

**Blood Glucose** 

### **Systolic Blood Pressure**

Remained low risk or made a positive risk migration	Remained in moderate or high risk	Made a negative risk migration	
67 🙂 66%	15 15%	19 2 19%	

### **Hemoglobin A1C**

Remained low risk or made a positive risk migration	Remained in moderate or high risk	Made a negative risk migration	
72 😲 71%	22 😳 22%	7 😛 7%	

### **Diastolic Blood Pressure**

Remained low risk or made a positive risk migration	Remained in moderate or high risk	Made a negative risk migration	
76 🙂 75%	10 10%	15 2 15%	

### **Tobacco**

Remained low risk or made a positive risk migration	Remained positive	Made a negative risk migration	
63 😛 62%	32 2%	6 😛 6%	

<sup>\*1</sup> person quit smoking

# TOP RISK FACTORS













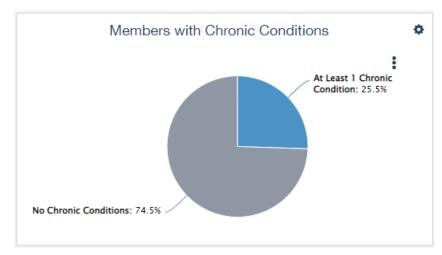


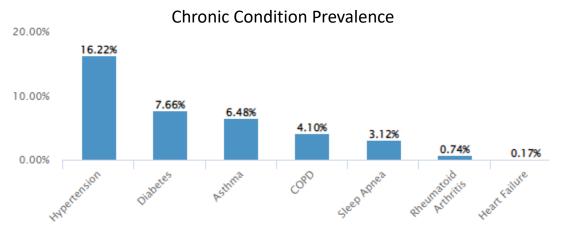
# Chronic Conditions & Health Screening Claims Analysis





# CHRONIC CONDITION PREVALENCE





- 25.5% of members on Royal Truck and Trailer's health plan have at least 1 chronic condition
  - This is **below** the Kapnick book of business benchmark which is 27.9%
- The majority of chronic conditions have a **lower prevalence** in RTT's population as compared to benchmark
- COPD and Rheumatoid Arthritis are the only conditions with a higher prevalence as compared to benchmark
- Chronic condition prevalence in the Kapnick benchmark is as follows:

Hypertension: 16.82%

Diabetes: 8.58%Asthma: 7.33%

Sleep Apnea: 5.01%

• COPD: 1.20%

• Heart Failure: 1.08%

Rheumatoid Arthritis: 0.47%

- All members enrolled in the health plan are included
- Data is from Jan 2022 through Dec 2022 on an incurred basis





# **CHRONIC CONDITION COST**

### Total Cost & PMPM Cost of Employees with and without Chronic Conditions

·	Total Allowed Amount	Total Allowed with Chronic Conditions	Chronic Condition % of Total Cost	Royal Truck PMPM without Chronic Condition	Royal Truck PMPM with Chronic Condition	Benchmark PMPM without Chronic Condition	Benchmark PMPM with Chronic Condition
	\$268,328	\$179,747	67%	\$49	\$288	\$216	\$860

- Employees enrolled in the health plan & eligible to participate in health screenings in 2022 were included (all dependents excluded)
- Data is from Jan 2022 through Dec 2022 on an incurred basis
- Benchmark reflects Kapnick's book of business benchmark (49k members)

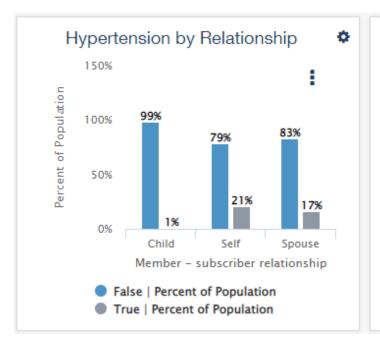
- The PMPM cost of employees without chronic conditions is 77% below benchmark
  - The PMPM cost of employees with chronic conditions is 67% below benchmark

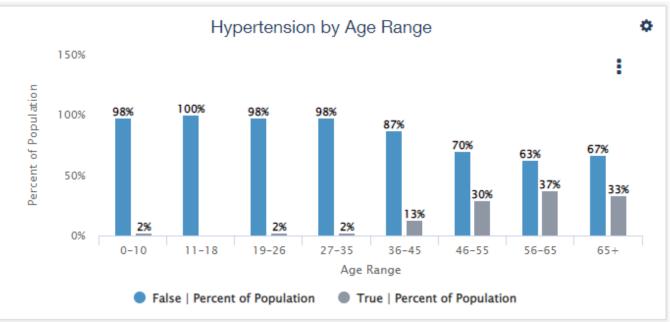




# HYPERTENSION: DEMOGRAPHICS

- Total hypertensive members:
  - 2021:50
  - 2022: 55
- Total hypertensive employees:
  - 2021:41
  - 2022: 44
- Total hypertensive spouses:
  - 2021: 9
  - 2022: 10
- Total hypertensive dependent children:
  - 2021:0
  - 2022: 1





- · All members enrolled in the health plan are included
- Data is from Jan 2022 through Dec 2022 on an incurred basis
- True = hypertensive members





# HYPERTENSION: GAPS IN CARE

Year	Total Hypertensive Employees	Total Hypertensive Employees (enrolled full 12 months)	% Hypertensive Employees (enrolled full 12 months)	Total Hypertensive Employees with No Maintenance Rx (enrolled full 12 months)
2021	41	18	18.0%	1 (5.6%)
2022	44	22	19.1%	3 (13.6%)

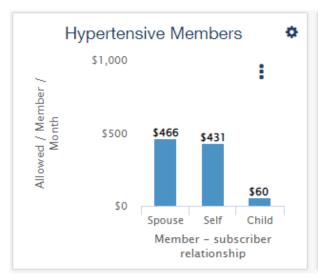
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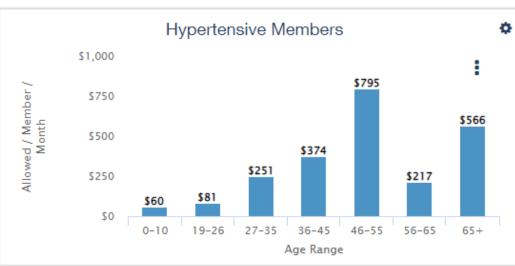




# HYPERTENSION: PMPM COST

Year	Hypertensive Employees PMPM Cost	Hypertensive Employees PMPM Cost (Excluding Claimants > \$50k)	Hypertensive Employees PMPM Cost Benchmark
2021	\$917	\$435	\$953
2022	\$431	\$299	\$845





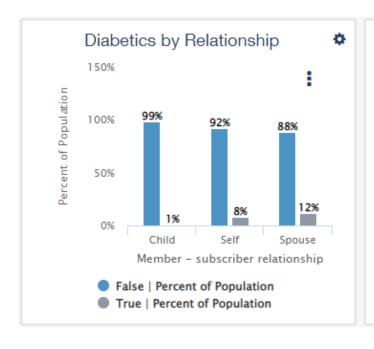
- Employees enrolled in the health plan & eligible to participate in health screenings in 2022 were included in the table (all dependents excluded)
- All members enrolled in the health plan are included in the bar charts
- Data is from Jan 2022 through Dec 2022 on an incurred basis
- Benchmark reflects Kapnick's book of business benchmark (49k members)

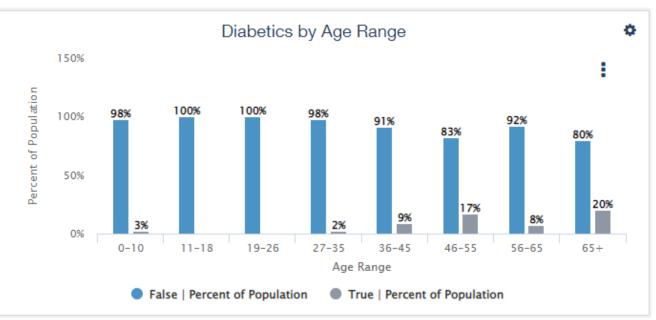




# **DIABETES: DEMOGRAPHICS**

- Total diabetic members:
  - 2021: 23
  - 2022: 24
- Total diabetic employees:
  - · 2021: 16
  - 2022: 16
- Total diabetic spouses:
  - 2021: 6
  - 2022: 7
- Total diabetic dependent children:
  - 2021:1
  - 2022: 1





- All members enrolled in the health plan are included
- Data is from Jan 2022 through Dec 2022 on an incurred basis
- True = diabetic members





# DIABETES: GAPS IN CARE

Year	Total Diabetic Employees	Total Diabetic Employees (enrolled full 12 months)	% Diabetic Employees (enrolled full 12 months)	Total Diabetic Employees with No Maintenance Rx (enrolled full 12 months)
2021	16	11	11.0%	1 (9.1%)
2022	16	13	11.3%	1 (7.7%)

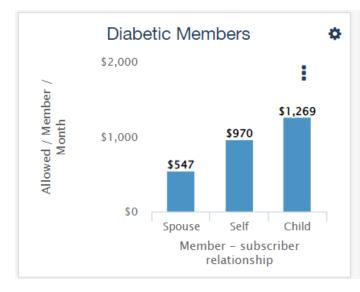
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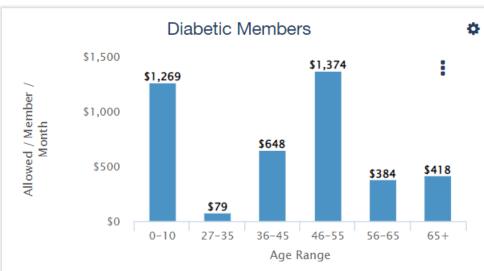




# DIABETES: PMPM COST

Year	Diabetic Employee PMPM Cost	Diabetic Employees PMPM Cost (Excluding Claimants > \$50k)	Diabetic Employee PMPM Cost Benchmark
2021	\$1,987	\$825	\$1,277
2022	\$970	\$653	\$1,169





- Employees enrolled in the health plan & eligible to participate in health screenings in 2022 were included in the table (all dependents excluded)
- All members enrolled in the health plan are included in the bar charts
- Data is from Jan 2022 through Dec 2022 on an incurred basis
- Benchmark reflects Kapnick's book of business benchmark (49k members)





# SCREENING OVERVIEW

Participated in the Health Screening	Employees
Enrolled in Health Plan in 2022	127
Enrolled all 12 Months	92
Had 0 Claims	14
% Total w/ 0 Claims (Enrolled 12 Months)	15.2%

Did not Participate in the Health Screening	Employees
Enrolled in Health Plan in 2022	64
Enrolled all 12 Months	26
Had 0 Claims	7
% Total w/ 0 Claims (Enrolled 12 Months)	26.9%

- Overall total employees enrolled for 12 months with no claims was 17.8%
- Of the 21 employees with no claims in 2022, 20 were male
- Additionally:
  - 2 were aged 19-26
  - 10 were aged 27-35
  - 5 were aged 36-45
  - 2 were aged 46-55
  - 1 was aged 56-65
  - 1 was aged 65+
- When evaluating all members (including dependents) enrolled for all 12 months of 2022, 14.3% had no claims

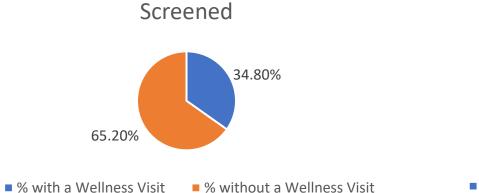
- Employees enrolled in the health plan & eligible to participate in health screenings in 2022 were included (all dependents excluded)
- Data is from Jan 2022 through Dec 2022 on an incurred basis



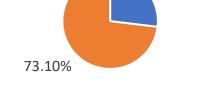


# **WELLNESS VISIT**

	Screened	Did Not Screen
Enrolled in Health Plan in 2022	127	64
Enrolled all 12 Months	92	26
Had a Wellness Visit	32	7
% with a Wellness Visit (Enrolled 12 Months)	34.8%	26.9%
% without a Wellness Visit (Enrolled 12 Months)	65.2%	73.1%







Did Not Screen

■ % with a Wellness Visit ■ % without a Wellness Visit

- Employees enrolled in the health plan & eligible to participate in health screenings in 2022 were included (all dependents excluded)
- Data is from Jan 2022 through Dec 2022 on an incurred basis





# **SCREENINGS & COST**

	Membe	ers with Screening	gs 🌼		Members without Screenings			
	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member		Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member	
1	127	\$390,257	\$3,073	1	201	\$514,269	\$2,559	
		h Screenings (Exc	I 3 HCC) ❖		Members without	i ocieeilings (Linp	oloyees Only) 🌼	
	Member ID (Count Distinct)	Medical/RX Provider Allowed	Allowed per Member		Member ID (Count Distinct)	Medical/RX Provider Allowed	Allowed per Member	
1	Member ID (Count	Medical/RX	Allowed per	1	Member ID (Count	Medical/RX	Allowed per	

### **Assumptions:**

- Employees enrolled in the health plan & eligible to participate in health screenings in 2022 were included (all dependents excluded)
- Data is from Jan 2022 through Dec 2022 on an incurred basis

Employees with screenings, excluding 3 highcost claimants, cost \$357 less per member than employees without screenings





# COST BY HEALTH SCORE

	Health Score fo	or All Members (Ex	(cl 3 HCC)		Health Score 60-69 (Excl 1 HCC)			
	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member		Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member	
1	124	\$172,806	\$1,394	1	19	\$11,771	\$620	
	Hea	lth Score 85-100	٥		Hea	alth Score 50-59	٥	
	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member		Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member	
1	33	\$16,139	\$489	1	12	\$26,421	\$2,202	
	Health Sc	ore 70-84 (Excl 2	HCC) •		He	ealth Score 0-49	٥	
	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member		Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member	
1	52	\$83,595	\$1,608	1	8	\$34,879	\$4,360	

- Employees enrolled in the health plan & eligible to participate in health screenings in 2022 were included (all dependents excluded)
- Data is from Jan 2022 through Dec 2022 on an incurred basis





# COST BY HEALTH SCORE

	Health	Score 70 and Abo	ove 🌣		Health	Score 69 and Belo	ow 🌣
	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member		Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member
1	87	\$256,280	\$2,946	1	40	\$133,977	\$3,349
	Health Score	70 and Above (Exc	cl 2 HCC) 🌼		Health Score	69 and Below (Ex	cl 1 HCC)
		Medical/RX	cl 2 HCC) 🌣			Medical/RX	
	Health Score 7	`			Health Score (	`	Allowed per Member
1	Member ID (Count	Medical/RX Provider Allowed	Allowed per	1	Member ID (Count	Medical/RX Provider Allowed	Allowed per

### **Assumptions:**

- Employees enrolled in the health plan & eligible to participate in health screenings in 2022 were included (all dependents excluded)
- Data is from Jan 2022 through Dec 2022 on an incurred basis

When excluding high-cost claimants, employees with a health score of at least 70 cost \$701 less per member than employees with a health score below 70



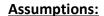


# REPEAT PARTICIPANTS

### Employees who Participated in the Screening in 2021 & 2022

Members with Screenings									
	Year number	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member					
1	2021	100	\$261,768	\$2,618					
2	2022	101	\$260,154	\$2,576					

Members with Screenings (Excl 2 HCC)									
	Year number	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member					
1	2021	98	\$169,502	\$1,730					
2	2022	\$126,719	\$1,280						



- Employees enrolled in the health plan & eligible to participate in health screenings in 2022 were included (all dependents excluded)
- Data is from Jan 2022 through Dec 2022 on an incurred basis

- Employees who participated in the screening both years experienced a \$450 decrease in costs (26% decrease)
- The decrease is driven by medical utilization. This groups medical claim count decreased from 650 to 593
- This group's Rx costs & claim count both increased





# REPEAT PARTICIPANTS

Health Score Improved by 15+ (Excl 1 HCC)						Health	Score Improved	Health Score Improved 1-4 (Excl 1 HCC)		
	Year number	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member		Year number	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member	
1	2021	3	\$5,704	\$1,901	1	2021	20	\$17,295	\$865	
2	2022	3	\$3,455	\$1,152	2	2022	20	\$16,361	\$818	
	Hea	alth Score Impro	oved by 10-14	٥		He	ealth Score Stay	ed the Same	۰	
	Year number	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member		Year number	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member	
1	2021	9	\$44,448	\$4,939	1	2021	11	\$19,338	\$1,758	
2	2022	9	\$12,117	\$1,346	2	2022	11	\$9,284	\$844	
	He	ealth Score Imp	roved by 5-9	٥			Health Score D	ecreased	٥	
	Year number	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member		Year number	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member	
1	2021	15	\$18,402	\$1,227	1	2021	40	\$64,315	\$1,608	
2	2022	15	\$5,897	\$393	2	2022	41	\$79,605	\$1,942	

- Employees enrolled in the health plan & eligible to participate in health screenings in 2022 were included (all dependents excluded)
- Data is from Jan 2022 through Dec 2022 on an incurred basis





# REPEAT PARTICIPANTS

	Health Score Increased (Excl 2 HCC)						Health Score D	ecreased)	۰
	Year number	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member		Year number	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member
1	2021	47	\$85,849	\$1,827	1	2021	40	\$64,315	\$1,608
2	2022	47	\$37,830	\$805	2	2022	41	\$79,605	\$1,942

- Employees with a health score improvement from 2021 to 2022 experienced \$1,022 less in costs
- Employees with a health score decrease from 2021 to 2022 experienced \$334 more in costs

- Employees enrolled in the health plan & eligible to participate in health screenings in 2022 were included (all dependents excluded)
- Data is from Jan 2022 through Dec 2022 on an incurred basis









# Goals & Strategies



# STAND-OUT STORIES

15 improved 5-9 points11 improved 10-19 points2 improved by 20+ points

Participant A: Improved by 24 points, moving from high risk to ideal risk! They quit smoking, lowered their GGT, and improved their HDL levels.

Participant B: Increased their health score by 23 points! They lowered their blood pressure, cholesterol, and triglycerides – all to low-risk levels.







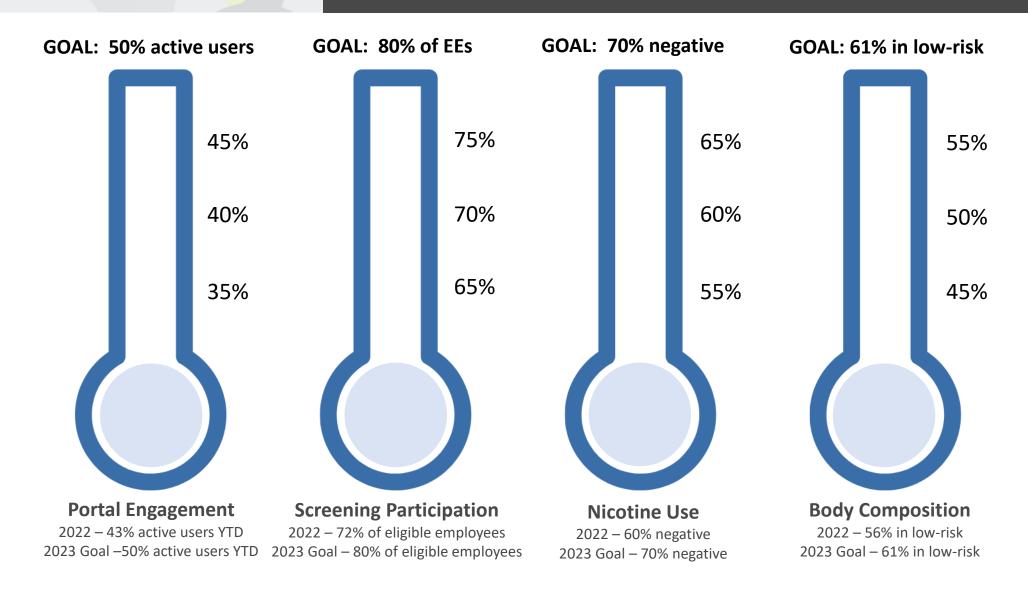
9 PARTICIPANTS RECEIVED A PERFECT HEALTH SCORE OF 100

# 2022 PROGRESS BY QUARTER

	Q1	Q2	Q3	Q4	YTD
Active Users *# of unique users per quarter and YTD	6	28	82	42	95
Total Points Tracked *per quarter, cumulative YTD	2,755	19,083	185,813	27,430	235,081
% of Census Active *# unique users/census per quarter	3%	13%	37%	19%	43%
Reached 500 or more points *# of unique users per quarter	0	38	54	7	99
Reached 1000 or more points *# of unique users per quarter	0	4	68	19	91
Health Assessments Completed *# of completions per quarter	5	26	48	16	95



### STRIVE 2023 PROGRAMMING GOALS





## 2023 GOALS AND STRATEGIES

2023 Goals	2023 Strategies	Overall Strategies
<ul><li>Target Top Health Risks</li><li>Nicotine Use</li><li>Body Composition</li><li>Cholesterol</li><li>Blood Pressure</li></ul>	<ul> <li>Increase utilization of existing resources</li> <li>Promote Tobacco Coaching Program + NRT &amp; Rx benefits offered through BCBSM</li> <li>Push ongoing smoking cessation messaging</li> <li>Organize smoking cessation support groups at each location</li> <li>Provide heart health and healthy weight management education through wellness presentations, materials, and challenges</li> </ul>	<ul> <li>Emphasize smoking cessation during high-risk outreach calls, health coaching, and all communications</li> <li>Continue monthly newsletters in addition to existing communications – more customization with benefit-specific resources</li> <li>Continue utilization of Strive Reward Points Program         <ul> <li>Transition to Tango</li> <li>Rewards</li> </ul> </li> </ul>
Increase screening participation by 8%	<ul> <li>Robust communication campaign</li> <li>Email, home mailings, posters, videos, in-person presentations, etc.</li> </ul>	
Increase portal engagement by 7%	<ul> <li>Communications encouraging participants to login to portal to review health results, participate in challenges, track activity, etc.</li> <li>Quarterly wellness presentations and challenges</li> <li>Supervisor/ Manager support – Hold a quarterly wellness touch base with all location managers to review upcoming events</li> <li>Location-based step-challenge (i.e. friendly competition)</li> </ul>	

- Awareness Observance Dates
- Wellness Challenge
- Wellness Presentation
- HRA/Quarterly Reward Points Dates
- Webinar: Held on the fourth Wednesday of each month at 12pm EST. Held on the third Wednesday for November and December.

## 2023 WELLNESS CALENDAR

#### **Patient Experience & Empowerment**

- National Drugs & Alcohol Facts Week: 1/20 -
- Full Body Blast: 1/16 1/31

# 

#### The Cost of Health & Self-Investment

- Wear Red Day: 2/5
- African Heritage & Health Week: 2/1 2/7



#### **Practical Nutrition & Your Relationship** with Food

- Neurodiversity Celebration Week: 3/21 -
- Q1 Reward Points Due: 3/31
- Eat This, Not That



#### The Environment & You

- National Oral Health Month
- Earth Day: 4/22
- SMART Workshop
- Strive Corporate Challenge: 4/3 4/21

#### **All About Allergies**

- Women's Health Month
- Mental Health Awareness Week: 5/10 5/16
- Brush Up: 5/8 5/29

### Children's Mental Health

- National Migraine & Headache Awareness Month
- Q2 Reward Points Due: 6/30

#### **Hearing Loss & Ear Safety**

- UV Safety Month
- International Self-Care Day: 7/24
- The Benefits of Spending Time in the Great Outdoors
- Cancer Awareness: 7/3 7/24

#### **Cannabis: Reducing Harm**

International Overdose Awareness Day: 8/31

#### **Ergonomics, Posture, & Reducing Pain**

- Pain Awareness Month
- O3 Reward Points Due: 9/30

#### Disillusionment, Community Action, & Self-Care World Food Day: 10/16

- One Month Madness: 10/2 10/30
- Home Remedies for Combating Cold & Flu

#### Perfectionism & OCD American Diabetes Month World Diabetes Day: 11/14

#### **Disconnect & Reconnect (To Your Youth)**

Human Rights Day: 12/10







# Biometric Risk Analysis



## **BIOMETRIC DESCRIPTIONS**



**CHOLESTEROL** 

A fat-like, waxy substance found in the blood. In excess, it can form tough, fatty plaques that clog arteries, which can increase the risk of heart disease.



**BLOOD PRESSURE** 

Blood pressure is another main factor in determining overall heart health. Systolic pressure is the pressure in the arteries when the heart is contracting. Diastolic blood pressure is the pressure on the walls of the arteries when the heart is relaxing.



BLOOD GLUCOSE & HEMOGLOBIN A1C

Blood glucose is sugar that the blood stream carries to all the cells in the body to supply energy. High blood glucose for a prolonged period can cause damage to the kidneys, eyes, and other organs. Hemoglobin A1C measures average glucose levels over a 2–3-month period and is the best predictor and indicator of diabetes.



**BODY COMPOSITION** 

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.



**TOBACCO USE** 

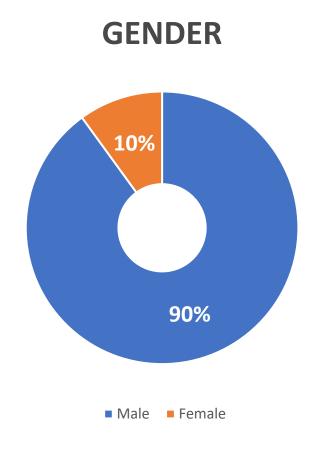
Nicotine use presents a serious risk to individuals. Those who abuse tobacco not only have increased rates of cancer and other diseases, but they are more likely to miss work. The CDC estimates that tobacco use costs \$156 billion in lost productivity each year and \$170 billion in healthcare expenditures (CDC, 2017).

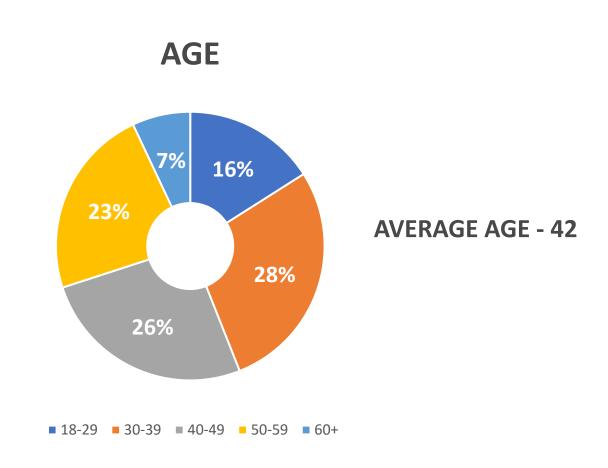
GAMMA-GLUTAMYLTRANSFERASE (GGT)

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.



## 2022 DEMOGRAPHICS

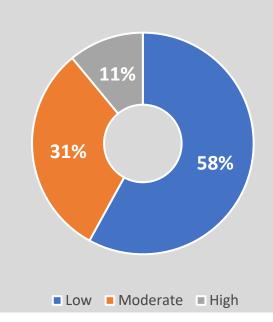


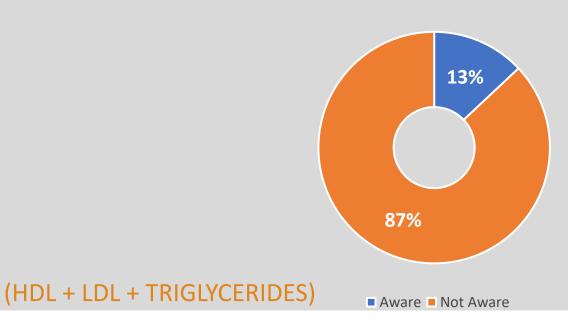


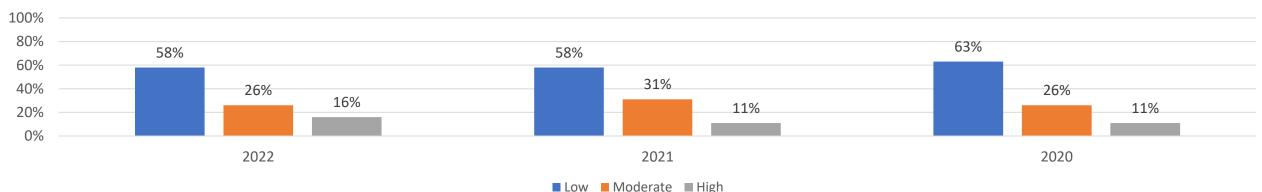


## HEART HEALTH: TOTAL CHOLESTEROL

#### TOTAL CHOLESTEROL BREAKDOWN



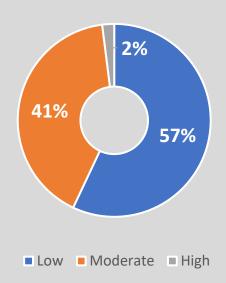




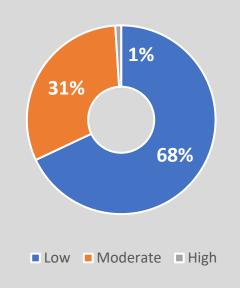


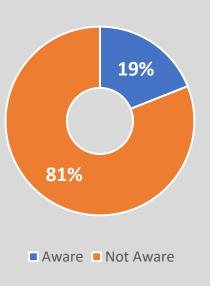
## HEART HEALTH: BLOOD PRESSURE

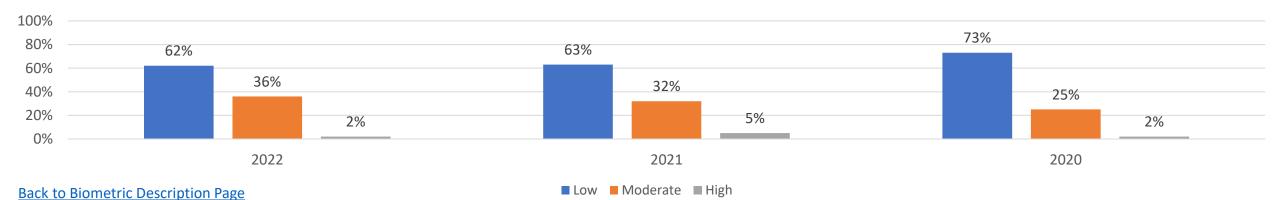
#### SYSTOLIC BREAKDOWN



#### **DIASTOLIC BREAKDOWN**



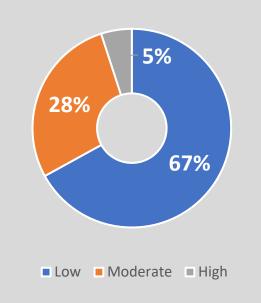


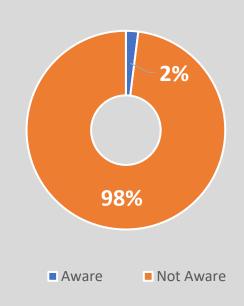


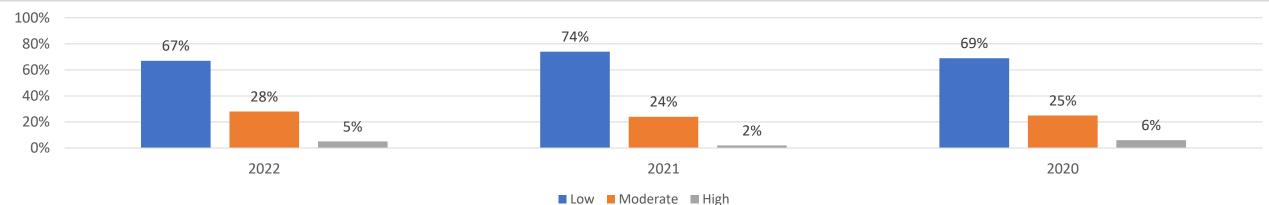


## DIABETES: BLOOD GLUCOSE

#### **BLOOD GLUCOSE BREAKDOWN**



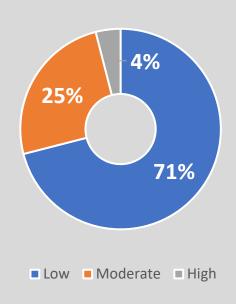


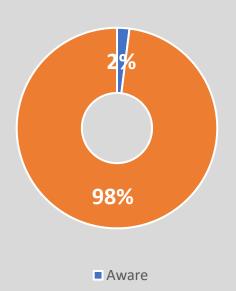


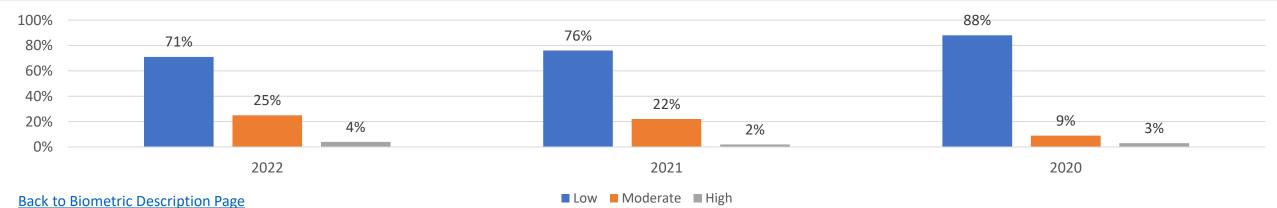


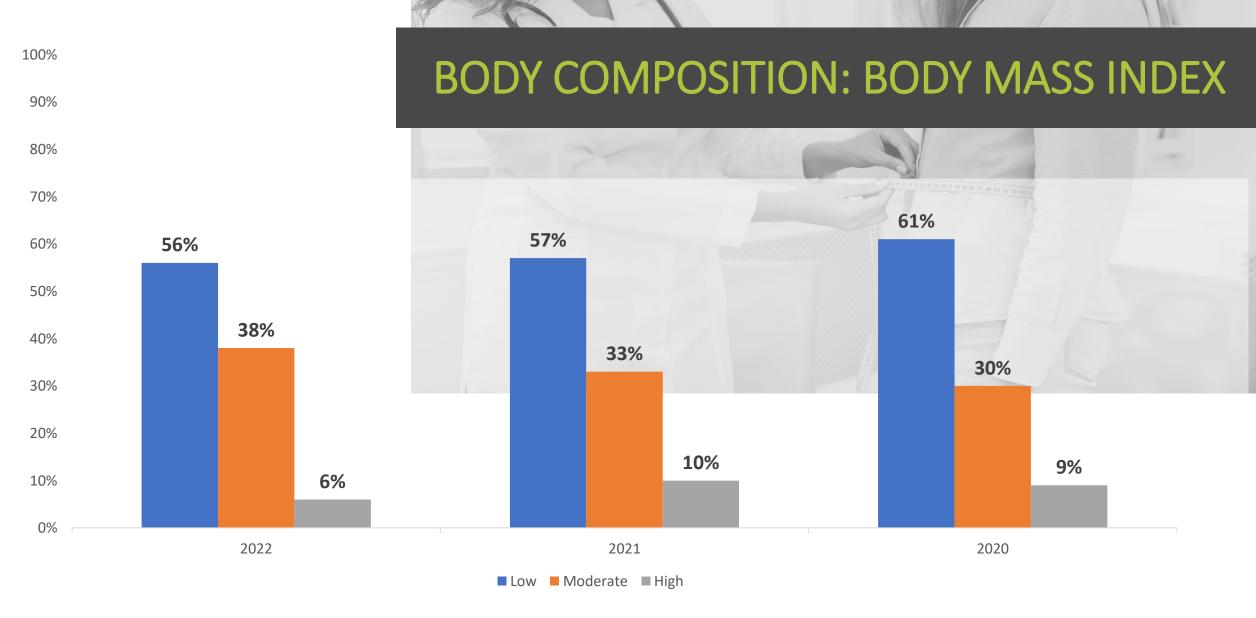
## DIABETES: HEMOGLOBIN A1C

#### **A1C BREAKDOWN**





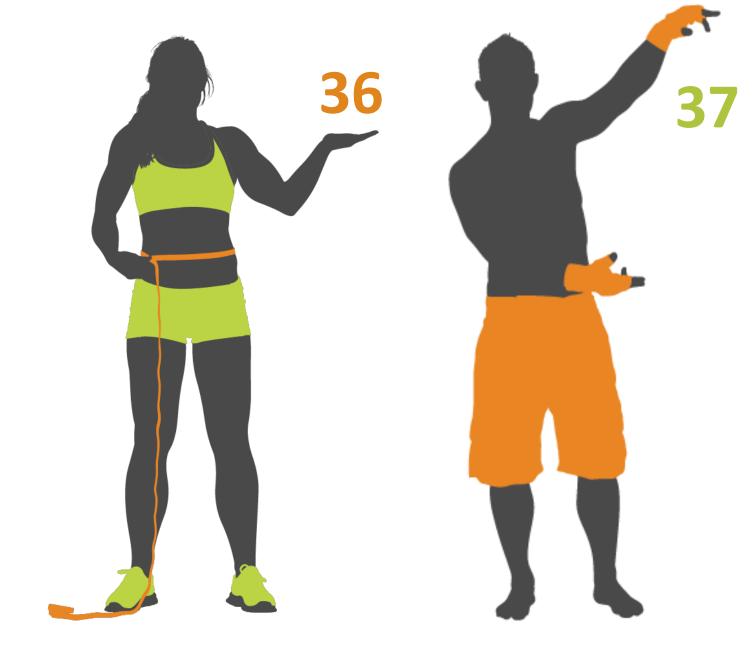




**Low Risk = 18.5-29.9 Moderate Risk = 30-39.9 High Risk = ≥40** 

# AVERAGE WAIST CIRCUMFERENCE FOR MEN AND WOMEN



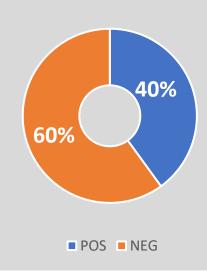


Female High Risk= >35 inches Male High Risk= >40 inches

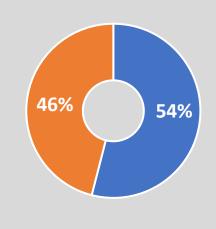


## NICOTINE USE

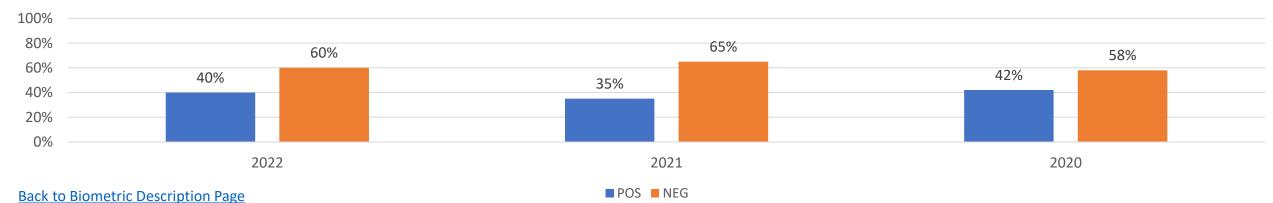
#### **TESTED POSITIVE**



#### **INTERESTED IN QUITTING**



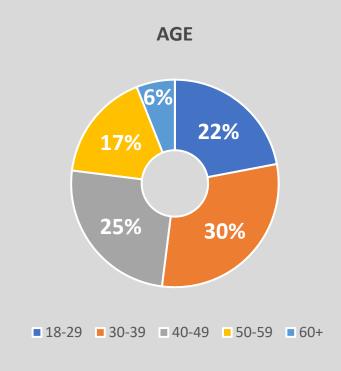
■ Interested in Quitting ■ Not interested

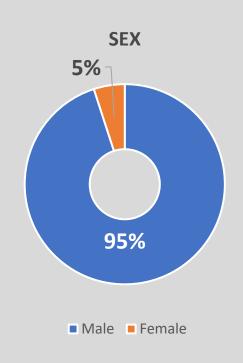


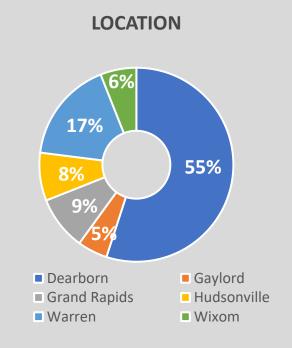


## NICOTINE USE BREAKDOWN

## \*64 participants tested positive

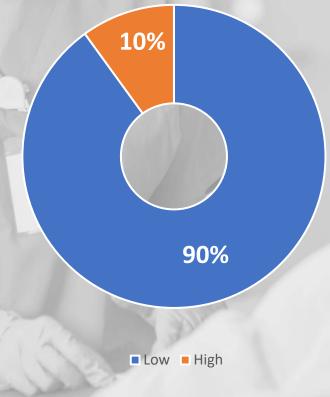






## GAMMA-GLUTAMYLTRANSFERASE (GGT) TEST RESULTS





Low Risk = <66 High Risk = ≥66