

Group Summary Report

Group Health Risk

This report will show the information gathered through the health assessments survey conducted with your group. Complete data was collected on 791 individuals. Graphs will show you how the group ranks as a whole, what their achievable risks are, the diseases and modifiable habits that affect your group.

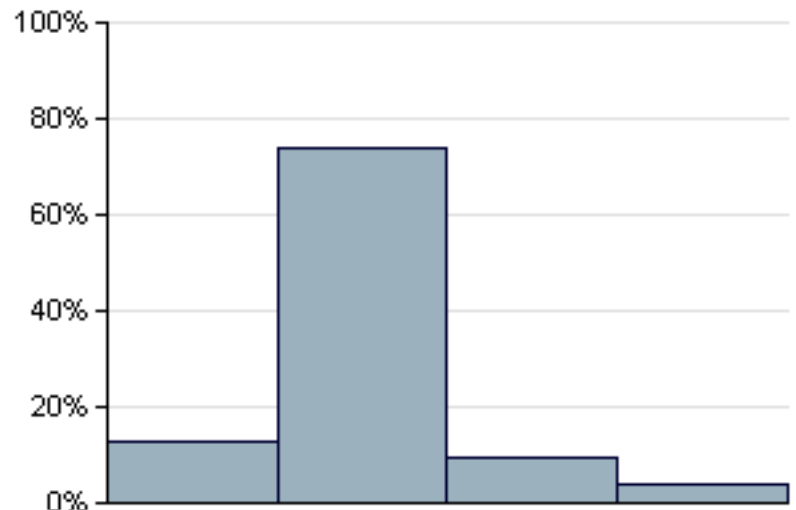
Low risk members are the healthiest and statistically have the best chance of living long and healthy lives. These people eat properly, watch their weight and diet, and use good sense in regards to traffic safety.

Those in the moderate risk group are "average", they may be a touch overweight or have one or two habits that while not the healthiest are not causing any serious problems. People in this group respond well to health promotion since they do not have far to go.

The high risk group has one or more categories where they are more than twice the average statistical risk for their sex and age. This group will suffer some health care problems, and will benefit greatly from intervention programs.

Very high risk individuals are at significant risk for an early death from disease or accidents. These people can cost their employers in high insurance claims and absenteeism due to health issues and accidents.

Current health risk levels



Risk Level	Low Risk	Moderate Risk	High Risk	Very High
% of Participants	12.8%	73.8%	9.6%	3.8%
# of Participants	101	584	76	30

Graph created using data within the specified criteria from:

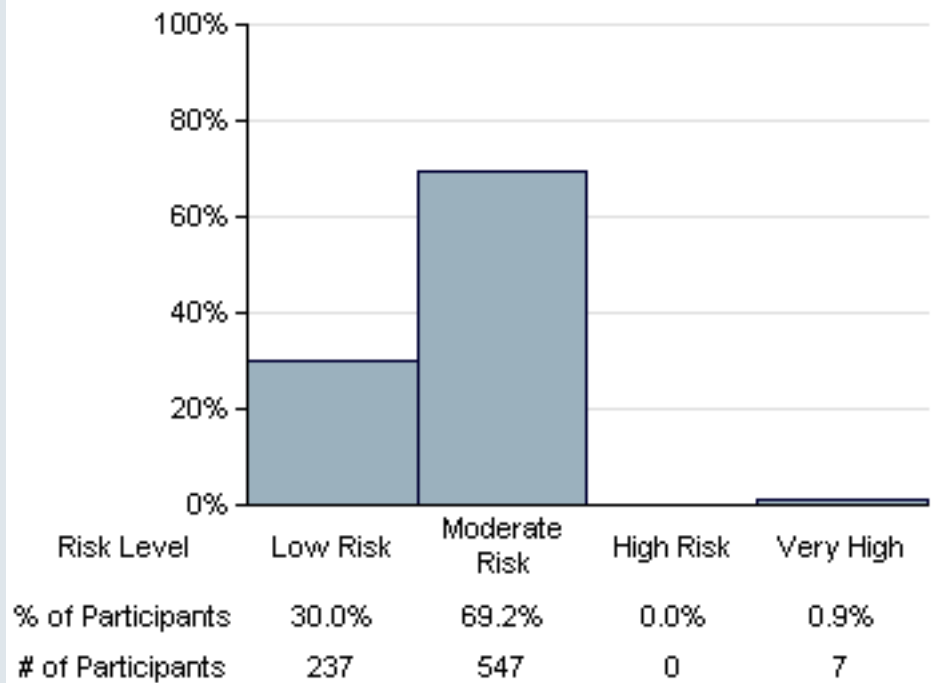
- ◆ Health Risk Assessment
- ◆ General Health Assessment

Achievable Risk

Achievable Group Risk

The achievable risk graph shows what could happen if the group were to follow all the recommendations for good health. While this won't eliminate all risks, it will significantly decrease them.

Participants achievable risk levels



Graph created using data within the specified criteria from:

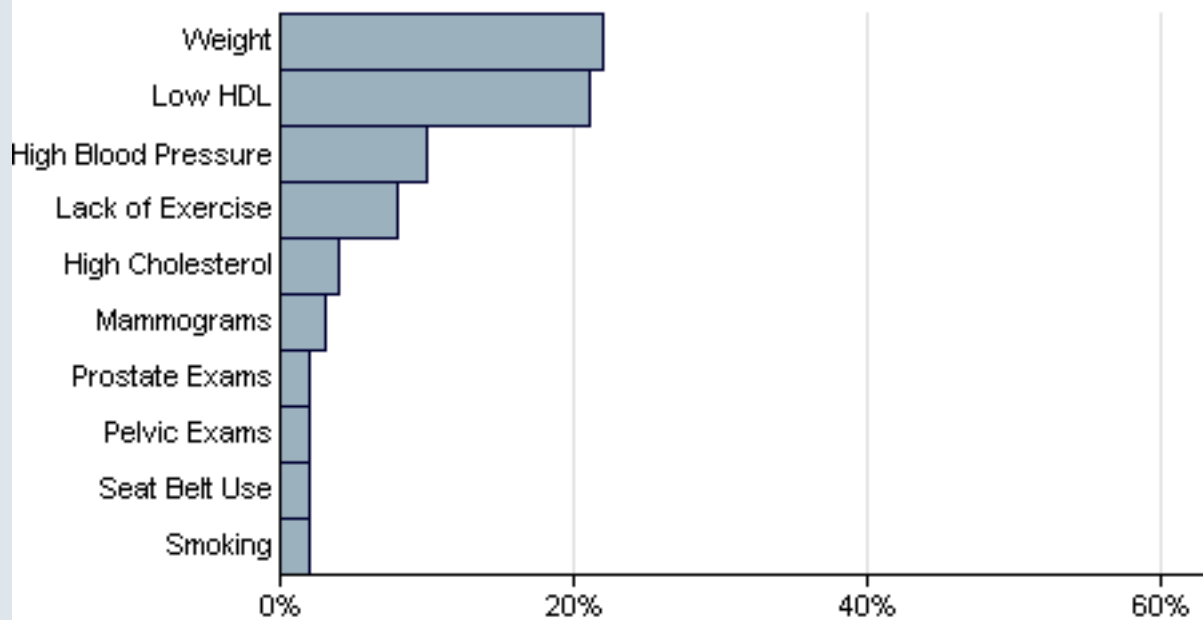
- ◆ Health Risk Assessment
- ◆ General Health Assessment

Modifiable Behaviors

Group Contributing Risk Factors

Members of this group have many habits that if modified would decrease the risks of disease and accidents. This graph shows of those with modifiable behaviors, the percentage negatively affected by each behavior. Maximize your intervention programs by targeting the largest segments.

Modifiable behaviors



Graph created using data within the specified criteria from:

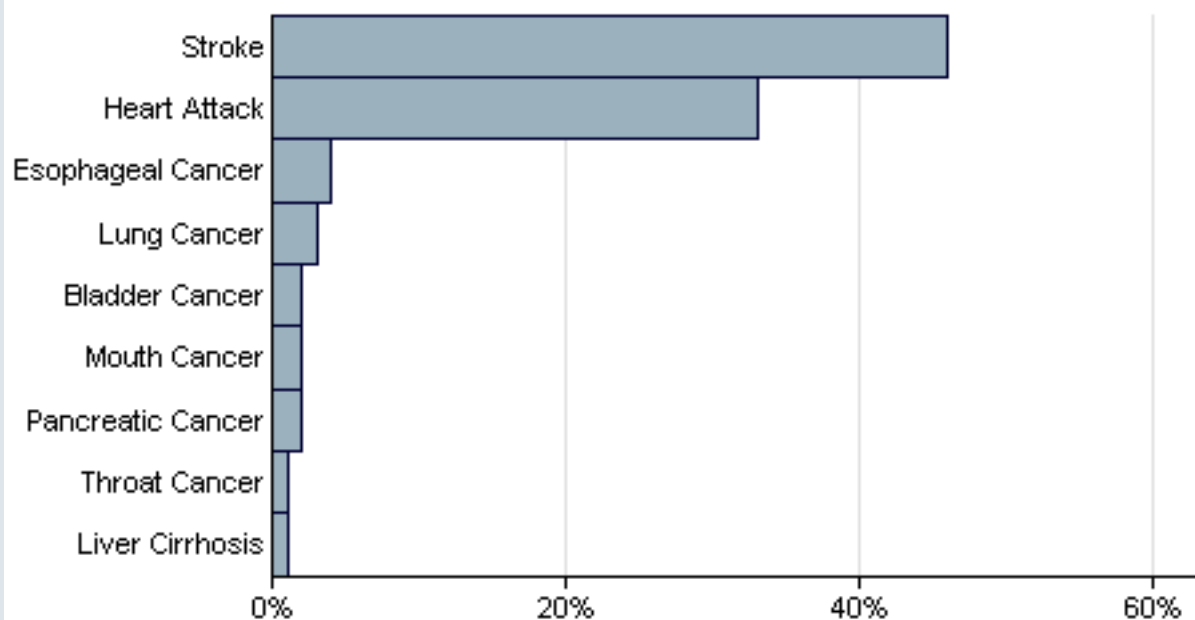
- ◆ Health Risk Assessment
- ◆ General Health Assessment

Specific Disease Risks

Preventable Deaths by Disease

Based on the results of the assessment, the graph will show the impact of risky behavior based on the number of participants with above average risks for each disease.

Preventable Deaths by Disease



Graph created using data within the specified criteria from:

- ◆ Health Risk Assessment
- ◆ General Health Assessment

Cardiac Risk Report

Cardiac Assessment Results

These are the results from your members that have taken the disease specific cardiac risk assessment. Complete data was collected on 791 individuals. This graph shows the break down of cardiac risk across your group.

Cardiovascular disease is the No. 1 cause of death in the United States and it has been for the past 80 years. According to the American Heart Association, in 2006, heart disease represented 1 out of 3 deaths in America. It remains a major cause of disability and results in substantial healthcare expenditures.

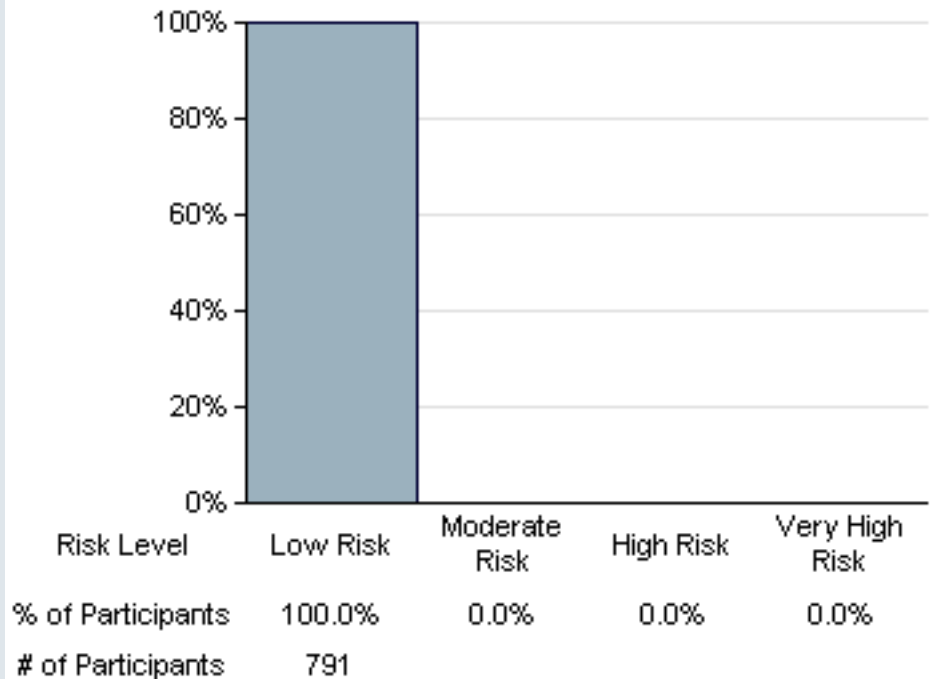
A person's risk of cardiovascular disease is influenced by factors such as smoking, high blood pressure, high blood cholesterol, diabetes, being overweight or obese and physical inactivity. Cardiac risk also increases with age and also if a member has a close relative who had heart disease at an early age. Most of the above factors are highly modifiable if members choose to adopt healthy lifestyles.

This assessment measures the risk of having a heart attack or dying from coronary heart disease in the future based on risk factors present in the group. Cardiac assessment is recommended for people age 20 and above. By 40, everyone should be aware of their cardiac health status and risk reassessed every 5 years.

If the risk score is low, members should still be vigilant with their cardiovascular health. Even one risk factor, such as high cholesterol, that is not treated may lead to a higher risk later in life.

It is essential to analyze the group's cardiac risk and make plans or programs to minimize risk factors. Working to modify all risk factors present by promoting a healthy diet, a healthy weight, smoking cessation and an active lifestyle will benefit cardiovascular as well as overall health.

Cardiac risk levels



Graph created using data within the specified criteria from:

◆ Cardiac Risk Assessment

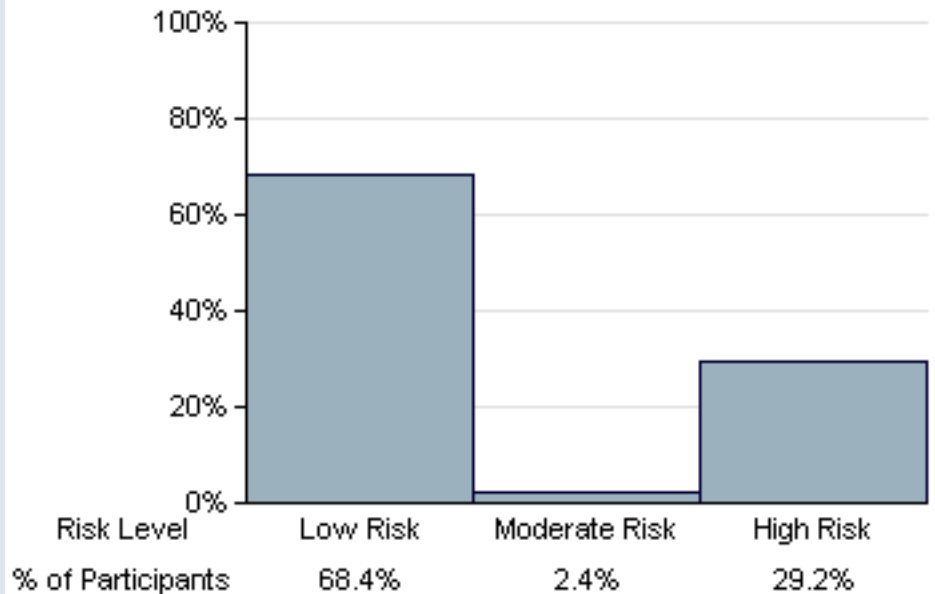
Diabetes Risk Report

Diabetes Assessment Results

9.6 percent of adults in America have diabetes. 41 million Americans are estimated to have pre-diabetes. Most people with pre-diabetes develop type 2 diabetes within 10 years, unless they make changes to their diet and physical activity that results in a loss of about 5-7 percent of their body weight.

These are the results from your members that have taken the disease specific diabetes risk assessment. Complete data was collected on 791 individuals. This graph shows the break down of diabetes risk across your group.

Diabetes risk levels



Graph created using data within the specified criteria from:

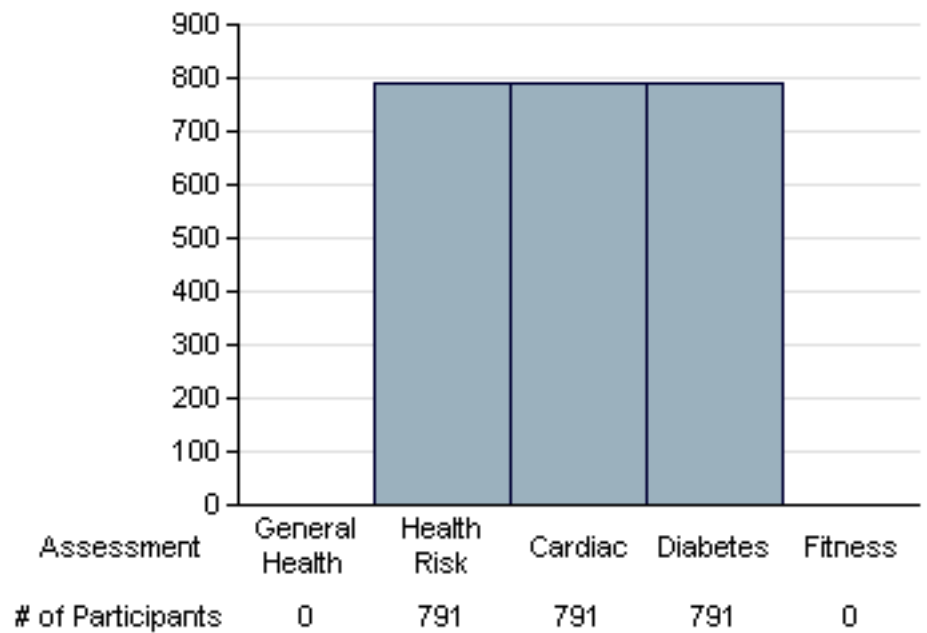
◆ Diabetes Risk Assessment

Total Assessments Taken

Number of Assessments Taken

This graph indicates the number of each assessment your group has completed. This can help put in perspective the graphs in this report, that show the results as percentages.

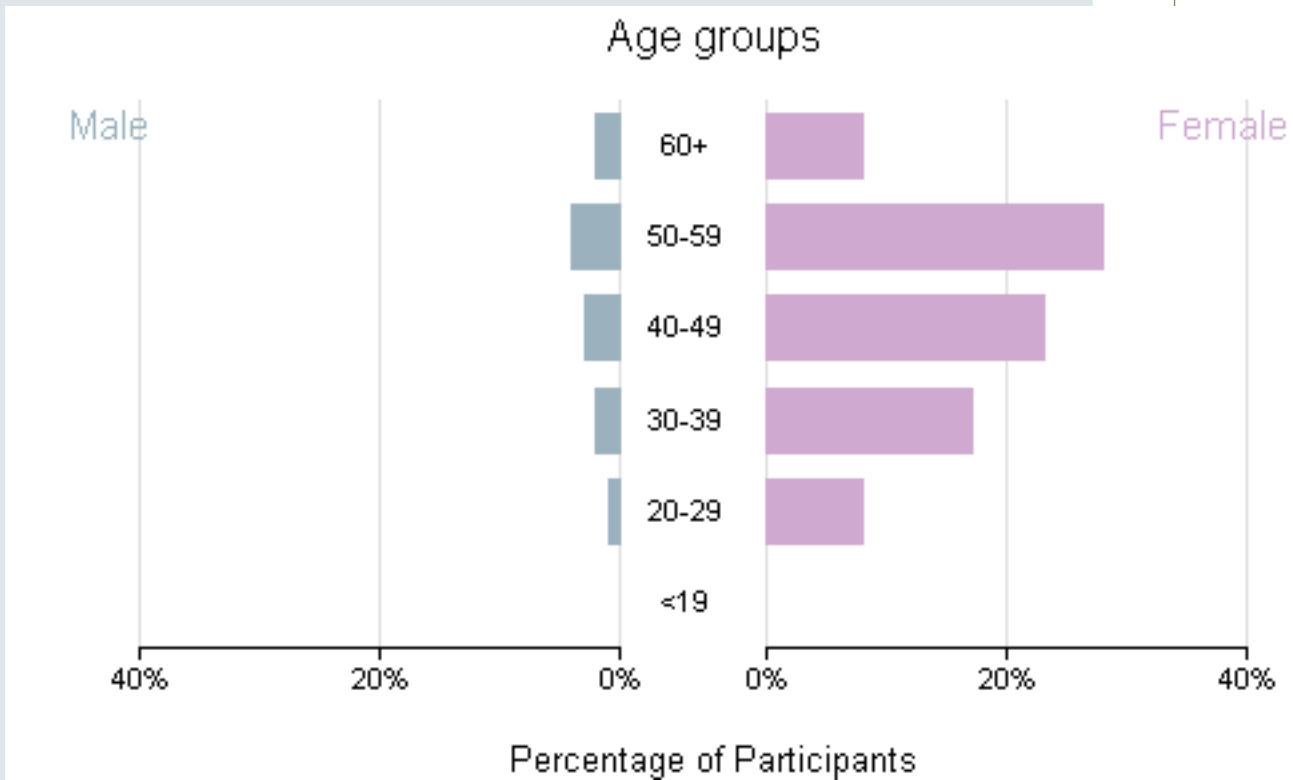
Assessments



Age and Gender Demographics

Gender by Age Group

Knowing the age and gender of your group is important as you analyze the results. In many instances younger people will show lower risk levels, even if they have poor health habits. Changing these modifiable habits before they become ingrained will significantly reduce their risks as they get older. Women can reduce their risks by having regular pelvic and breast exams.



Graph created using data within the specified criteria from:
◆ All Assessments

Alcohol

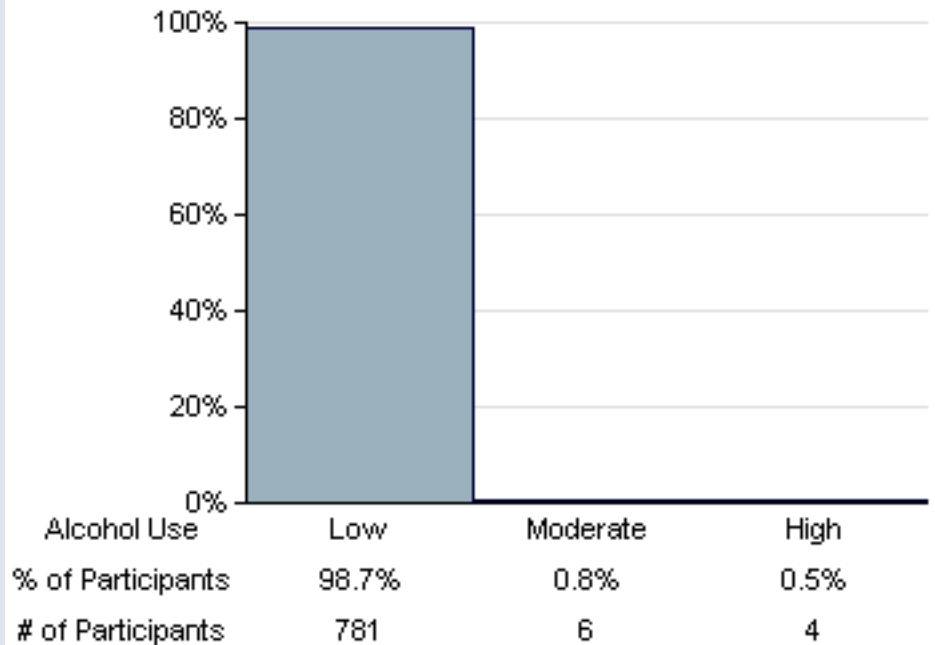
Drinks in a Week

Liver disease and alcohol related motor vehicle deaths are two of the top killers in the US. Healthy People 2010 has targeted substance abuse reduction in its list of health issues.

Males that drink eight or less drinks in a week and females that drink four or less drinks in a week are categorized as low use. Men that drink fifteen or more drinks in a week or women that drink more than seven drinks in a week are considered to be high users.

This group has fewer moderate and heavy drinkers than the US average. Of this group, 20 participants out of 791 reported either drinking and driving or riding with someone who had too much to drink in the last month.

Group Alcohol Use



Goal:

Less than 6% drink 14 or more drinks a week.

Graph created using data within the specified criteria from:

- ◆ Health Risk Assessment
- ◆ General Health Assessment

Blood Pressure

Group Blood Pressure

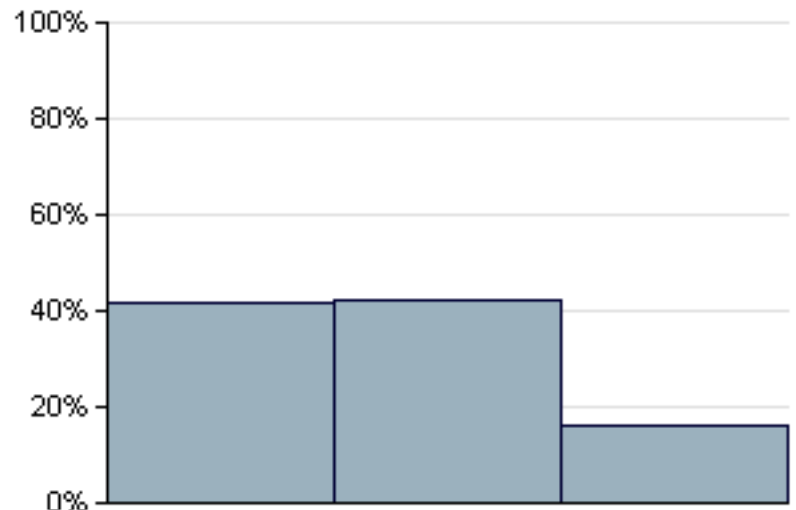
High blood pressure is known as the silent killer and remains a major risk factor for coronary heart disease, stroke, and heart failure. About 72 million adults in the United States have high blood pressure. From 1994 to 2004 the death rate from high blood pressure increased 15.5 percent and the actual number of deaths rose 41.8 percent. High blood pressure also is more common in older persons.

Both the systolic and diastolic readings must be below 120/80 for the user to achieve a normal or low ranking. If either the systolic or diastolic parts of the blood pressure exceed 139/89 the person is considered to have high blood pressure. When both the systolic and diastolic numbers fall between these ranges it is called prehypertension. Those with prehypertension are at increased risk for progression to hypertension.

Lifestyle modification is a cornerstone in the prevention and delay of progression of hypertension. To achieve goal blood pressure, individuals must aim for normal weight, consume a high fiber, low fat and low salt diet and engage in regular aerobic physical activity.

There are a high number of participants with blood pressure higher than recommended. Of these, 138 are on medication to reduce their blood pressure. 88 individuals in this group have high blood pressure and are not taking medicine for it.

Blood pressure ranges



Range	Under 120/80	120/80 to 140/90	Over 140/90
% of Participants	41.5%	42.2%	16.3%
# of Participants	328	334	129



Goal:

Less than 16% of adults with high blood pressure.

Graph created using data within the specified criteria from:

- ◆ Cardiac Risk Assessment
- ◆ General Health Assessment
- ◆ Health Risk Assessment

Cholesterol

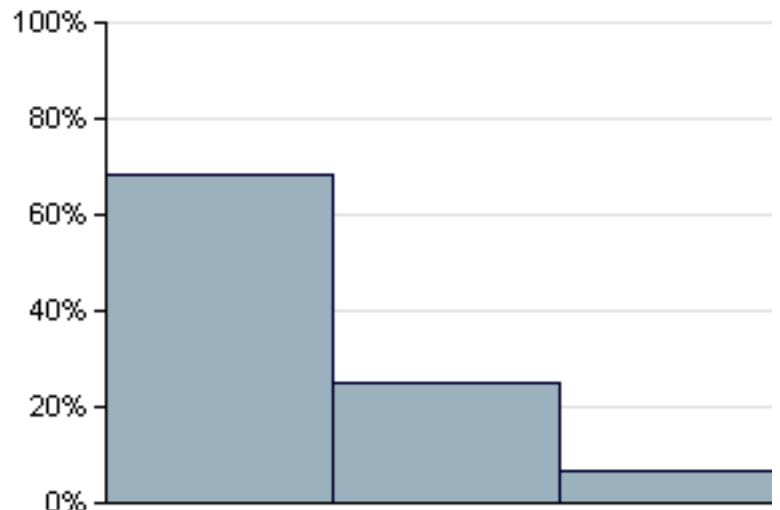
Group Cholesterol

High blood cholesterol is a major risk factor for heart disease. About 17 percent of adult Americans aged 20 and older have high total cholesterol (240 mg/dl or above). In a survey conducted by the Centers for Disease Control 23 percent of the individuals reported they have never had their cholesterol checked.

Blood cholesterol levels less than 200 mg/dL are considered desirable. Levels of 240 mg/dL or above are considered high. Levels of 200-239 mg/dL are considered borderline. This group is below the US average for high cholesterol.

Primary prevention works best to decrease cardiovascular disease that results from high cholesterol. Encouraging a healthy diet with low saturated fat and cholesterol, regular physical activity and sustained weight loss reduces cardiac risk. Cholesterol-lowering therapy for members with high levels also show great benefits in decreasing heart disease risk.

Cholesterol levels



Levels	Under 200	200 to 240	Over 240
% of Participants	68.1%	25.1%	6.8%
# of Participants	538	198	54



Goal:

Less than 17% of the population with high cholesterol.

Graph created using data within the specified criteria from:

- ◆ Cardiac Risk Assessment
- ◆ General Health Assessment
- ◆ Health Risk Assessment

Colon exam

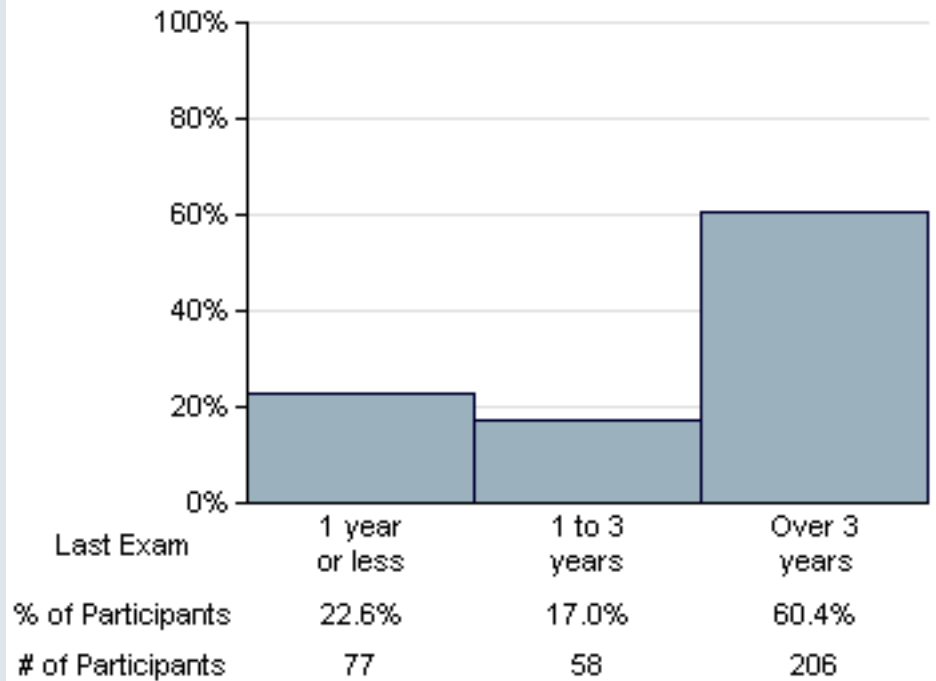
Group colon exam

The US Preventive Services Task Force (USPSTF) now recommends that adults aged 50 to 74 years be screened in 1 of the following ways: every year with high-sensitivity fecal occult blood testing (FOBT); every 10 years with colonoscopy; or every 5 years with flexible sigmoidoscopy plus interval high-sensitivity FOBT.

The task force also recommended against routine screening of people aged 76 to 85 years, although individual patients might have considerations that support screening. As for CTC, the task force said it is still too early to include it in the screening recommendations.

The recommendation has a rating of A, meaning that the task force urges the clinician to provide the service to eligible patients and that there is good evidence that the service improves health outcomes, with benefits substantially outweighing harms.

Time since last colon exam



Graph created using data within the specified criteria from:

- ◆ Cardiac Risk Assessment
- ◆ General Health Assessment
- ◆ Health Risk Assessment

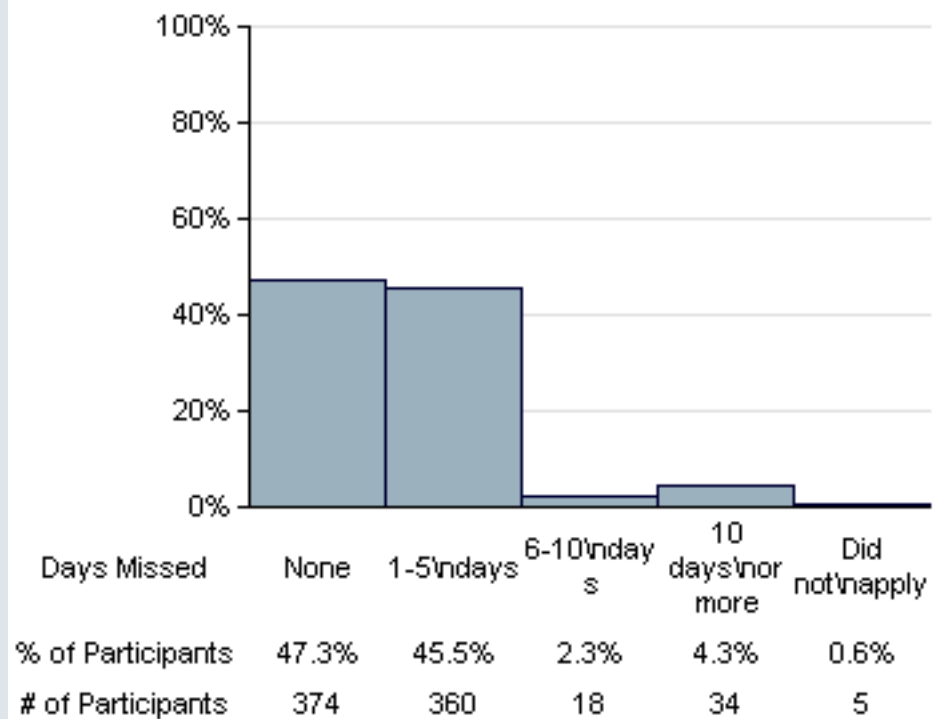
Days missed

Group days missed

The number of days missed due to illness by your population can tell you a lot. People will miss fewer days when they enjoy their work, have a good working environment, and don't feel overwhelming stress or pressure.

Make sure everyone has a workstation that works for them. Desks should be the proper height for the tasks usually performed and chairs need to have good back support. Good lighting is also important to reduce eyestrain and glare which can lead to headaches and stress.

Days missed



Graph created using data within the specified criteria from:

- ◆ Health Risk Assessment
- ◆ General Health Assessment

Depression Report

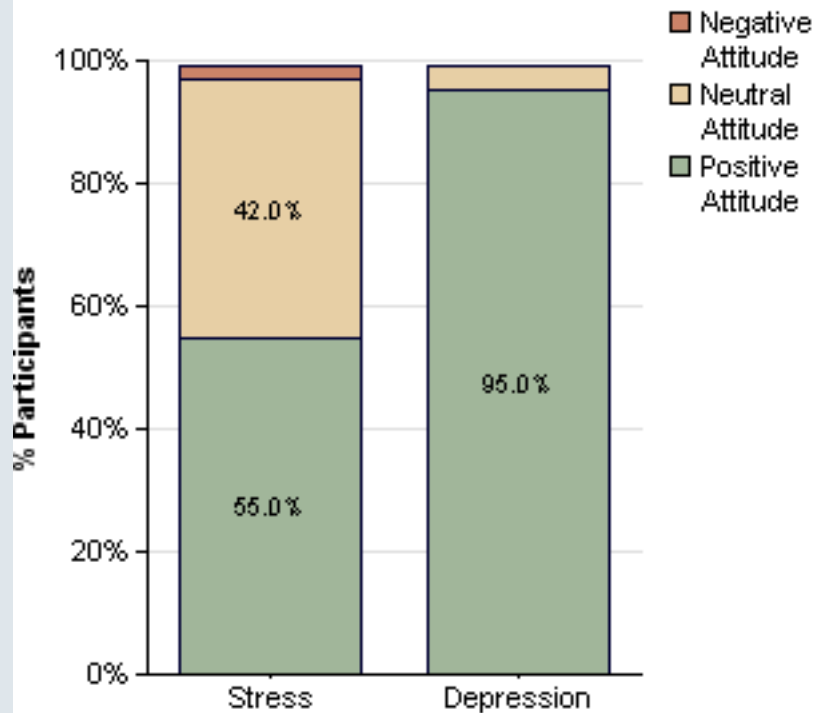
Stress and Depression Results

These are the results from your members that have answered questions regarding depression. This graph shows the level of stress and people with symptoms of depression within the group.

According to the National Institute of Mental Health, about 9.5 percent of the adult population suffers from clinical depression and more than 16 percent suffer from depression severe enough to warrant treatment.

The depression and stress score is based on answers to questions found in the General Well-Being or General Health assessments. A cumulative score is generated for both categories and the range is measured against a standard scoring chart that determines a persons current attitudes toward stress and depression. Values may not add up to 100% due to rounding.

Assessed attitudes



Graph created using data within the specified criteria from:

- ◆ Health Risk Assessment
- ◆ General Health Assessment

Dietary Habits

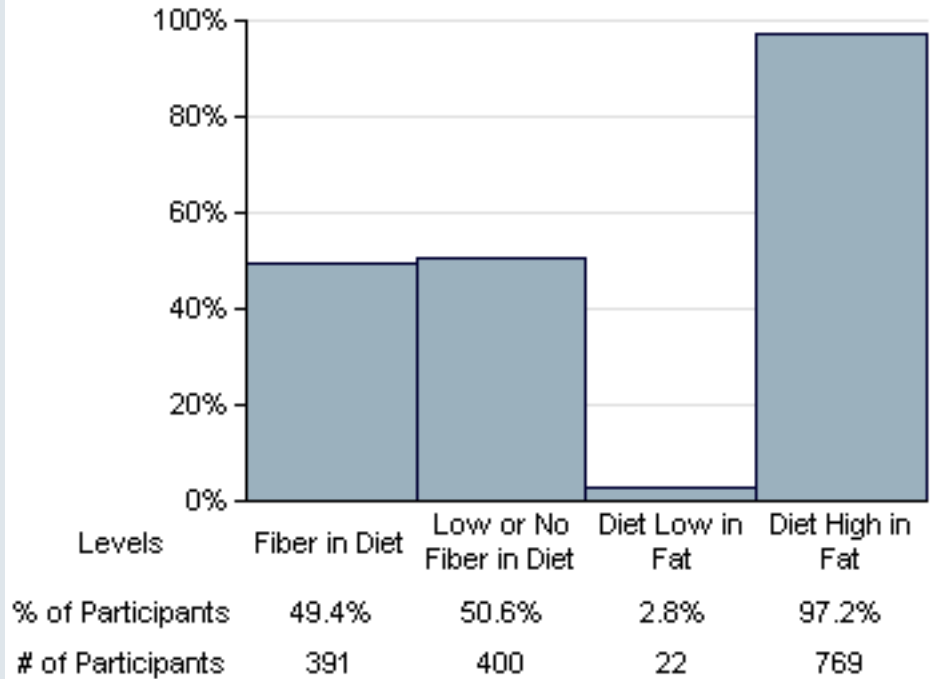
Fat and Fiber Intake

The American Dietetic Association reports that most of us don't even come close to the recommended intake of 20 grams to 35 grams of fiber a day. Americans' mean fiber intake is about half that --14-15 grams a day.

Eating a higher-fiber diet has been shown to lower blood cholesterol levels, improve and prevent constipation, and slow digestion.

Eating a high fat diet may contribute to heart disease. Eating too much fat also contributes to excess body weight, since a gram of fat has about twice as many calories per gram as carbohydrates and proteins. Being overweight may increase your risk of developing high blood pressure, diabetes, cardiovascular diseases (diseases of the heart and blood vessels) and certain forms of cancer.

Dietary Habits



Graph created using data within the specified criteria from:

- ◆ Cardiac Risk Assessment
- ◆ General Health Assessment
- ◆ Health Risk Assessment

Exercise

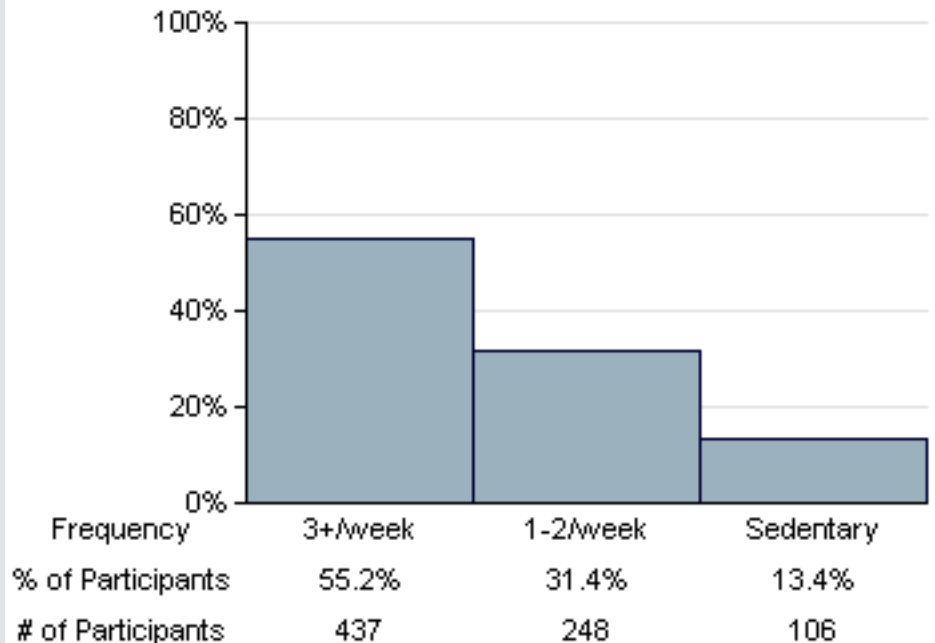
Group Exercise Habits

Regular physical activity throughout life is important for maintaining a healthy body, enhancing psychological well-being, and preventing premature death. A Surgeon General's report on physical activity and health concluded that moderate physical activity can reduce substantially the risk of developing or dying from heart disease, diabetes, colon cancer, and high blood pressure.

The proportion of the population reporting no leisure-time physical activity is higher among women than men, higher among African Americans and Hispanics than whites, higher among older adults than younger adults, and higher among the less affluent than the more affluent. Participation in all types of physical activity declines strikingly as age or grade in school increases. In general, persons with lower levels of education and income are least active in their leisure time. Adults in North Central and Western States tend to be more active than those in the Northeastern and Southern States. People with disabilities and certain health conditions are less likely to engage in moderate or vigorous physical activity than are people without disabilities. Health promotion efforts need to identify barriers to physical activity faced by particular population groups and develop interventions that address these barriers.

37 percent of adults report they are not physically active and only 30 percent performed the recommended amount of physical activity.

Exercise frequency



Goal:

80% of the population getting regular exercise.

Graph created using data within the specified criteria from:

- ◆ Cardiac Risk Assessment
- ◆ General Health Assessment
- ◆ Health Risk Assessment

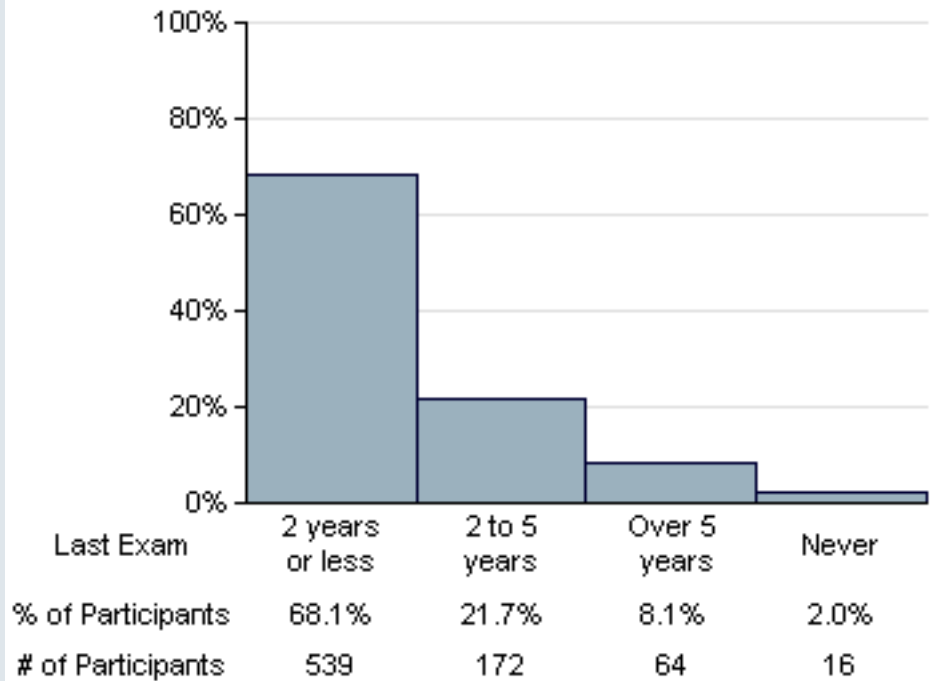
General exam

Group general exam

In medicine, the (annual) general medical examination is a common form of preventive medicine involving visits to a general practitioner by asymptomatic adults on a regular basis. This is generally yearly or less frequently. It is known under several other names, such as the periodic health evaluation or preventive health examination.

The term is generally not meant to include visits for the purpose of newborn checks, Pap smears for cervical cancer, or regular visits for people with certain chronic medical disorders (for example, diabetes). The general medical examination generally involves a medical history, a (brief or complete) physical examination and sometimes laboratory tests.

Time since last general exam



Graph created using data within the specified criteria from:

- ◆ Health Risk Assessment
- ◆ General Health Assessment

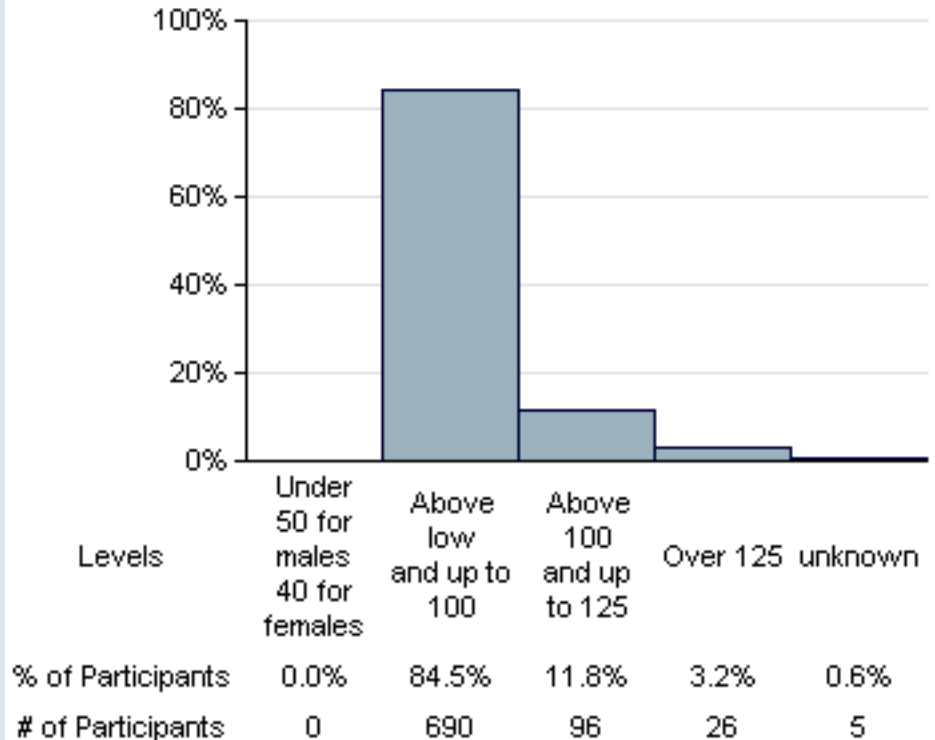
Glucose

Group Glucose

A blood glucose test measures the amount of sugar (glucose) in a sample of blood. Glucose is a major source of energy for most cells of the body, including those in the brain.

Levels vary according to the laboratory, but in general up to 100 milligrams per deciliter (mg/dL) are considered normal. Persons with levels between 100 and 126 mg/dL may have impaired fasting glucose or prediabetes. These levels are considered to be risk factors for type 2 diabetes and its complications. Diabetes is typically diagnosed when fasting blood glucose levels are 126 mg/dL or higher.

Glucose levels



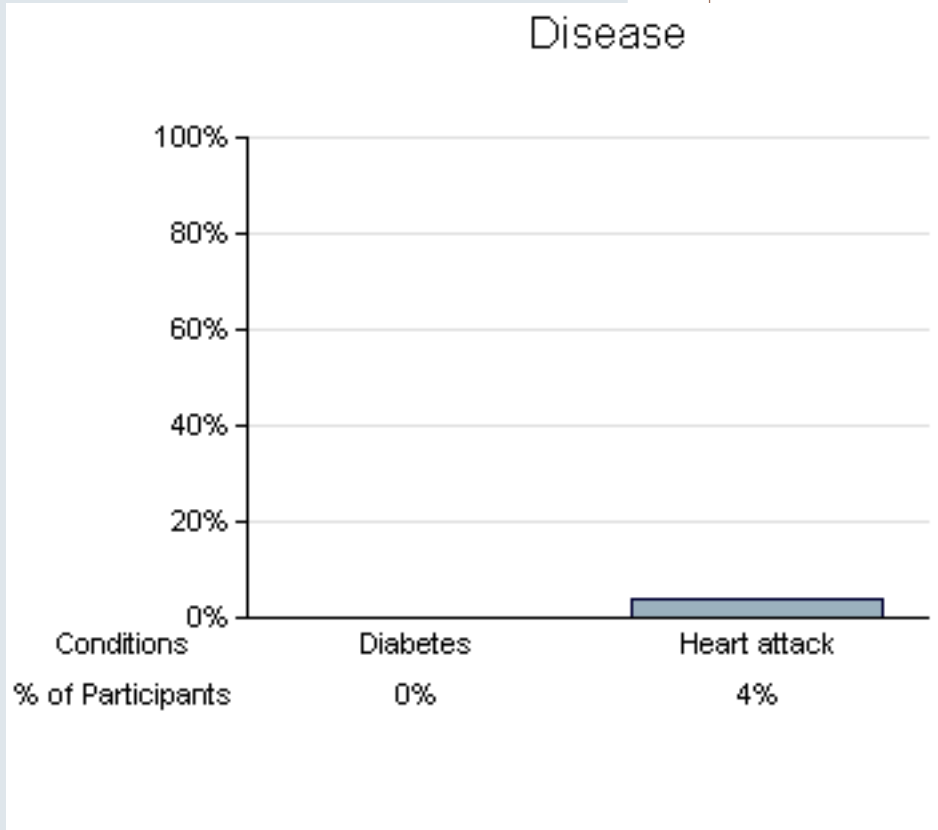
Graph created using data within the specified criteria from:

- ◆ Cardiac Risk Assessment
- ◆ General Health Assessment
- ◆ Health Risk Assessment

History - Personal

Personal Conditions

These are the results from your members that have answered questions regarding their own disease history. This graph shows the number of self reported personal conditions within the group.



Graph created using data within the specified criteria from:

- ◆ Cardiac Risk Assessment
- ◆ General Health Assessment
- ◆ Health Risk Assessment

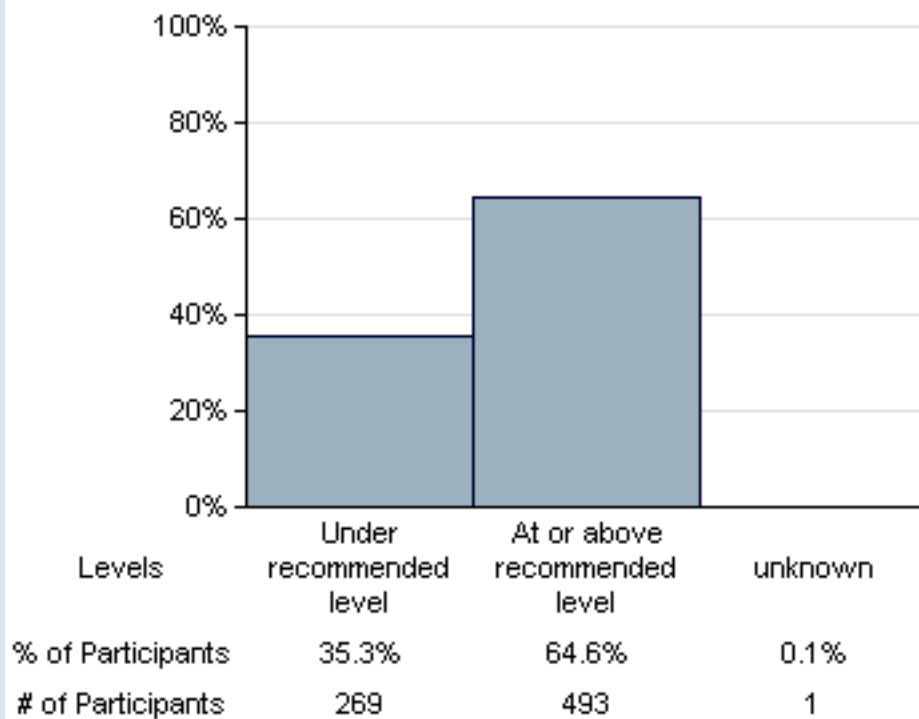
HDL

Group HDL

With HDL (good) cholesterol, higher levels are better. Low HDL cholesterol (less than 40 mg/dL for men, less than 50 mg/dL for women) puts you at higher risk for heart disease. In the average man, HDL cholesterol levels range from 40 to 50 mg/dL. In the average woman, they range from 50 to 60 mg/dL. An HDL cholesterol of 60 mg/dL or higher gives some protection against heart disease. The mean level of HDL cholesterol for American adults age 20 and older is 54.3 mg/dL.

Smoking, being overweight and being sedentary can all result in lower HDL cholesterol. To raise your HDL level, avoid tobacco smoke, maintain a healthy weight and get at least 30-60 minutes of physical activity more days than not.

HDL levels



Graph created using data within the specified criteria from:

- ◆ Cardiac Risk Assessment
- ◆ General Health Assessment
- ◆ Health Risk Assessment

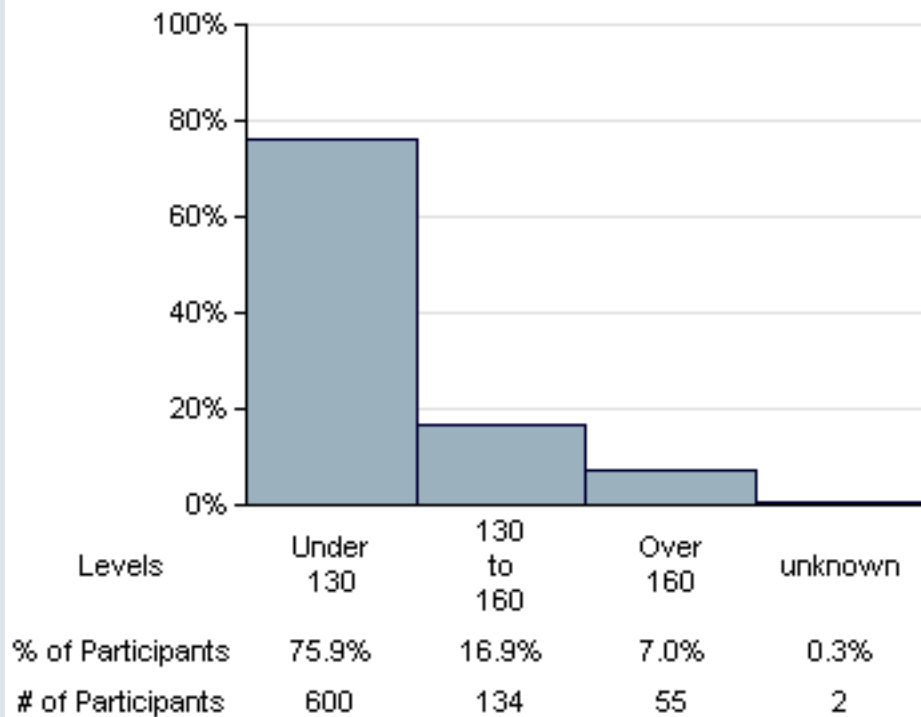
LDL

Group Ldl

The lower the level of LDL cholesterol, the lower the risk of heart attack and stroke. In fact, it's a better gauge of risk than total blood cholesterol.

Other risk factors for heart disease and stroke help determine what a healthy LDL level should be, as well as the appropriate treatment.

LDL levels



Graph created using data within the specified criteria from:

- ◆ Cardiac Risk Assessment
- ◆ General Health Assessment
- ◆ Health Risk Assessment

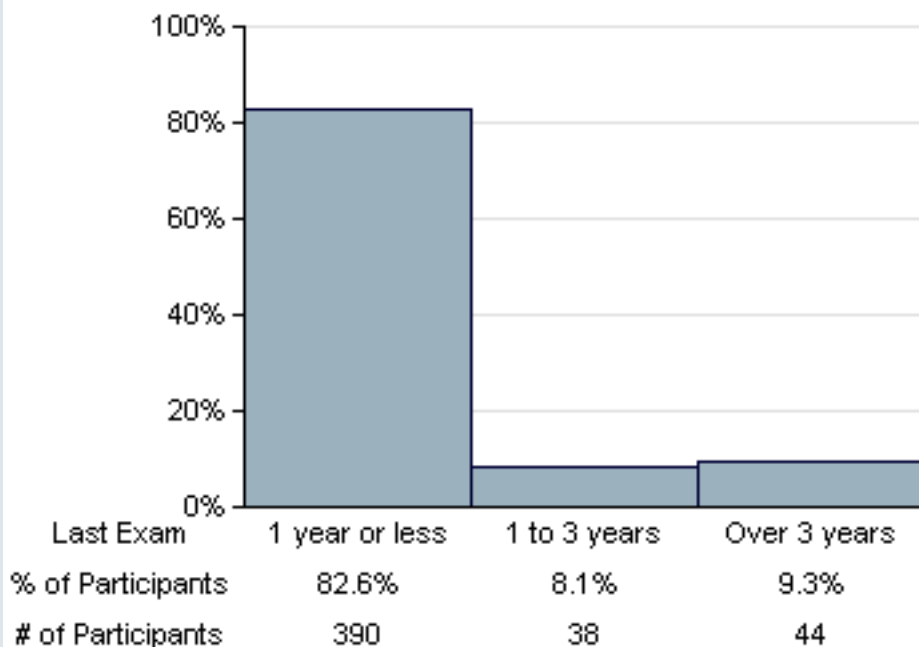
Mammograms

Group Mammograms (females 40 and older)

Breast cancer is the most common cancer among women in the United States. An estimated 212,290 new cases were expected to be diagnosed in 2006. About 40,970 U.S. women were expected to die from breast cancer in 2006.

Death from breast cancer can be reduced substantially if the tumor is discovered at an early stage. Mammography is the most effective method for detecting these early malignancies. Clinical trials have demonstrated that mammography screening can reduce breast cancer deaths by 20 to 39 percent in women aged 50 to 74 years and about 17 percent in women aged 40 to 49 years. Breast cancer deaths can be reduced through increased adherence with recommendations for regular mammography screening. There are a high number of participants in your group that have not had a screening recently.

Time since last mammogram



Goal:

Screening of all women over 40 years of age.

Graph created using data within the specified criteria from:

- ◆ Health Risk Assessment
- ◆ General Health Assessment

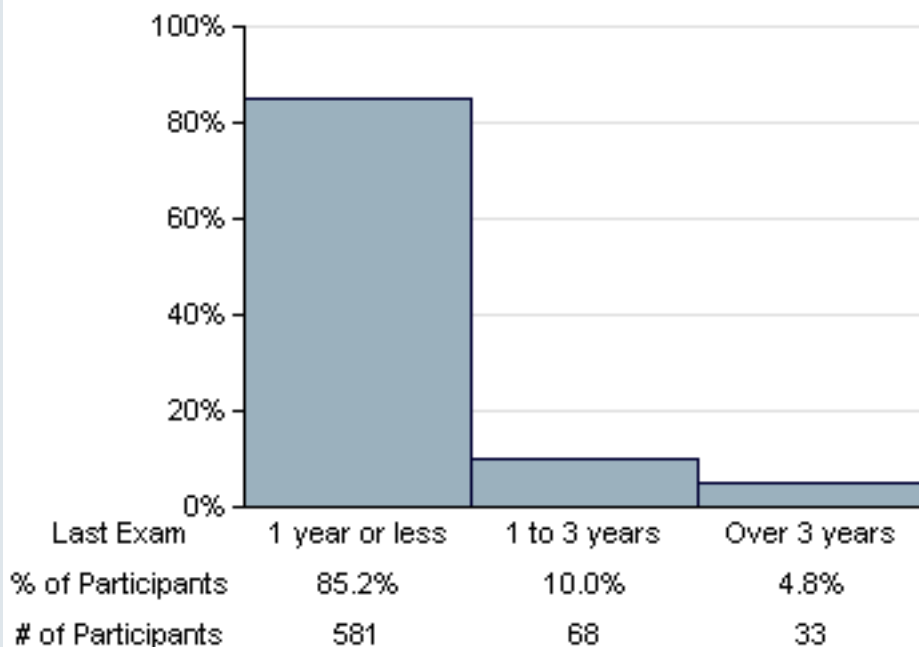
Pelvic Exams

Group Pap Examinations

Cervical cancer is the 10th most common cancer among females in the United States, with an estimated 12,800 new cases in 2000. The number of new cases of cervical cancer is higher among females from racial and ethnic groups than among white females. An estimated 4,600 U.S. females were expected to die from cervical cancer in 2000. Cervical cancer accounts for about 1.7 percent of cancer deaths among females. Infections of the cervix with certain types of sexually transmitted human papilloma virus increase risk of cervical cancer and may be responsible for most cervical cancer in the United States.

Considerable evidence suggests that screening can reduce the number of deaths from cervical cancer. Invasive cervical cancer is preceded in a large proportion of cases by precancerous changes in cervical tissue that can be identified with a Pap test. If cervical cancer is detected early, the likelihood of survival is almost 100 percent with appropriate treatment and followup; that is, almost all cervical cancer deaths could be avoided if all females complied with screening and followup recommendations. There are a high number of participants in your group that have not had a screening recently.

Time since last Pap



Goal:

Annual Pap exams for women over 18 years old.

Graph created using data within the specified criteria from:

- ◆ Health Risk Assessment
- ◆ General Health Assessment

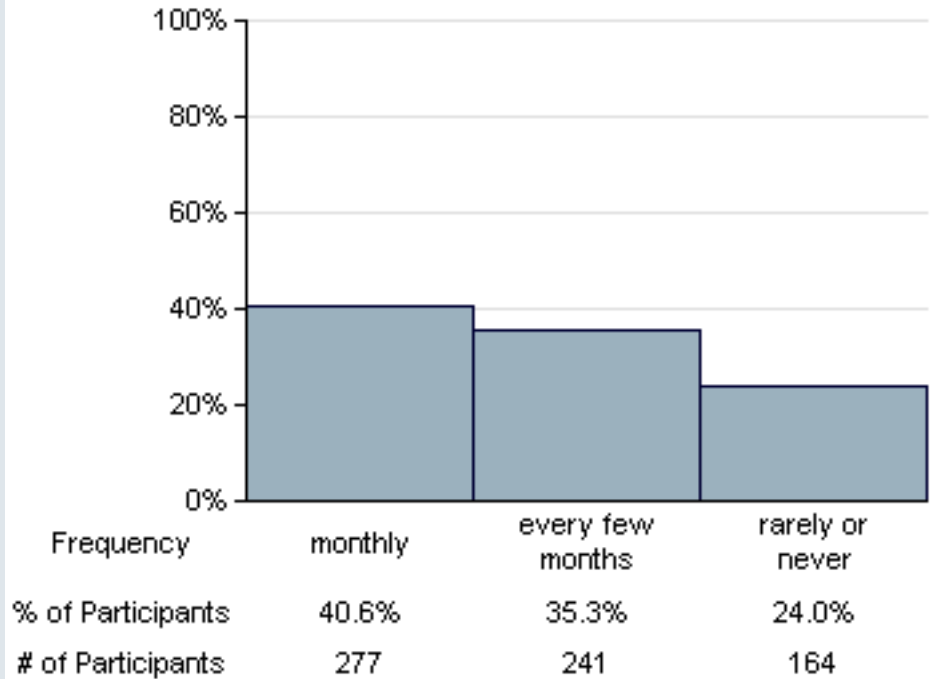
Self Breast Exam

Self Breast Exam Habits

The American Cancer Society recommends that women age 20 or older should perform a breast self-examination (BSE) every month. By doing the exam regularly, you get to know how your breasts normally feel and you can more readily detect any signs or symptoms.

Women who follow the above recommendations from the American Cancer Society have the best chance of early detection and the best prognosis should cancer be found. Breast cancer will affect one in eight women during their lifetime, this is up from one in twenty in the 1960's. There are a high number of participants in your group that have not been performing self exams as often as they should.

Frequency of Self Breast Exam



Graph created using data within the specified criteria from:

- ◆ Health Risk Assessment
- ◆ General Health Assessment

Male Prostate Exam

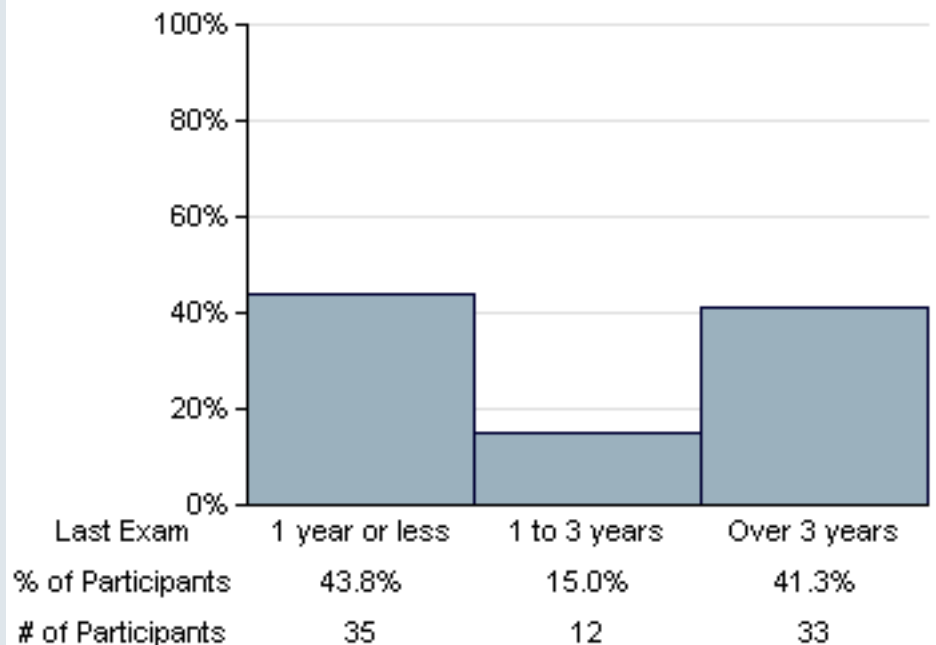
Group Prostate Exams (males 40 and older)

Both the prostate-specific antigen (PSA) blood test and digital rectal examination (DRE) should be offered annually, beginning at age 50, to men who have at least a 10-year life expectancy. Men at high risk (African-American men and men with a strong family of one or more first-degree relatives [father, brothers] diagnosed before age 65) should begin testing at age 45. Men at even higher risk, due to multiple first-degree relatives affected at an early age, could begin testing at age 40. Depending on the results of this initial test, no further testing might be needed until age 45.

Prostate cancer is the most common cancer among men, excluding skin cancer. Men have a one in six probability of developing prostate cancer in their lifetime.

Men who follow the above recommendations from the American Cancer Society have the best chance of early detection and the best prognosis should cancer be found. There are a high number of participants in your group that have not had a screening recently.

Time since last prostate exam



Graph created using data within the specified criteria from:

- ◆ Health Risk Assessment
- ◆ General Health Assessment

Seatbelts

Group Seatbelt Use

Motor vehicle crashes are often predictable and preventable. Increased use of safety belts and reductions in driving while impaired are two of the most effective means to reduce the risk of death and serious injury of occupants in motor vehicle crashes. As of March 2003, the national safety belt use rate was 75 percent.

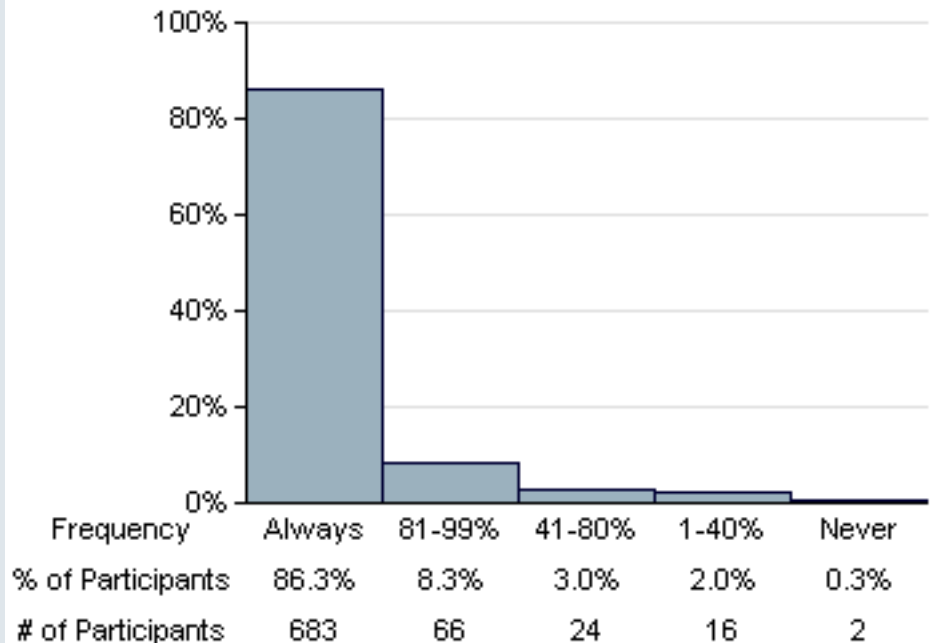
When used properly, seatbelts reduce the risk of fatal injury to front seat vehicle occupants by 45 percent. In rollovers, seatbelts are 80 percent effective in preventing death in light trucks and 74 percent effective in cars.

Death rates associated with motor vehicle-traffic injuries are highest in the age group 15 to 24 years. In 1996, teenagers accounted for only 10 percent of the U.S. population but 15 percent of the deaths from motor vehicle crashes. Those aged 75 years and older had the second highest rate of motor vehicle-related deaths.

Nearly 40 percent of traffic fatalities in 1997 were alcohol related. Each year in the United States it is estimated that more than 120 million episodes of impaired driving occur among adults. In 1996, 21 percent of traffic fatalities of children aged 14 years and under involved alcohol; 60 percent of the time the driver of the car in which the child was a passenger was impaired.

This group of participants is doing very well in regards to seatbelt usage. Of this group, 20 participants reported either drinking and driving or riding with someone who had too much to drink in the last month.

% of trips seatbelts used



Graph created using data within the specified criteria from:

- ◆ Health Risk Assessment
- ◆ General Health Assessment

Smoking

Group Smoking Habits

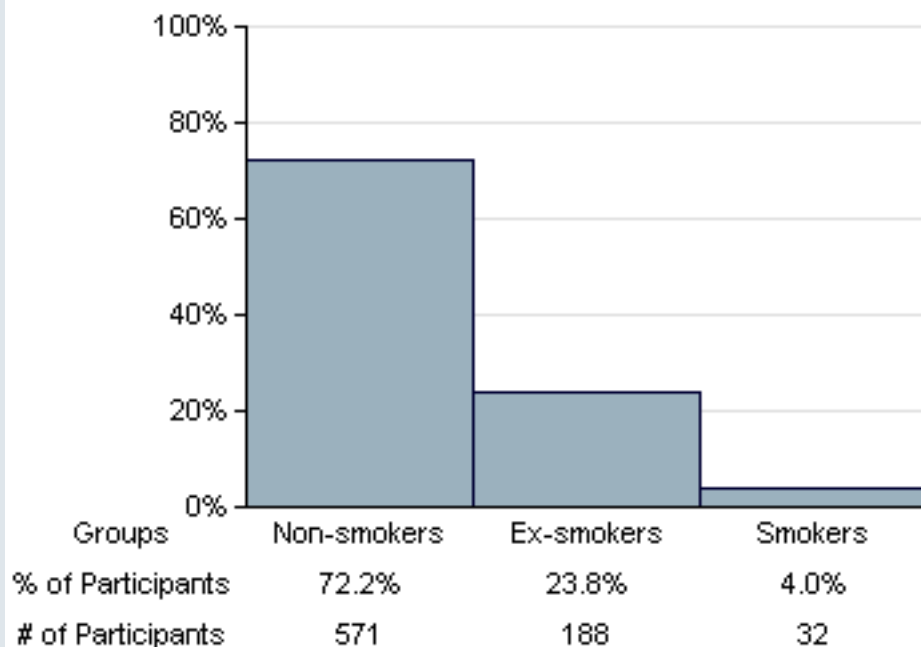
Cigarette smoking is the single most preventable cause of disease and death in the United States. Smoking results in more deaths each year in the United States than AIDS, alcohol, cocaine, heroin, homicide, suicide, motor vehicle crashes, and fires combined.

More people die from lung cancer than any other type of cancer, in 2003 it accounted for more deaths than breast cancer, prostate cancer and colon cancer combined.

In the US, tobacco use is responsible for nearly 1 in 5 deaths; this equaled an estimated 443,000 premature deaths each year between 2000 and 2004. In addition, an estimated 8.6 million people suffer from chronic conditions related to smoking, such as chronic bronchitis, emphysema, and cardiovascular diseases.

Since 2004, smoking rates have changed little; in 2008, an estimated 21% of adults, or 46 million Americans, smoked cigarettes. Your group has fewer smokers than the national average of 24% smokers.

Smoking status



Goal:

Less than 12% of adults smoke.

Graph created using data within the specified criteria from:

- ◆ Cardiac Risk Assessment
- ◆ General Health Assessment
- ◆ Health Risk Assessment

Triglycerides

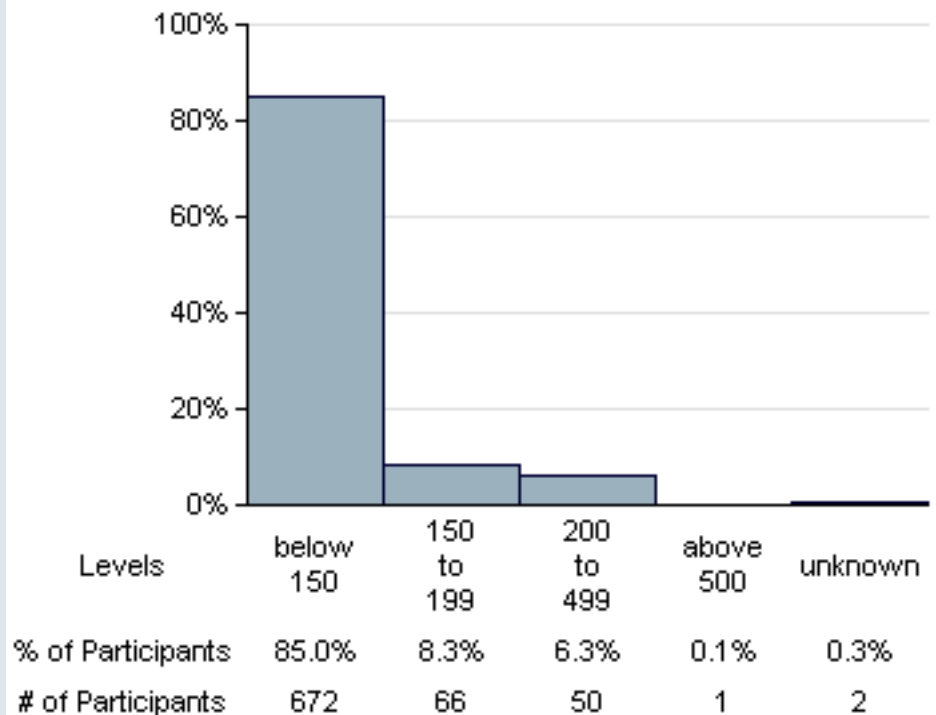
Group Triglycerides

Triglycerides are the chemical form in which most fat exists in food as well as in the body. They're also present in blood plasma and, in association with cholesterol, form the plasma lipids.

Excess triglycerides in plasma is called hypertriglyceridemia. It's linked to the occurrence of coronary artery disease in some people. Elevated triglycerides may be a consequence of other disease, such as untreated diabetes mellitus. Like cholesterol, increases in triglyceride levels can be detected by plasma measurements. These measurements should be made after an overnight food and alcohol fast.

Changes in lifestyle habits are the main therapy for hypertriglyceridemia.

Triglycerides levels



Graph created using data within the specified criteria from:

- ◆ Cardiac Risk Assessment
- ◆ General Health Assessment
- ◆ Health Risk Assessment

Waist Measures

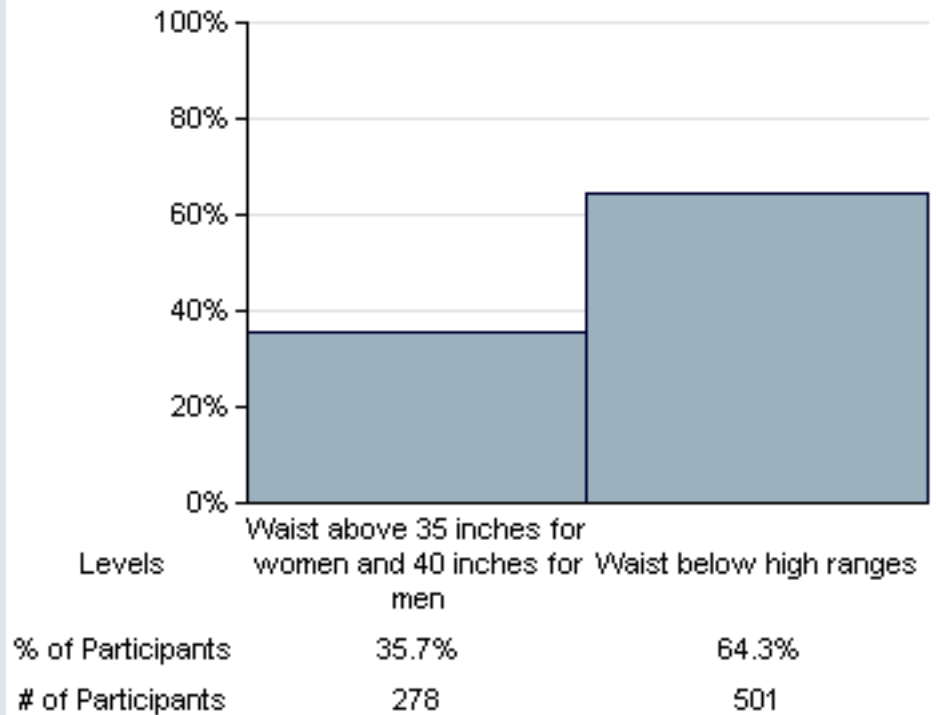
Group Waist

Carrying fat primarily around your waist, or being "apple-shaped", puts you at much greater risk of developing obesity-related health problems. The most practical way to determine whether you have too much abdominal fat is to measure your waist circumference.

A waist circumference above 35 inches for women and 40 inches for men, is a strong risk factor for insulin resistance. Insulin resistance is a key player in metabolic syndrome and the precursor to type 2 diabetes.

Additionally, abdominal fat contains higher amounts of visceral fat. Visceral fat is made by your liver, turned into cholesterol, and released into the bloodstream where it forms plaque on the artery walls. That's why you are more likely to have high cholesterol, high blood pressure, and cardiovascular disease when you have excess abdominal fat.

Waist Measurement



Graph created using data within the specified criteria from:

- ◆ Cardiac Risk Assessment
- ◆ General Health Assessment
- ◆ Health Risk Assessment

Weight

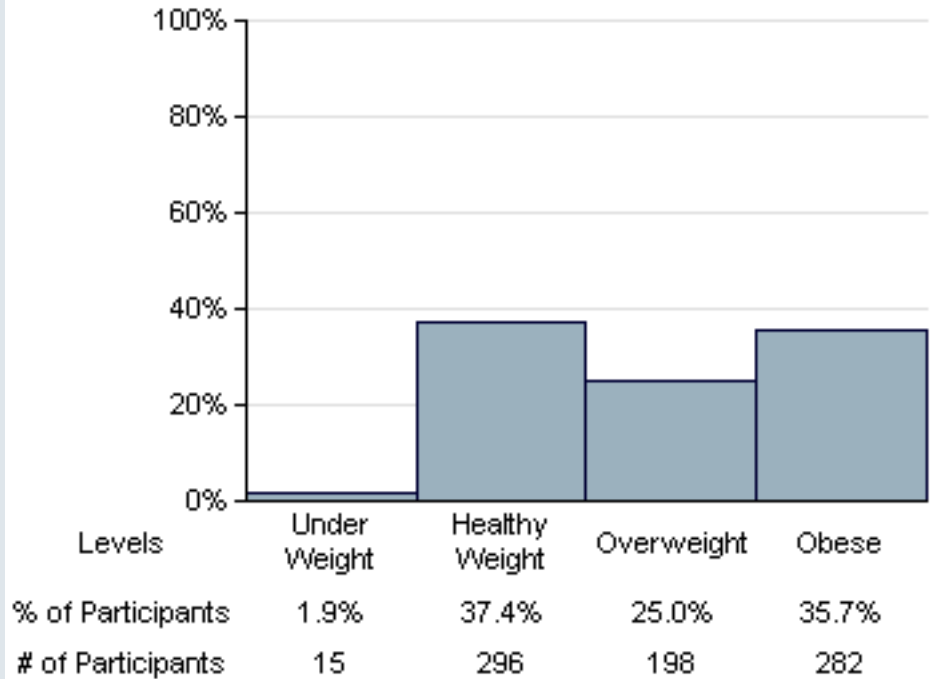
Group Weight

Overweight and obesity are major contributors to many preventable causes of death. On average, higher body weights are associated with higher death rates. The number of overweight children, adolescents, and adults has risen over the past four decades. Americans who are 30 or more pounds over a healthy weight cost the country an estimated billion in weight-related medical bills in 2008, double the amount a decade ago, according to a study by government scientists and the non-profit research group RTI International.

More than half of adults in the United States are estimated to be overweight or obese. The proportion of adolescents from poor households who are overweight or obese is twice that of adolescents from middle- and high-income households. Obesity is especially prevalent among women with lower incomes and is more common among African American and Mexican American women than among white women. Among African Americans, the proportion of women who are obese is 80 percent higher than the proportion of men who are obese. This gender difference also is seen among Mexican American women and men, but the percentage of white, non-Hispanic women and men who are obese is about the same.

While one in every three American adults is obese, two in every three others suffer from being overweight, stated the Centers for Disease Control and Prevention (CDC) officials in their recent report. There is a large percentage of participants above their healthy weight.

Weight levels



Goal:

Increase the proportion of adults who are at a healthy weight to 60%.