



# 2023 HRA Executive Review

The Christman Company  
May 7, 2024



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A background image showing several people in business attire sitting on the floor in a meditative pose (lotus or similar) in a bright, modern office environment. The image is split vertically, with the left side being a lighter, more blurred view and the right side showing more detail of the participants.

# 2023 WELLNESS EVENTS

## WELLNESS PRESENTATIONS

- February – Health Benefits of a Good Night's Sleep
- May – Live Smart, Play Smart: Reducing the Risk of Skin Cancer
- September – Bone Health 101
- November – Happy, Healthy Holidays

## CHALLENGES

- March – Snooze or Lose: 76 participants
- April – Strive Corporate Challenge: 87 participants
- June – New York Minute: 59 participants
- October – Them Bones: 58 participants

## ADDITIONAL EVENTS:

- 12 Monthly Webinars
- 4 Quarterly Meditation Moments

# WELLNESS INCENTIVE PARTICIPATION

352

(45% of Census)

Earned 2024 Wellness  
Incentive

Number of Incentive Eligible by Region			
	2023	2022	2021
DET	53	30	35
FDI	4	-	-
GR	46	33	23
GRB	30	22	26
KNX	37	32	35
LAN	84	79	74
LIV	6	4	0
MAC	26	19	22
MLW	-	1	-
NC	1	-	-
RD	4	4	-
TN	-	1	-
TX	61	80	66
Total	352	305	281
% of Census	45%	41%	41%

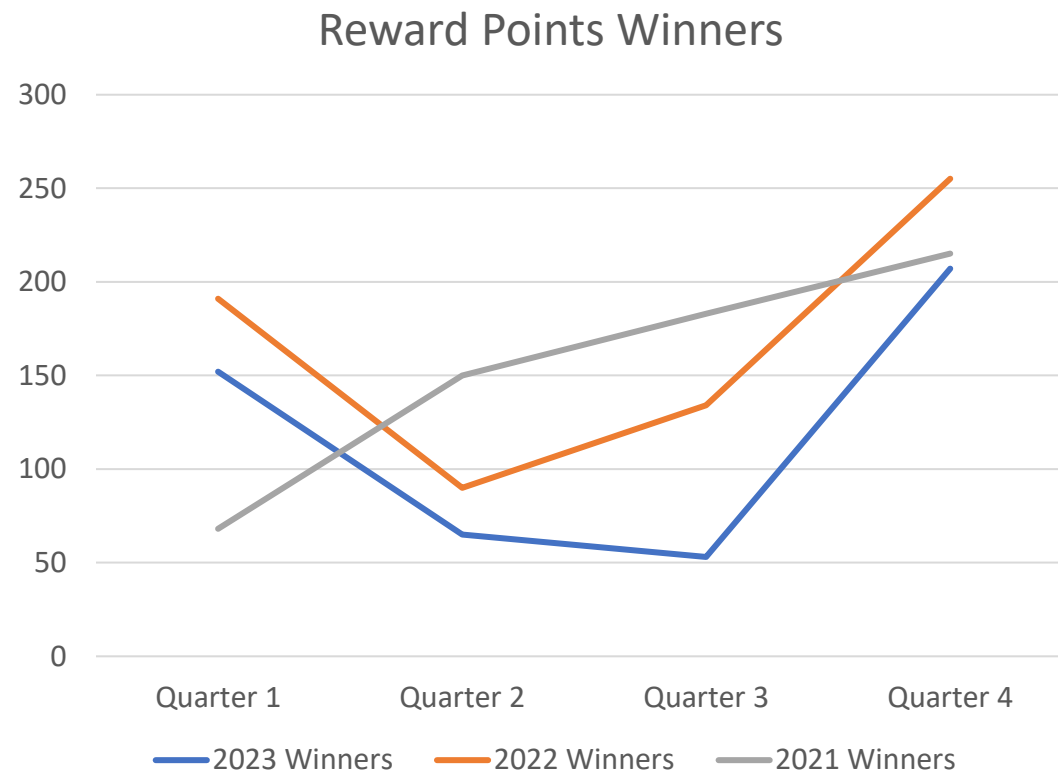




## QUARTERLY REWARD POINTS WINNERS

\$25 Amazon Gift Card is awarded to all individuals who tracked 600+ points within the quarter

Quarterly Winner Breakdown			
	2023	2022	2021
Q1	152	191	68
Q2	65	90	150
Q3	53	134	183
Q4	207	255	215
TOTAL	477	670	616
TOTAL PAYOUT	\$11,925	\$16,750	\$15,400





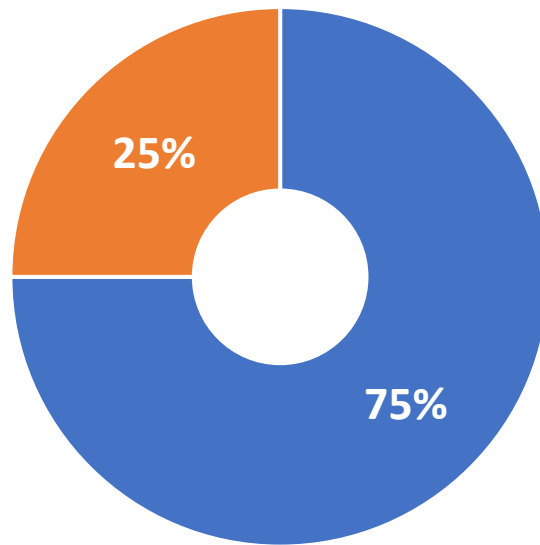
## HRA PARTICIPATION

YEAR	TOTAL PARTICIPATION	% OF CENSUS
2023	417	54%
2022	406	55%
2021	380	55%
2020	91	14%
2019	67	13%



# 2023 DEMOGRAPHICS

## GENDER



■ Male ■ Female

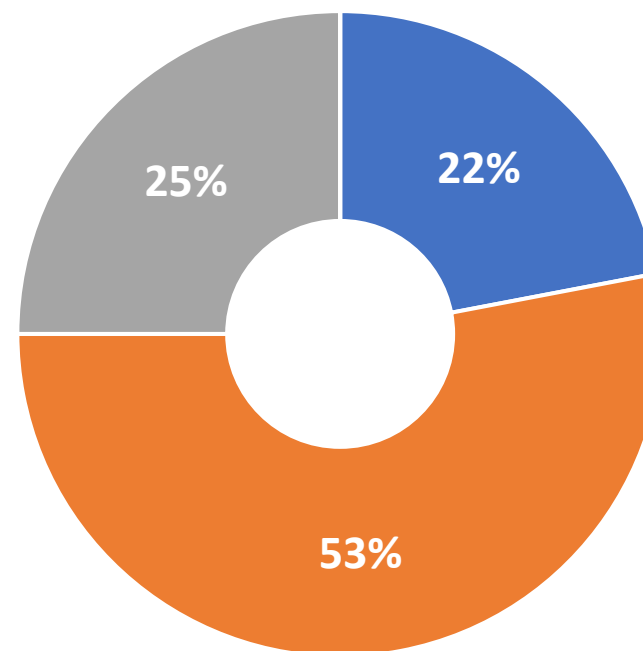
## AVERAGE AGE - 42



# SELF-PERCEPTION OF HEALTH



SELF-PERCEPTION OF HEALTH

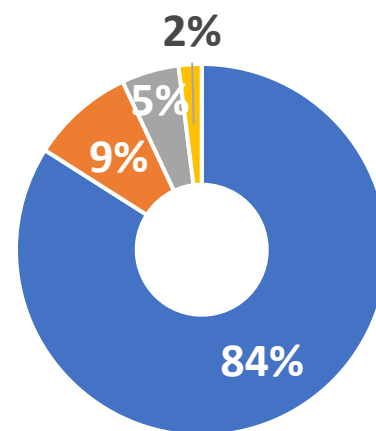


■ Great ■ Good ■ Average ■ Below Average ■ Poor

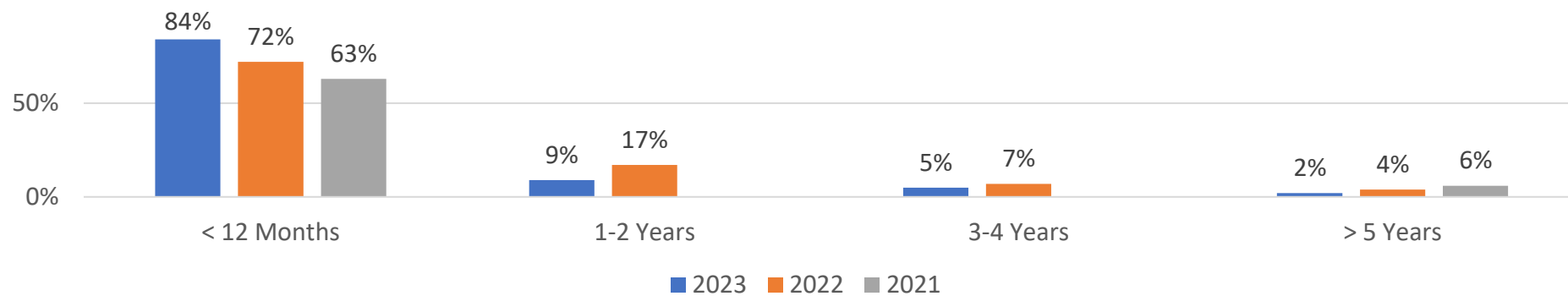


# ANNUAL PHYSICAL

LAST WELL-VISIT WITH PCP



■ <12 Months ■ 1-2 Years ■ 3-5 Years ■ >5 years



## WELL-VISIT UTILIZATION

Well-Visit Utilization (via Kapnick Lens)			
	2023	2022	2021
% of Employees	48.04%	46.80%	40.38%
% of Spouses	45.35%	40.55%	44.07%
% of Employees & Spouses Combined	47.10%	44.64%	41.71%

- Well-visit utilization by employees has increased 8% in 2 years

# TOP RISK FACTORS



**WEIGHT  
MANAGEMENT**



**BLOOD PRESSURE**



**CHOLESTEROL**



# RISK FACTOR BREAKDOWN

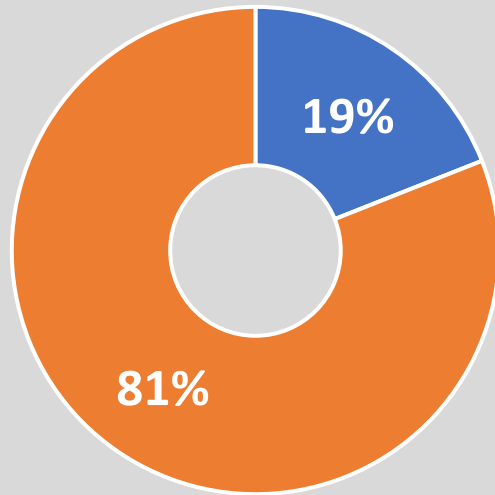


Kapnick  
Strive



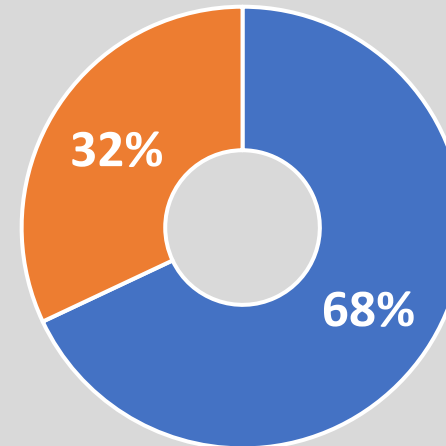
# HEART HEALTH: CHOLESTEROL

HIGH CHOLESTEROL



■ Yes ■ No

DIAGNOSED & TAKING MEDICATION  
FOR CHOLESTEROL MANAGEMENT



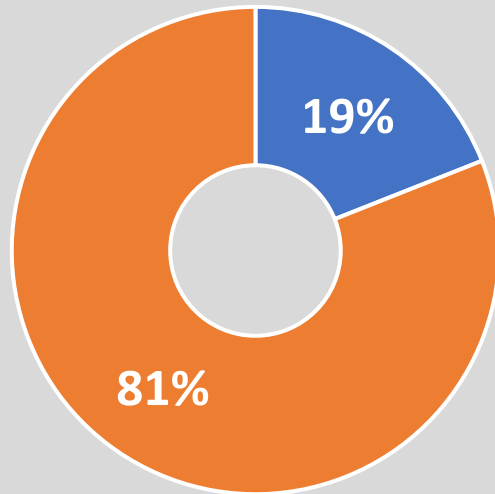
■ Yes ■ No

Self-Reported



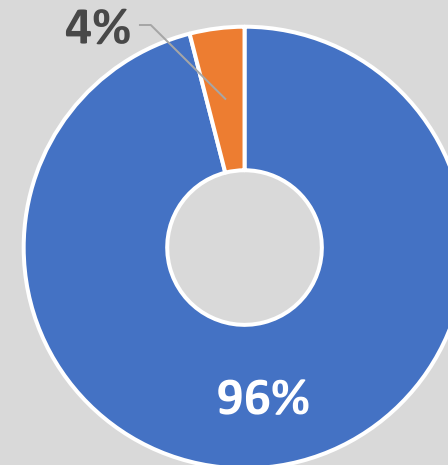
# HEART HEALTH: BLOOD PRESSURE

HIGH BLOOD PRESSURE



■ Yes ■ No

DIAGNOSED & TAKING MEDICATION  
FOR BLOOD PRESSURE MANAGEMENT



■ Yes ■ No

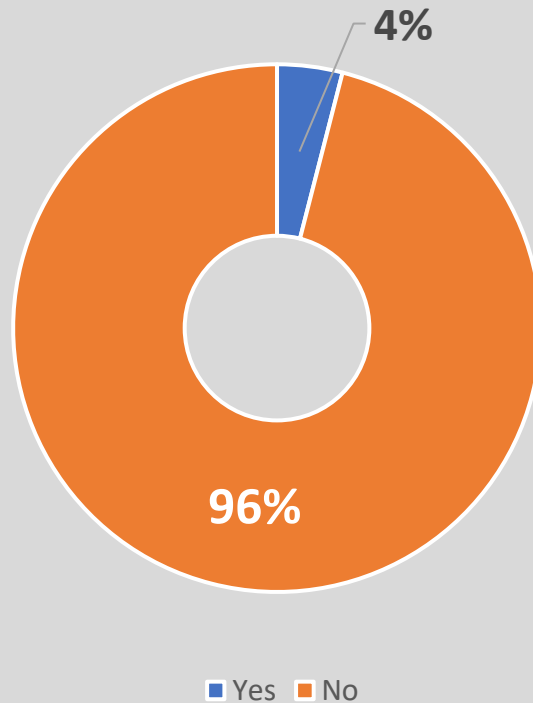
Self-Reported



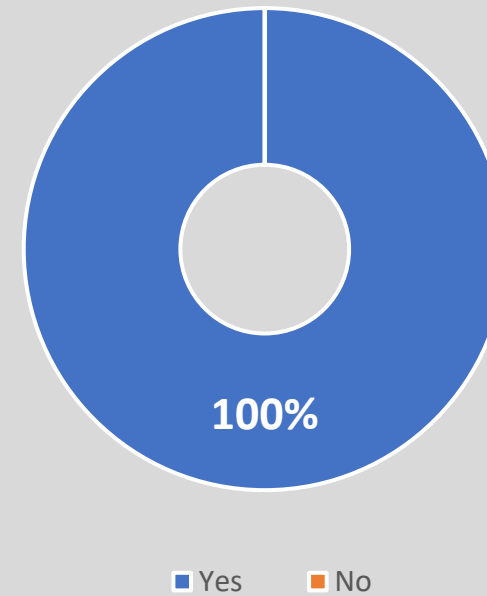


# METABOLIC HEALTH: DIABETES

DIABETES



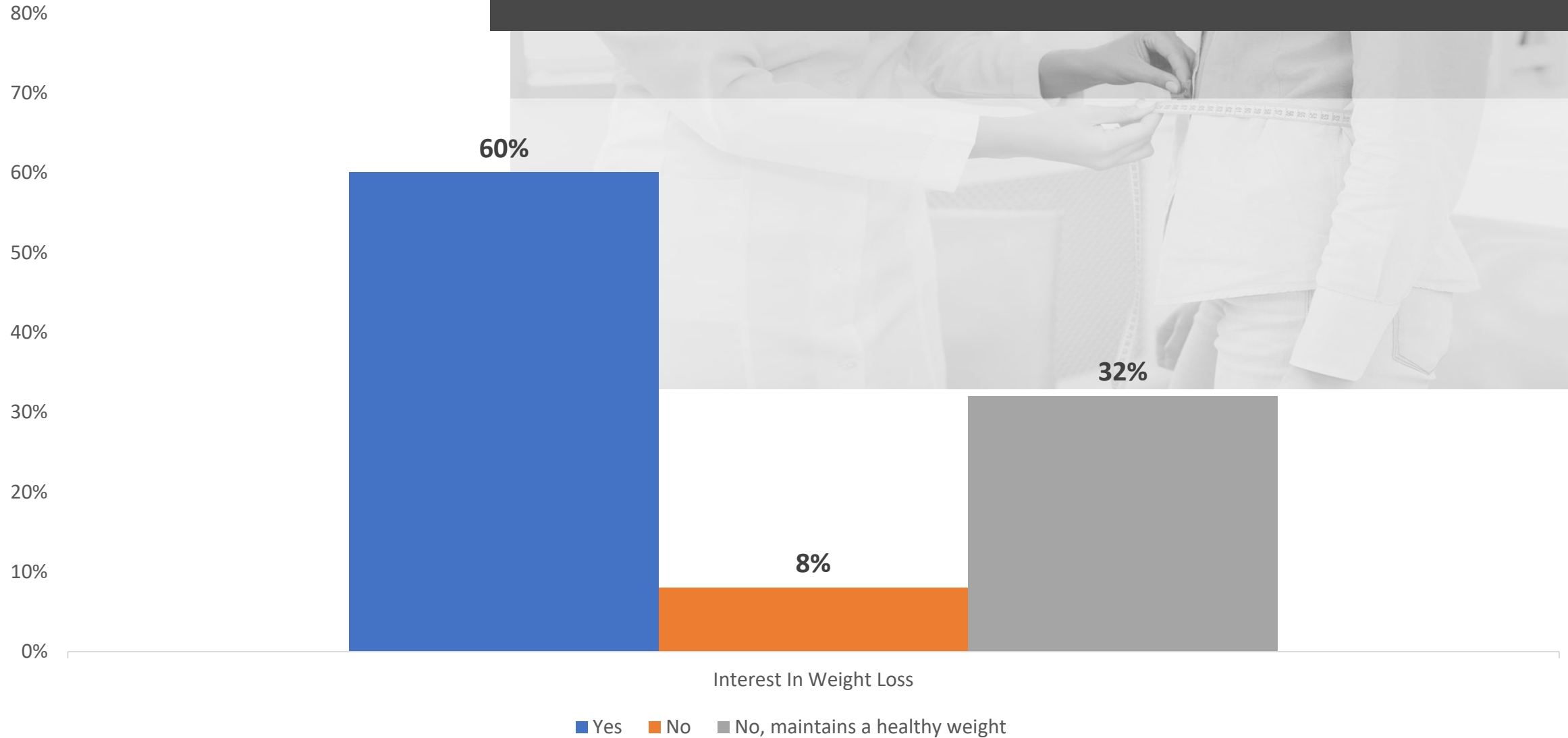
DIAGNOSED & TAKING MEDICATION FOR DIABETES MANAGEMENT



Self-Reported



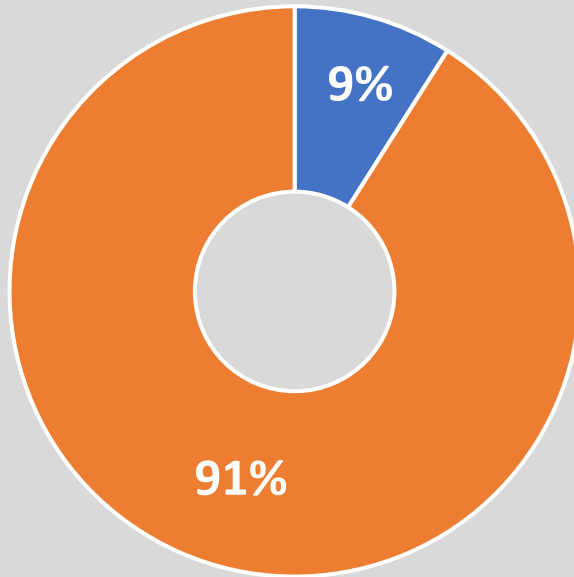
## BODY COMPOSITION: Interested in Losing Weight





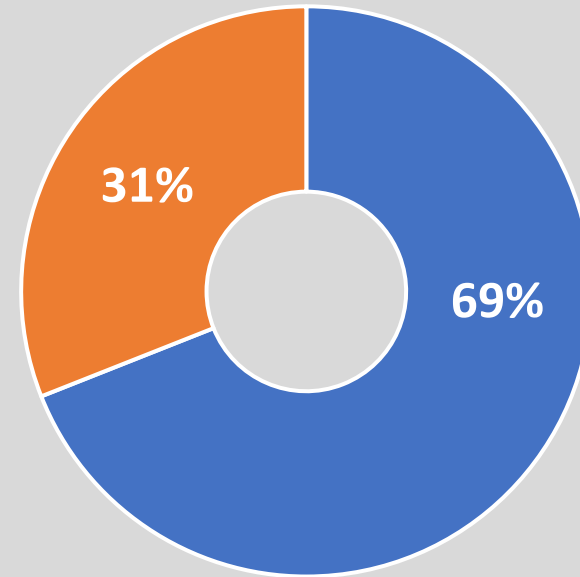
# NICOTINE USE

USES NICOTINE



■ Yes ■ No

WANTS TO QUIT

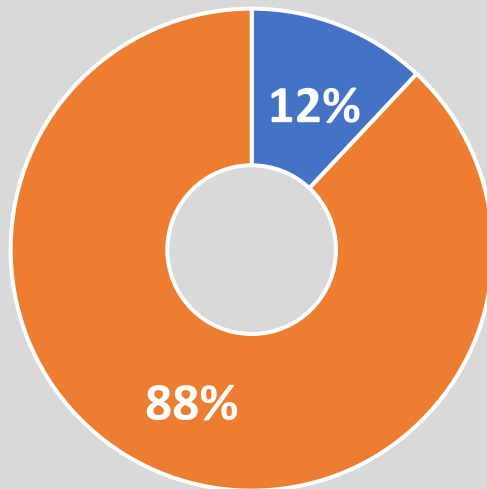


■ Yes ■ No



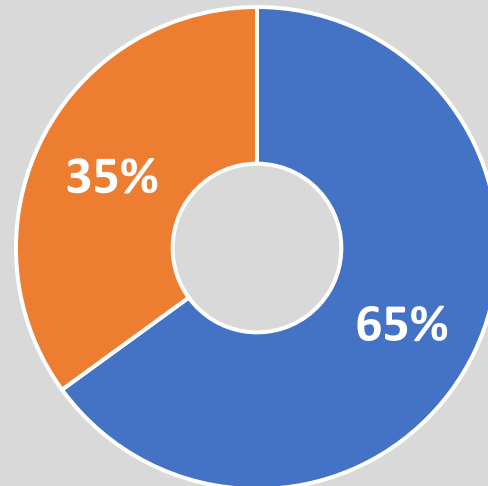
# MENTAL HEALTH & WELL-BEING

**ANXIETY &  
DEPRESSION**



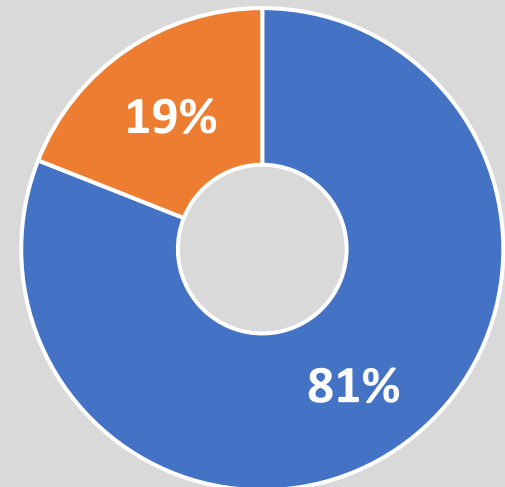
■ Yes ■ No

**DIAGNOSED & TAKING MEDICATION FOR  
ANXIETY/DEPRESSION**



■ Yes ■ No

**MAINTAINS A HEALTHY WORK-LIFE  
BALANCE**



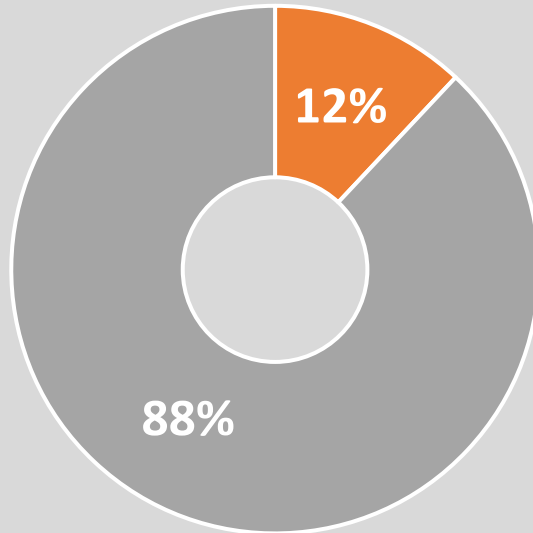
■ Yes ■ No

Self-Reported



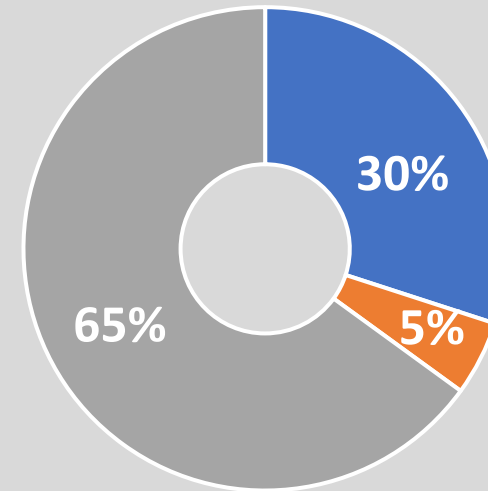
# SLEEP HABITS

HOURS OF SLEEP PER NIGHT



■ <4 hours ■ 4-5 hours ■ 6-8 hours

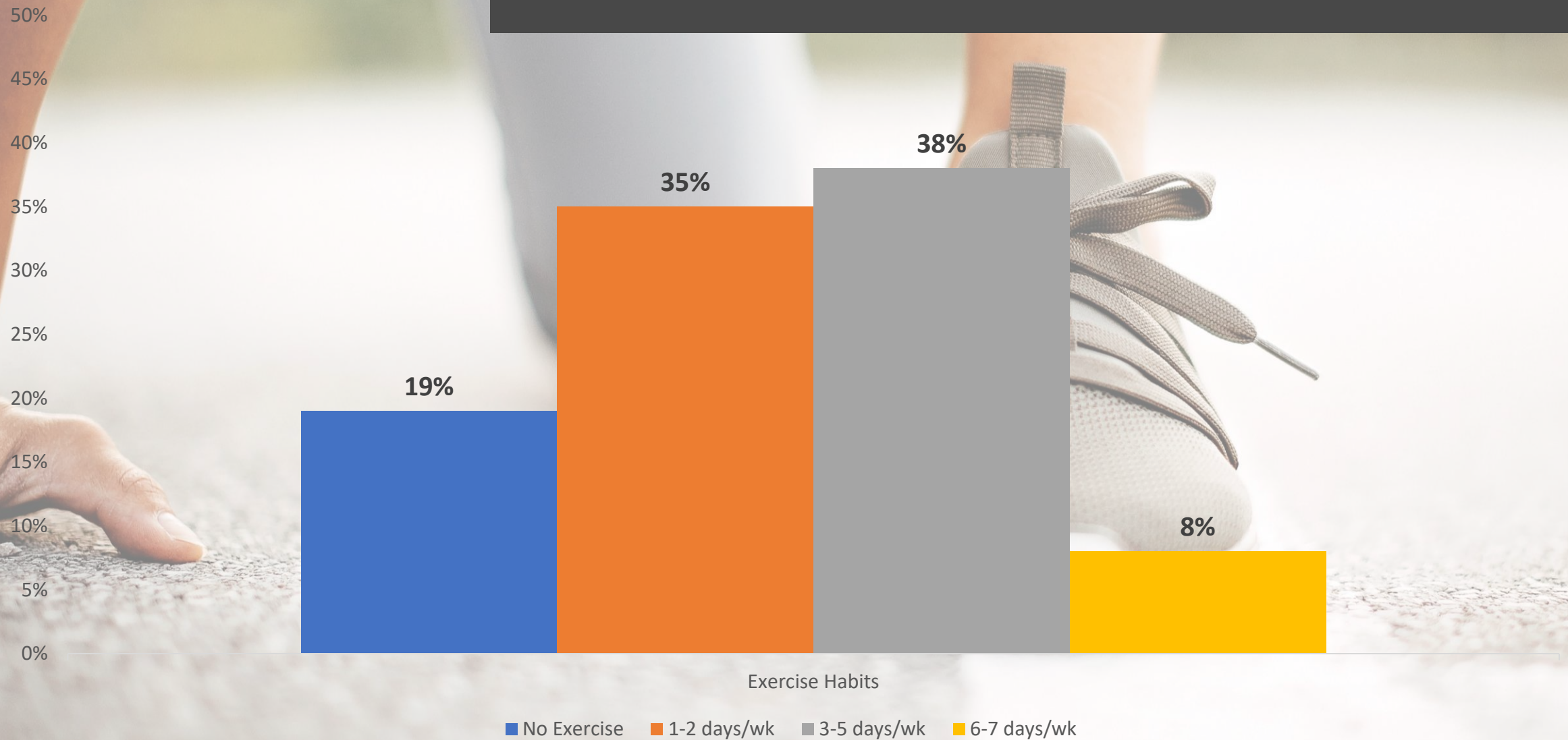
SLEEP APNEA



■ Yes, and being treated ■ Yes, but not being treated  
■ No diagnosis

Self-Reported

# EXERCISE HABITS

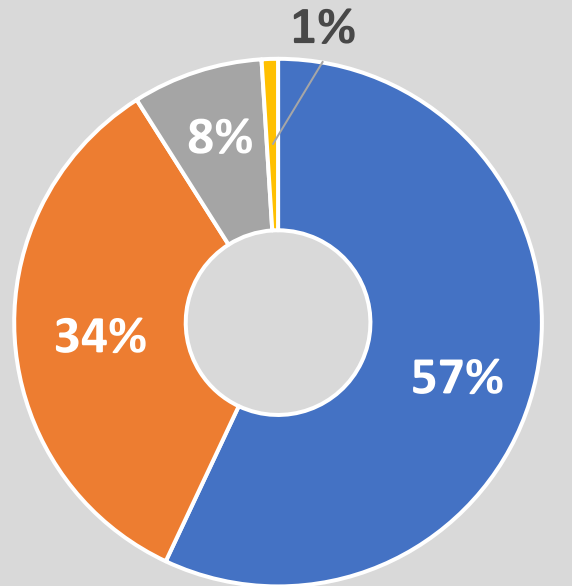






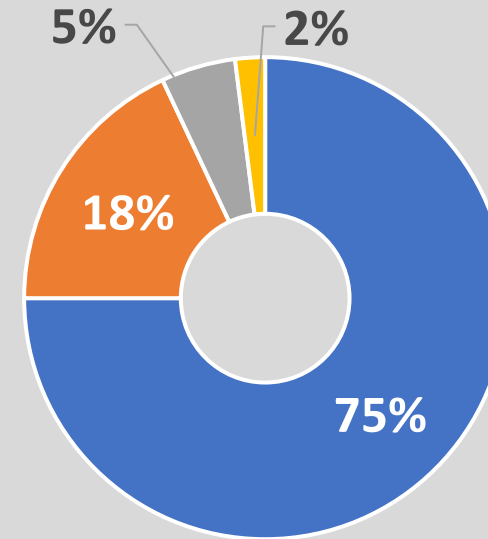
# NUTRITION HABITS

3 BALANCED MEALS



■ Often ■ Sometimes ■ Rarely ■ Never

CHOOSES WATER OVER SUGARY BEVERAGES



■ Often ■ Sometimes ■ Rarely ■ Never

Self-Reported

# STAND-OUT-STATS

45% earned the 2024  
Wellness Incentive

54% completed the 2023 HRA

- Maintenance from 2021 & 2022

89 participants tracked 500-999 points  
246 participants tracked 1,000-1,999 points  
57 participants tracked 2,000-2,999 points  
17 participants tracked 3,000-4,000 points  
9 participants tracked 4,000+ points



**590,837 Points Tracked in 2023**

**\*Averaged 1,403 points per active user**

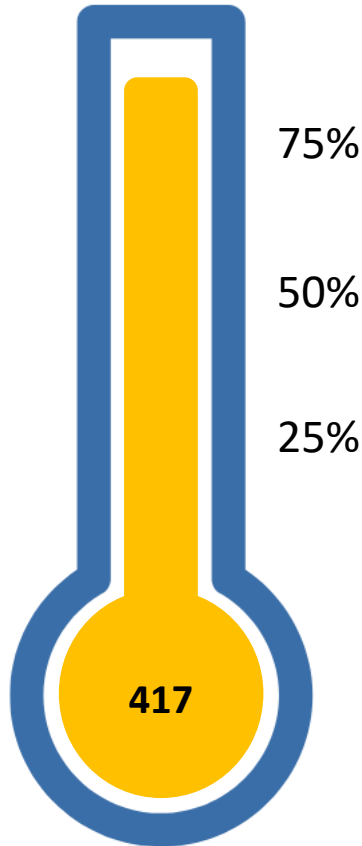
# PROGRESS BY QUARTER

Christman Co	Q1	Q2	Q3	Q4	YTD
Active Users *# of unique users per quarter and YTD	209	189	189	377	421
Total Points Tracked *per quarter, cumulative YTD	160, 842	87,438	73,986	268,571	590, 837
% of Census Active *# unique users/census per quarter	26%	23%	33%	48%	54%
Completed Well Visit *# of unique users per quarter	14	20	45	242	321
Reached 500 or more points *# of unique users per quarter	207	41	28	141	417
Reached 1000 or more points *# of unique users per quarter	41	55	38	194	328
Health Assessments Completed *# of completions per quarter	185	42	36	154	417



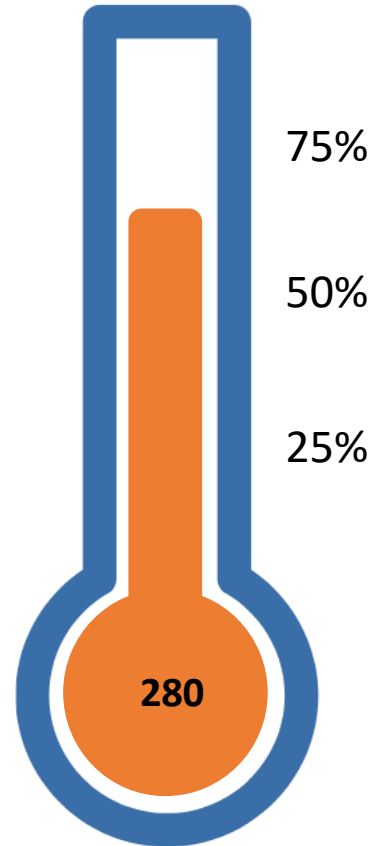
# STRIVE 2023 PROGRAMMING GOALS

**GOAL: 450 HRA  
Completions**



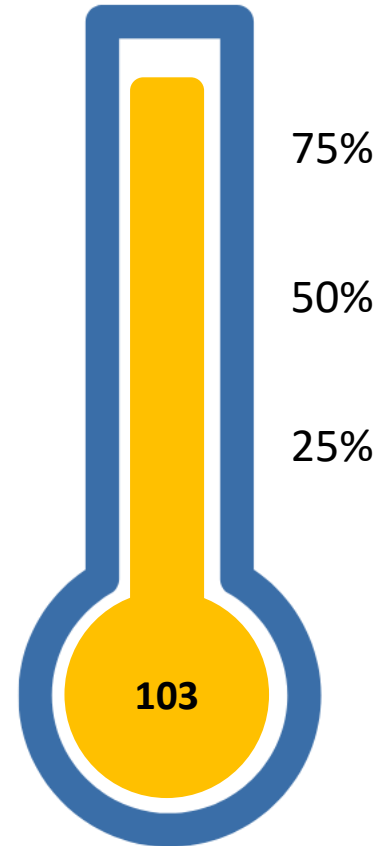
**HRA Participation**  
2021 – 380 completions  
2022 – 435 completions  
2023 – 417 completions

**GOAL: 400 Challenge  
Participants**



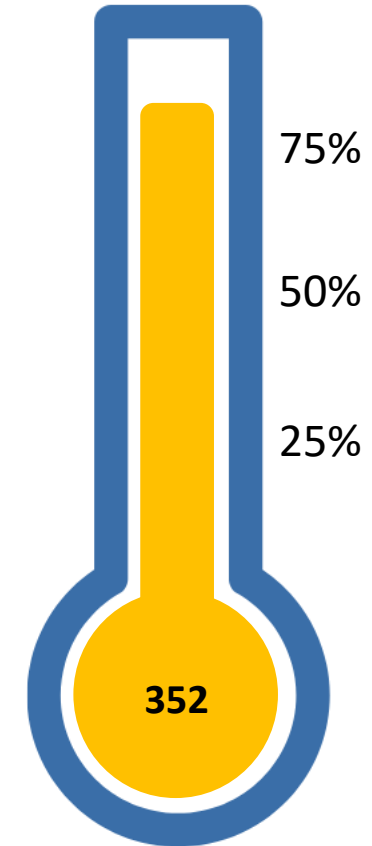
**Challenge Participation**  
2021 – 275 participants  
2022 – 304 participants  
2023 – 280 participants

**GOAL: 120 Tracked  
Presentations**



**Tracked Presentations**  
2021 – 78 tracked 1+  
2022 – 118 tracked  
2023 – 103 tracked

**GOAL: 450 Eligible  
Participants**

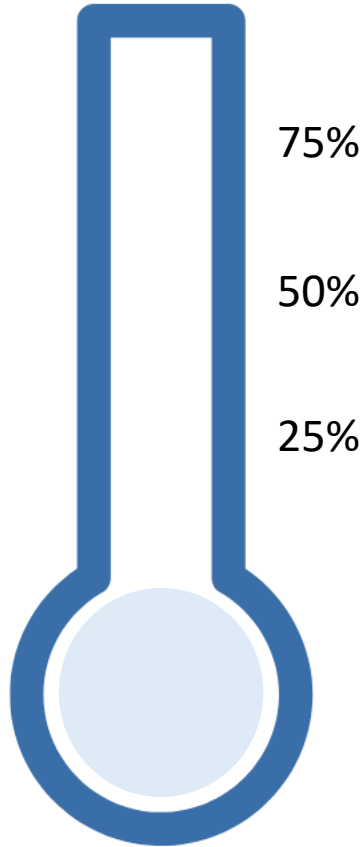


**Wellness Incentive**  
2021 – 281 eligible  
2022 – 305 eligible  
2023 – 352 eligible



# STRIVE 2024 PROGRAMMING GOALS

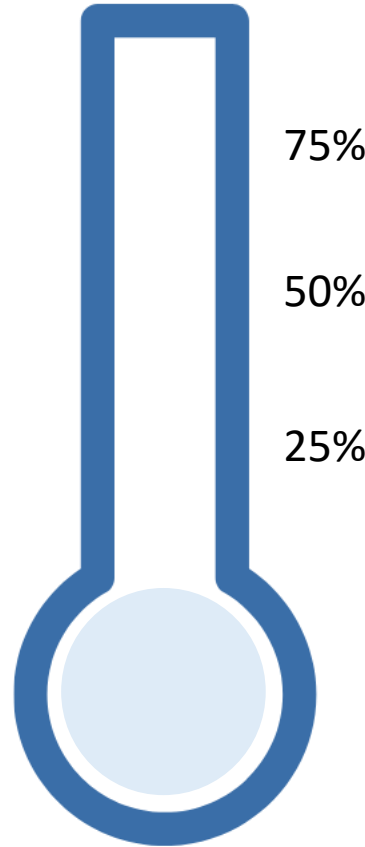
**GOAL: 60% Completions**  
(approx. 461 completions)



## HRA Participation

2021 – 380 completions  
2022 – 435 completions  
2023 – 417 completions  
2024 – 60% of census completed

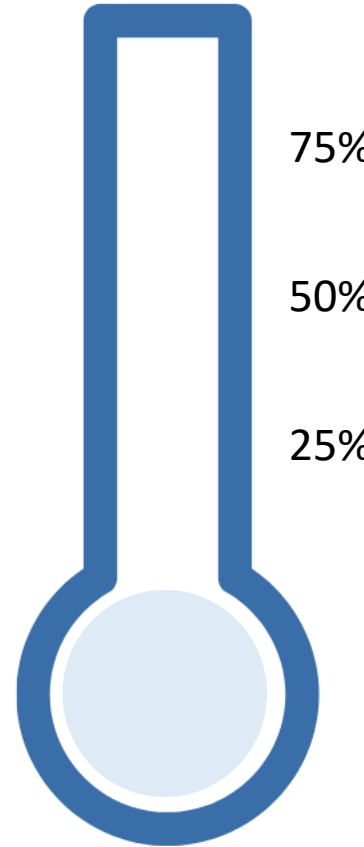
**GOAL: 40% Participation**  
(approx. 308 participants)



## Challenge Participation

2021 – 275 participants  
2022 – 304 participants  
2023 – 280 participants  
2024 – 40% of census participating

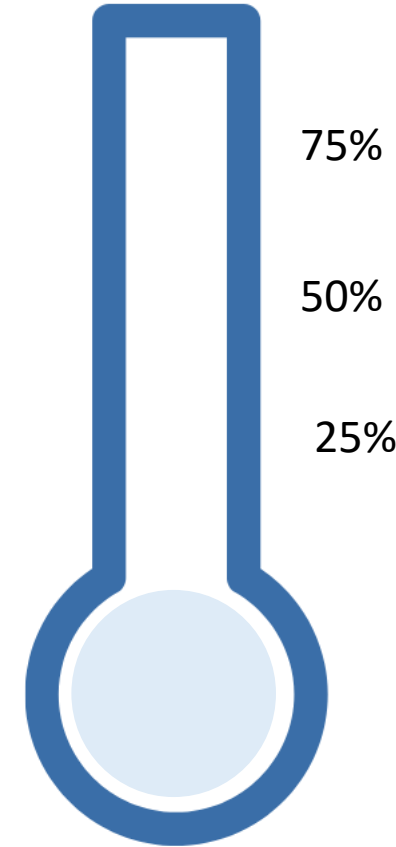
**GOAL: 20% Tracked**  
(approx. 154 tracked)



## Tracked Presentations

2021 – 78 tracked 1+  
2022 – 118 tracked  
2023 – 103 tracked  
2024 – 20% of census tracking

**GOAL: 50% Incentive Eligible**  
(approx. 385 eligible)



## Wellness Incentive

2021 – 281 eligible  
2022 – 305 eligible  
2023 – 352 eligible  
2024 – 50% incentive eligible



# 2024 WELLNESS PLAN

Goals	Overall Strategies
<b>Increase HRA Participation</b> <ul style="list-style-type: none"><li>54% -&gt; 60%</li></ul>	<ul style="list-style-type: none"><li><b>Transition to Silver+</b></li><li><b>Continue Rewards program &amp; Tango utilization</b></li><li>On-site wellness presentations (streamed to other locations)</li><li>Needs &amp; Interest Survey</li><li>Wellness Committee; Wellness representative from each location</li><li>2024 Marketing Campaign<ul style="list-style-type: none"><li>Welcome to 2024 Home-mailer</li><li>2024 Wellness Incentive flyer</li><li>2024 Well-visit Reminder Postcard</li><li>Wellness reimbursement program flyer</li><li>Points program/quarterly giveaways flyer</li><li>Importance of preventive care flyer</li><li>Finding a PCP flyer</li><li>New employee Welcome email</li></ul></li></ul>
<b>Increase Challenge &amp; Presentation Tracking</b> <ul style="list-style-type: none"><li>Challenge: 36% -&gt; 40%</li><li>Presentation: 13% -&gt; 20%</li></ul>	
<b>Increase Well-visit Incentive Participation</b> <ul style="list-style-type: none"><li>45% -&gt; 50%</li></ul>	





# 2024 WELLNESS PLAN

Wellness Presentations	Wellness Challenges	Miscellaneous
<ul style="list-style-type: none"><li>• <b>March</b> – What’s in My Cart?</li><li>• <b>June</b> – The Healthy Traveler</li><li>• <b>September</b> – Health Benefits of the Great Outdoors</li><li>• <b>December</b> – Feeding Your Microbiome</li></ul>	<ul style="list-style-type: none"><li>• <b>February</b> – Eat the Rainbow</li><li>• <b>May</b> – 6<sup>th</sup> Annual Strive Corporate Challenge</li><li>• <b>June</b> – Flex Your Flexibility</li><li>• <b>July</b> – Summer Fun</li><li>• <b>November</b> – Cancer Awareness</li></ul>	<ul style="list-style-type: none"><li>• 2024 Wellness Incentive</li><li>• Wellness Reimbursement Program</li><li>• Continue Strive Reward Point Program &amp; Quarterly Giveaways</li><li>• Monthly Wellness Newsletter</li><li>• Monthly Build Wellness Email</li><li>• Monthly Strive Webinar</li><li>• 2024 Strive Meditation Moments</li></ul>

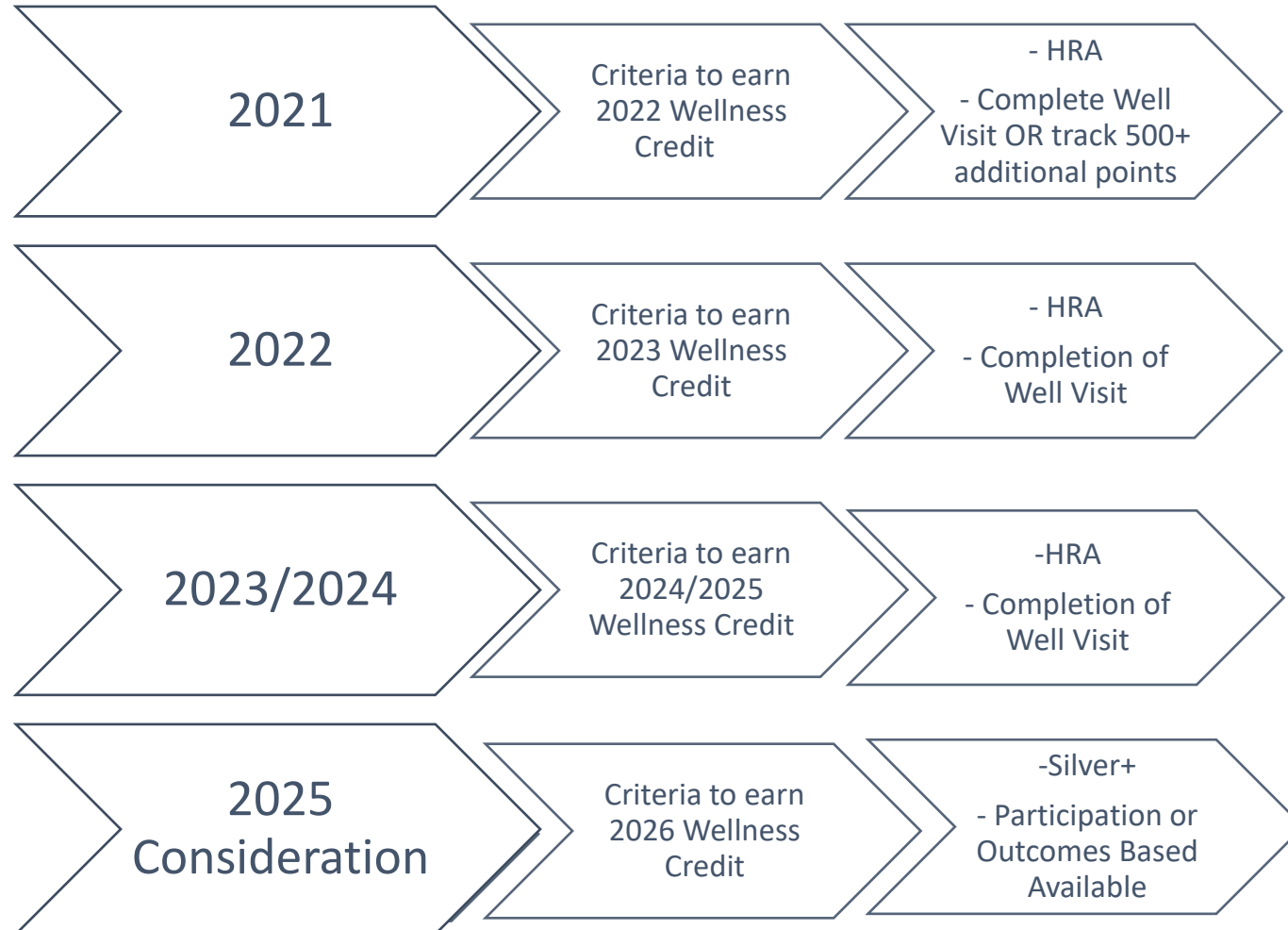


Kapnick  
Strive

## 2023 WELLNESS PROGRAM COST

<b>Strive Silver Program Cost</b>	\$27,965
<b>Well-Visit Incentive Payout</b>	\$183,040
<b>Quarterly Points Incentive Payout</b>	\$11,925
<b>TOTAL</b>	\$222,930

# MULTI-YEAR STRATEGY





## KAPNICK STRIVE SILVER+

- ❑ Continued Incentivized Physician Engagement
- ❑ Identifying Metabolic Syndrome Risk in Your Population
- ❑ Utilization of PCP Bloodwork Data, Not Self-Reported Information
- ❑ Participants Receive Health Reports Indicating Their Risk Levels
- ❑ Outcomes Based or Participation Based Incentive Design
- ❑ High-Risk Health Coaching
- ❑ Aggregate Data Reporting to Allow Us to Target Prevalent Health Risks

# STRIVE SILVER+ QUICK GLANCE

## PROGRAM TARGET

- Metabolic Syndrome

## INCENTIVE DESIGN

- Participation or Outcomes Based

## PROGRAM RISK FACTORS

- Waist Circumference
- Blood Pressure
- Fasting Blood Sugar
- Triglycerides
- HDL

## INCENTIVE CRITERIA IF OUTCOMES BASED

- 0 - 2 Risks = Incentive Eligible
- 3 – 5 Risks = RAS Health Coaching Calls

**Kapnick Strive Well-Visit Form**

**Participant Instructions:**  
Please make sure that all appropriate sections below are completed in full. Complete the top part of the form and take it to your health care provider to complete. Keep a copy of your completed form for your records. Scan and submit your form within your Kapnick Strive Research Points Program on your wellness portal at [www.kapnickstrive.com](http://www.kapnickstrive.com).

Name of Employer \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Employee ID # \_\_\_\_\_ Gender ☐ Male ☐ Female

Primary Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

By signing below, I consent to the participation in the wellness program, associated screenings and to the release of my medical information to Kapnick Strive. I understand that my participation is voluntary and my employer will not receive my results. I consent that the information on this form is complete and accurate.

Strive Participant Signature \_\_\_\_\_

**Health Care Provider Instructions:**  
Please make sure that all appropriate sections below are completed in full, including tobacco use, and sign the document.

Date of Exam: \_\_\_\_\_ Fasting Status: ☐ Yes ☐ No

Waist Circumference (measured across the belly): \_\_\_\_\_ inches  
Target: Men: < 40 inches Women: < 35 inches

Blood Pressure: \_\_\_\_\_ mm Hg  
Target: Systolic Blood Pressure: <130 mm Hg Diastolic Blood Pressure: <80 mm Hg

High Density Lipoprotein Level (HDL): \_\_\_\_\_ mg/dL  
Target: Men: >40 mg/dL or greater Women: >50 mg/dL or greater

Triglycerides: \_\_\_\_\_ mg/dL  
Target: <150 mg/dL

Blood Sugar (Glucose): \_\_\_\_\_ mg/dL  
Target Fasting: <100 mg/dL

Other/Comments: \_\_\_\_\_

Provider Signature: By signing below, I verify the information above is complete and accurate.

Provider Printed Name \_\_\_\_\_ Tax ID \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Provider Phone # \_\_\_\_\_



# RISK FACTOR CRITERIA

## TARGETING METABOLIC SYNDROME

BIOMETRICS	HEALTHY RANGE	AT RISK RANGE
Waist Circumference	Men: Less than 40 inches Women: Less than 35 inches	Men: 40 or greater Women: 35 or greater
Blood Pressure	Systolic BP: Less than 130 mm Hg Diastolic BP: Less than 85 mm Hg	Systolic BP: 130 mm Hg or greater  Diastolic BP: 85 mm Hg or greater
Fasting Blood Sugar	Less than 100 mg/dL	100 mg/dL or greater
Triglycerides	Less than 150 mg/dL	150 mg/dL or greater
HDL	Men: 40 mg/dL or greater Women: 50 mg/dL or greater	Men: Less than 40 mg/dL Women: Less than 50 mg/dL



Step 1: Participant completes Annual Well Visit with PCP and has standard well visit blood work completed.

Step 2: Participant has PCP complete the Kapnick Strive Well-Visit Form.

Step 3: Participant uploads their completed Kapnick Strive Well-Visit Form in their Wellness Portal account.

Step 4: Within 7 business days, a customized Well Visit Health Report will be made available to participant.

Step 5: Based on number of health risks determines Incentive criteria.

Kapnick Strive		Kapnick Strive Well-Visit Form	
<b>Participant Instructions:</b> Please make sure that all appropriate sections below are completed in full. Complete the top part of the form and take it to your health care provider to complete. Keep a copy of your completed form for your records. Scan and submit your form within your Kapnick Strive Reward Points Program on your wellness portal at <a href="http://www.kapnickstrive.com">www.kapnickstrive.com</a> .			
Name of Employer			
Last Name		First Name	
Employee ID #		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Primary Phone Number		Date of Birth	
By signing below, I consent to the participation in the wellness program, associated screenings and to the release of my medical information to Kapnick Strive. I understand that my participation is voluntary and my employer will not receive my results. I consent that the information on this form is complete and accurate.			
Strive Participant Signature: _____			
<b>Health Care Provider Instructions:</b> Please make sure that all appropriate sections below are completed in full, including tobacco use, and sign the document.			
Date of Exam:		Fasting Status: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Waist Circumference (measured across the belly) Target: Men: < 40 inches Women: < 35 inches		Waist Circumference: _____ inches	
Blood Pressure Target: Systolic Blood Pressure: < 130 mm Hg Diastolic Blood Pressure: < 85 mm Hg		Systolic Blood Pressure: _____ mm Hg Diastolic Blood Pressure: _____ mm Hg	
High Density Lipoprotein Level (HDL) Target: Men: 40 mg/dL or greater Women: 50 mg/dL or greater		High Density Lipoprotein Level: _____ mg/dL	
Triglycerides Target: < 150 mg/dL		Triglycerides: _____ mg/dL	
Blood Sugar (Glucose) Target Fasting: < 100 mg/dL		Blood Sugar: _____ mg/dL	
Other/Comments:			
Provider Signature: By signing below, I verify the information above is complete and accurate.			
Provider Printed Name		Tax ID	
Provider Signature:		Date:	
		Provider Phone #	



Thank you!



Kapnick  
Strive