



SME

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 (85) remains higher than other Kapnick Strive users (82.3).
- Participation increased from 44 in 2018 to 75 in 2019.
- 16% of repeat participants made a positive improvement in risk category.
- 74% of repeat participants made no change in risk category and remained in the low risk range.

Top Health Risks

- High Cholesterol
- Diabetes
- Weight Management

2019 Strive Reward Points Earned

- 17,812 strive reward points earned in Q1
- 11,484 strive reward points earned in Q2
- 5,443 strive reward points earned in Q3
- 208,063 strive reward points earned in Q4
- Total: 242,802

Goals for 2020

- Increase program participation by 10%.
- Increase lunch and learn participation
- Continue communication strategy
- 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.
- Improve scores of current top health risks.



2019 EMPLOYEE EVENTS



Lunch & Learn Presentations

- March: Diabetes
- July: Eat This, Not That
- September: How to Prepare for Your Health Screening + SMART Goals



Challenges

- April: 1st Annual Kapnick Strive Corporate Challenge
- July: Nutrition 101
- September: Mystery Fitness



Health Screenings

- October 29th: Cleveland and Southfield Locations
- October 30th: Southfield Location
- November 4th: Southfield Location
- November 18th: Cleveland Location



Health Coaching

- 60 and Below
 - Outreaches provided to four participants
 - Connected with one participant and provided RAS enrollment materials
- RAS
 - Only 14% of participants qualified for RAS
 - One completed and two currently enrolled



Quarterly Strive Reward Point Raffle Winners

- 1st Q: Jennifer Dallos and Duane Hebert
 - Prizes: Weight Watchers Cookbook and Contigo Water Bottle
- 2nd Q: Jennifer Keck and Caitlin Campbell
 - Prizes: Push Up Bar Set and Zonya Foco Cookbook
- 3rd Q: Robert Coolidge and Sara Dean
 - Prizes: Under Desk Bike/Pedal Machine and Zonya Foco Cookbook
- 4th Q: Sandra Wilton and Dawn Blackwell
 - Prizes: Push up Bar Set and Exercise Bands
- 2019 Annual Winner: Pam Styles
 - Prize: Gym Bag + Yoga Mat + Weight Tree
- Kapnick Raffle: 2019 Biometric Screening \$100 Amazon Gift Card Winners
 - Chad Schron and Thomas Hoffman



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	Kapnick Strive Average Score
SME 2019 Repeat Participants	75 30	165	47	85	82.3
SME 2018 Repeat Participants	44 20	156	46	86	80.5
SME 2017	29	214	48	85	78

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

	Southfield # of Participants	Cleveland # of Participants	Remote # of Participants
Employee	40	21	7
Spouse	3	2	2

	2019 # of Participants	% of Participation
Male	34	45%
Female	41	55%



PARTICIPATION/INCENTIVE

	Employee Participation	Spouse Participation	Total
2018	44 (28%)	N/A	44
2019	68 (41%)	7	75

Received Incentive Based On:	2019
Completion of RAS	<ul style="list-style-type: none"> → Ten participants were eligible for Reasonable Alternative Standard (RAS) → Average health score of 60 → Three participants enrolled in RAS → Two participants completed RAS
Improvement of 5 points	<ul style="list-style-type: none"> → No repeat participants increased their health score by 5 points to provide incentive eligibility
Health Score 70 or higher	<ul style="list-style-type: none"> → 65 participants received the incentive by achieving a health score of 70 or higher → Average health score of 88

	Incentive Structure	Incentive
Level 3	Employee Only - Compliant	\$500 Annually
Level 2	Employee/Covered Spouse - One party compliant	\$250 Annually
Level 1	Employee Only - Non-compliant	\$0

To qualify for the full wellness incentive, a 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. If they do not qualify based on scoring, they must complete the RAS health coaching program to become incentive eligible.

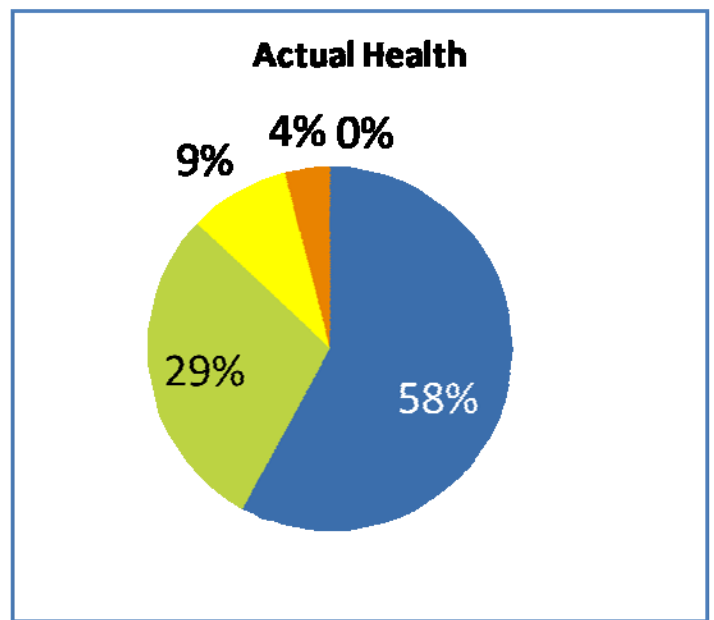
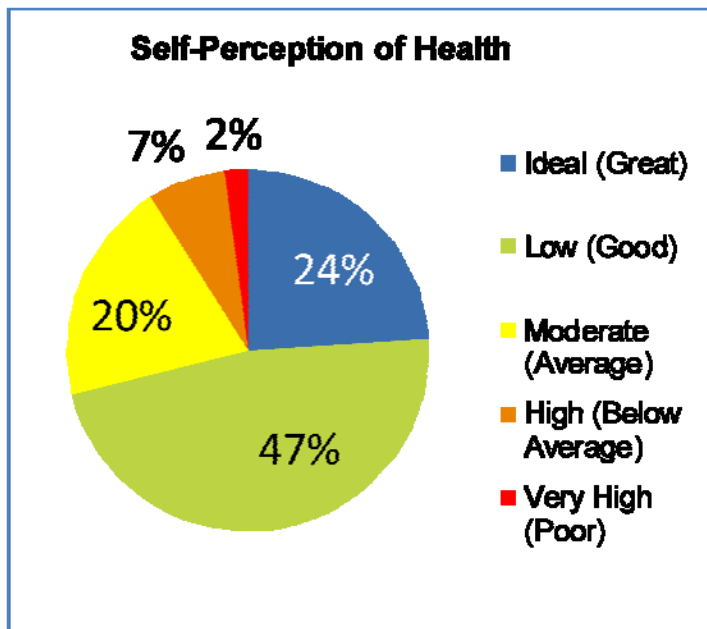
The Reasonable Alternative Standard (RAS) health coaching program provides participants the opportunity to speak with a health coach once a week for 6 weeks to discuss health goals, review the health report, and create a plan to improve one's health score.



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.

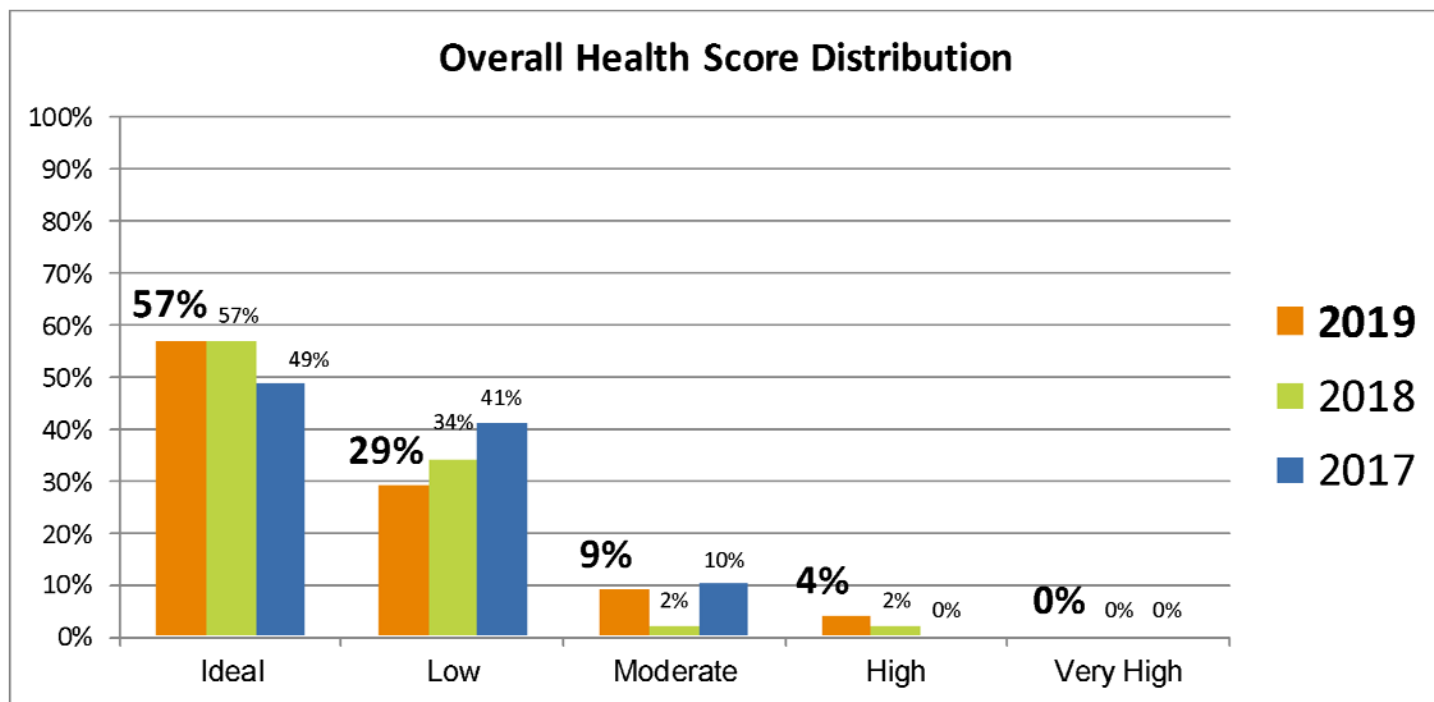


2019	Self-Reported	Actual Results
Low/Ideal Risk	71%	87%
High/Very High Risk	9%	4%

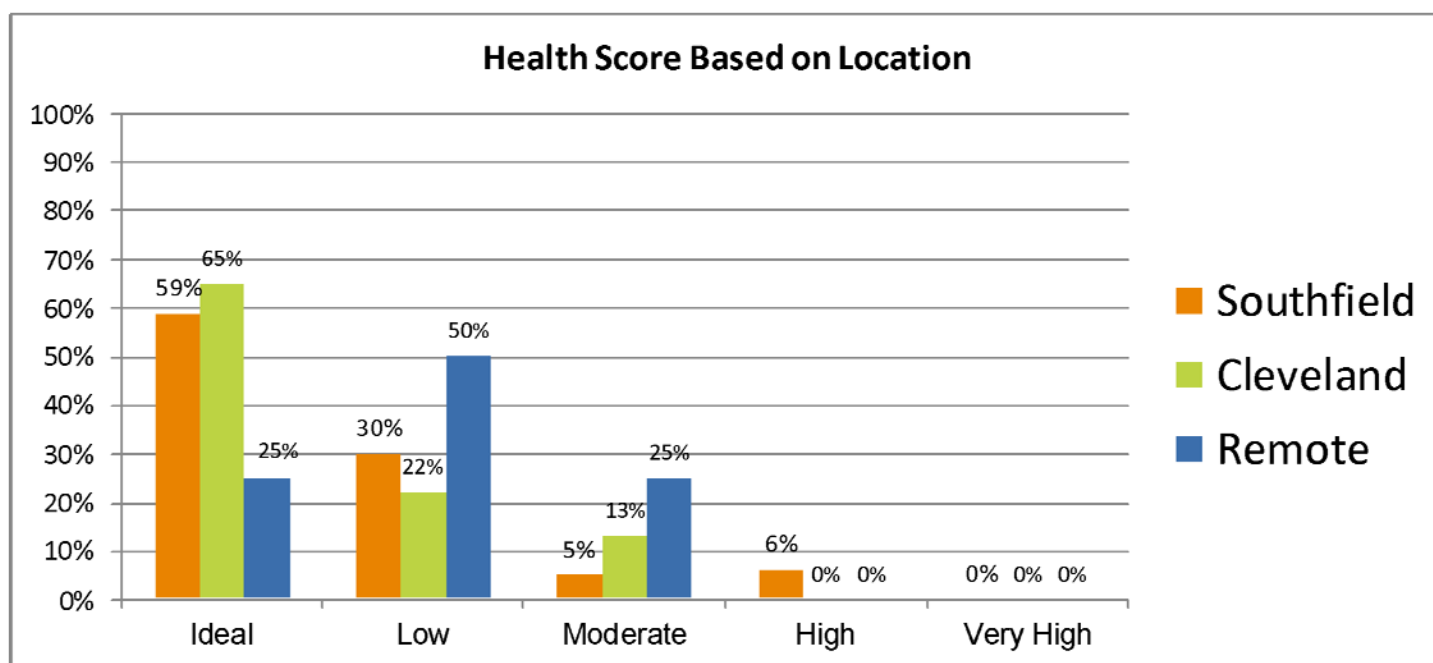


COMPANY AVERAGE

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.



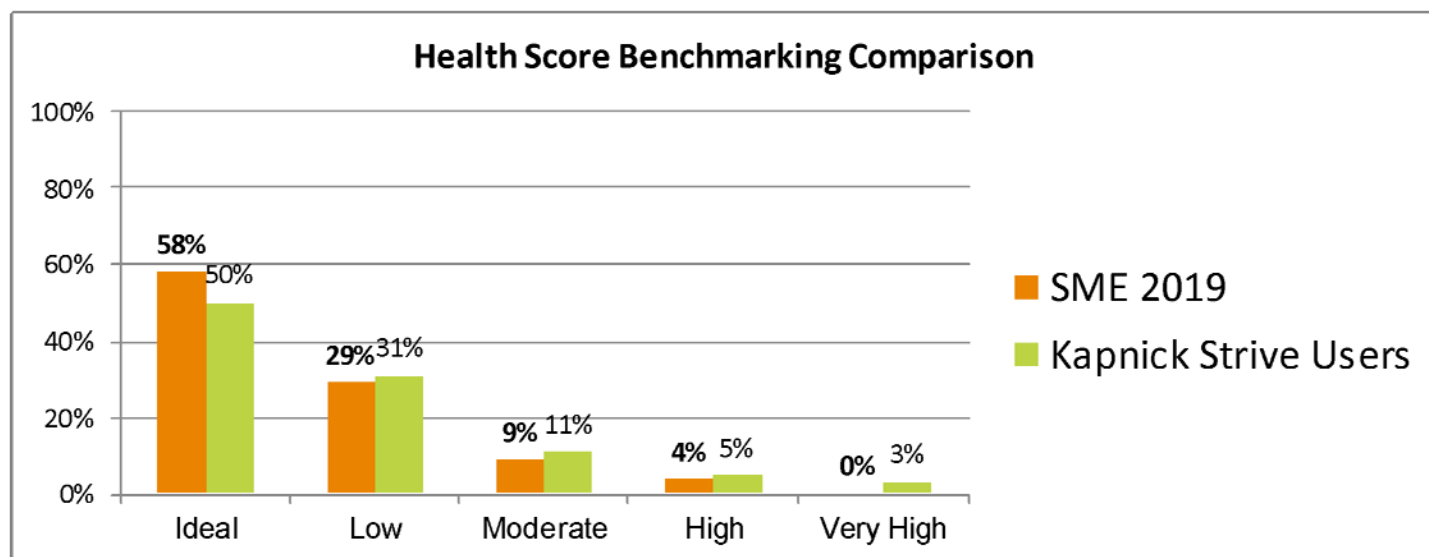
Ideal = 100-85 Low Risk = 84-70 Moderate Risk = 69-60 High Risk = 59-50 Very High Risk = 49-0





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.

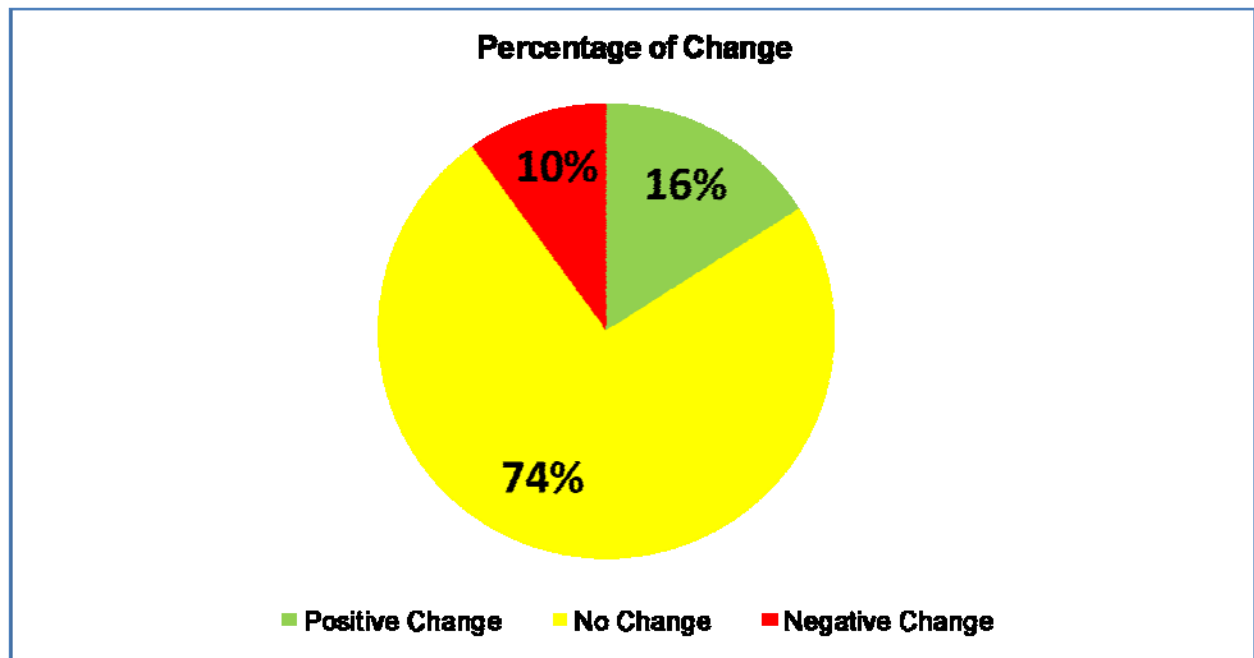


Ideal =100-85 Low Risk = 84-70 Moderate Risk = 69-60 High Risk = 59-50 Very High Risk = 49-0



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	5
■ NO CHANGE	22
■ NEGATIVE CHANGE	3

Area for Applause: Those who made no change in risk category all remained in the low risk range. This indicates they are maintaining good general health.



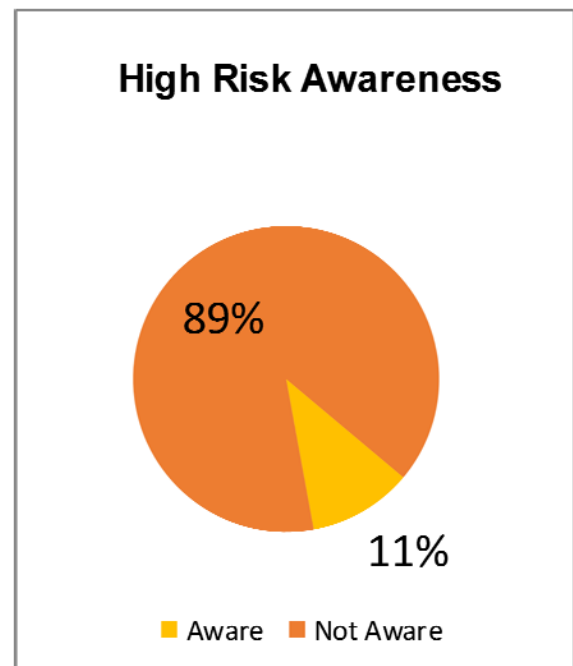
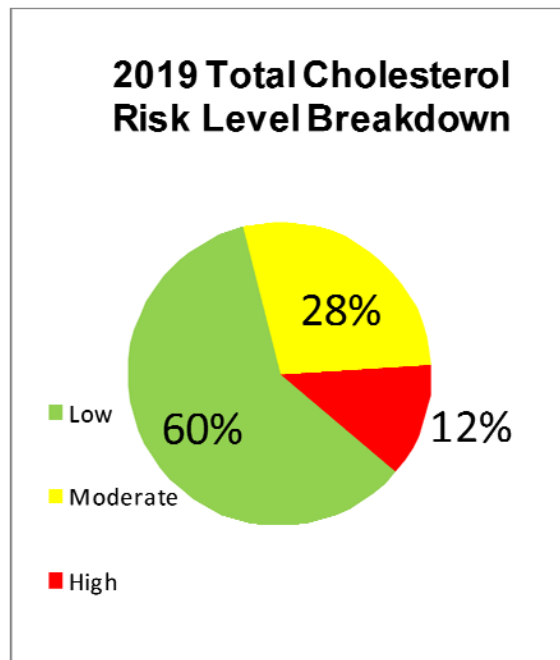
BIOMETRIC AVERAGES

	2017	2018	2019	Kapnick Strive
Total Score	85	86	85	80.5
BMI	29.92	30.1	29.7	29.3
Waist/Hip Ratio	0.86	0.83	0.87	.91
Blood Pressure: Systolic	117	114	116	117
Blood Pressure: Diastolic	78	71	73	75
Cholesterol	203	191	194	192
HDL (Good)	60	59	60	55
LDL (Bad)	119	108	110	109
Triglycerides	125	119	119	132
Blood Sugar	90	99	100	98
A1C	5.2	5.3	5.5	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

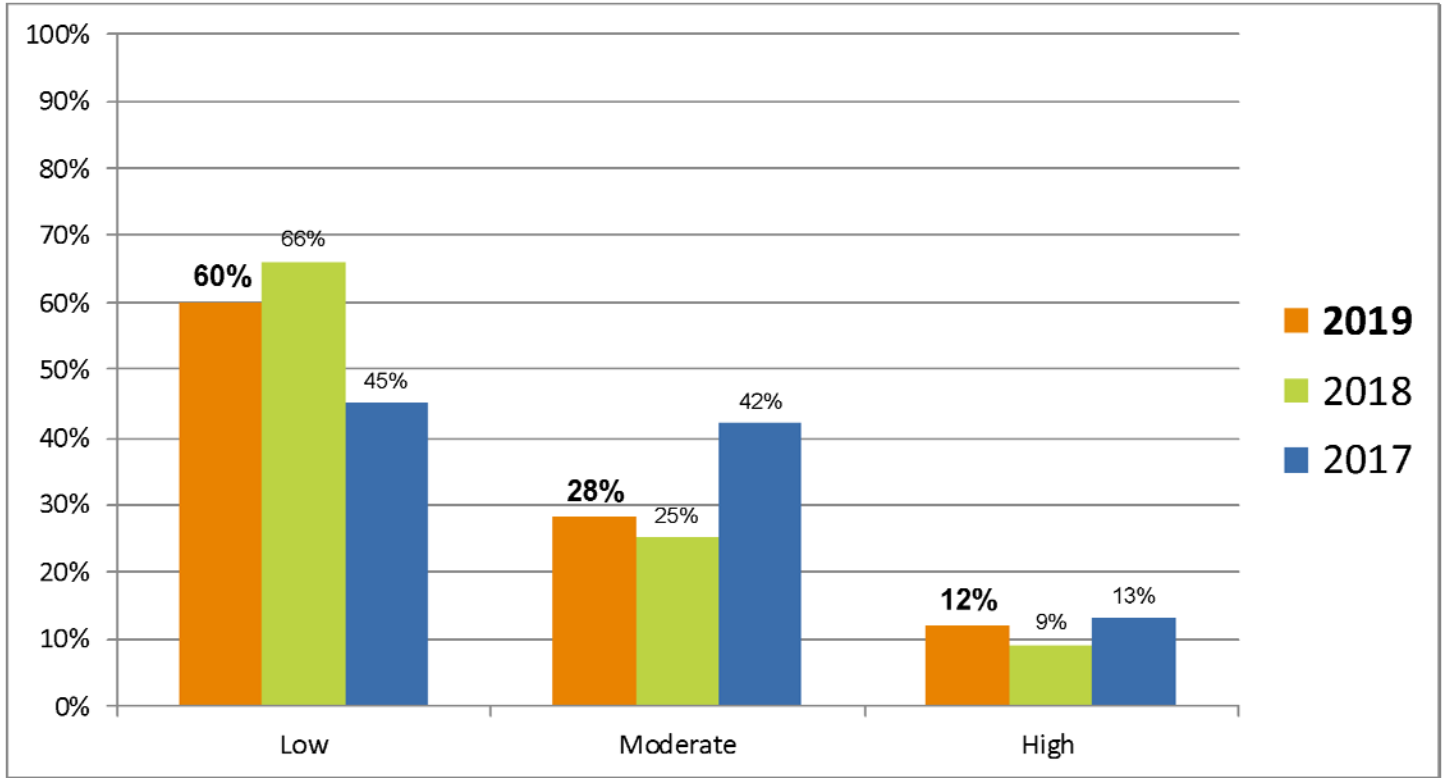
■	POSITIVE CHANGE	4
■	NO CHANGE	21
■	NEGATIVE CHANGE	5

Area for Attention: 40% of participants fell into the moderate or high risk range. Of those who fell in high risk, 89% of them did not report high cholesterol on their 2019 HRA. High cholesterol increases risk of heart attack and stroke.

Note: 6 out of the 9 participants that fell in high risk were first time participants.



YEAR-TO-YEAR CHOLESTEROL TREND

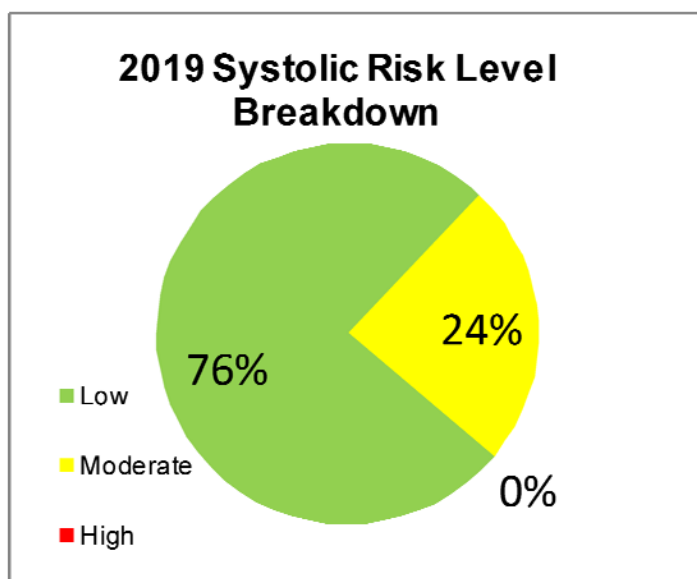


Low Risk = <200mg/dL Moderate Risk = 200-239mg/dL High Risk = ≥240mg/dL



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 = ≤ 121 mmHg Moderate Risk = 122-140mgHg High Risk = ≥ 141 mmHg

Total Blood Pressure Change for Repeat Participants

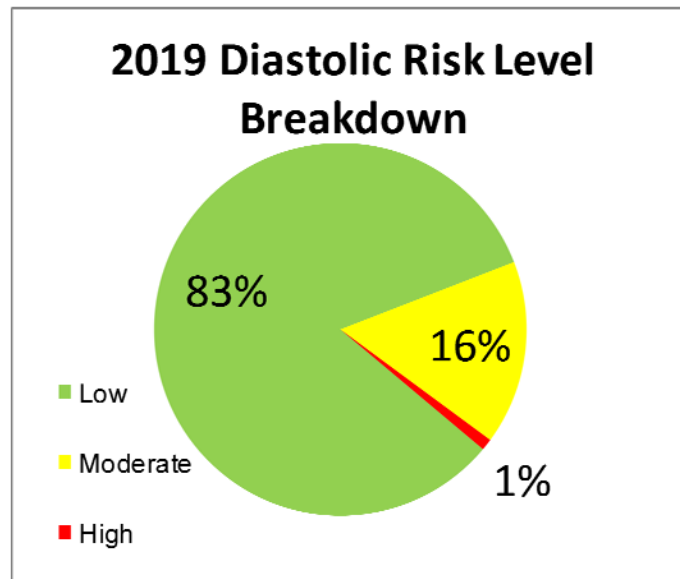
POSITIVE CHANGE	3
NO CHANGE	21
NEGATIVE CHANGE	6

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



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.



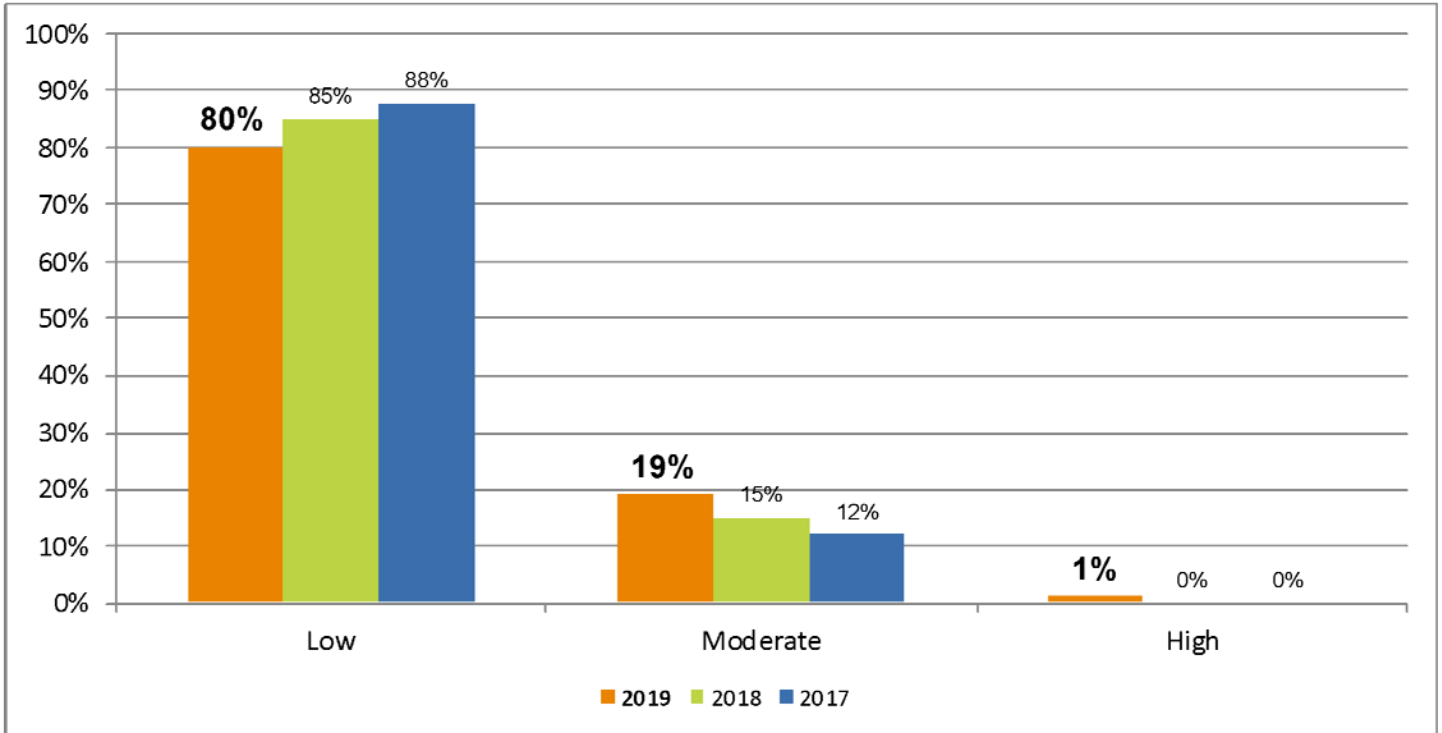
Low Risk = ≤ 81 mmHg Moderate Risk = 82-90mmHg High Risk = ≥ 91 mmHg

Total Blood Pressure Change for Repeat Participants

■	POSITIVE CHANGE	1
■	NO CHANGE	23
■	NEGATIVE CHANGE	6



YEAR-TO-YEAR BLOOD PRESSURE TREND

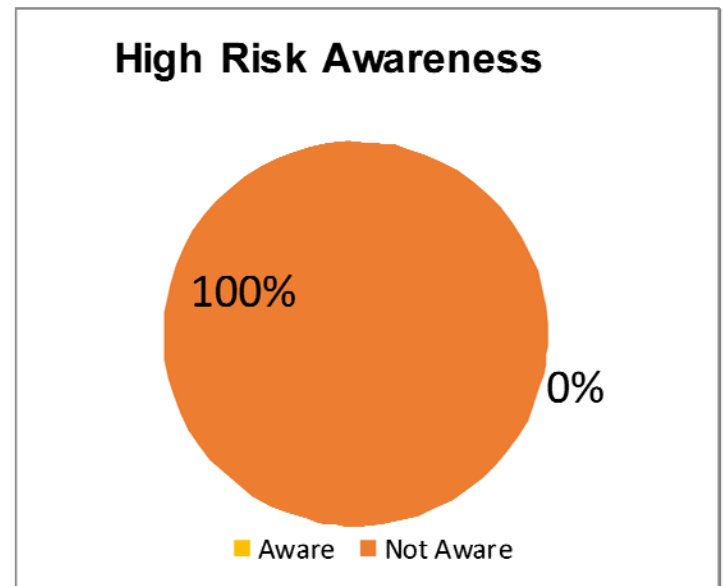
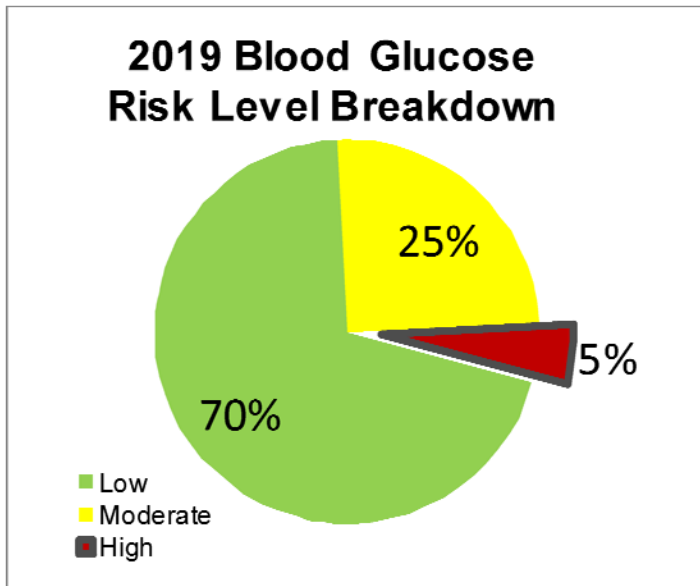


Low Risk = $\leq 121/81\text{mg/dL}$ Moderate Risk = $122/82-140/90\text{mg/dL}$ High Risk = $\geq 141/91\text{mg/dL}$



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 = $\geq 126\text{mg/dL}$

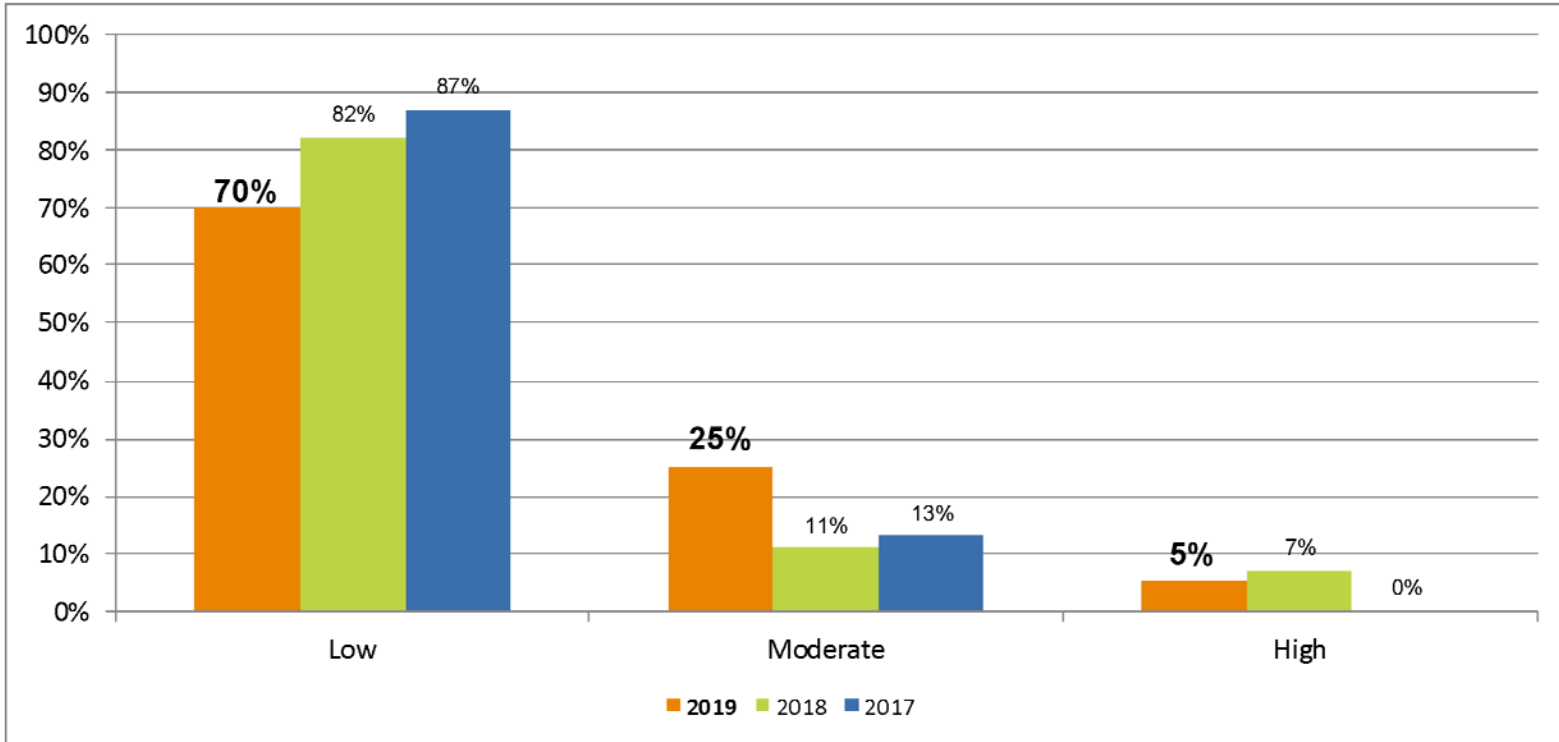
Total Blood Glucose Change for Repeat Participants		
■	POSITIVE CHANGE	2
■	NO CHANGE	26
■	NEGATIVE CHANGE	2

Area for Attention: 30% of participants fell into the moderate or high risk range. Of those who fell in high risk, 100% did not report awareness on the 2019 HRA. Elevated blood sugar can increase risk of diabetes.

Note: 3 out of the 4 that fell in high risk were first time participants.



YEAR-TO-YEAR GLUCOSE TREND

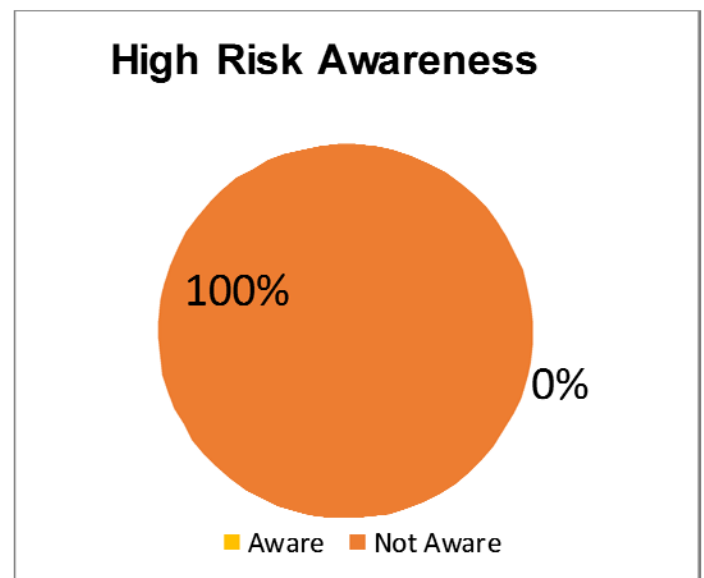
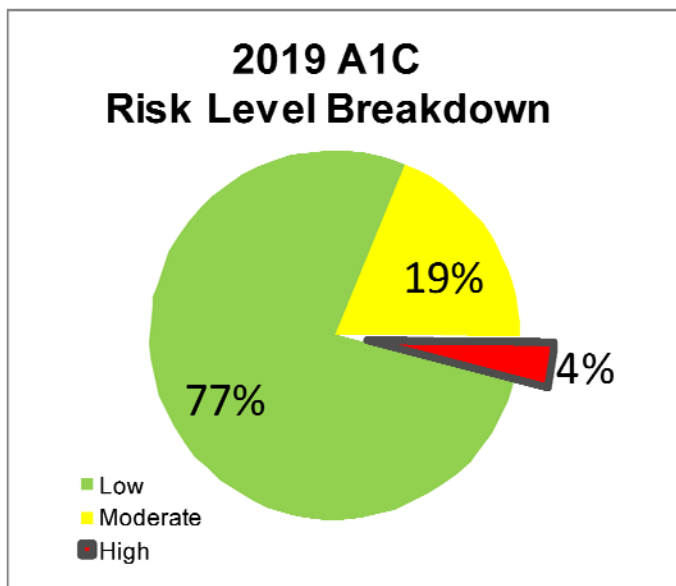


Low Risk = $\leq 100\text{mg/dL}$ Moderate Risk = 101-125mg/dL High Risk = $\geq 126\text{mg/dL}$



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.



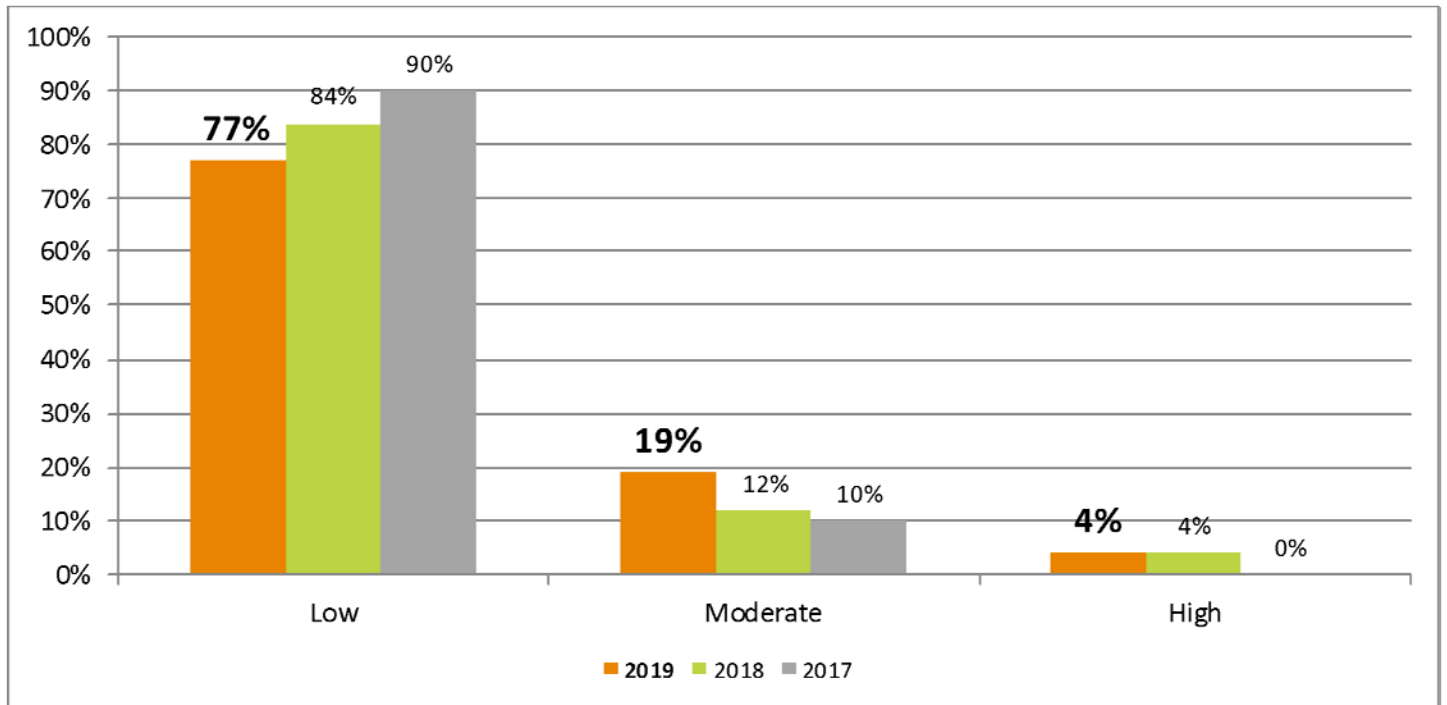
Low Risk = <5.7% Moderate Risk = 5.7%-6.4% High Risk = ≥6.5%

Total A1C Change for Repeat Participants		
■	POSITIVE CHANGE	1
■	NO CHANGE	29
■	NEGATIVE CHANGE	0

Area for Attention: 23% of participants fell into the moderate or high risk range. Of those who fell in high risk, 100% did not indicate awareness on the 2019 HRA. Elevated A1C can be an indication of prediabetes or diabetes.



YEAR-TO-YEAR HEMOGLOBIN A1C TREND



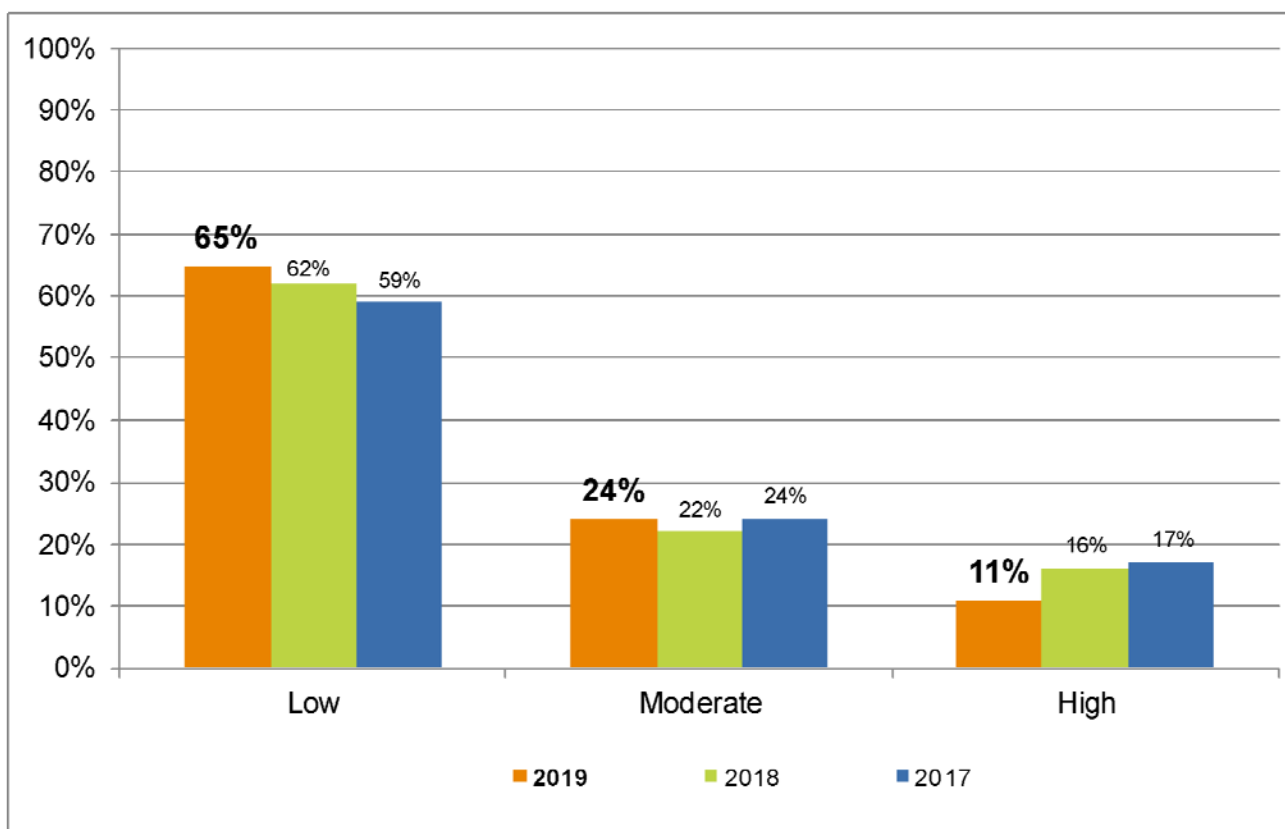
Low Risk = $\leq 100\text{mg/dL}$ Moderate Risk = $101\text{-}125\text{mg/dL}$ High Risk = $\geq 126\text{mg/dL}$



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 = ≥ 40

Area for Attention: 35% 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.

37

Male

34

Female

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

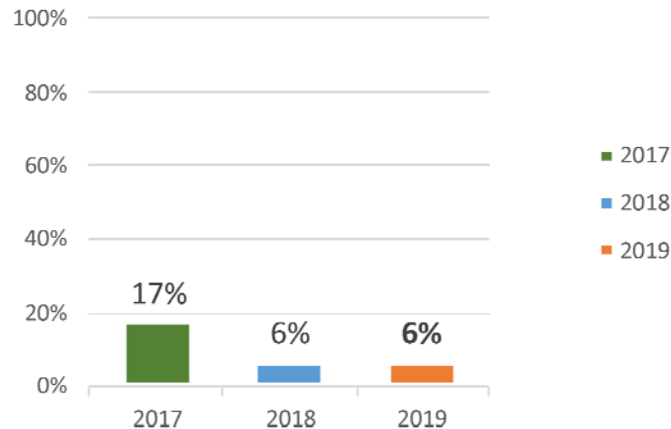
Area for Applause: The average male and female waist circumferences are in the low-risk category.



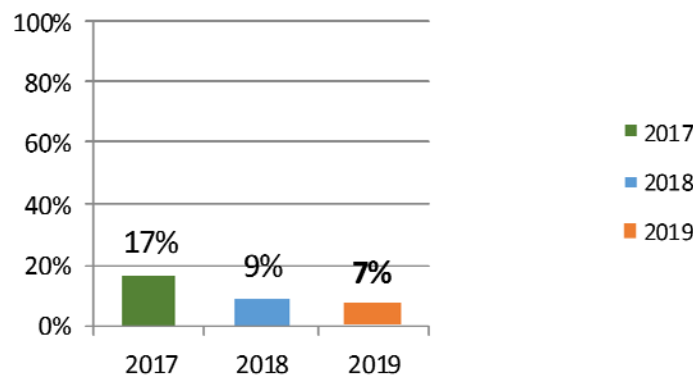
NICOTINE USE

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.

Self-Reported Nicotine Use



Tested Positive



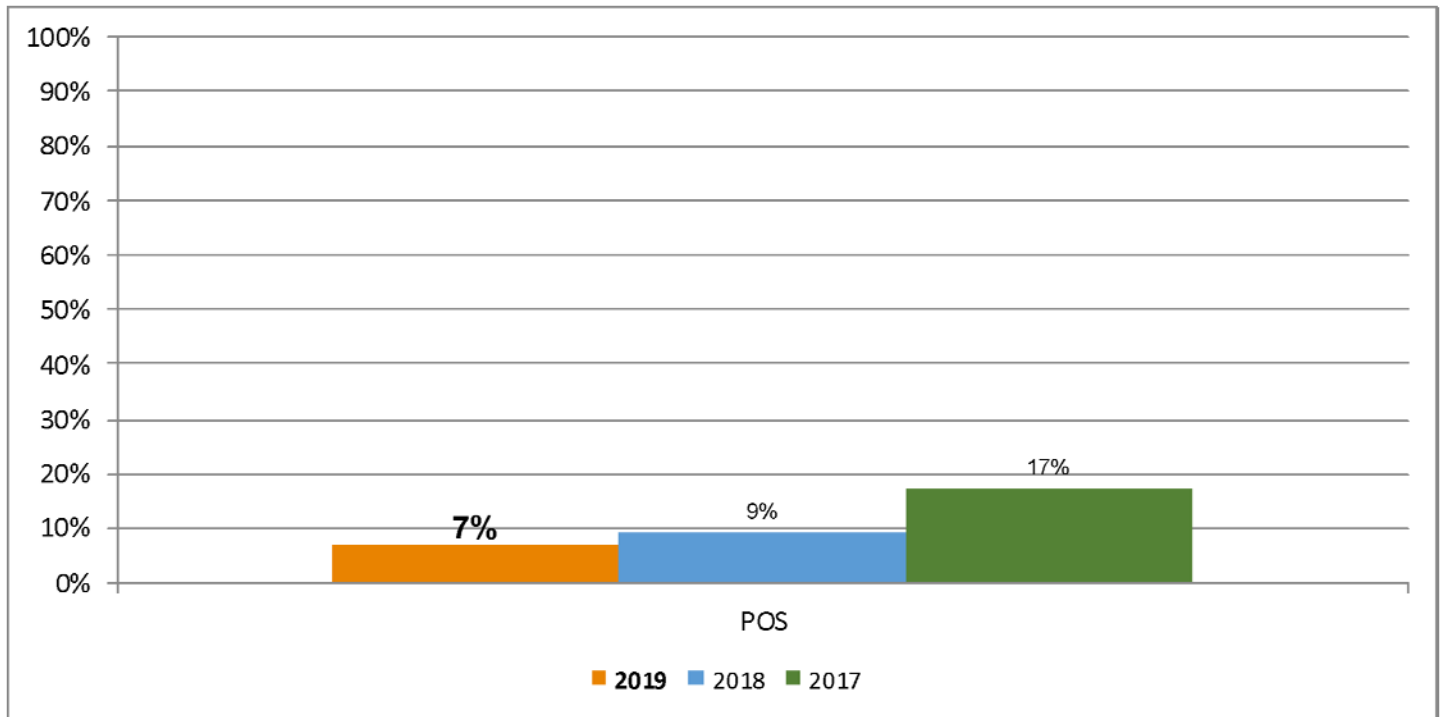
Nicotine Change for Repeat Participants

■	POSITIVE CHANGE	1
■	NO CHANGE	29
■	NEGATIVE CHANGE	0

Area for Applause: 93% of participants tested negative for nicotine.



YEAR-TO-YEAR NICOTINE USE TREND

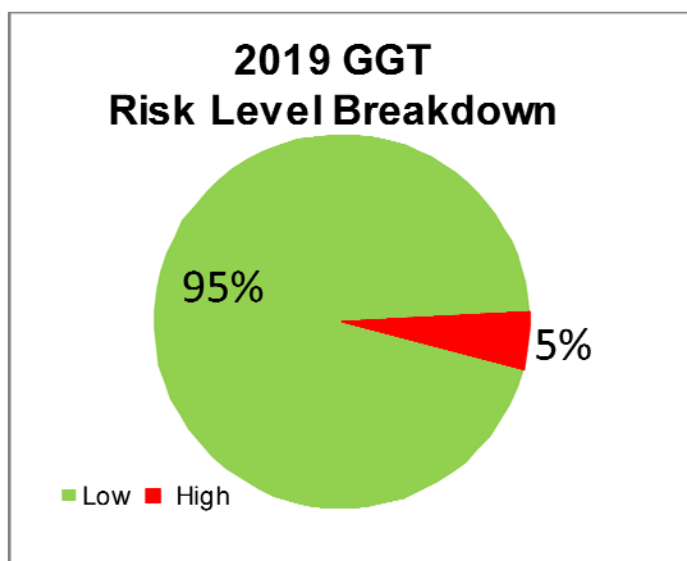




GAMMA-GLUTAMYLTRANSFERASE (GGT) TEST RESULTS

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	30
■	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

- 24 participants received a health score of 100
- 5 repeat participants improved by 5 or more points
- 4 repeat participants improved their score by 10 or more points

Participant A: Followed up with their PCP after reviewing health report and received diabetic diagnosis. They are now managing their diabetes.

Participant B: Increased their health score by 11 points for lowering their BMI and improving their total and LDL (bad) cholesterol levels.

Participant C: Increased their health score by 10 points for improving their total and LDL (bad) cholesterol levels.



2020 RECOMMENDED WELLNESS STRATEGY



Onsite Lunch & Learn Events

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



Challenges - Via Portal

- February: The Beat Goes On
- April: 2nd Annual Kapnick Corporate Activity Challenge
- May: Healthy Brain
- August: Amazing America
- November: Maintain Don't Gain



Communication Materials

- Monthly Newsletter
 - Includes registration for monthly Strive webinar
 - Hold watch parties for monthly webinars
- Lunch and Learn, Challenge, and Health Screening Communications
 - Approved by Julie and distributed by Haley



Health Screenings

- October
 - Continue offering two screening dates per location
 - Consider weekend screening day for spouses
 - Screenings to take place on the same day for each location
 - Screenings can resume early October timeframe



Incentive Design

- Provide automatic incentive eligibility to first-time participants to capture baseline data



Miscellaneous

- Creation of wellness committee
- Strive for 5 Reward Points Program
 - Continue offering quarterly and annual raffles to drive year-round engagement