Strength. Knowledge. Direction.®

Brazeway, Inc.

2017 Strive Executive Review &

2018 Strategic Planning Meeting

Presented by Kapnick Insurance Group

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Summary

Key Points of the 2017 Review

Top Health Risks

- Nicotine
- Weight Management
- Cholesterol

Trends

- Participation increased slightly from 2016 to 2017.
- 76 repeat participants made a positive change from 2016 to 2017 compared to the 2015 to 2016 year when only 46 repeat participants made a positive improvement in their health.
- Similarly, only 20 participants made a negative change in their health from 2016 to 2017 compared to 53 who made a negative change in their health from 2015 to 2016.
- 31 participants scored 60 or below.

Goals for Upcoming Year

- Increase health screening participation by a minimum of 10%
- Help individuals find ways to be more accountable for their health year-round through the Kapnick Strive portal
  - Utilize Fitbits on portal
- Improve scores of current top health risks
- Target participants in the high/very high risk level (health score of 60 points or below and/or critical values) to review health report and top risk factors.

2017 Wellness Events

- **Health Coaching**
  - 60 & Below
    - Outbound calls to 58 participants
  - RAS
    - Nobody enrolled in RAS for the 2017 benefit year

- **Tobacco Cessation**
  - Created and provided tobacco incentive program materials
    - Posters, payroll stuffers, helpful resources

- **2017 Screening Events:**
  - Adrian, MI
    - September 25th
    - October 6th
  - Hopkinsville, KY
    - September 26th
    - September 27th
  - Shelbyville, IN
    - October 3rd
    - October 4th
    - Make-Up Date: December 6th

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Participation and Demographics

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

	Brazeway Participants	Brazeway Average Age	Brazeway Average Score	Core Health Avg. Score
Brazeway 2017 Repeat Participants Employees Spouses	**250** 210 205 45	43	79	78
Brazeway 2016 Repeat Participants Employees Spouses	**244** 225 200 44	43	74	76
Brazeway 2015 Employees Spouses	**284** 228 56	42	73.2	76
Brazeway 2014 Employees Spouses	**165** 134 31	44	77.2	75

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

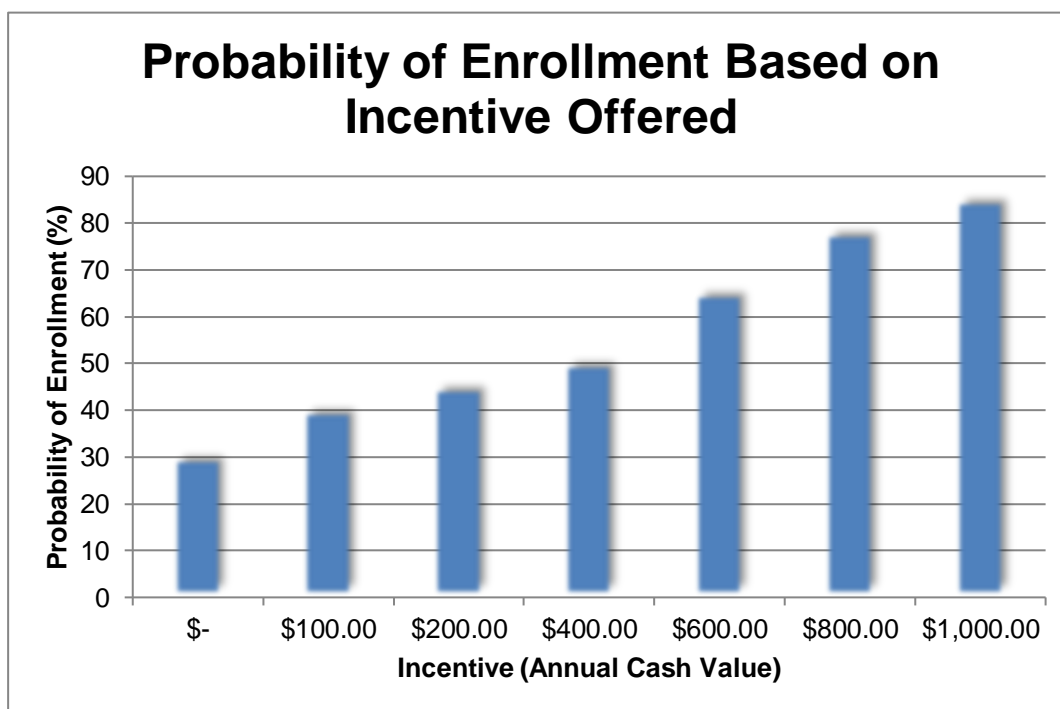|	2017 # of Participants	% of Participation
Male	156	62%
Female	94	38%

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Participation/Incentive Structure

2017 Eligible Employee Participation
205/291=70%

Incentive Offered: Split Incentive		
	Participation	**Participation + Met Criteria**
Employee Only	$30	$50
Employee + Spouse	$10	$20

To qualify for the full wellness incentive, a previously eligible participant must have a Health Score of 70 or higher OR improve his or her Health Score by 5 points from last year's score.
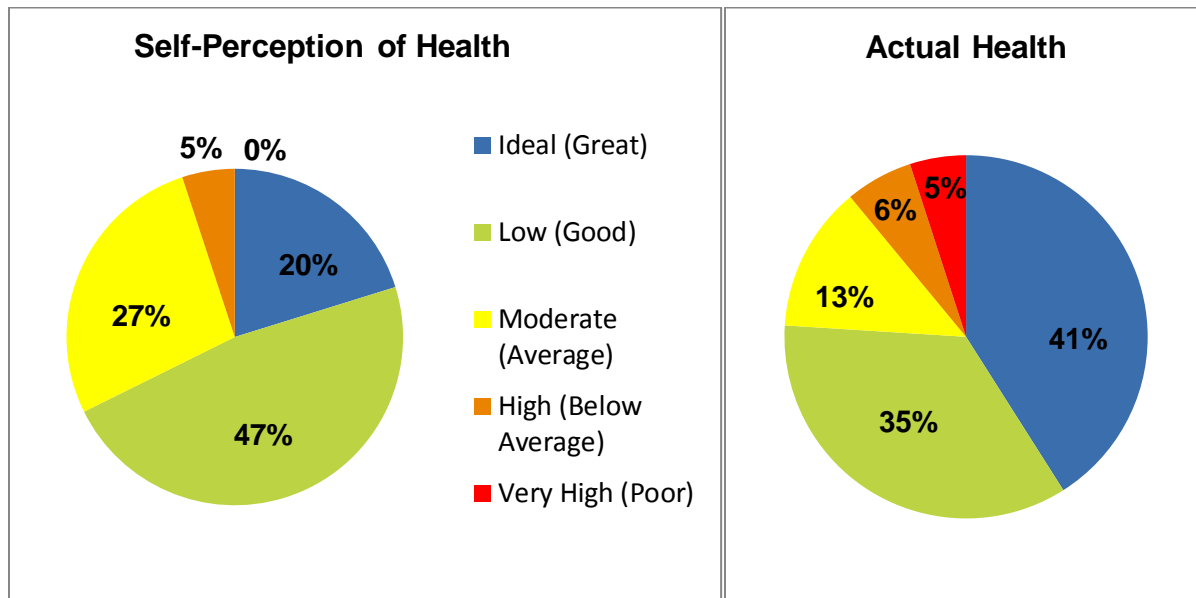
Probability of Enrollment Based on Incentive Offered

Health Score Analysis

Self-Perception vs. Actual Health

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

**Please note that the HRA was not mandatory this year, so self-perception of health does not reflect the entire population.

Self-Perception of Health

5%   0%
20%
27%
47%

- ■ Ideal (Great)
- ■ Low (Good)
- ■ Moderate (Average)
- ■ High (Below Average)
- ■ Very High (Poor)

Actual Health

5%
6%
13%
41%
35%

2016	Self-Reported	Actual Results
Low/Ideal Risk	67%	76%
High/Very High Risk	5%	11%

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Company Average

The average health score of your population is a strong indicator of the overall wellness of your population. The graph below shows the average score of your participants compared to other years.
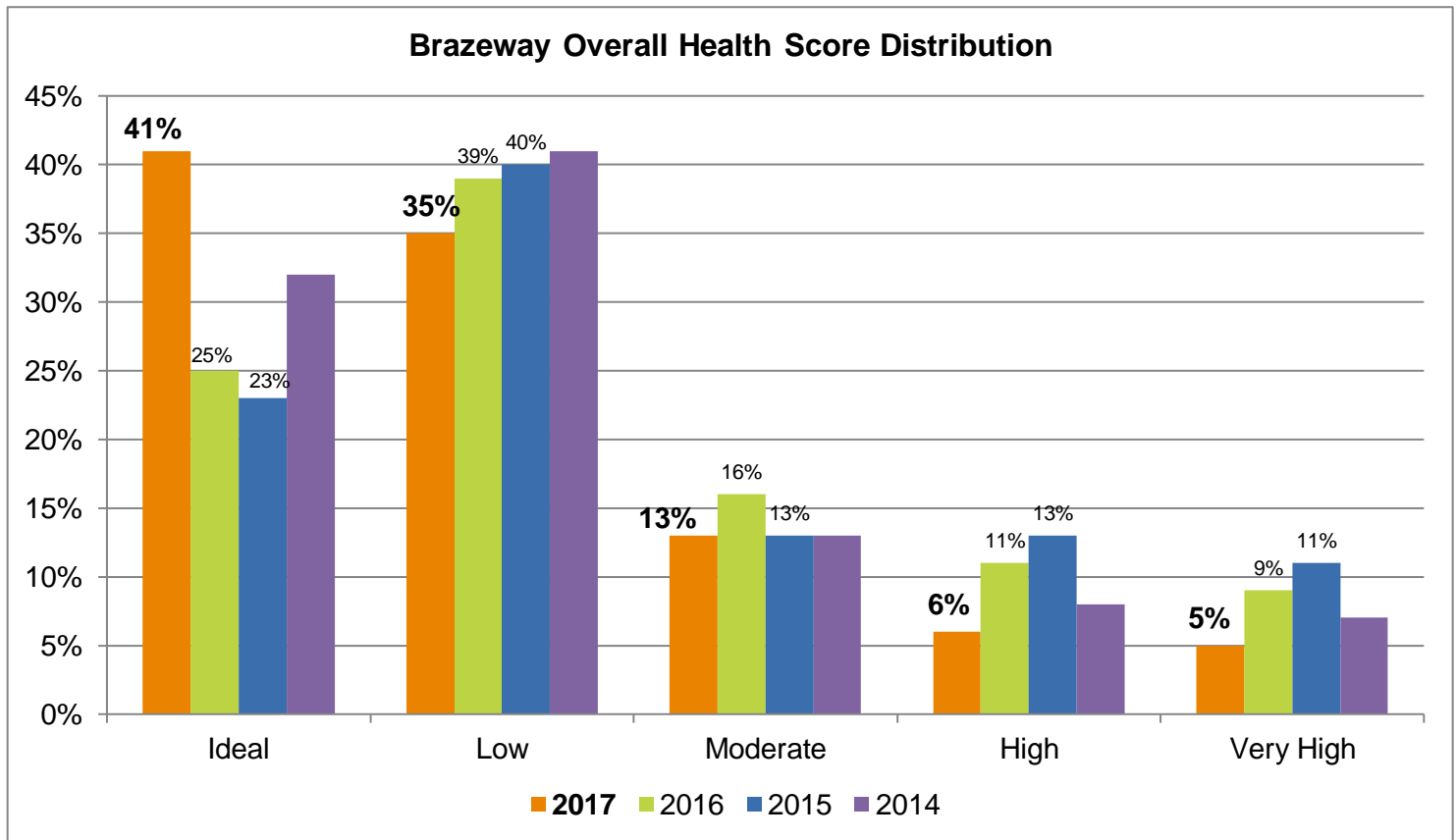
Brazeway Overall Health Score Distribution

Ideal: (100-85)   Low: (84-70)   Moderate: (69-60) High: (59-50)   Very High: (49-0)
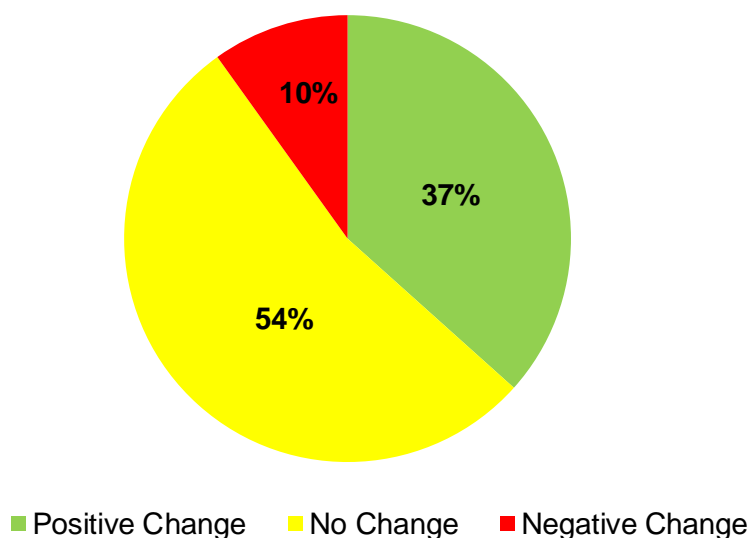
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Risk Status Change for Repeat Participants

The following graph shows how participants improved from the 2016 screenings to the 2017 screenings.

Risk Status Change for Repeat Participants

■	POSITIVE CHANGE	76
■	NO CHANGE	114
■	NEGATIVE CHANGE	20

Percentage of Change

■ Positive Change   ■ No Change   ■ Negative Change

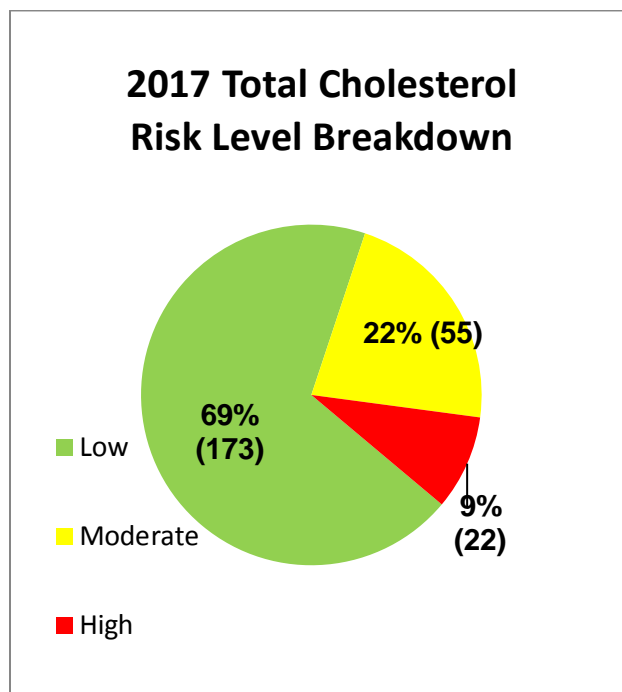**Area for Applause:** 76 repeat participants made a positive change in their health from 2016 to 2017.

Area for Attention: 10% (20 participants) of repeat participants have remained in the high or very high risk levels since their first screening.

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Biometric Averages

	2014	2015	2016	2017	Industry Average	CoreHealth Avg.
Total Score	77	73	74	79	78.1	78.0
BMI	28	30	30	30.2	30.0	29.3
Waist/Hip Ratio	.92	.90	.92	.91	.90	.91
Blood Pressure: Systolic	115	118	118	118	119.4	117
Blood Pressure: Diastolic	74	73	76	77	76.0	75
Cholesterol	191	190	188	185	191.6	192
HDL (Good)	52	53	53	54	53.6	55
LDL (Bad)	108	109	104	105	111.9	109
Triglycerides	145	146	138	140	133.5	132
Blood Sugar	99	98	96	98	98.4	98
A1C	N/A	N/A	N/A	5.5	5.46	

Heart Health: Total Cholesterol

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

2017 Total Cholesterol Risk Level Breakdown

- 22% (55)
- 69% (173)
- 9% (22)

- ■ Low
- ■ Moderate
- ■ High

Total Cholesterol Change for Repeat Participants

■	POSITIVE CHANGE	20
■	NO CHANGE	165
■	NEGATIVE CHANGE	25

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Area for Attention: 25 repeat participants made a negative change in their total cholesterol.

Area for Applause: Nearly 70% of participants fell into the low-risk category for cholesterol.

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Year-to Year Cholesterol Trend
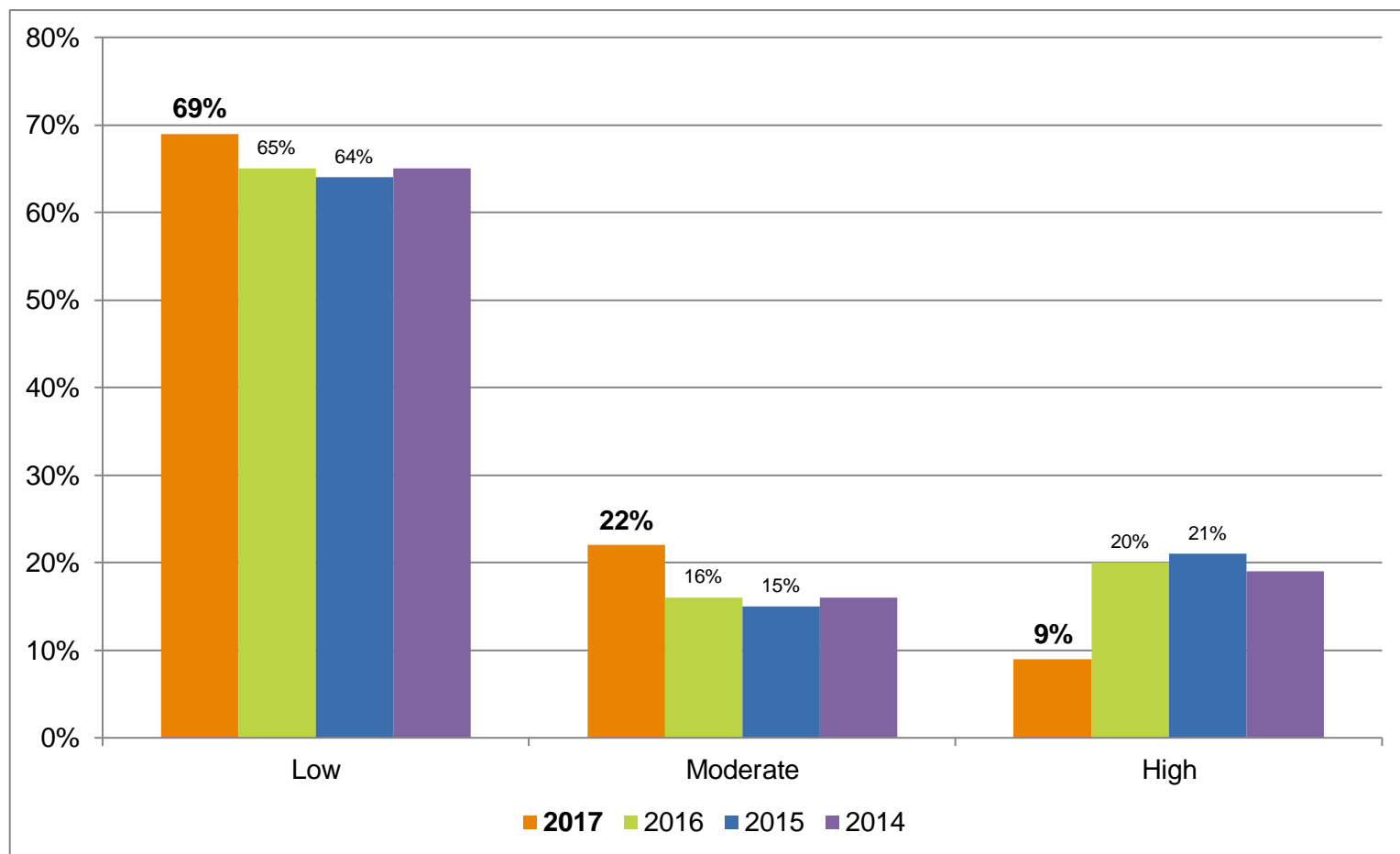
Low- (<200mg/dL)   Moderate- (200-239mg/dL)   High- (≥240mg/dL)

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Heart Health: Systolic 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. The graph below shows the breakdown of your participant's systolic blood pressure.

**2017 Systolic Blood Pressure
Risk Level Breakdown**

24%
(61)

69%
(172)

7% (17)

■ Low

■ Moderate

■ High
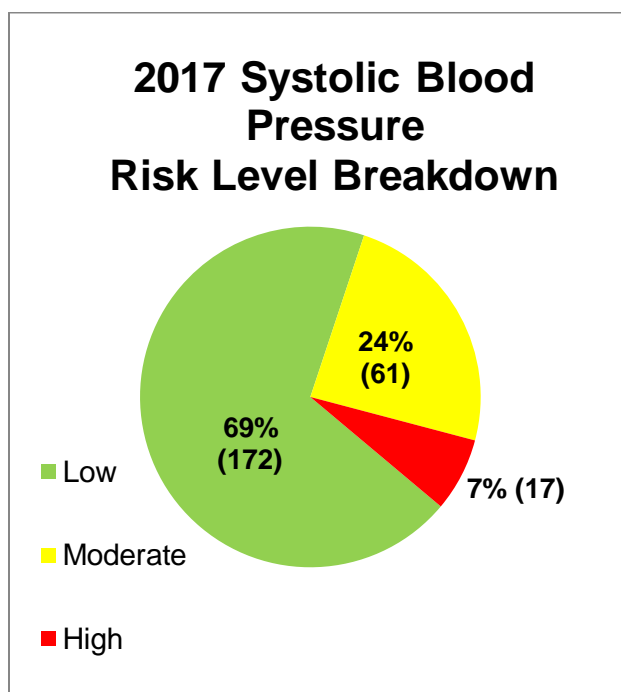
Average Blood Pressure Change for Repeat Participants (combined systolic + diastolic)
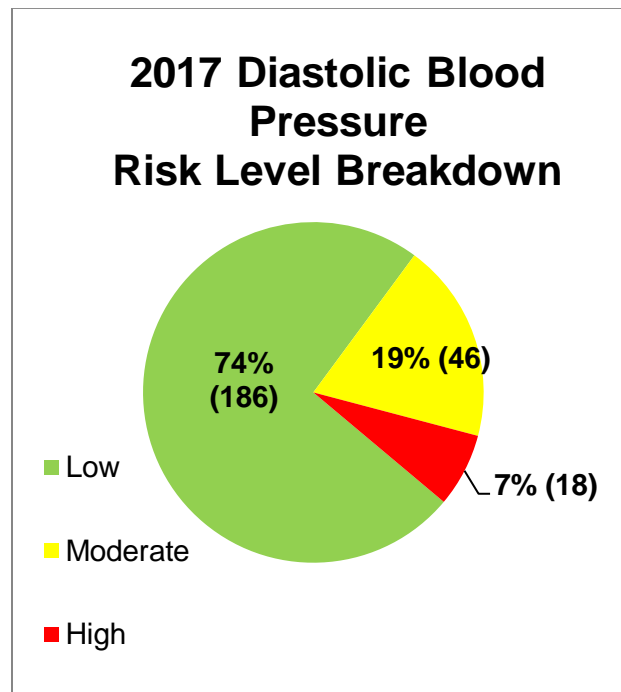
■	POSITIVE CHANGE	30
■	NO CHANGE	141
■	NEGATIVE CHANGE	39

Area for Applause: Nearly 70% of participants tested in the low-risk range.

Area of Attention: 39 repeat participants made a negative change in their systolic blood pressure. Under the new blood pressure guidelines, more people will most likely be testing in the moderate or high-risk range.

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Heart Health: Diastolic Blood Pressure

Blood pressure is another main factor in determining overall heart health. Diastolic blood pressure is the pressure in the arteries when the heart is relaxing. The graph below shows the breakdown of your participant's diastolic blood pressure ranges.

2017 Diastolic Blood Pressure Risk Level Breakdown

- 74% (186) Low
- 19% (46) Moderate
- 7% (18) High

Low- (≤81mmHg)   Moderate- (82-90mgHgl) High- (≥91 mmHg)

Blood Pressure Change for Repeat Participants

▪	POSITIVE CHANGE	27
▪	NO CHANGE	145
▪	NEGATIVE CHANGE	38

Area for Applause: The majority of the population tested in the low-risk category for diastolic blood pressure.

Area of Attention: 38 repeat participants made a negative change in their diastolic blood pressure, and out of the entire screening population 18 are testing in the high risk range, which puts them at an increased risk for a cardiac event.

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Year-to-Year Blood Pressure Trend
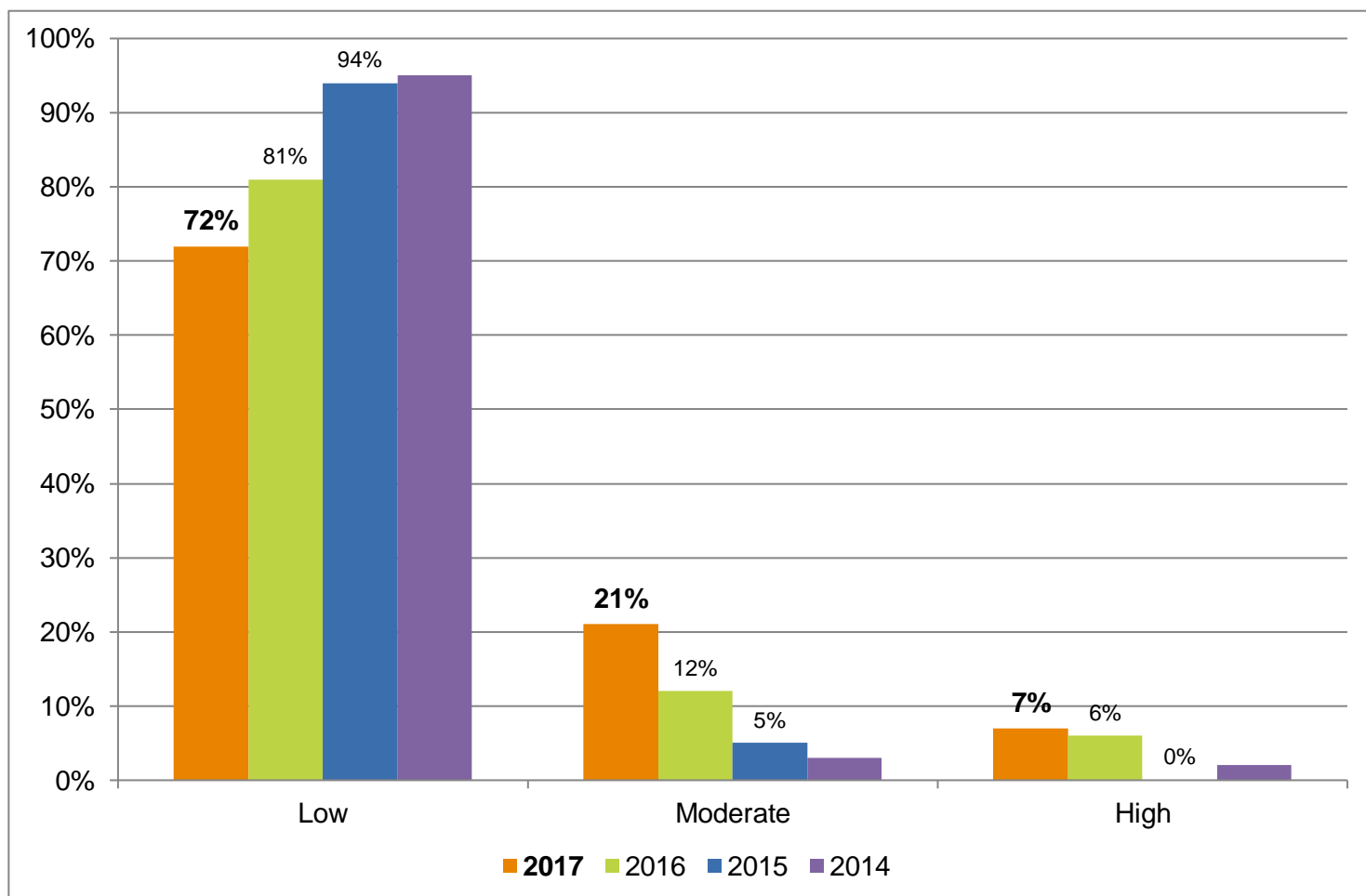
Low- (≤121/81mg/dL)   Moderate- (122/82-140/90mg/dL)   High - (≥141/91mg/dL)

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Diabetes Risk: Fasting Blood Glucose

Diabetes presents a serious risk to your participants and also to your bottom line. Undiagnosed diabetics are a catastrophic claim waiting to happen, while those who are diabetic present a significant cost, especially if they are not compliant with their care. The graph below demonstrates your populations risk for diabetes due to elevated fasting blood glucose.

2017 Blood Glucose Risk Level Breakdown

24% (59)

5% (14)

71% (177)

- Ideal
- Moderate
- Very High
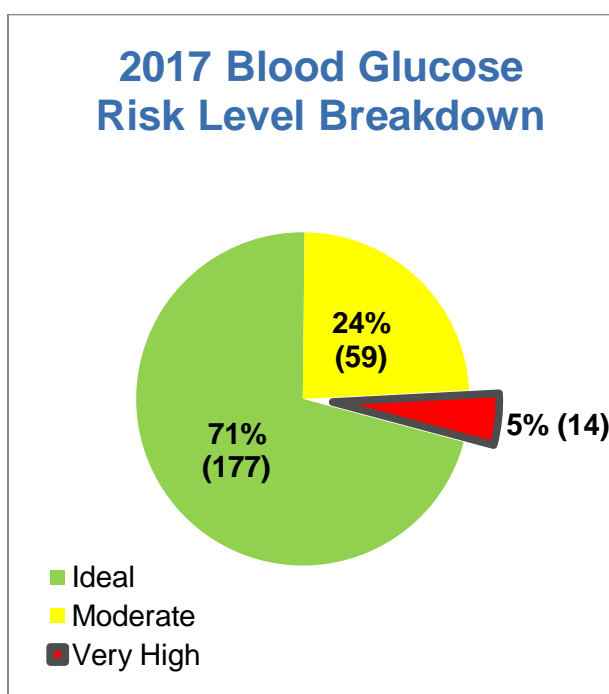
Total Blood Glucose Change for Repeat Participants

■	POSITIVE CHANGE	22
■	NO CHANGE	156
■	NEGATIVE CHANGE	32

Area for Applause: 71% of participants fell into the low-risk category for blood glucose.
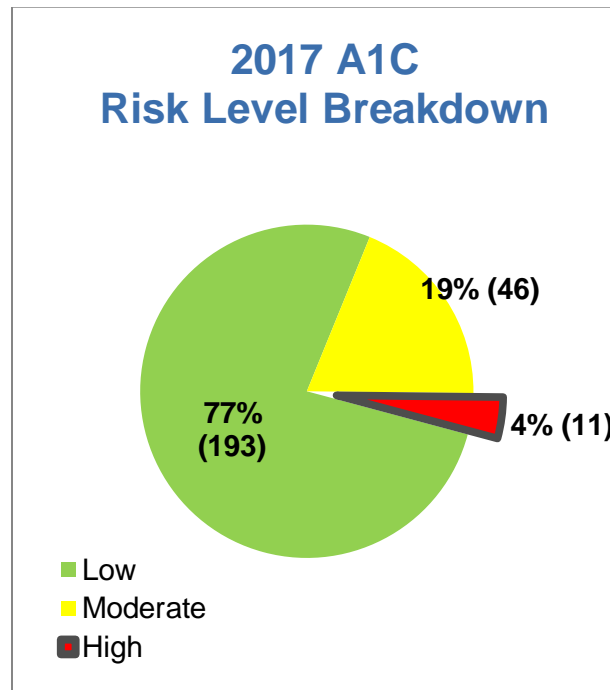
Area for Attention: 14 participants fell into the high-risk category for A1C. There is a very high likelihood that these participants are diabetic and either they don't know they are, or they are not managing their diabetes properly.

Year-to-Year Glucose Trends

Low Risk- (≤ 100mg/dL) Moderate Risk- (101-125mg/dL) High Risk- (≥126mg/dL)

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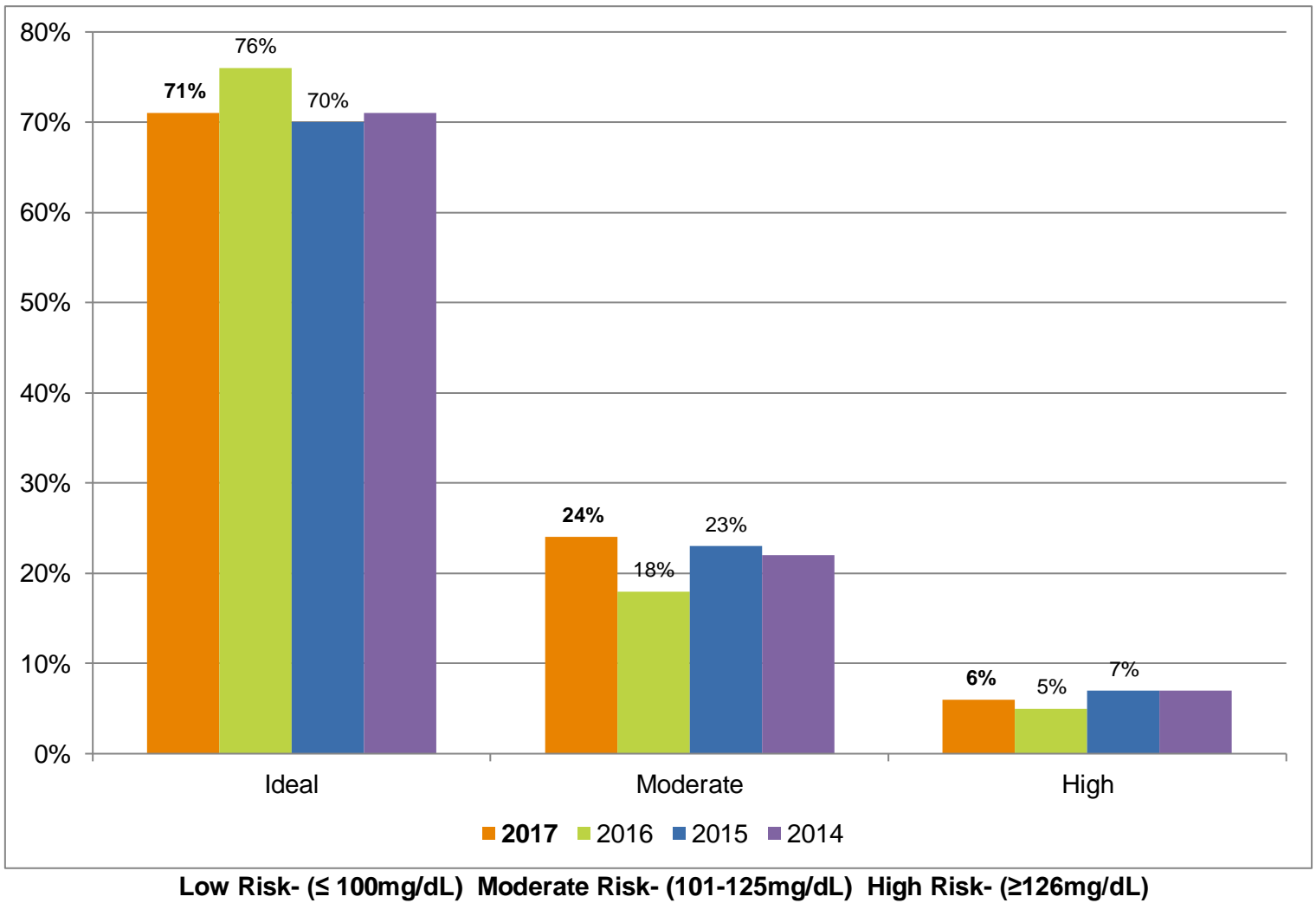
Diabetes Risk: Hemoglobin A1C

Hemoglobin A1C measures average glucose levels over a 2-3 month period and is the best predictor and indicator of diabetes. Anything 6.5% or higher represents an increased risk for diabetes. Diabetes presents a serious risk to your participants and also to your bottom line. Undiagnosed diabetics are a catastrophic claim waiting to happen, while those who are diabetic present a significant cost, especially if they are not compliant with their care. The graph below demonstrates your populations risk for diabetes.

**2017 A1C
Risk Level Breakdown**

- Low
- Moderate
- High

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

Total A1C Change for Repeat Participants

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

Area for Applause: 77% of participants fell into the low-risk category for A1C even though only 71% tested in the low-risk range for blood glucose. .

Area for Attention: 11 participants fell into the high-risk category for A1C. There is a very high likelihood that these participants are diabetic and either they don't know they are, or they are not managing their diabetes properly.

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Body Composition

Body Mass Index

BMI is an indicator of excess body weight. Generally, those with a higher BMI are also more likely to suffer from high cholesterol, increased blood pressure, and diabetes. BMI does have its limitations, but overall is a good indication of a serious risk. The graph below demonstrates your population's risk breakdown of BMI.
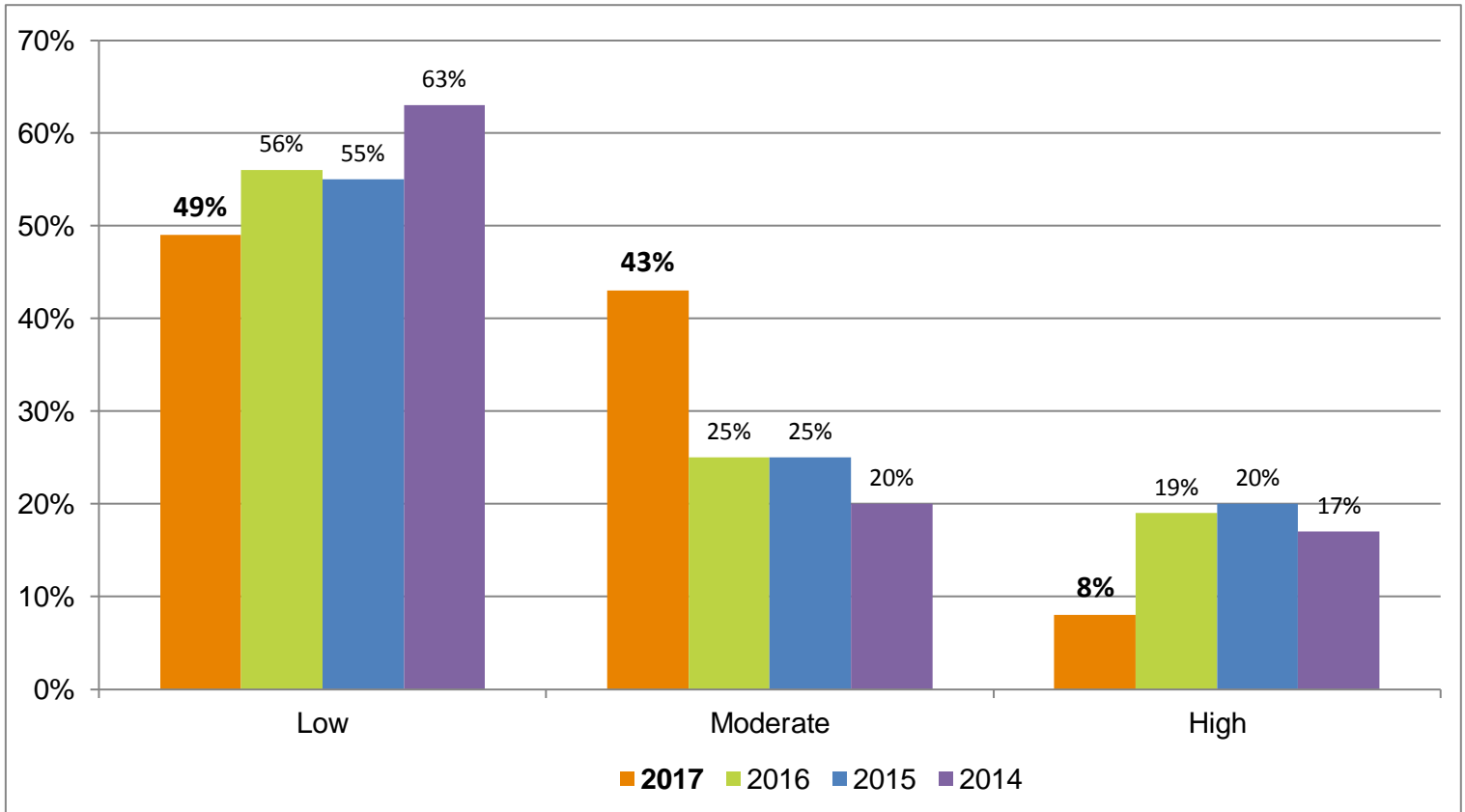
Low- (18.5-29.9)   Moderate- (30-39.9)   High- (≥40)

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Average Waist Circumference

Waist circumference is an indicator of excess body weight. Generally, those with a higher waist circumference are also more likely to suffer from high cholesterol, increased blood pressure, and diabetes. The average waist circumferences for both male and female participants are listed below.

38.8" **35.6"**

Male high risk: >40 inches   **Female high risk: >35 inches**
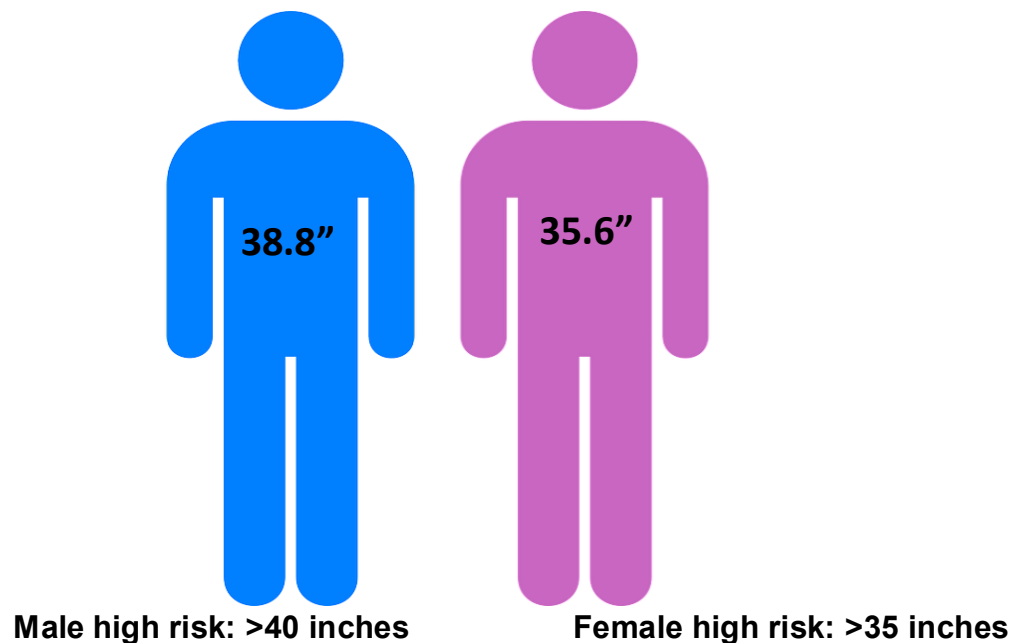
Area for Applause: The average male waist circumference is in the low-risk category. Average female waist circumference is only 0.6" over the recommendation.

Area for Attention: 38% of females and 37% of males measured in the high-risk category for waist circumference. These participants are at an increased risk for having a cardiac event.

Nicotine 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).The table below summarizes your participant's tobacco use, as well as self-reported tobacco use.

	2014	2015	2016	2017
Tested Positive	13% (22)	27% (77)	25% (60)	21% (52)
Self-reported Nicotine Use	13% (22)	27% (77)	23% (56)	13% (12)

Nicotine Change for Repeat Participants

■	POSITIVE CHANGE	10
■	NO CHANGE	199
■	NEGATIVE CHANGE	1

Area for Applause: The number of tobacco users who complete the screening has decreased since 2015, and 10 repeat participants quit using tobacco since 2016.

Area for Attention: Nearly a quarter of the population who screened are tobacco users.

**Please note that the HRA was not mandatory this year, so self-reported nicotine use is not reflective of the entire population.

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Gamma-Glutamyltransferase (GGT) Test Results

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

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

2017 GGT
Risk Level Breakdown

94%
(236)

6% (14)

■ Ideal

■ High

Low Risk: <66   High Risk: ≥66

GGT Change for Repeat Participants

■	POSITIVE CHANGE	8
■	NO CHANGE	199
■	NEGATIVE CHANGE	3

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Critical Values

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

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

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

Biometric	2017 CV	Repeat CV	Critical Range	Ideal Range
Diastolic Blood Pressure	3	0	>180/**100**	<120/80
Cholesterol	3	1	>300	<200
ALT	3	0	>150	0-45 U/L
Creatinine	1	1	>2.0	0.6-1.5 mg/dL
Total	10	2		

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Stand-Out Stories

- 43 participants improved their score by 10+ points

- 20 participants improved their score by 20+ points

Participant A: Improved by 44 points!! They drastically improved total cholesterol, LDL, triglycerides and GGT. They also increased their good cholesterol (HDL) and lost 4 inches off their waist.

Participant B: Improved by 38 points!! They lost over 10 inches off their waist, significantly improved blood pressure and quit smoking!!

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2018 Recommended Wellness Strategy

Wellness Strategy

- Increase health screening participation
    - Robust communication campaign
- Increase year-round engagement via the Kapnick Strive Portal
    - Strive for 5 Reward Points Program
    - Interactive wellness challenges (individual and/or team)
        - Integrate Fitbits with portal
    - Consistent communication pieces
- Reasonable Alternative Standard health coaching program is available to those who did not meet the qualifying standard. Participants must complete the program by December 31, 2018.
    - Deadline to register is November 1, 2018.
    - 6-weeks of telephonic health coaching with a certified health coach
- Develop interactive Lunch & Learn or webinar topics that will increase education about top risk factors.
- Participants scoring 60 & below will receive a voluntary telephonic coaching call from a certified Kapnick Strive Health Coach to discuss lifestyle modifications to improve health. Two attempts will be made to the participant.
- We encourage the requirement of the HRA next year to get a better representation of self-reported data.
- Our Kickin' Butts Smoking Cessation Program is available at an additional cost to those who are looking to become tobacco free.
- Provide targeted health promotion posters based on high risks and claims data
    - March- Weight Management
    - June- Tobacco cessation
    - September- Cholesterol
- Wellness Committee consultation
    - Startup committee
    - Fitness class coordination
- The Wellness Outlet
    - This online store lets employees pick from 20+ discounted devices from industry leaders such as Fitbit and Garmin.
- Monthly communication materials
- Coming in 2018 via Kapnick Strive portal: Individualized educational materials and programs based on biometric results and HRA responses.

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