

Kapnick Strive

7/29/24

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### 2024 KEY FINDINGS

- **Top three risk factors:** blood pressure, diabetes, and body composition
- Diabetes remains a primary focus 38% of participants tested in the moderate to high risk range for A1C in 2024
- **86%** of total participation were **repeat** participants
- 65% of repeat participants remained in the Ideal or Low risk range and/or made a positive risk migration
- Of those who enrolled into RAS, 92% completed the program to earn the wellness incentive
- 75% of 2023 RAS participants had an increase in their 2024 health score
- 5% increase in metabolic syndrome risk from previous year
- **0% of repeat participants** went from NEG to POS in tobacco
- 3 participants quit smoking!
- 53% of members have a chronic condition & those members make up 89% of the total medical & Rx spend
- Over half of members with a chronic condition have more than 1
- The top 5 chronic conditions all have a **higher prevalence than benchmark**
- Gaps in care metrics for hypertensive members improved significantly from 2022 to 2023
- Members who participated in Strive have a higher rate of wellness and office visits compared to those who were eligible but did not participate in Strive
- Members with screenings have an annual cost approximately \$340 less than eligible members without screenings (when excluding high-cost claimants)
- Members with a screening in both 2022 & 2023 had no change in total costs despite an increase in the utilization of weight loss, hypertension, diabetes & cholesterol medications

### **HEALTH SCREENINGS**

4 On-Site Health Screenings

### **RECORDED PRESENTATIONS**

- January: SMART Workshop
- May: The Benefits of Spending Time in the Great Outdoors
- August: Nutrition 101
- November: Managing Mental Health

### **WELLNESS CHALLENGES**

- February: The Beat Goes On 4 participant
- April: Strive Corporate Challenge 0 participants
- June: Hydration Station 0 participant
- August: Amazing America 0 participant
- September: Beat the Flu 0 participants

### **ADDITIONAL OFFERINGS:**

- 12 Strive Monthly Webinars
- 12 Strive Monthly Newsletters
- 4 Meditation Moments

# 2023 EMPLOYEE EVENTS





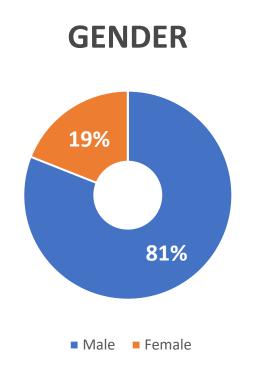
## SCREENING PARTICIPATION

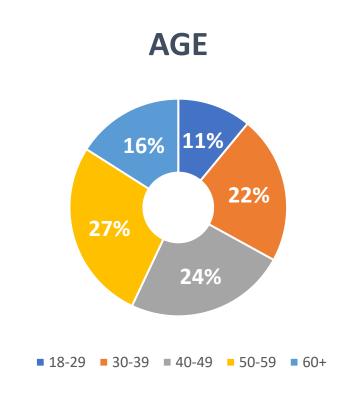
102 REPEAT
PARTICIPANTS

YEAR	TOTAL PARTICIPATION	% OF EE Participation	AVG HEALTH SCORE
2024	119	74%	73
2023	119	76%	70
2022	121	75%	72
2021	120	80%	75
2020	130	80%	77
2019	120	73%	77
2018	128	79%	79
2017	121	N/A	71
2016	120	N/A	72
2015	109	N/A	73



# 2024 DEMOGRAPHICS



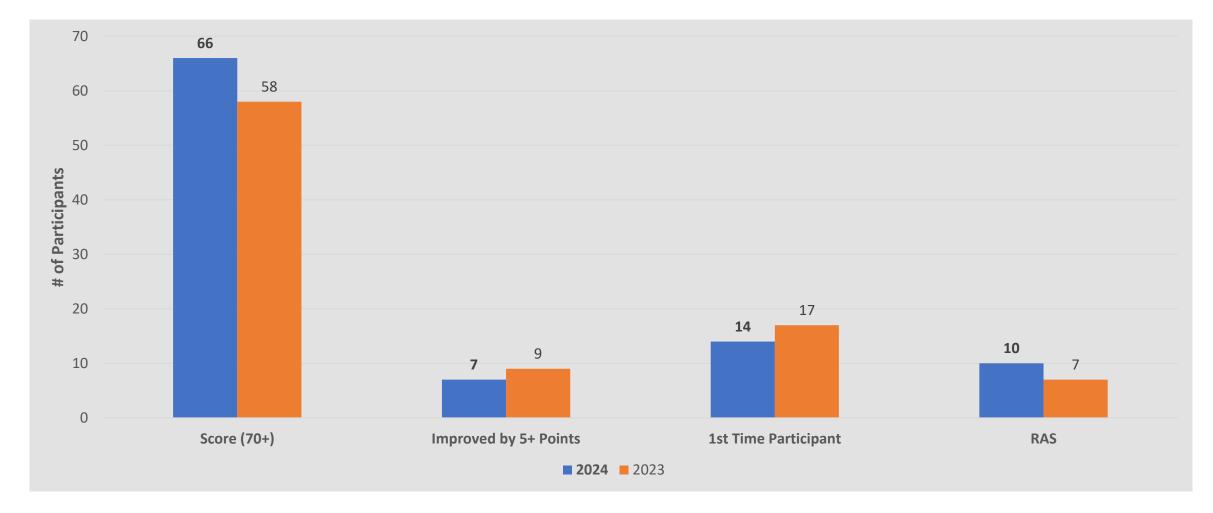


**AVERAGE - 46** 



# **YEAR-TO-DATE 2024 INCENTIVE ELIGIBLE: 97/119 = 81%**

# WELLNESS INCENTIVE BREAKDOWN





### **PROGRAM OUTREACHES**

Qualification Category:	2024	2023
60 & Below	19% of screened population (connected with 43%)	11% (connected with 69%)
RAS Reasonable Alternative Standard	28%  of screened population  36% of eligible enrolled into RAS  92% completed RAS program	31% 24% of eligible enrolled 77% completed RAS
Critical Value	0	0

- RAS qualification decreased 3% from previous year
  - Significant improvement (15%) in RAS completion from previous year
- Critical values remained at 0 for both years



### **2023 RAS PROGRESS**

"[health coach] was fantastic! Very upbeat and helpful. I enjoyed our conversations. My meal planning has improved greatly!"

"[health coach] was very easy to talk to and very supportive."

### Of the 2023 RAS participants:

- 75% had an increase in health score in 2024
- 62.5% satisfied the eligibility criteria to earn the 2024 wellness incentive without RAS





Biometric	2024 Averages	2023 Avg	2022 Avg	2021 Avg	Strive Benchmark	Ideal Range
Health Score	73	70	72	75	78	70 - 100
ВМІ	32	32.5	32.4	31.5	30	18.5 - 29.9
Waist/Hip Ratio	0.93	0.95	0.93	0.93	0.91	<= 0.95
BP: Systolic	122	126	124	123	119	≤121mmHg
BP: Diastolic	78	81	78	80	76	≤81mmHg
Total Cholesterol	195	195	188	189	190	<200mg/dL
HDL Cholesterol	51	49	49	50	55	>=50
LDL Cholesterol	118	118	112	112	110	<=129
Triglycerides	125	136	136	131	129	<150
Blood Glucose	105	102	105	103	100	≤100mg/dL
Hemoglobin A1C	5.6	5.7	5.7	5.6	5.6	<5.7%

# **AVERAGE HEALTH SCORE: 73**

Ideal = 100-85

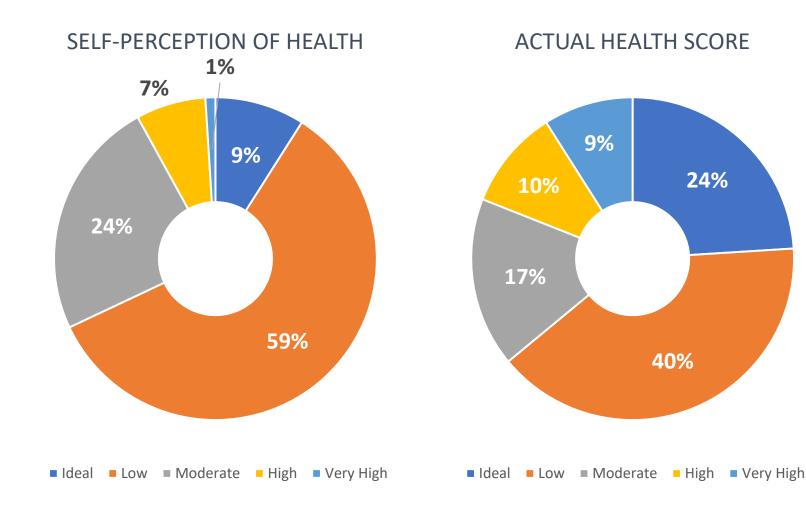
Low Risk = 84-70

Moderate Risk = 69-60

High Risk = 59-50

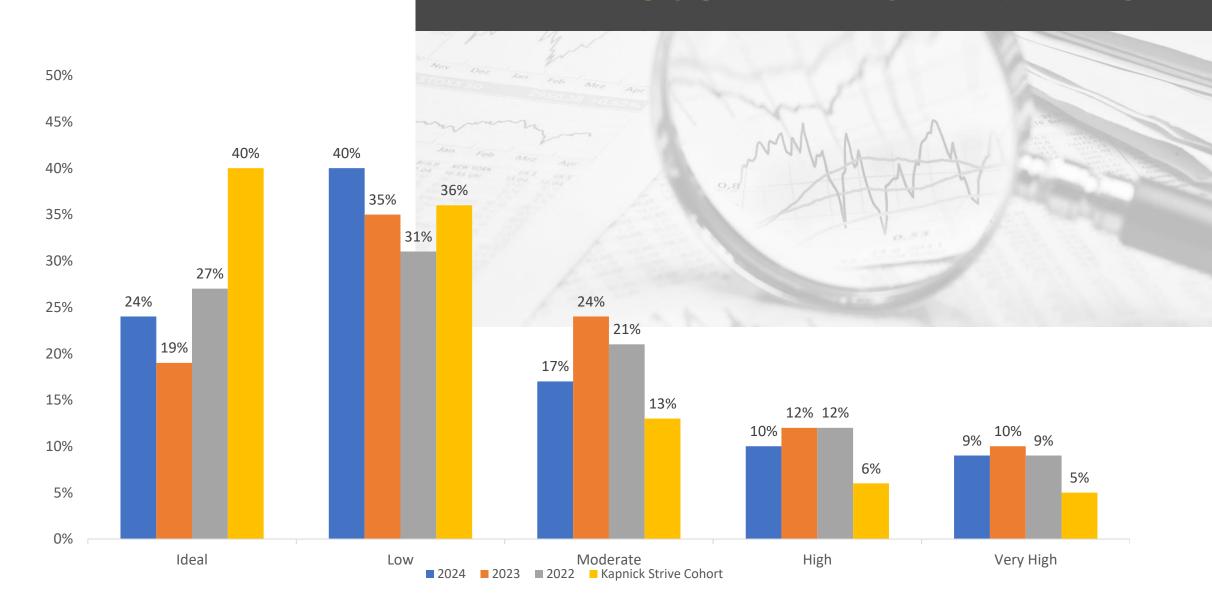
Very High Risk = 49-0

### SELF-PERCEPTION VS ACTUAL HEALTH





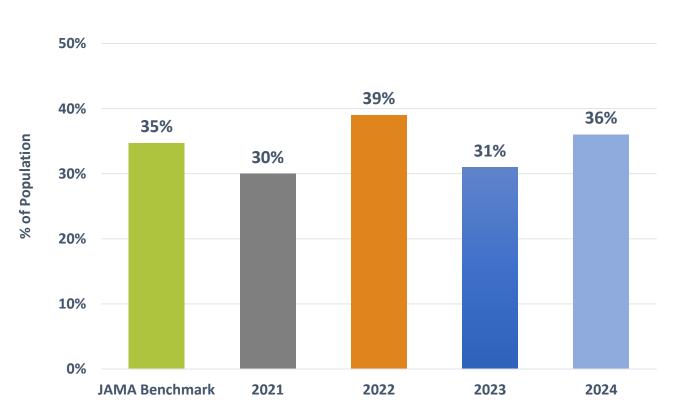
# HEALTH SCORE BENCHMARKING

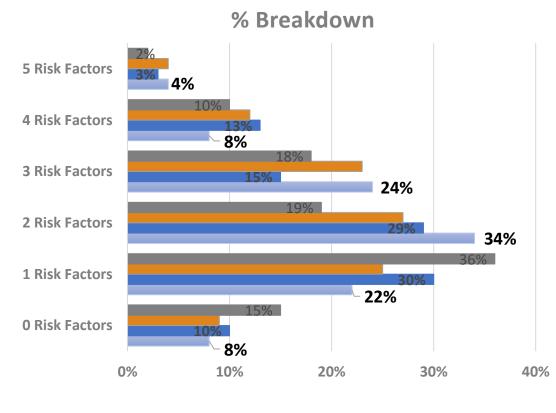




## METABOLIC SYNDROME RISK

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







# REPEAT PARTICIPANT RISK CHANGE

REMAINED IDEAL/LOW
AND/OR MADE
POSITIVE RISK
MIGRATION

66 9 65%

REMAINED MODERATE
OR HIGH/V HIGH

23 😐 22%

MADE A NEGATIVE RISK MIGRATION

13 (2) 13%

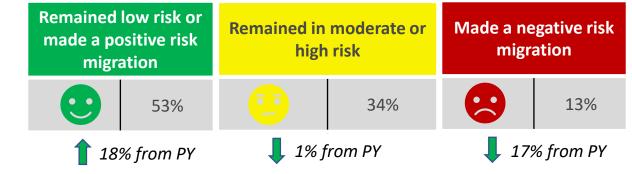


# REPEAT PARTICIPANT - BIOMETRIC RISK CHANGE Heart Health

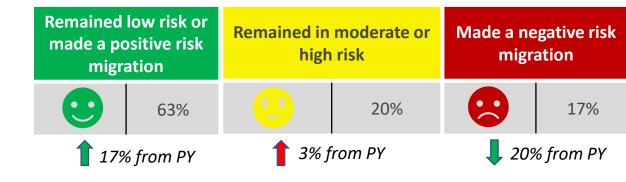
### **Total Cholesterol**

made a po	a nositive risk		Remained in moderate or high risk		gative risk ation
	65%	<u> </u>	22%		13%
1% from PY		1 3% f	from PY	1 2%	from PY

### **Systolic Blood Pressure**



### **Diastolic Blood Pressure**



### What is the difference?

**Key:** *PY = Previous Year*The positive change

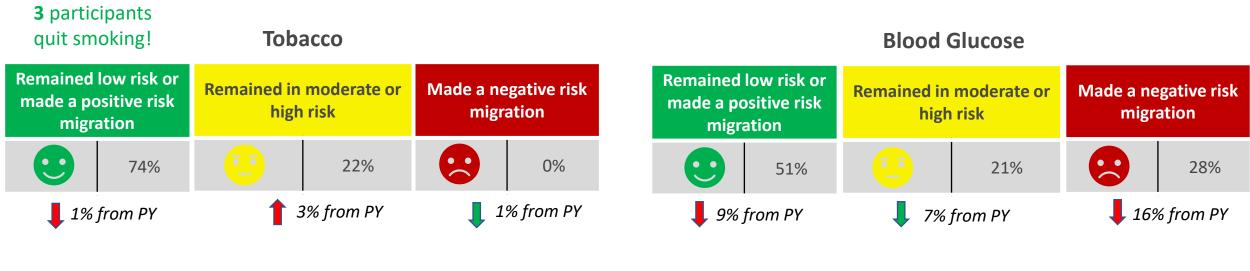
Systolic blood pressure (the top number) measures the force of blood against artery walls when the heart contracts.

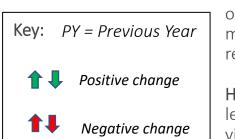
Diastolic blood pressure (the bottom number) measures the same force when the heart is at rest between beats.

Negative change



### REPEAT PARTICIPANT - BIOMETRIC RISK CHANGE Tobacco & Diabetes Management



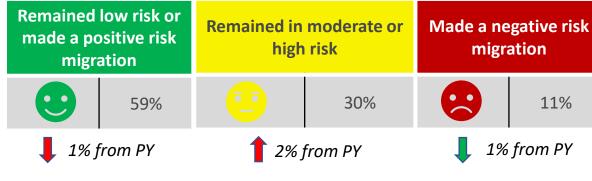


### What is the difference?

Blood Glucose: (blood sugar) measure of the amount of sugar (glucose) in your bloodstream at a given moment. It can fluctuate throughout the day in response to food, exercise, and other factors.

Hemoglobin A1C: is a measure of your average glucose levels over the past 2-3 months. Provides long-term view of your blood sugar control and used to assess diabetes management.

### **Hemoglobin A1C**



# TOP RISK FACTORS

### **BLOOD PRESSURE**



### **DIABETES**



### **BODY COMPOSITION**













# Chronic Conditions & Health Screening Claims Analysis

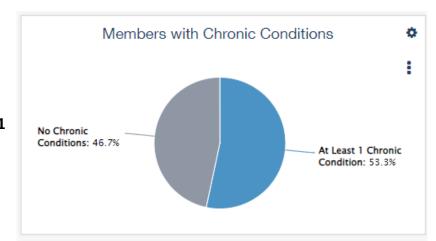


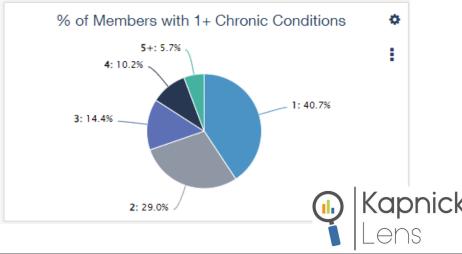


# Chronic Condition Prevalence

- 53.3% (131) of members on Cooperative Elevator's health plan have at least 1 chronic condition
  - This is **above** the Kapnick book of business benchmark which is 43.6%
- Of the members with a chronic condition, 40.7% (53) have only 1 while 59.3% (78) have more than 1
  - This is unfavorable compared to benchmark which had 45% with only 1 and 55% with more than 1
- The top 5 chronic conditions are hypertension, obesity, hyperlipidemia, diabetes & sleep apnea
  - All 5 have a higher prevalence as compared to benchmark
- Compared to benchmark, Cooperative Elevator had a higher average age & higher member ratio
  - The avg age was 37.8 compared to benchmark at 36.1
  - The member ratio was 2.2 compared to benchmark at 2.1
    - More spouses and less dependent children are covered as compared to benchmark

- All members enrolled in the health plan are included
- Data is from the most recent 12 months ending June 2024 on an incurred basis







# **Chronic Condition Cost**

Year	Total Allowed Amount	Total Allowed with Chronic Conditions	Chronic Condition % of Total Cost	Chronic Condition % of Total Cost (Benchmark)
2021	\$2.1M	\$1.6M	79%	73%
2022	\$1.8M	\$1.5M	85%	73%
2023	\$2.0M	\$1.8M	89%	75%



While members with chronic conditions make up 53% of membership, they make up 89% of the total spend in 2023

- All members enrolled in the health plan are included
- Data is from Jan 2021 through Dec 2023 on an incurred basis





# **Chronic Condition PMPM Cost**

Year	PMPM Total Cost	PMPM <u>with</u> Chronic Condition	PMPM <u>without</u> Chronic Condition	PMPM <u>with</u> Chronic Condition (Benchmark)	PMPM <u>without</u> Chronic Condition (Benchmark)
2021	\$498	\$815	\$158	\$772	\$165
2022	\$498	\$776	\$116	\$751	\$168
2023	\$550	\$880	\$102	\$825	\$179

The PMPM cost of members with chronic conditions is 5.2-8.6x higher than members without chronic conditions

The PMPM cost of members with chronic conditions is 4.5-4.7x higher than members without chronic conditions

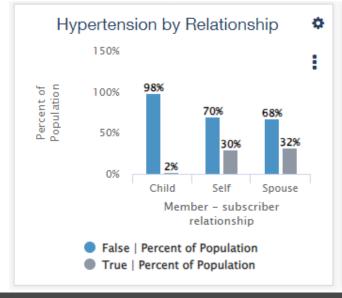
- All members enrolled in the health plan are included
- Data is from Jan 2021 through Dec 2023 on an incurred basis

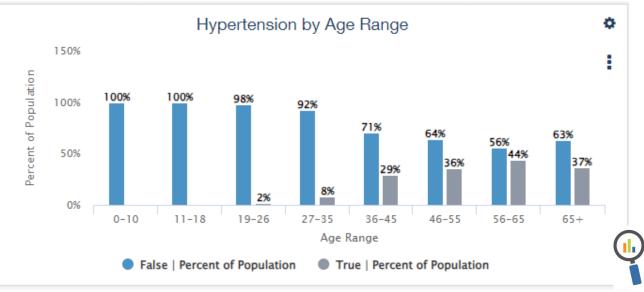




# Hypertension: Demographics

Year	Hypertensive Members (Employees)	Hypertensive Members (Spouses)	Hypertensive Members (Dep CH)	Hypertensive Members (Total)	Hypertensive Members (% of Total Population)
2021	58	24	1	83	24%
2022	61	27	1	89	28%
2023	54	26	2	82	27%





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# Hypertension: Gaps in Care

Year	Total Hypertensive Members	Total Hypertensive Members with No Maintenance Rx	Total Hypertensive Members with No Maintenance Rx  (enrolled full 12 months)	Total Hypertensive Members with No Maintenance Rx (enrolled full 12 months) & Strive Participant (in 2024)	Of the 2024 Strive Participants  High Blood Pressure Stage 2 (High-Risk)
2021	83	19 (23%)	16 (19%)	6	0
2022	89	24 (27%)	19 (21%)	8	0
2023	82	13 (16%)	9 (11%)	4	1

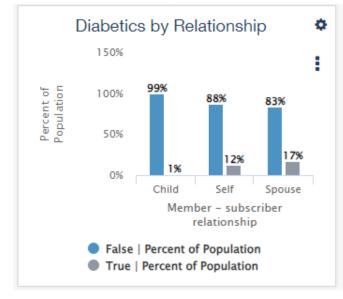
- In 2023, of the hypertensive members without maintenance medication & who were enrolled all 12 months, 8 also had no hypertensive claims in 2022 (in orange)
  - 4 employees, 3 spouses & 1 dependent child
- In 2023, of the hypertensive members without maintenance medication & who were enrolled all 12 months, 4 participated in Strive
- Of the 4 members, only 1 was determined to be high-risk (stage 2 high blood pressure)
  - The member is a 58 y/o employee who had high blood pressure stage 2 in both the 2023 & 2024 Strive screening
  - The member's health score dropped from a 63 in 2023 to a 57 in 2024
  - The member took the HBP medication Lisinopril in 2021 and 2022 but stopped July 2022
  - The member received a 90-day supply of the drug in January 2024 & again in May 2024
- In 2022, of the hypertensive members without maintenance medication & who were enrolled all 12 months, 6 started taking a HBP Rx in 2023

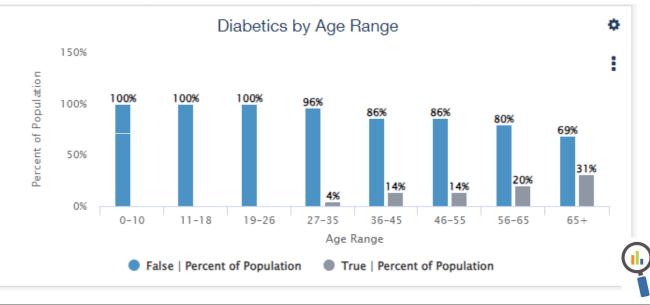




# Diabetes: Demographics

Year	Diabetic Members (Employees)	Diabetic Members (Spouses)	Diabetic Members (Dep CH)	Diabetic Members (Total)	Diabetic Members (% of Total Population)
2021	18	8	1	27	8%
2022	21	11	1	33	11%
2023	19	13	1	33	11%





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# Diabetes: Gaps in Care

Year	Total Diabetic Members	Total Diabetic Members with No Maintenance Rx	Total Diabetic Members with No Maintenance Rx (enrolled full 12 months)	Total Diabetic Members with No Maintenance Rx & Strive Participant (in 2024)	Of the 2024 Strive Participants  Diabetic (High-Risk)
2021	27	3 (11%)	1 (4%)	1	0
2022	33	9 (27%)	6 (18%)	3	0
2023	33	12 (36%)	8 (24%)	2	1

- In 2023, of the diabetic members without maintenance medication & who were enrolled all 12 months, 4 also had no diabetic claims in 2022 (in blue)
  - 3 employees & 1 spouse
- In 2023, of the diabetic members without maintenance medication & who were enrolled all 12 months, 2 participated in Strive
- Of the 2 members, 1 was determined to be high-risk (diabetic)
  - The member is a 67 y/o employee who had diabetes in the 2024 Strive screening & prediabetes in the 2023 Strive screening
  - The member's health score dropped from a 64 in 2023 to a 50 in 2024; however, the member enrolled in RAS in 2024
  - The member took the diabetic medication Metformin in 2021 but stopped November 2021
  - The member is still enrolled; however, has not had a drug claim since December 2021
- In 2022, of the diabetic members without maintenance medication, 1 started taking a diabetic Rx in 2023
  - The member is a 54 y/o employee who was prediabetic in 2023 & 2024 per the Strive screening
  - The member started taking Jardiance in 2023 then switched to Mounjaro in 2024





# **Screening Overview**

Participated in the Health Screening (EE)	Total
Enrolled in Health Plan	110
Enrolled all 12 Months	79
Had 0 Claims	6
% Total w/ 0 Claims (Enrolled 12 Months)	7.6%

Did not Participate in the Health Screening (EE)	Total
Enrolled in Health Plan	45
Enrolled all 12 Months	25
Had 0 Claims	2
% Total w/ 0 Claims (Enrolled 12 Months)	8.0%

- Of the 6 strive participants with no claims:
  - The average age was 38
  - The average health score was 73
- Of the 73 strive participants with at least 1 claim:
  - The average age was 49
  - The average health score was 71

- Of the 2 non-strive participants with no claims:
  - The average age was 42
- Of the 23 non-strive participants with at least 1 claim:
  - The average age was 50

- Employees enrolled in the health plan & eligible to participate in health screenings in 2023 were included (spouses & dependent children excluded)
- Data is from Jan 2023 through Dec 2023 on an incurred basis





# Wellness/Office Visit

Participated in the Health Screening (EE)	Total
Enrolled in Health Plan	110
Enrolled all 12 Months	79
Had a Wellness Visit	49
% with a Wellness Visit (Enrolled 12 Months)	62%
Had an Office Visit	56
% with an Office Visit (Enrolled 12 Months)	71%
Had a Wellness or Office Visit	67
% with a Wellness or Office Visit (Enrolled 12 Months)	85%

Did not Participate in the Health Screening (EE)	Total
Enrolled in Health Plan	45
Enrolled all 12 Months	25
Had a Wellness Visit	12
% with a Wellness Visit (Enrolled 12 Months)	48%
Had an Office Visit	17
% with an Office Visit (Enrolled 12 Months)	68%
Had a Wellness or Office Visit	20
% with a Wellness or Office Visit (Enrolled 12 Months)	80%

- Those who participated in the health screening had a higher rate of having a wellness visit or an office visit
- An office visit is defined as a non-urgent/emergent visit with a doctor

- Employees enrolled in the health plan & eligible to participate in health screenings in 2023 were included (spouses & dependent children excluded)
- Data is from Jan 2023 through Dec 2023 on an incurred basis





# Screenings & Cost

	Meml	bers with Screenings	•
	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member
1	110	\$488,135	\$4,438

	Members without Screenings (EEs Only)									
	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member							
1	45	\$763,428	\$16,965							

# No members in this group had costs over \$100k

	Members without	Screenings (EEs Onl	y, Excl HCCs) 🌼
	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member
1	43	\$205,615	\$4,782

- Members with screenings cost approx. \$12,500 less than members without screenings
- When excluding high-cost claimants (HCCs) over \$100k, members with screenings cost approx. \$340 less than members without screenings
  - There were 2 members in the non-screening group with claims over \$100k
  - A 62 y/o male employee had claims of \$307k (cancer, no longer enrolled)
  - A 61 y/o male employee had claims of \$251k (cancer)

Members without/not eligible for Screenings (SPs Only)									
	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member						
1	64	\$569,928	\$8,905						

- Employees enrolled in the health plan & eligible to participate in health screenings in 2023 were included in the screenings group
- Data is from Jan 2023 through Dec 2023 on an incurred basis





# Cost by Health Score

	Health	Score 70 and Abo	ve 🌣		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	68	\$372,849	\$5,483	1	42	\$115,286	\$2,745

### Score 70+ vs <69

- Members with a health score of 70+ cost approx. \$2,700 more than members with a health score below 70
- For the members with a score below 70, 14 had no claims (33%)

- Employees enrolled in the health plan & eligible to participate in health screenings in 2023 were included (spouses & dependent children excluded)
- Data is from Jan 2023 through Dec 2023 on an incurred basis





### Members with Screenings ٠ Medical/RX Member ID Allowed per Provider Year number (Count Distinct) Member Allowed Amount \$487.811 2022 \$5,029 \$487,155 \$5.022 2023 97

- Repeat participants had approximately the same average cost in 2022 & 2023
- Members who had a health score increase averaged an 31% increase
  - The increase is driven by 1 member who had a claims increase of \$83k from 2022 to 2023 due to a hip replacement surgery
- Members who had the same health score averaged a 0% change
- Members who had a health score <u>decrease</u> averaged an 29% decrease

# Repeat Participants

		Health Score I	ncreased	٥
	Year number	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member
1	2022	53	\$212,848	\$4,016
2	2023	53	\$278,678	\$5,258
	He	alth Score Stay	ed the Same	•
	Year number	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member
1	2022	4	\$44,190	\$11,047
2	2023	4	\$44,195	\$11,049
		Health Score D	ecreased)	•
	Year number	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member
1	2022	40	\$230,774	\$5,769
2	2023	40	\$164,282	\$4,107

- Employees & spouses enrolled in the health plan & eligible to participate in health screenings in 2023 were included (dependent children excluded)
- Data is from Jan 2022 through Dec 2023 on an incurred basis





# Repeat Participants

Repeat Participants											
	Year number		Member Distinct	· ID (Count	M	ledical/RX rovider Allowed mount		Medical Pro			Provider ved Amount
1	2022			97		\$487,81	1	\$	360,449		\$127,362
2	2023			97		\$487,15	5	\$	304,093		\$183,063
	Year number		Medical Count	Claim	RX Claim Count		Medical/RX Count	( Claim	Allov	ved per 🌼	
1	2022			815		93	5		1,750		\$5,029
2	2023			716		1,04	3		1,759		\$5,022
	,										
	Year number			Diabetes Maintenan RX Claim Count	ce	e Maintenance Ma RX Claim RX		lypertension laintenance X Amount aid	Diabete Mainter RX Amo Paid	ance	Cholester  Maintenance RX Amount Paid
1	2022		183	5	6	118		\$199	\$24	1,136	\$3,343
2	2023		212	6	4	130		\$1,190	\$26	6,769	\$4,160

	Highest Costing Rx in 2023									
	Year number	2022		2023						
	Drug Product Name	Members	Total amount paid	Members	Total amount paid					
1	Humira (2 Pen)	1	\$54,550	1	\$74,790					
2	Wegovy			4	\$28,186					
3	Victoza	1	\$10,481	1	\$11,738					
4	Jardiance	1	\$6,461	2	\$10,575					
5	Aimovig	1	\$6,543	1	\$7,701					
	Total		<b>\$78,034</b>		\$132,990					

- BMI for the 4 Wegovy users:
  - Member 1 39.0 (obese)
  - Member 2 32.8 (obese)
  - Member 3 46.5 (obese)
  - Member 4 43.3 (obese)

- Total medical & Rx costs totaled \$487k both years for repeat participants
- Medical costs decreased \$56k while Rx costs increased \$56k

Utilization of hypertension, diabetes & cholesterol medications all increased

• The main cause of the Rx cost increase was due to increased utilization of Humira & Wegovy







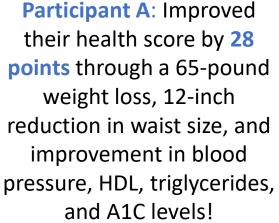


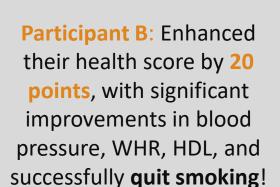
# GOALS AND STRATEGIES





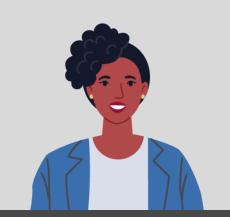
18 improved 5-9 points16 improved 10-19 points5 improved by 20+ points





Participant C: Boosted their health score by 25 points, moving from high to ideal risk! They achieved improvements in blood pressure, HDL, and triglycerides, along with a 10-pound weight loss and a 6-inch reduction in waist size.

STAND-OUT-STATS & STORIES

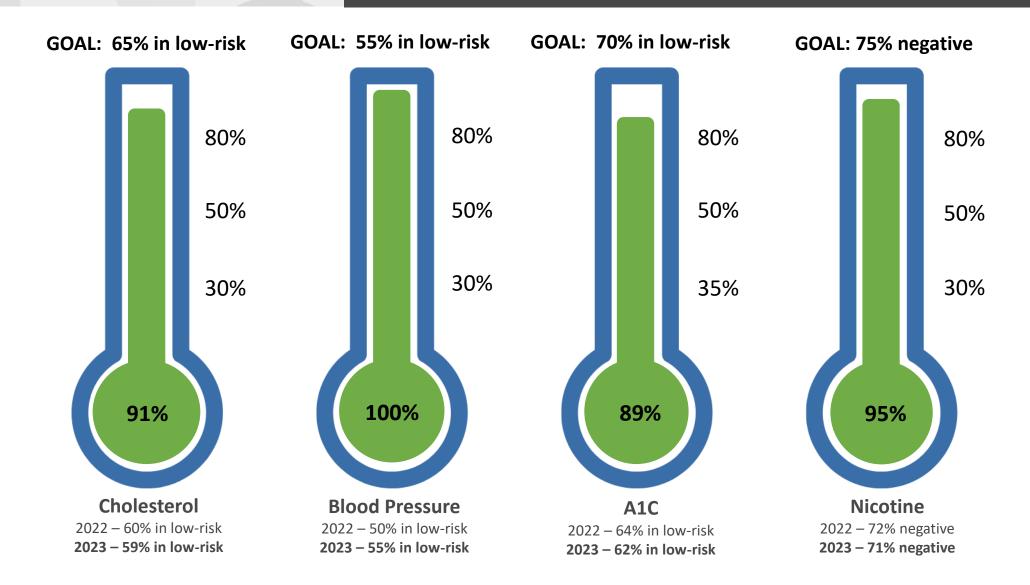




**5 PARTICIPANTS RECEIVED A HEALTH SCORE OF 100** 



### STRIVE 2024 PROGRAMMING GOALS

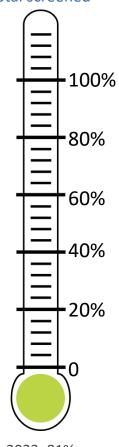




# 2025 PROGRAMMING GOALS

### Wellness Incentive

2025 GOAL: = 90% of total screened

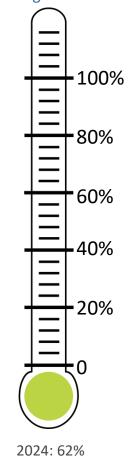


2023: 81% 2024: 90%

### Well-Visit

**Utilization** 

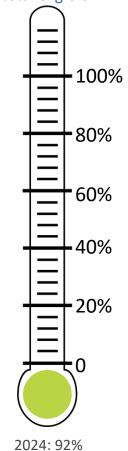
**2025 GOAL:** = 68% of total eligible census



### HRA

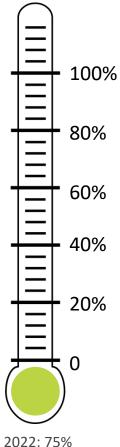
Completion

**2025 GOAL: 9**5% of total eligible



# Health Screening Participation

**2025 GOAL:** 78% of total eligible

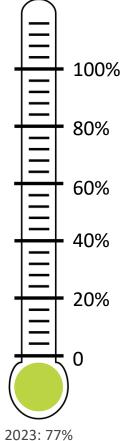


2022: 75% 2023: 76%

2024: 74%

# RAS Health Coaching

**2025 GOAL:** 95% of eligible complete RAS



2023: 77% 2024: 92%



# 2025 GOALS AND STRATEGIES

Goals	Strategies	Overall Strategies
<ul> <li>Employee Engagement:</li> <li>Target Top Health Risks</li> <li>Blood Pressure</li> <li>Diabetes</li> <li>Body Composition</li> </ul>	<ul> <li>Cooperative Elevator-focused Monthly communication</li> <li>Quarterly awareness campaigns for top health risks</li> <li>Presentations &amp; Challenges target top health risks</li> </ul>	<ul> <li>Continue Quarterly Pulse Checks</li> <li>Postcard and Home Mailer</li> <li>Utilize text alerts</li> <li>FAQ Website</li> </ul>
<ul> <li>Health Screening</li> <li>95% of eligible to enroll in RAS program &amp; complete</li> <li>4% increase in total participation</li> <li>95% HRA completion</li> <li>68% complete well-visit</li> </ul>	<ul> <li>RAS health coaching drip campaign provided after screenings are completed (total of 4 emails)</li> <li>Pre- and post- health screening webinar</li> <li>Post health screening "next step" email</li> <li>Incentive for completing HRA by Safety Days</li> <li>Phone call outreach</li> </ul>	<ul> <li>Health Screening Website via Health Hub</li> <li>Site Contact Website</li> <li>Update Wellness Incentive</li> <li>Spousal Participation in Health Screenings</li> </ul>



to still qualify for the wellness incentive of \$10 per pay period

#### WELLNESS INCENTIVE

#### Recommended Current Receives \$50 for participation Scenario #1: Full-time employee participates and meets scoring criteria of Receives wellness incentive of \$10 per pay period 70+ points, participates for the first time, or improves previous year health Qualifies for the reduced cost sharing score by 5 points: Can receive \$75 for annual preventive physical exam during calendar year (must submit proof of visit) Receives \$50 for participation Receives wellness incentive of \$10 per pay period Qualifies for the reduced cost sharing If employee does not meet scoring criteria, they can receive above Can receive \$75 for annual preventive physical exam during calendar year incentive if they enroll and successfully complete the RAS (must submit proof of visit) program. **Scenario #2:** Full-time employee participates in the screening, but **does not** meet scoring criteria: Receives \$50 for participation Receives \$50 for participation Can receive \$75 for annual preventive physical exam during Qualifies for reduced cost sharing Can receive \$75 for annual preventive physical exam during calendar year calendar year (must submit proof of visit) (must submit proof of visit) Can choose to participate in the Reasonable Alternative Standard Program



### WELLNESS PRESENTATIONS (RECORDED)

- Aging and Your Health
- Bone Health
- What's In My Cart?
- Financial Wellness

#### **CHALLENGES**

- March: Healthy Brain
- May: 6th Annual Strive Corporate Challenge
- August: Summer Fun Challenge
- October: Financial Wellness

#### 2024 EMPLOYEE EVENTS

#### **HEALTH SCREENINGS**

#### **ADDITIONAL OFFERINGS:**

- 12 Strive Monthly Webinars
- 12 Strive Monthly Newsletters
- 12 Monthly Insiders
- 4 Meditation Moments
- 12 Monthly Observances
- Site Contact Webpage
- Health Hub
- FAQ Website









## Biometric Results



#### **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.



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.



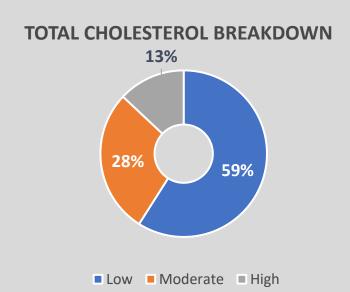
Nicotine use presents a serious risk to individuals. Those who abuse tobacco not only have increased rates of cancer and other diseases, but they are more likely to miss work. The CDC estimates that tobacco use costs \$156 billion in lost productivity each year and \$170 billion in healthcare expenditures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

GAMMA-GLUTAMYLTRANSFERASE (GGT)

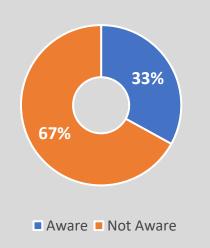
GGT is used for diagnosing and monitoring disease of the liver, gallbladder, bile ducts and bile. Levels outside of the normal range could indicate any form of liver disease or biliary obstruction.

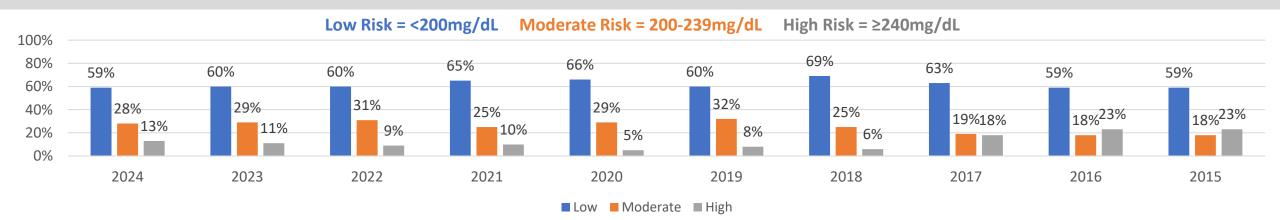








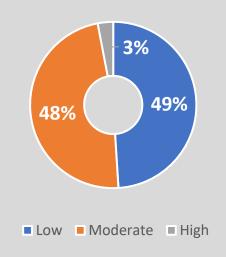








#### SYSTOLIC BREAKDOWN

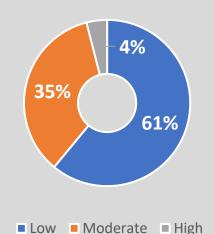


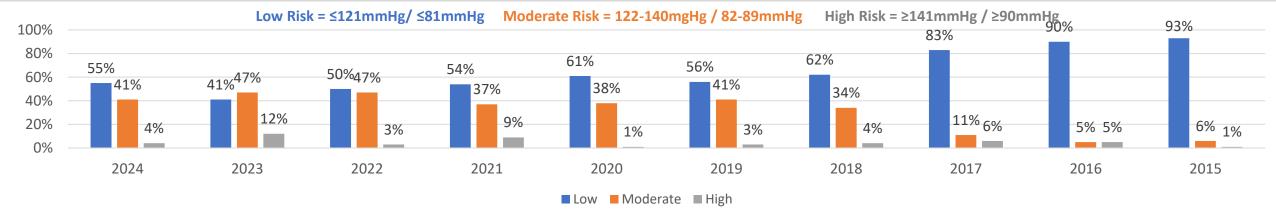
Systolic blood pressure (the top number) measures the force of blood against artery walls when the heart contracts.



Diastolic blood pressure (the bottom number) measures the same force when the heart is at rest between beats.

#### **DIASTOLIC BREAKDOWN**

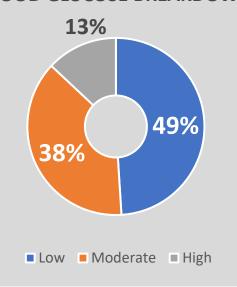






#### DIABETES: BLOOD GLUCOSE

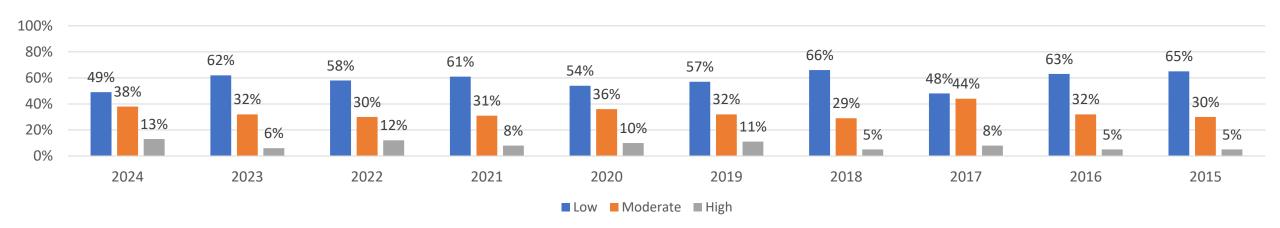
#### **BLOOD GLUCOSE BREAKDOWN**



Low Risk = ≤100mg/dL

Moderate Risk = 101-125mg/dL

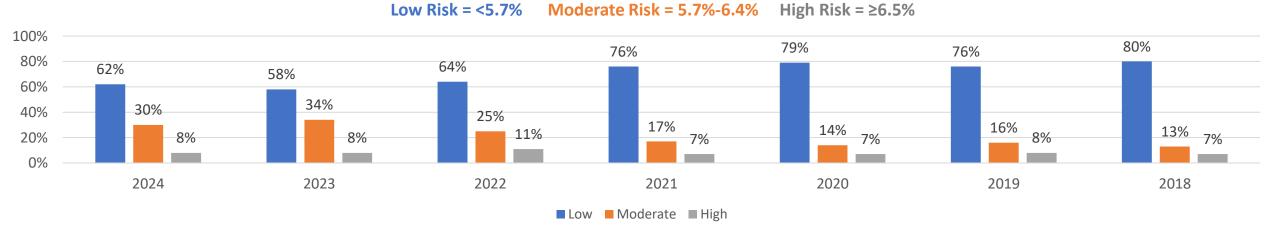
High Risk = ≥126mg/dL







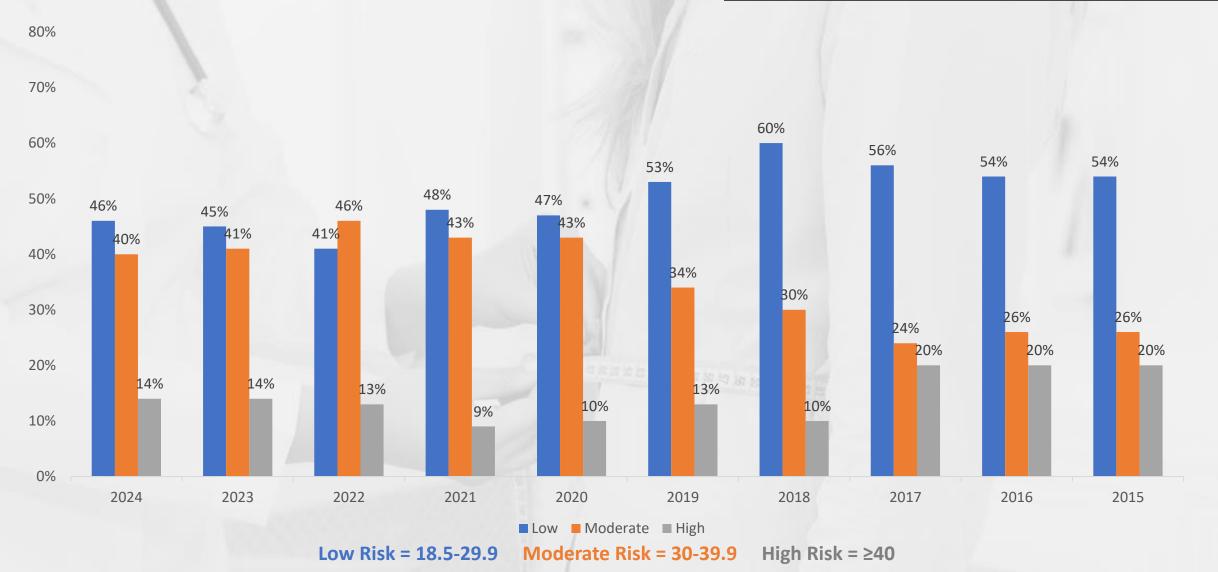








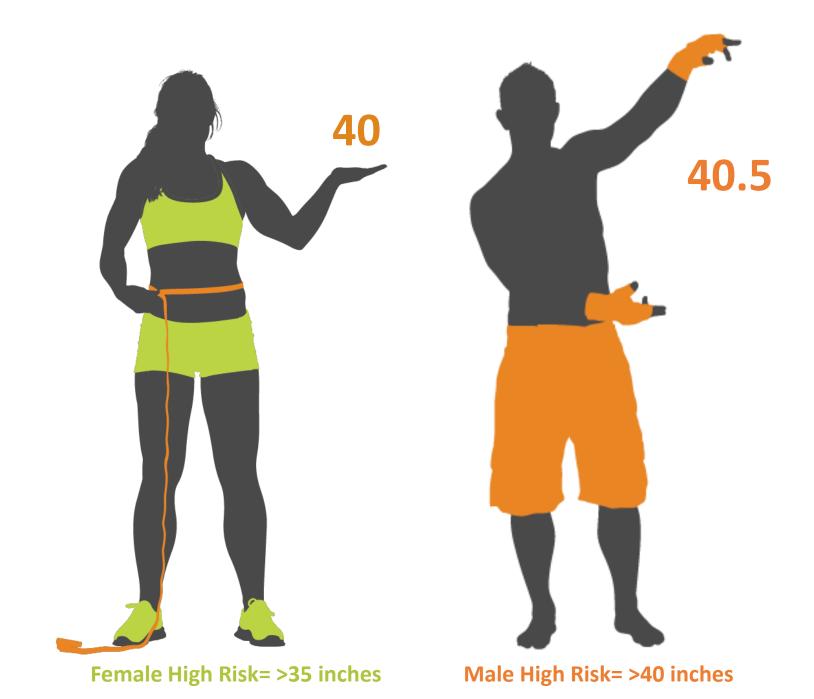
#### BODY COMPOSITION: BODY MASS INDEX





## AVERAGE WAIST CIRCUMFERENCE FOR MEN AND WOMEN

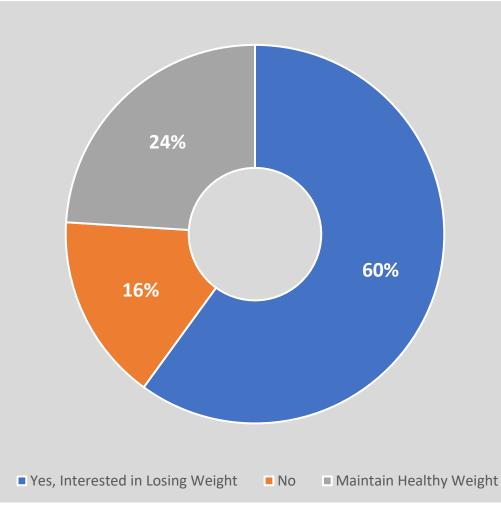






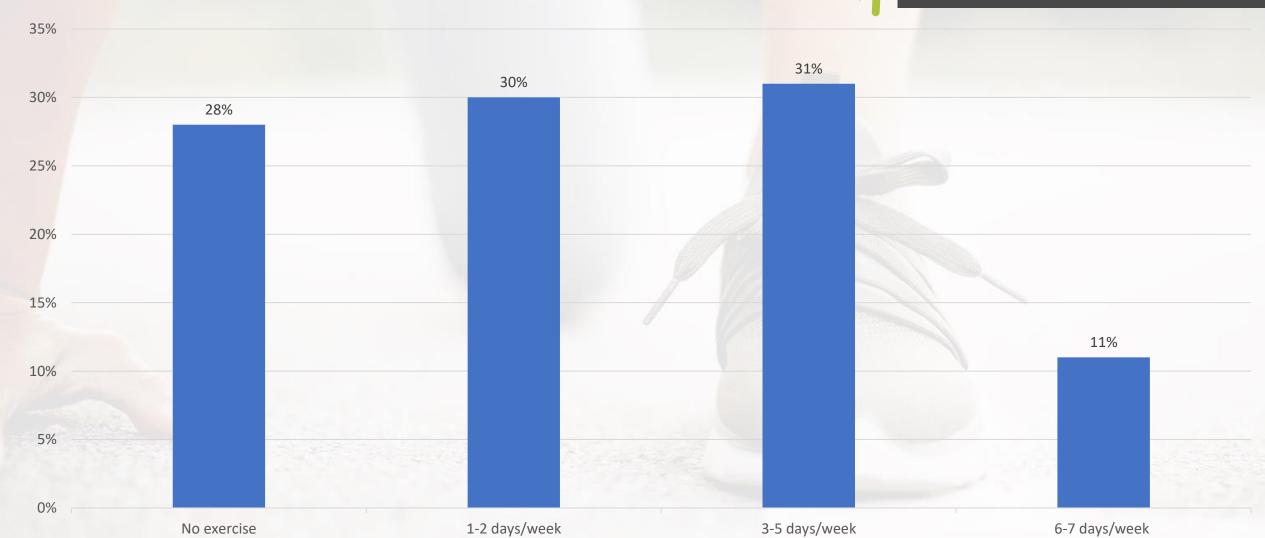


## BODY COMPOSITION: Interest in losing weight





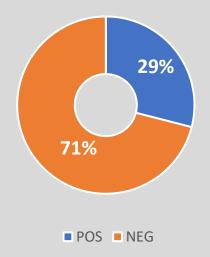




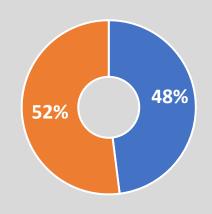




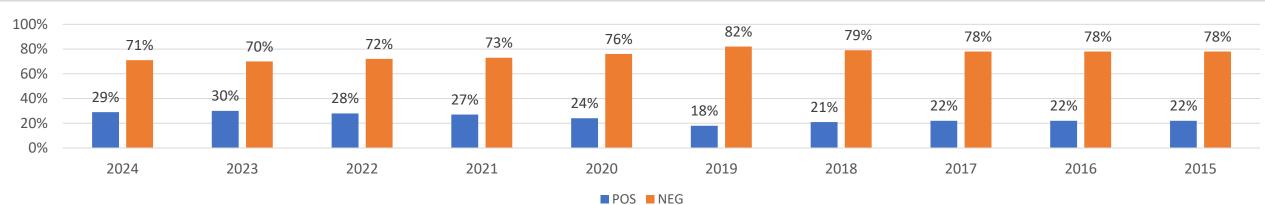
#### **TESTED POSITIVE**



#### **INTERESTED IN QUITTING**



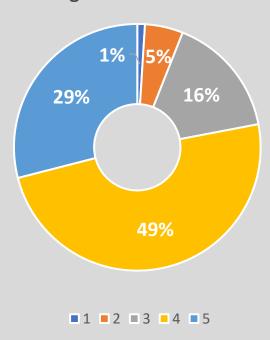
■ Interested in Quitting ■ Not interested



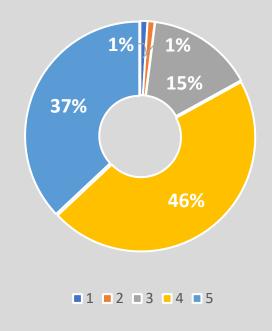




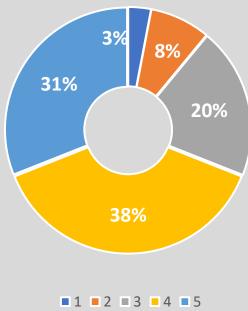
#### **Feeling Fulfilled at Work**



#### **How Meaningful Is Your Work**



#### **Feeling Valued at Work**



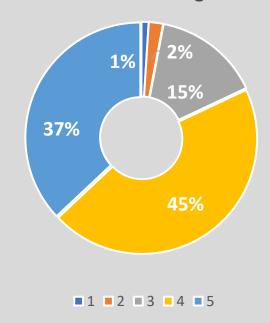




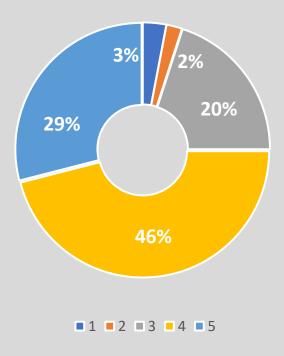




Employer Provides Tools/Resources for Well-Being



#### **Level of Job Satisfaction**





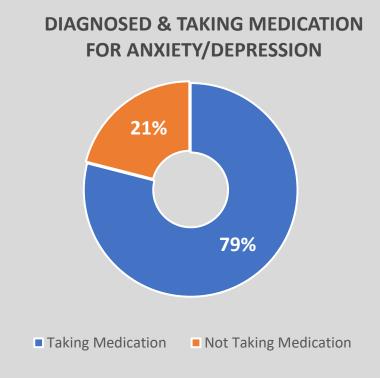


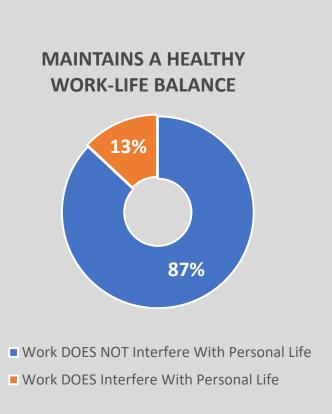


#### MENTAL HEALTH & WELL-BEING

# ANXIETY & DEPRESSION 13% 87%

■ Does Not Have Anxiety or Depression

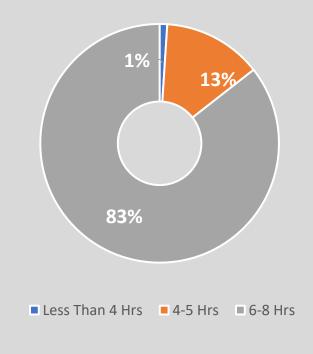




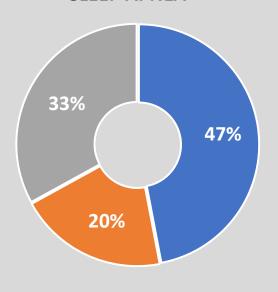




#### **HOURS OF SLEEP PER NIGHT**



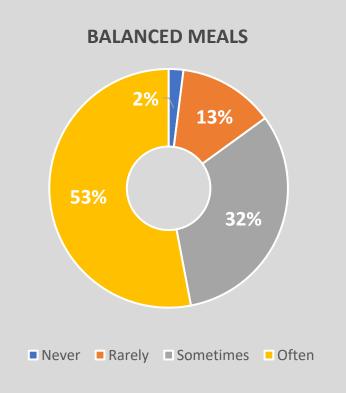
#### **SLEEP APNEA**

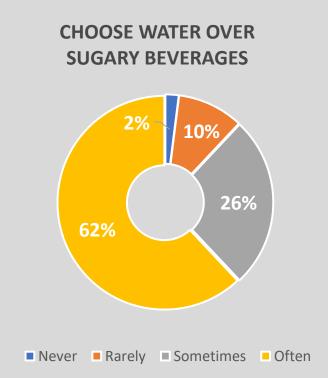


- Diagnosed and on Medication
- Diagnosed and NOT using Meds/Cpap
- No Sleep Apnea





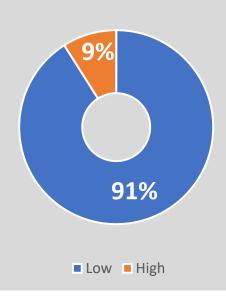






#### GAMMA-GLUTAMYLTRANSFERASE (GGT)

#### **GGT BREAKDOWN**



#### What is GGT?

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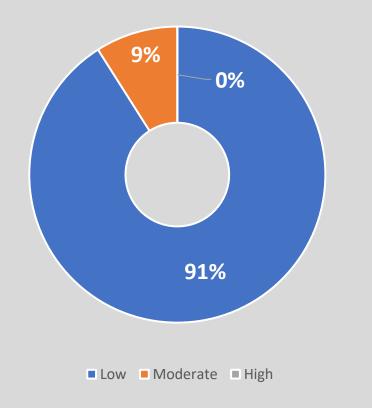






#### ADDITIONAL TEST OFFERED

#### PROSTATE SPECIFIC ANTIGEN (PSA)



Low Risk = 0 - 2.4 Slightly Elevated = 2.5 - 6.5 Moderately Elevated = >6.6







## Thank You!

