



## Eversight

# 2019 Strive Executive Review & 2020 Strategic Planning Meeting

*Presented By Kapnick Insurance Group*





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## SUMMARY

### Key Points of the 2019 Review

#### Trends

- Average health score (87.5) remains higher than other CoreHealth users (80.5).
- 15% of repeat participants made a positive improvement in their health score.
- 79% of those who made no change in risk category for overall health score remained in the low risk range. This indicates they are maintaining good general health.

#### Top Health Risks

- High Cholesterol
- Diabetes
- Weight Management

#### Goals for 2020

- Increase program participation by 5% to reach the 70% minimum.
- Help individuals find ways to be more accountable for their health year-round through the Kapnick Strive portal.
  - Continue utilizing Strive for 5 Reward Points Program for 2020.
  - Utilize team wellness challenges.
  - Utilize resources in upgraded HealthyLearn page.
  - Improve scores of current top health risks.



## 2019 EMPLOYEE EVENTS



### Lunch & Learn Presentations

- April 18th: Prepare for Health Screening + SMART Goals
- July 25th: Understanding Your Health Score + Vitamins and Minerals
- September 24th: Diabetes...What's My Risk?
- November 12th: Weight Management - Holiday Edition



### Challenges

- April: Mystery Fitness Challenge
- July: Going for Growth Challenge
- September: Nutrition 101 Challenge
- November: Maintain Don't Gain



### Health Screenings

- June 12th: Ann Arbor & Cleveland Offices
- June 20th: Ann Arbor, Chicago, and Clark Offices
- June 28th: Ann Arbor Office



### Health Coaching

- 60 and Below
  - Outreaches provided to four participants
  - Connected with two participants
  - One participant enrolled in RAS through 60 and below out reach
- RAS
  - Currently underway
  - Only 4% of participants qualified for RAS



### Quarterly Strive Reward Point Raffle Winners

- 1st Q: Eric Brott, Miran Godwin, Philip Inglad, Ronnie Arora, Rachel Beeler
  - Eversight earned a total of 24,123 strive reward points in Q1
- 2nd Q: Ebony Johnson, Jennie Dalton, Alex Johnston, Tamara Thomson, Sarah Stokes
  - Eversight earned a total of 223,327 strive reward points in Q2
- 3rd Q: TBD
- 4th Q: TBD



## 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 demographics of screening participation this year and in years past.

	Participants	Eligible Employees	Average Age	Average Score	Core Health Average Score
<b>Eversight 2019</b> Repeat Participants	<b>93</b> 67	141	40	87.5	80.5
<b>Eversight 2018</b> Repeat Participants	<b>101</b> 59	160	41	84	78
<b>Eversight 2017</b> Repeat Participants	<b>79</b> 57	161	40	83.1	76
<b>Eversight 2016</b>	100	164	39	79.6	75.94

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

	2019 # of Participants	% of Participation
<b>Male</b>	26	28%
<b>Female</b>	67	72%



## PARTICIPATION/INCENTIVE STRUCTURE

2019 Eligible Employee Participation

**93/141 = 66%**

Year to Date 2019 Incentive Eligible

**89/93 = 96%**

Received Incentive Based On:	2019
Completion of RAS	→ Four participants are eligible for Reasonable Alternative Standard (RAS) → Two participants are currently enrolled into RAS
Improvement of 5 points	→ One repeat participant increased their health score by 5 points making them incentive eligible
Health Score 70 or higher	→ 64 repeat participants achieved a health score of 70 or higher making them incentive eligible
First-time Participant	→ 24 participants completed a screening for the first time making them incentive eligible

Incentive provided: \$500 deducted incrementally from health insurance premium. For those who waive coverage, the incentive is added to wavier dollars.

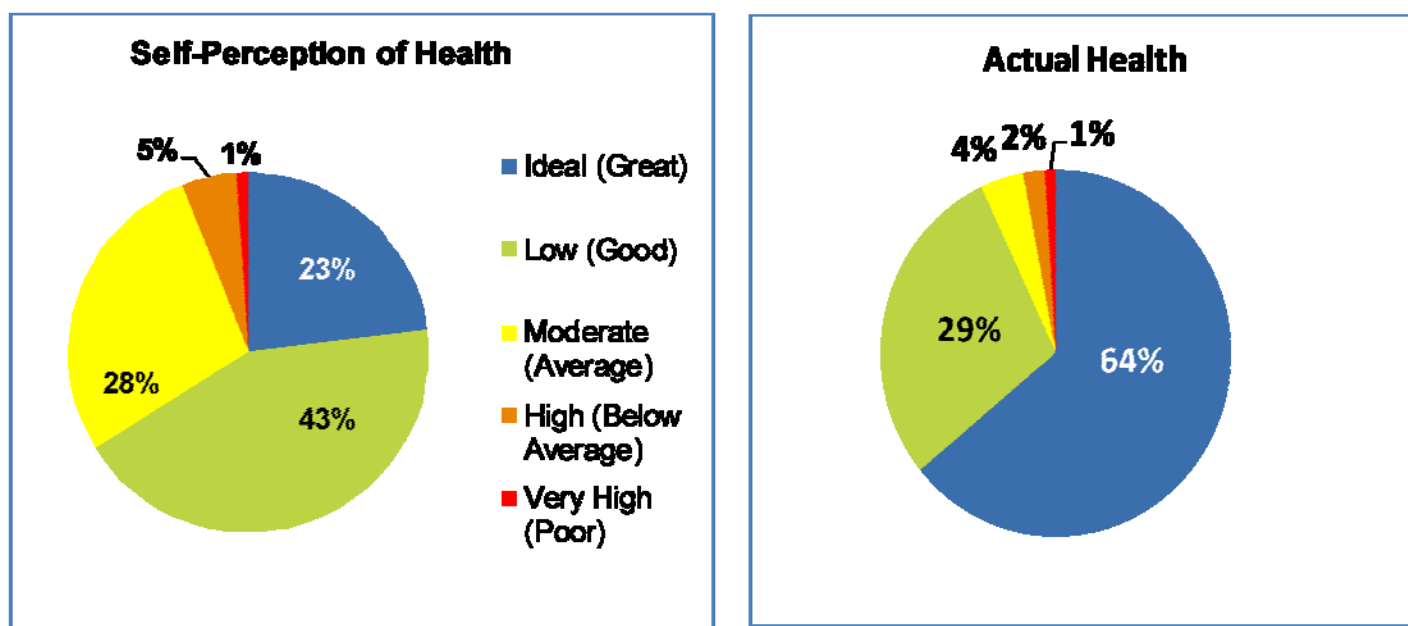
To qualify for the full wellness incentive, a previously eligible participant must have a Health Score of 70 or higher OR improve his or her Health Score by 5 points from last year's score.



## 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.

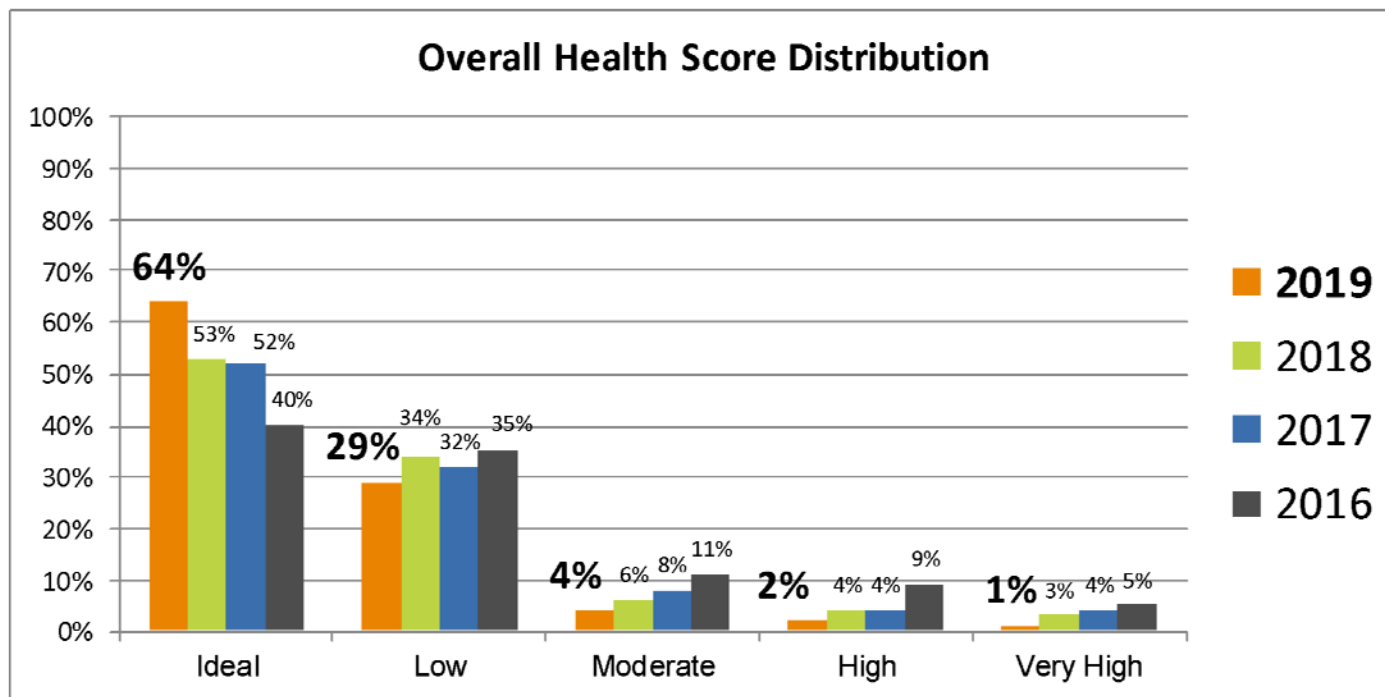


2019	Self-Reported	Actual Results
Low/Ideal Risk	66%	93%
High/Very High Risk	6%	3%

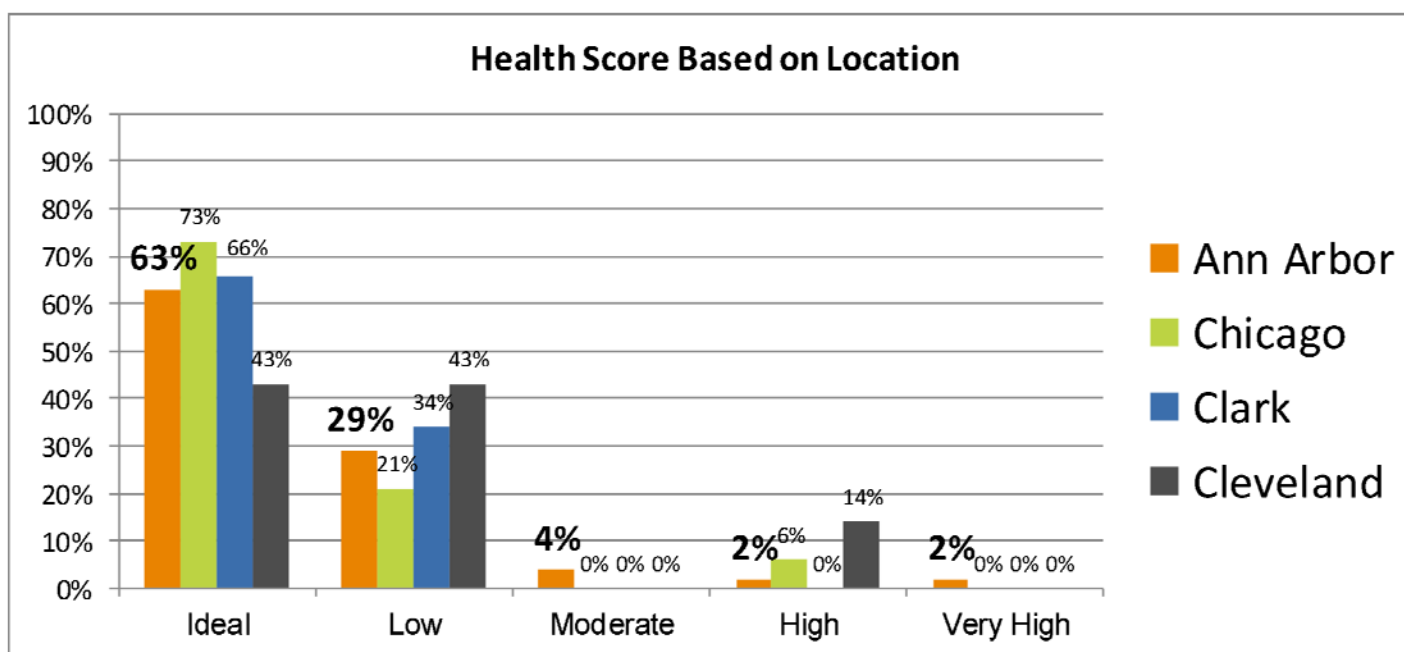


## COMPANY AVERAGE

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.



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

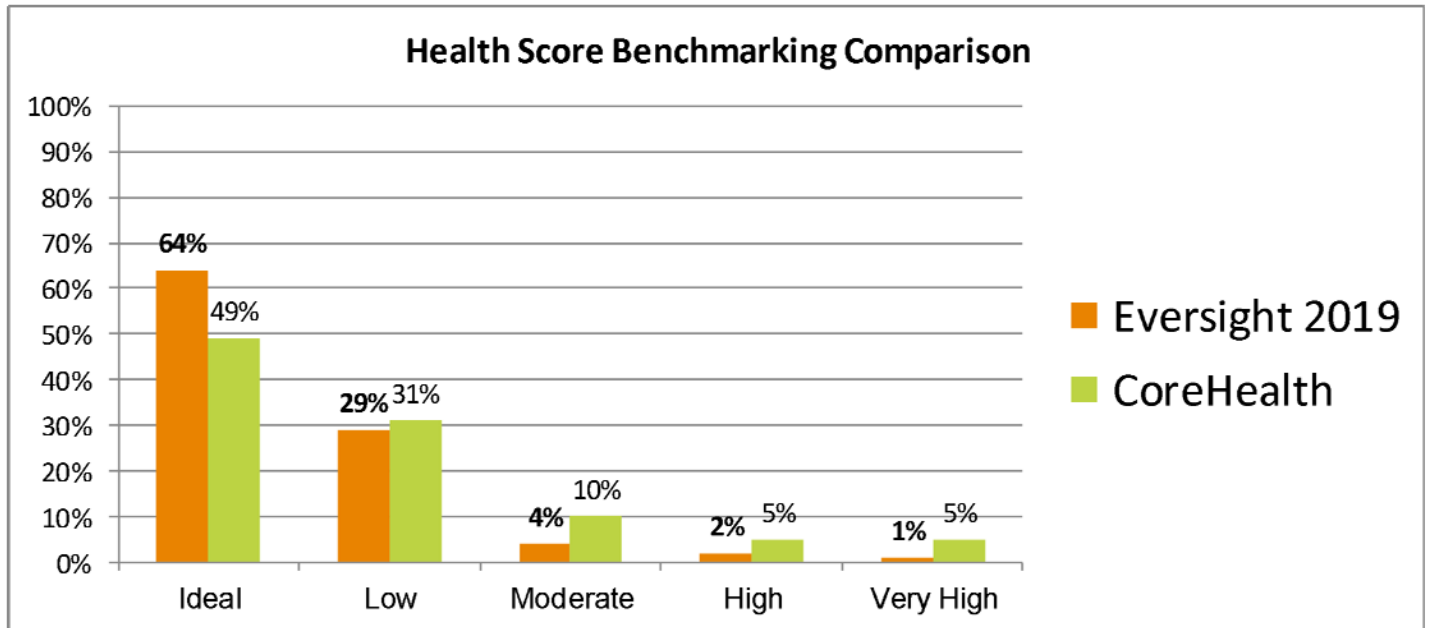






## HEALTH SCORE BENCHMARKING

The average health score of your population is a strong indicator of the overall wellness of your population. The graph below shows scoring of your participants compared to all Strive client data within CoreHealth.

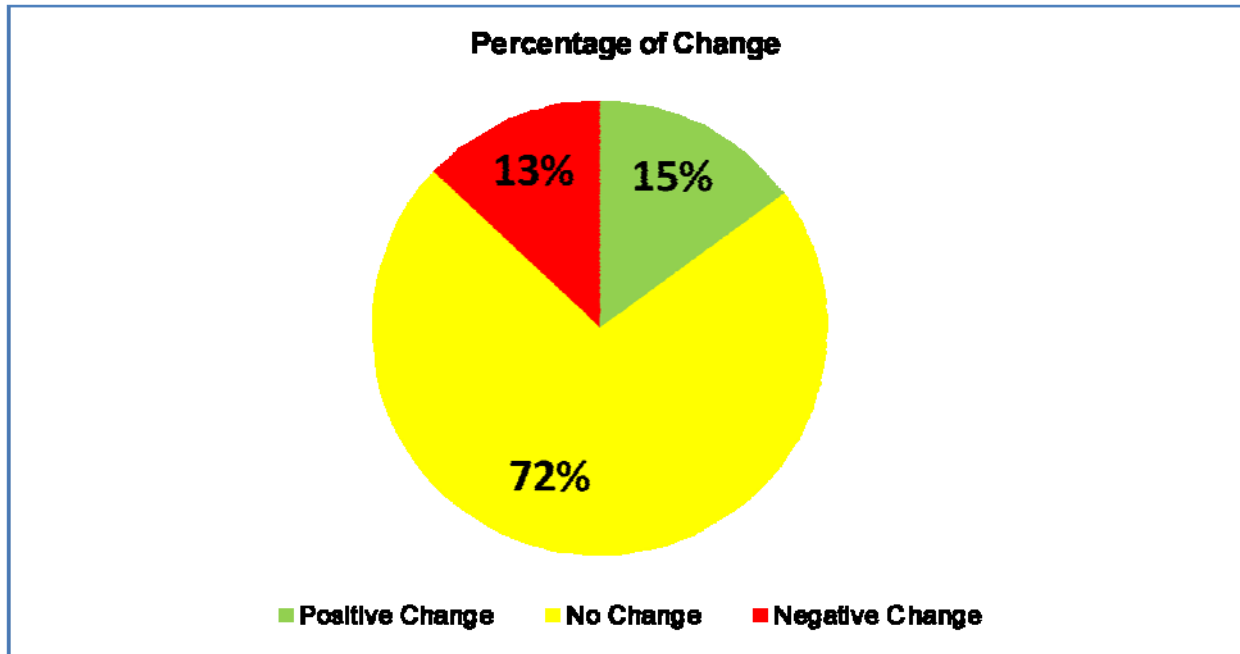


Ideal = 100-85    Low Risk = 84-70    Moderate Risk = 69-60    High Risk = 59-50    Very High Risk = 49-0



## RISK STATUS CHANGE FOR REPEAT PARTICIPANTS

The following graph shows how participants improved from the 2018 screenings to the 2019 screenings.



**Total Risk Status Change for Repeat Participants**

■ POSITIVE CHANGE	10
■ NO CHANGE	48
■ NEGATIVE CHANGE	9

**Area for Applause:** 79% of those who made no change in risk category remained in the low risk range. This indicates they are maintaining good general health.



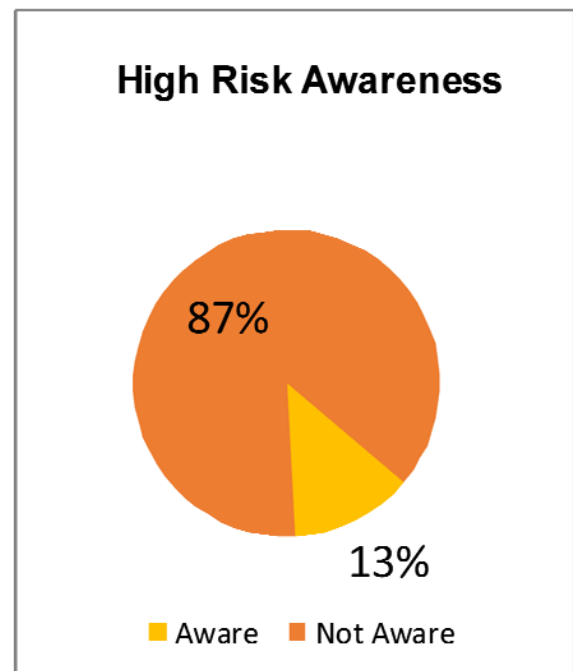
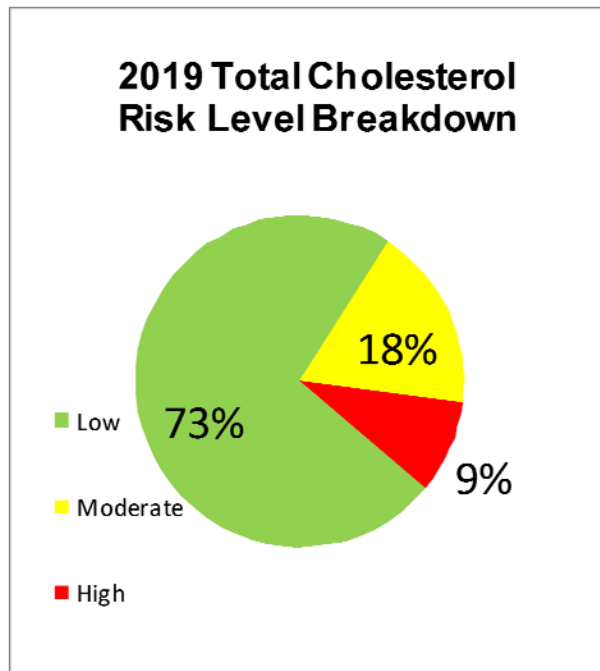
## BIOMETRIC AVERAGES

	2016	2017	2018	2019	CoreHealth
Total Score	79	83	84	87.5	80.5
BMI	29.2	28	30.7	30.2	29.3
Waist/Hip Ratio	0.85	0.83	0.6	0.80	.91
Blood Pressure: Systolic	113	111	115	115	117
Blood Pressure: Diastolic	72	73	73	72.6	75
Cholesterol	184	183	188	184	192
HDL (Good)	57.3	61	55.7	58.6	55
LDL (Bad)	101.3	100	107.6	102.8	109
Triglycerides	121.5	110	128	112	132
Blood Sugar	94.8	93	124.9	94	98
A1C	N/A	N/A	5.4%	5.4%	5.5%



## 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.



Low Risk = <200mg/dL    Moderate Risk = 200-239mg/dL    High Risk = ≥240mg/dL

### Total Cholesterol Change for Repeat Participants

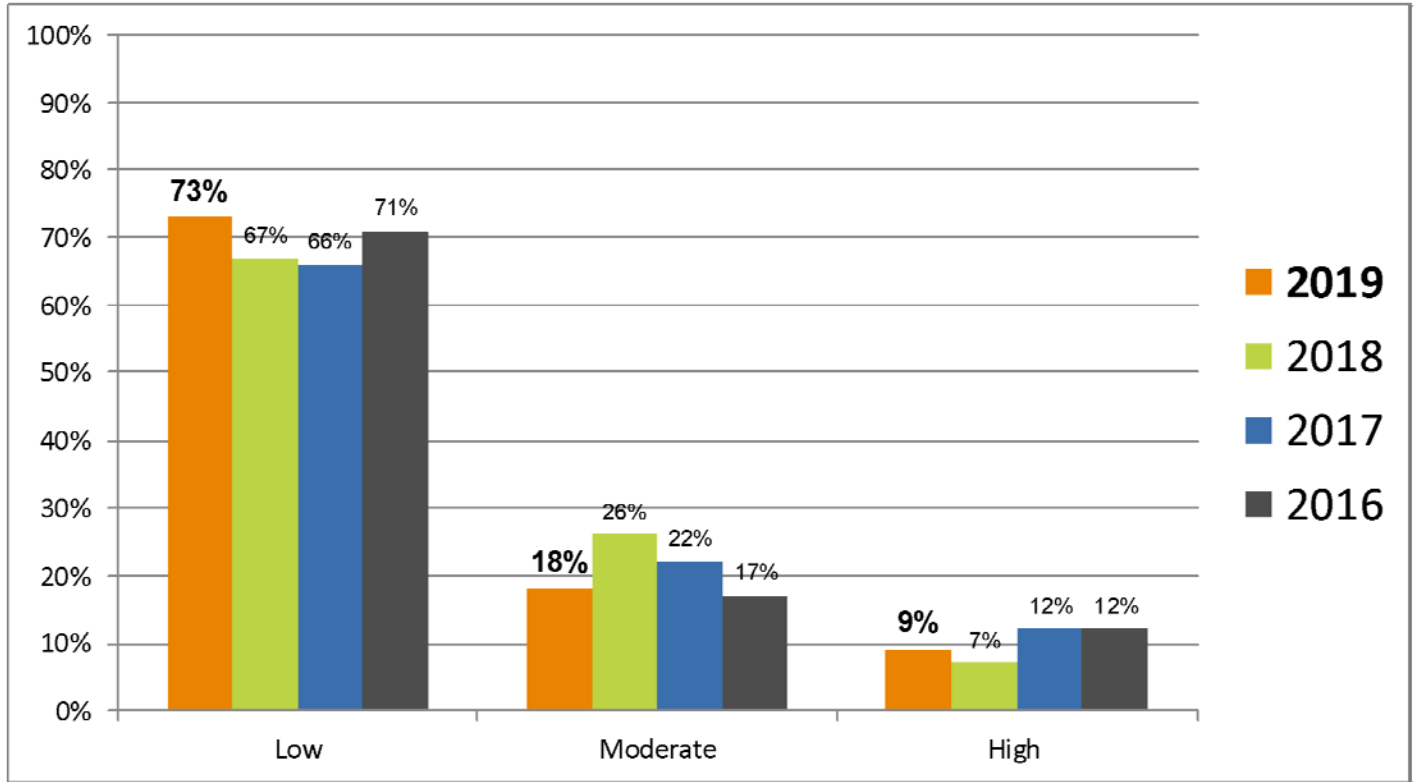
■ POSITIVE CHANGE	11
■ NO CHANGE	45
■ NEGATIVE CHANGE	11

**Area for Applause:** 84% of those who made no change in risk category remained in the low risk range.

**Area for Attention:** 27% of participants fell into the moderate or high risk range. Of those who fell in high risk, 87% of them did not report high cholesterol on their 2019 HRA. High cholesterol increases risk of heart attack and stroke.



## YEAR-TO-YEAR CHOLESTEROL TREND

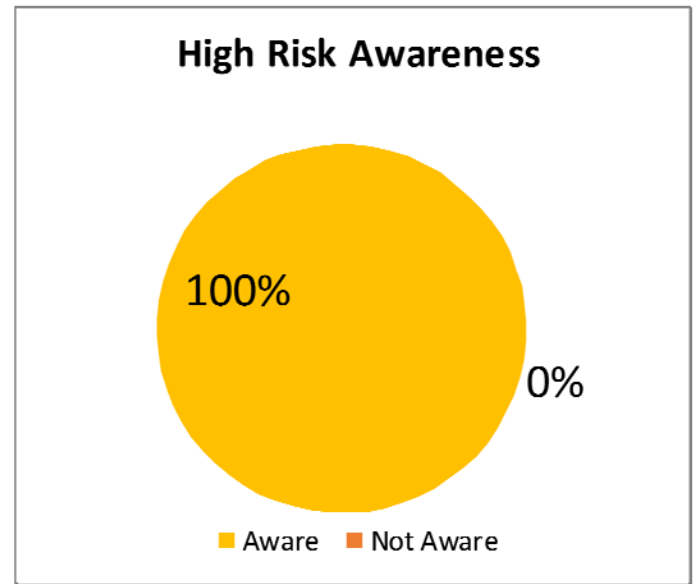
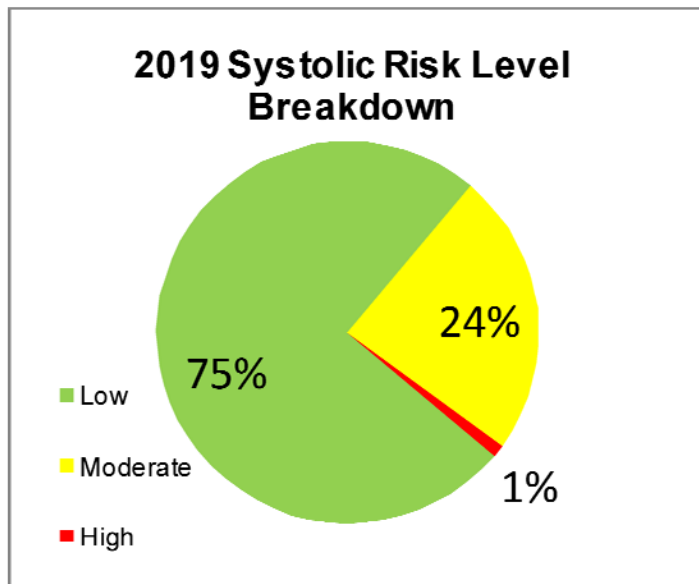


Low Risk = <200mg/dL    Moderate Risk = 200-239mg/dL    High Risk = ≥240mg/dL



## 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.



Low Risk =  $\leq 121$ mmHg    Moderate Risk = 122-140mmHg    High Risk =  $\geq 141$ mmHg

### Total Blood Pressure Change for Repeat Participants

POSITIVE CHANGE	9
NO CHANGE	48
NEGATIVE CHANGE	10

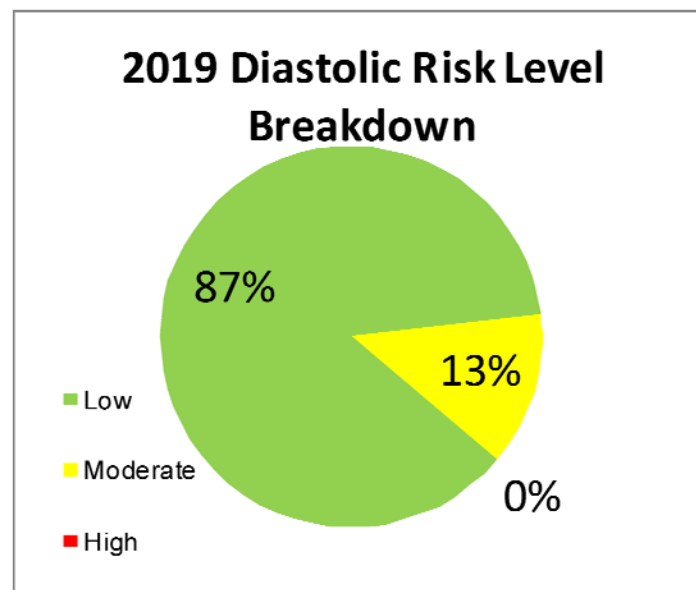
**Area for Applause:** 87% of those who made no change in risk category remained in the low risk range.

**Area for Attention:** 25% of participants fell into the moderate or high risk range. All who fell in the high risk range reported awareness on the 2019 HRA.



## 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.



Low Risk =  $\leq 81$ mmHg    Moderate Risk = 82-90mmHg    High Risk =  $\geq 91$ mmHg

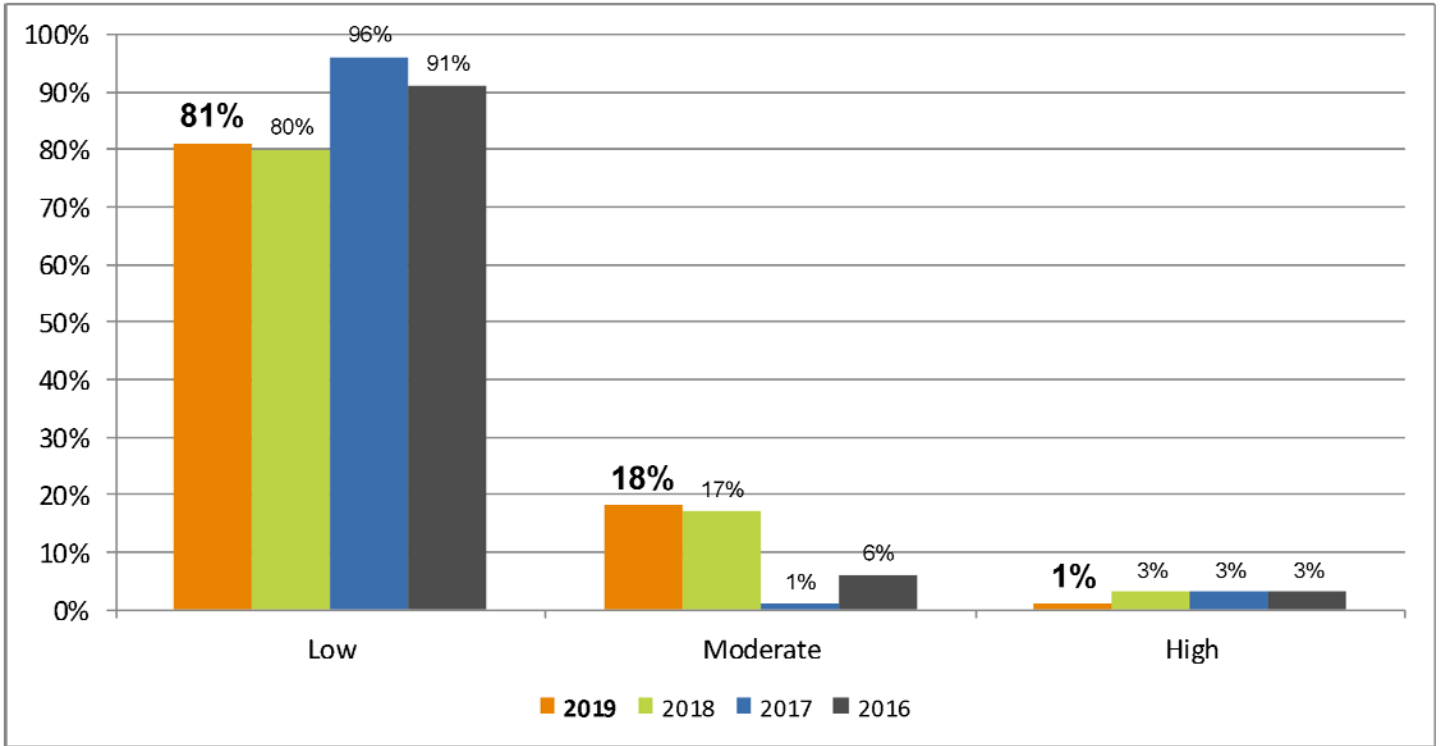
### Total Blood Pressure Change for Repeat Participants

■	POSITIVE CHANGE	6
■	NO CHANGE	55
■	NEGATIVE CHANGE	6

**Area for Applause:** No participants fell into the high risk range.



## YEAR-TO-YEAR BLOOD PRESSURE TREND



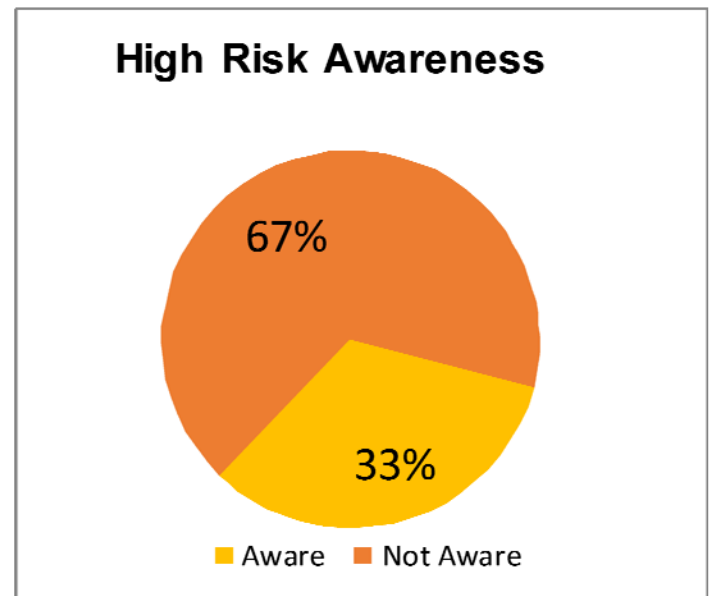
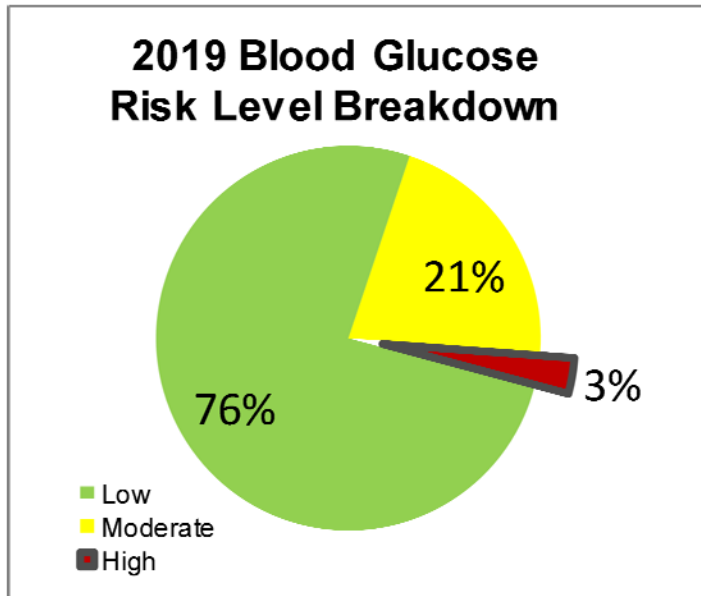
Low Risk =  $\leq 121/81\text{mg/dL}$     Moderate Risk =  $122/82\text{-}140/90\text{mg/dL}$     High Risk =  $\geq 141/91\text{mg/dL}$





## DIABETES RISK: BLOOD GLUCOSE

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



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

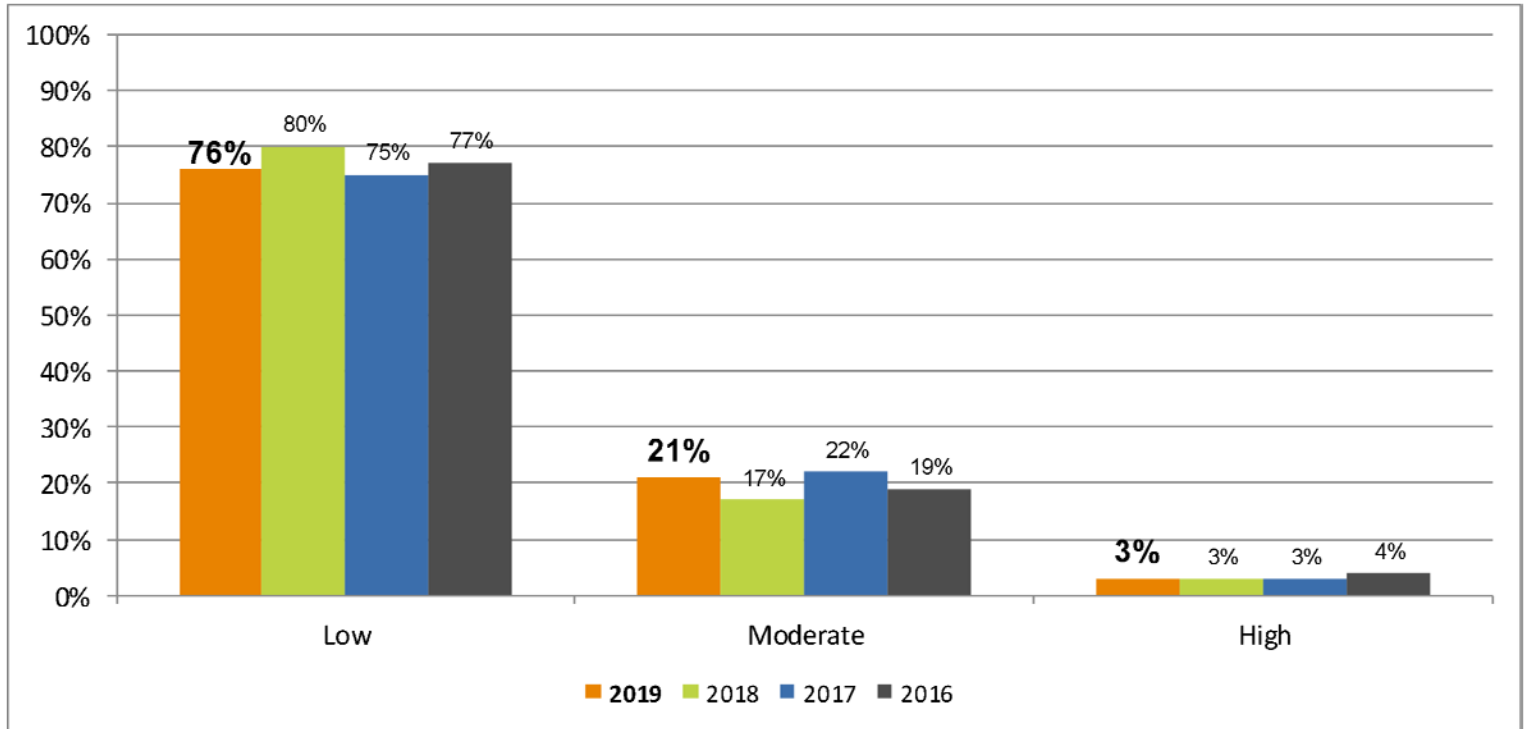
Total Blood Glucose Change for Repeat Participants		
■	POSITIVE CHANGE	6
■	NO CHANGE	52
■	NEGATIVE CHANGE	9

**Area for Applause:** 86% of those who made no change in risk category remained in the low risk range.

**Area for Attention:** 24% of participants fell into the moderate or high risk range. Of those who fell in high risk, 67% did not report awareness on the 2019 HRA. Elevated blood sugar can increase risk of diabetes.



## YEAR-TO-YEAR GLUCOSE TREND

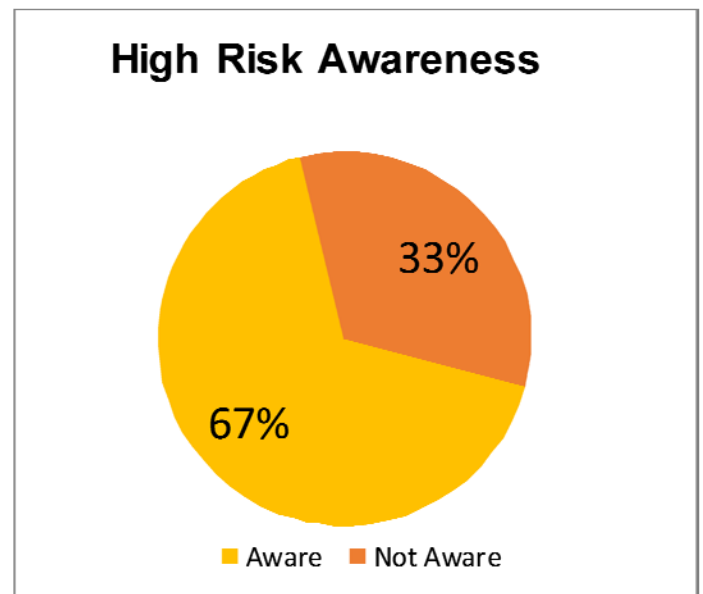
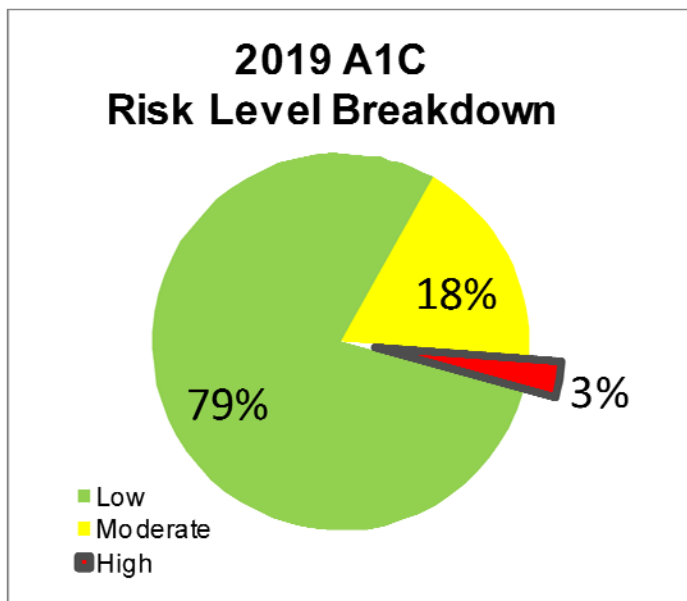


Low Risk =  $\leq 100\text{mg/dL}$     Moderate Risk =  $101\text{-}125\text{mg/dL}$     High Risk =  $\geq 126\text{mg/dL}$



## DIABETES RISK: HEMOGLOBIN A1C

Hemoglobin A1C measures average glucose levels over a 2-3 month period 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.



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

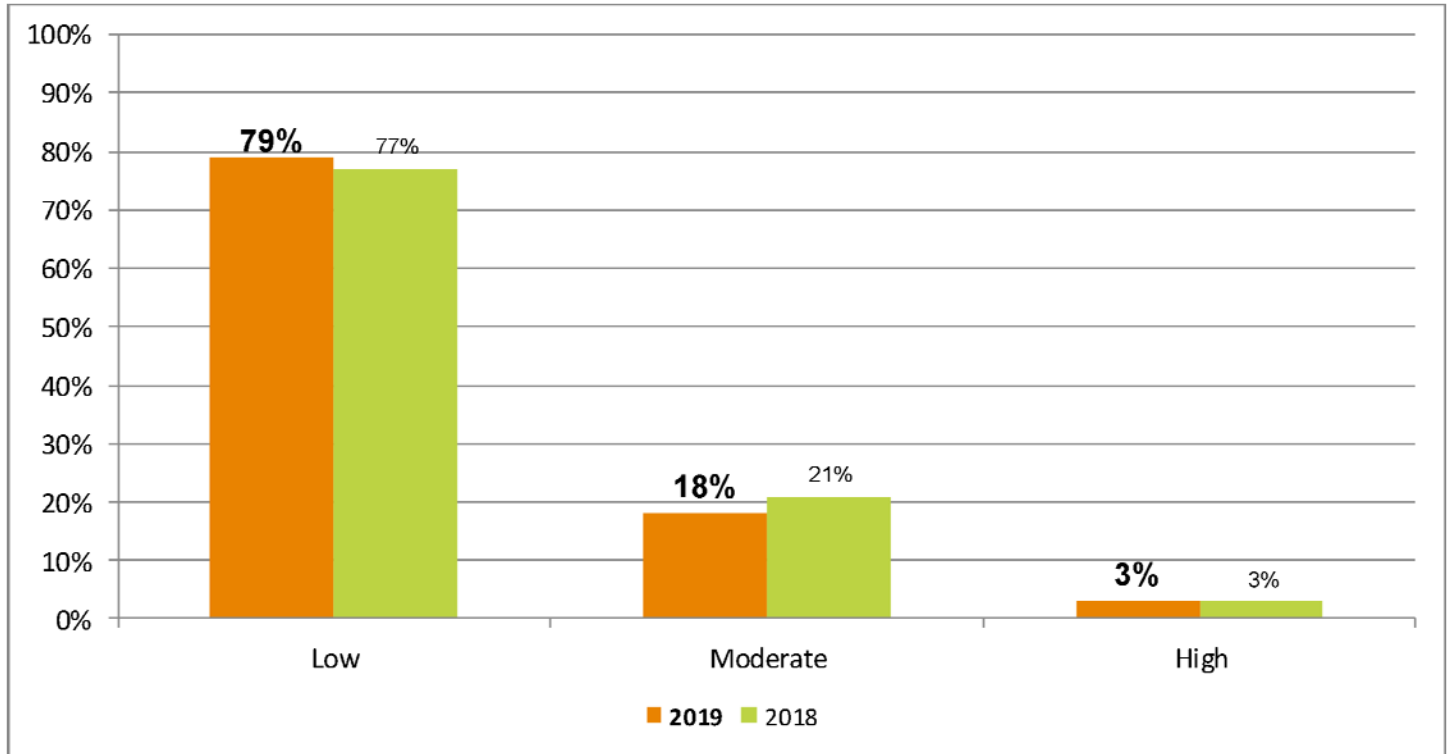
Total A1C Change for Repeat Participants		
■	POSITIVE CHANGE	1
■	NO CHANGE	62
■	NEGATIVE CHANGE	4

**Area for Applause:** 80% of those who made no change in risk category remained in the low risk range.

**Area for Attention:** 21% of participants fell into the moderate or high risk range. Of those who fell in high risk, 33% did not indicate awareness on the 2019 HRA. Elevated A1C can be an indication of prediabetes or diabetes.



## YEAR-TO-YEAR HEMOGLOBIN A1C TREND



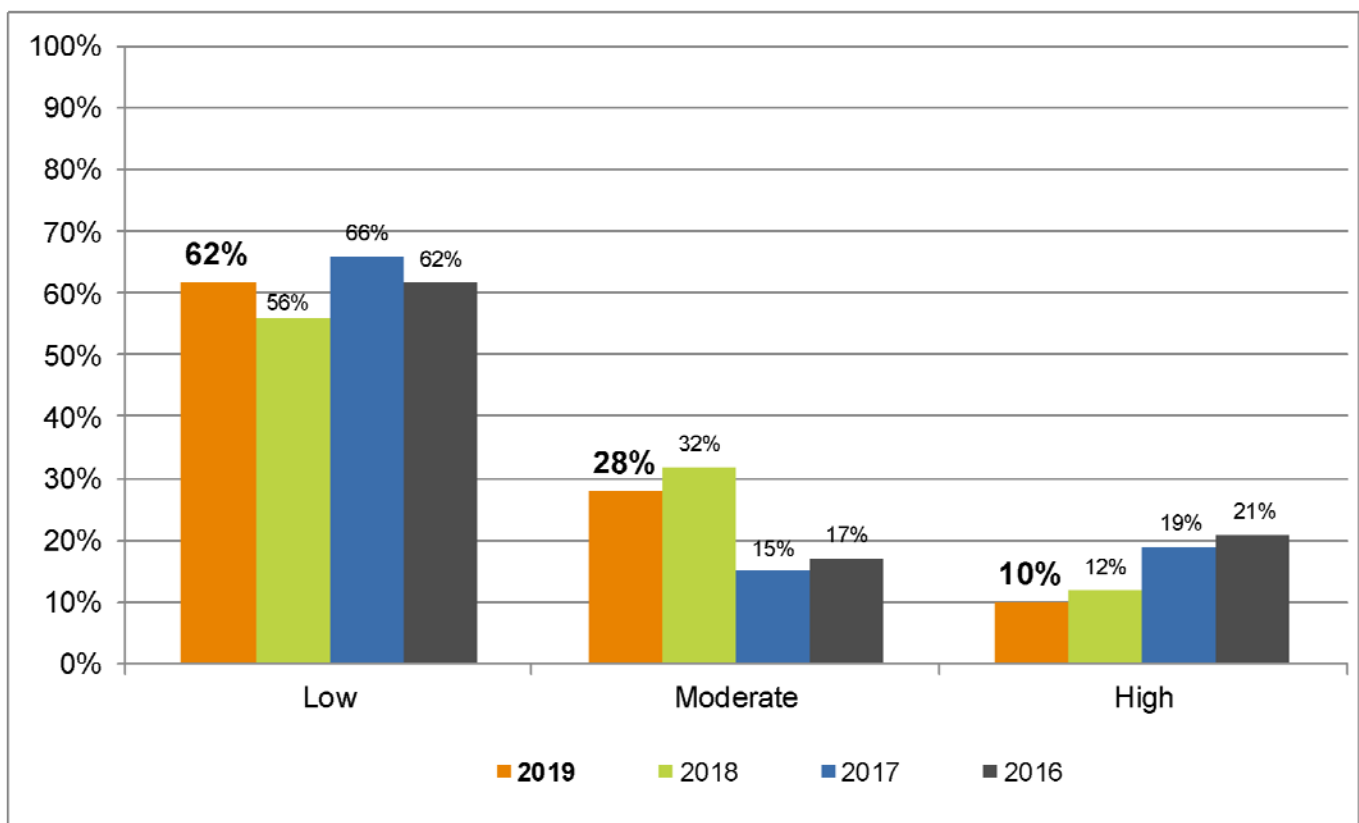
Low Risk =  $\leq 100\text{mg/dL}$     Moderate Risk =  $101\text{-}125\text{mg/dL}$     High Risk =  $\geq 126\text{mg/dL}$



## 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.



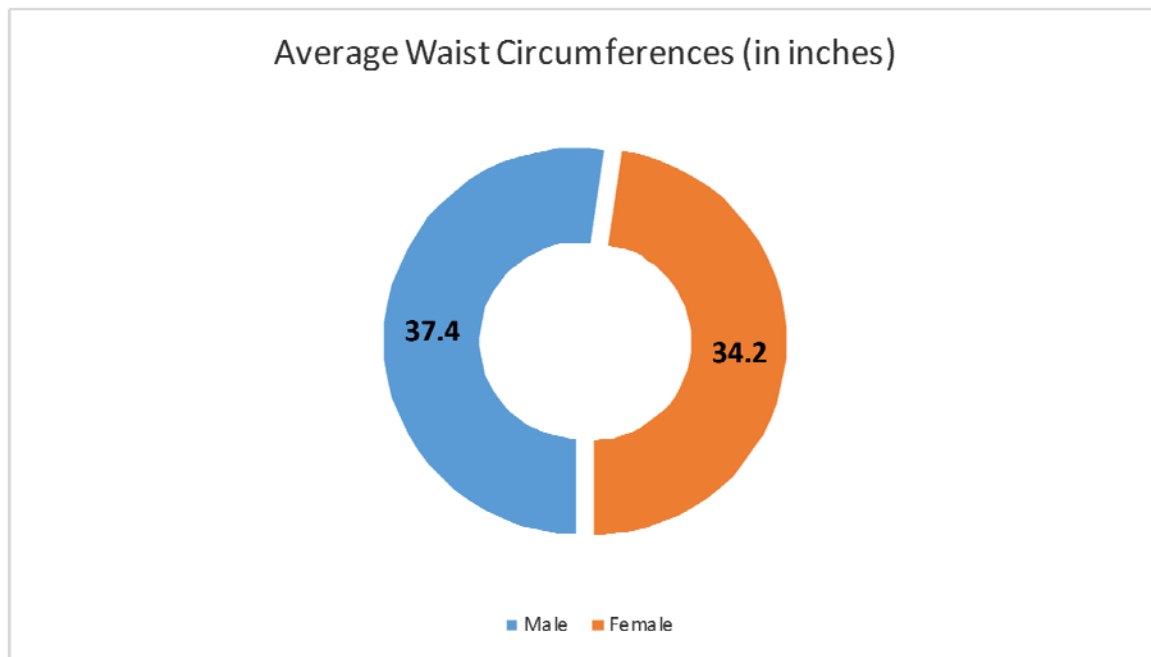
Low Risk = 18.5-29.9    Moderate Risk = 30-39.9    High Risk =  $\geq 40$

**Area for Attention:** 38% of participants fell into the moderate or high risk range.



## 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.



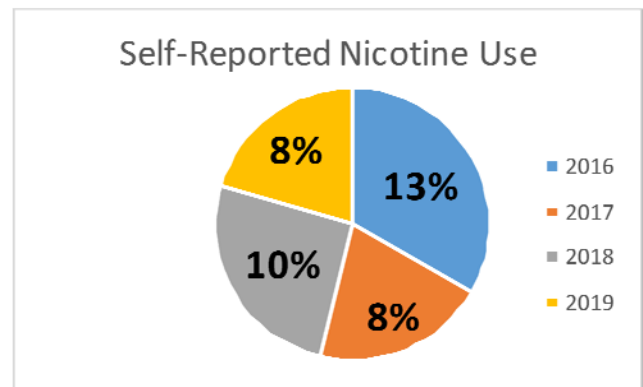
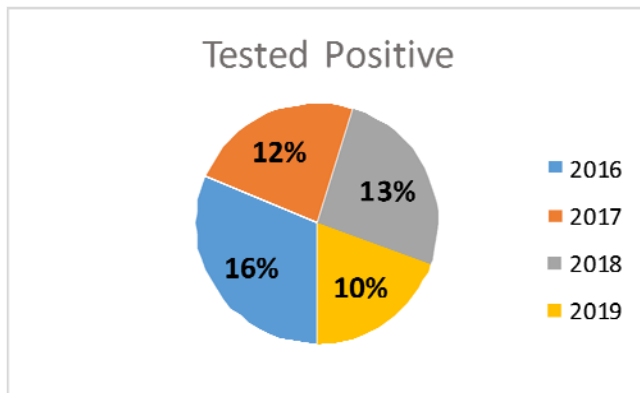
Male High Risk= >40 inches    Female High Risk= >35 inches

**Area for Applause:** The average male and female waist circumferences are in the low-risk category.



## 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.



### Nicotine Change for Repeat Participants

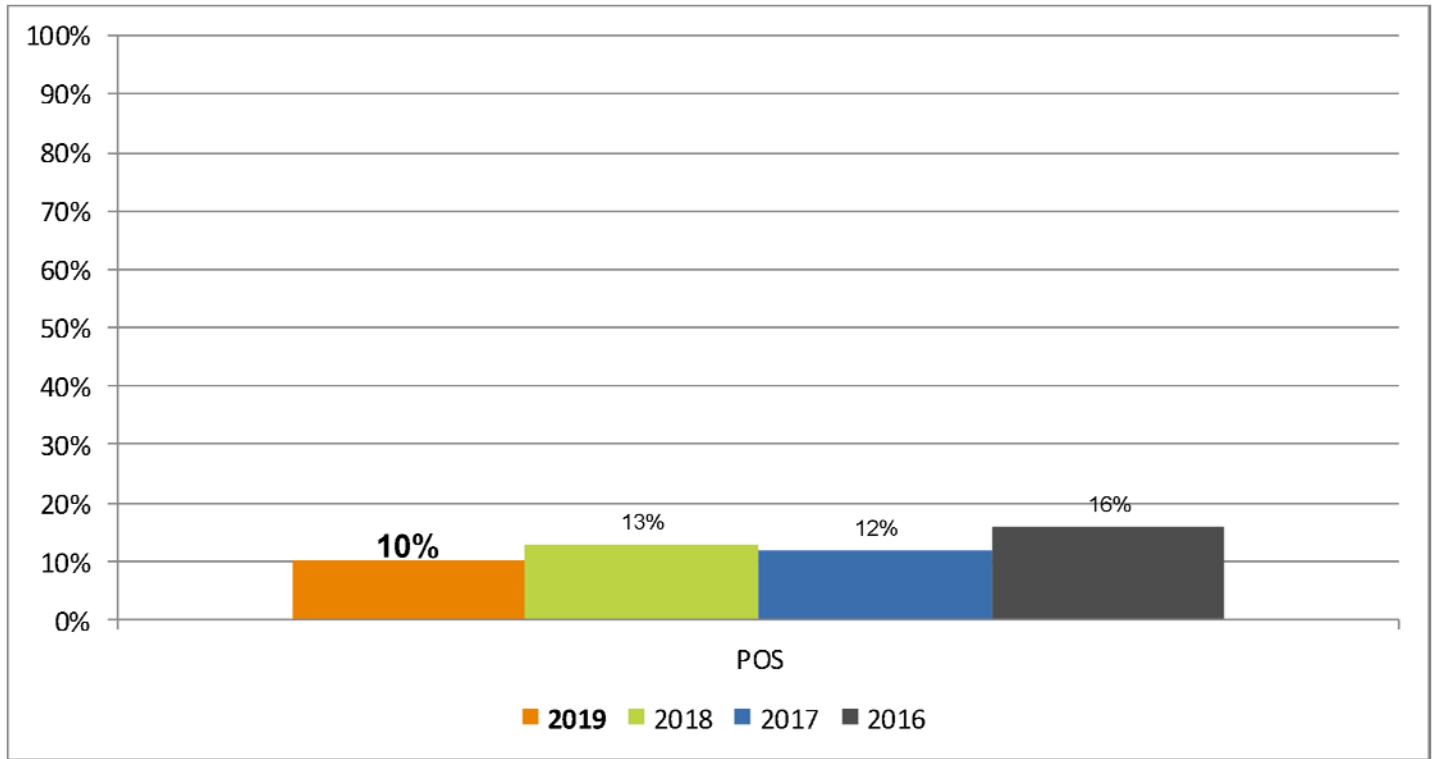
■ POSITIVE CHANGE	2
■ NO CHANGE	64
■ NEGATIVE CHANGE	1

**Area for Applause:** 90% of participants tested negative for nicotine.

**Area for Attention:** 3 participants self reported "No" for smoking and tested positive for Nicotine.



## YEAR-TO-YEAR NICOTINE USE TREND



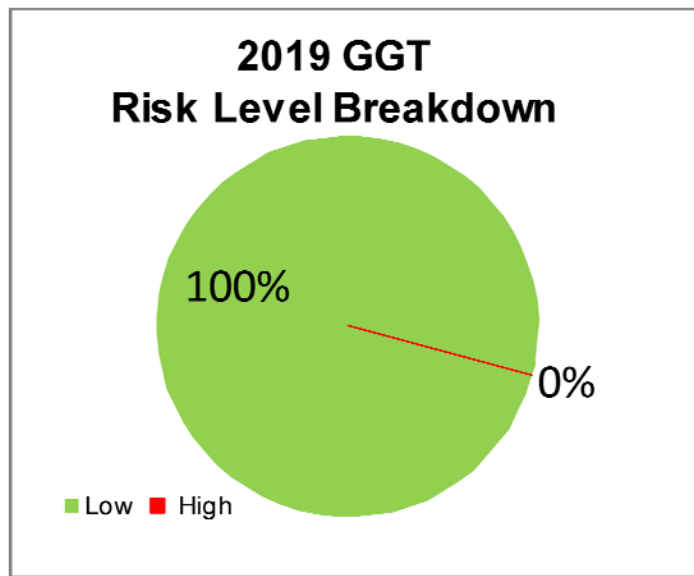




## GAMMA-GLUTAMYLTRANSFERASE (GGT) TEST RESULTS

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

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



Low Risk = <66    High Risk = ≥66

### Total Blood Pressure Change for Repeat Participants

■	POSITIVE CHANGE	0
■	NO CHANGE	67
■	NEGATIVE CHANGE	0



## CRITICAL VALUES

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

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

**No critical values were reported for the 2019 biometric screenings.**



## 2019 STAND-OUT STORIES

- 17 participants received a health score of 100
- 22 repeat participants improved by 5 or more points
- 11 repeat participants improved their score by 10 or more points

**Participant A:** Improved by **30** points and moved from the moderate risk range to the low risk range! This participant improved their total cholesterol, LDL cholesterol, and tested negative for nicotine!

**Participant B:** Improved by **40** points moving from the high risk range to the low risk range! This participant significantly improved their blood pressure, triglycerides, and tested negative for nicotine!



## 2020 RECOMMENDED WELLNESS STRATEGY



### Challenges - Via Portal

- February - The Beat Goes On Challenge
- April - 2nd Annual Kapnick Corporate Activity Challenge
- May - In a New York Minute Challenge
- August - One Month Madness Challenge
- October - Healthy Brain Challenge



### Onsite Lunch & Learn Events

- February - Happy, Healthy Heart
- May - Metabolism 101 + Prepare for Health Screening
- August - Aging and Your Health + Health Screening Review
- October - Jog Your Memory



### Communication Materials

- Monthly Newsletter
  - Includes registration for monthly Strive webinar
- Health Screening Communications
  - Starting in March



### Health Screenings

- June
  - Possibly offer screening event later in the day for late shift employees



### Miscellaneous

- Strive for 5 Reward Points Program
  - Continue offering quarterly an annual raffles to drive year- round engagement