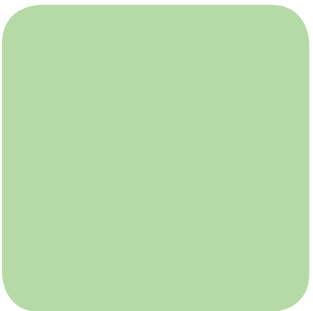
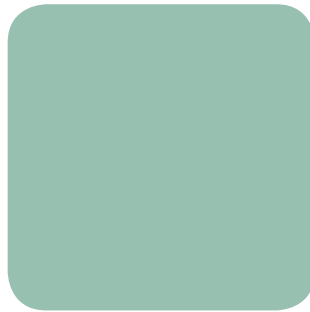
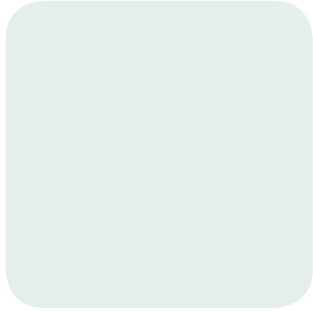


# Health Assessment Summary Report

## *Ramsey County*

July 6, 2010



# Health Assessment Summary Report Ramsey County July 6, 2010

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# Health Assessment Executive Summary

## Ramsey County

### July 6, 2010

#### Population

Ramsey County invited all employees who are HealthPartners members and their covered spouses to participate in the JourneyWell Healthy Benefits program from February 1, 2010 through July 6, 2010. Those who complete the health assessment and an associated health improvement program are eligible to receive a benefit differential. This report presents results based on aggregate data from those who completed the health assessment.

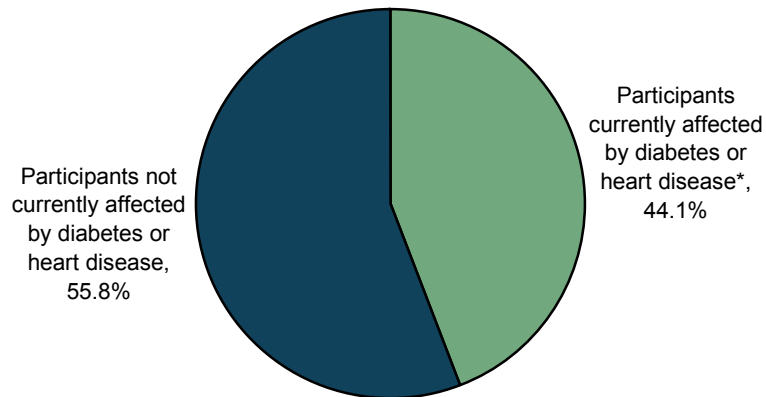
Number of individuals invited to take the health assessment	5,229
Number of participants (those who completed the health assessment)	4,290
Completion rate	82.0%

#### Key Findings

- Of participants, 81.9% of men and 61.9% of women reported being either overweight or obese. In the United States, 63.4% of adults are overweight or obese.<sup>1</sup>
- At Ramsey County, 32.1% of participants fall below the Healthy People 2010 objectives for physical activity, compared to 51.2% of American adults.<sup>2</sup>
- While many factors that affect health cannot be changed, others *can* be changed — weight, tobacco use, physical activity, food choices, stress, back pain, and alcohol use.
  - \* 31.0% of those who are overweight or obese are ready to make changes or get support to manage their weight
  - \* 35.0% of those who use tobacco are ready to cut back or quit using tobacco
  - \* 54.5% of those who report insufficient calories burned through physical activity are ready to become more physically active
  - \* 26.4% of those who make unhealthy food choices are ready to make changes in food choices
  - \* 49.5% of those who report high stress are ready to make changes to manage stress
  - \* 24.9% of those who have frequent back pain are ready to make changes to manage back pain
  - \* 26.5% of those who report high-risk alcohol use are ready to make changes related to alcohol use

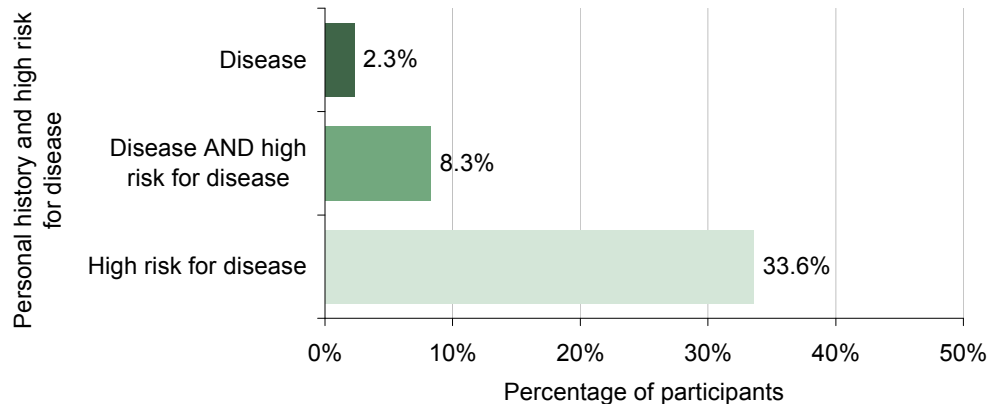
- Of participants at Ramsey County, 44.1% are affected by diabetes or heart disease; that is, they have diabetes or heart disease or are at high risk for receiving a diagnosis of diabetes or heart disease (see Graph A and Graph B). High risk, “pre-disease,” individuals are:
  - \* 8.5 times more likely to receive a diagnosis of diabetes in the next 2.5 years compared to those at low risk for diabetes.<sup>3</sup>
  - \* 5.2 times more likely to receive a diagnosis of heart disease in the next 2.5 years compared to those at low risk for heart disease.

Graph A: Percentage of participants affected by diabetes and heart disease (n = 4,290)



\*A portion of these participants who are HealthPartners members are referred to CareSpan<sup>SM</sup> for disease management.

Graph B: Percentage of participants reporting diabetes and heart disease, and those at high risk for diabetes and heart disease (n = 4,290)



## **Comparative Data**

The JourneyWell health assessment offers the opportunity to track health behaviors, risk for disease and diagnosed conditions over time. The *Addendum: Comparative Data* presents the following:

1. Results of *all* Ramsey County health assessment participants in 2008-2009 compared to results of *all* Ramsey County participants in 2010. This comparison shows a general trend in the health of your population.
2. Results of only those Ramsey County participants who completed the health assessment in *both* 2008-2009 and 2010 (a subset of all participants). Comparing the same group of individuals over time can reveal the impact of health improvement policies, programs and interventions designed to improve employee health.
3. Results of Ramsey County participants compared to a broader population of *everyone* who completed the health assessment in 2009 (n = 100,571). It is important to note that the norm of a broader population should not be interpreted as a standard for health. For example, as shown by the high rates of obesity among Americans, “normal” is not necessarily healthy.

At Ramsey County, 3,664 individuals completed the health assessment in *both* 2008-2009 and 2010 (a subset of all participants). Key findings among this group include:

	<u>2008-2009</u>	<u>2010</u>
* Overweight or obese	68.8%	70.4%
* Tobacco use	14.7%	13.1%
* Low physical activity (Healthy People 2010)	32.5%	32.4%
* Unhealthy food choices	49.6%	45.9%
* Unhealthy stress	8.3%	6.7%
* Frequent back pain	44.1%	42.8%
* High-risk alcohol use	2.8%	2.2%

# Health Assessment Summary Report

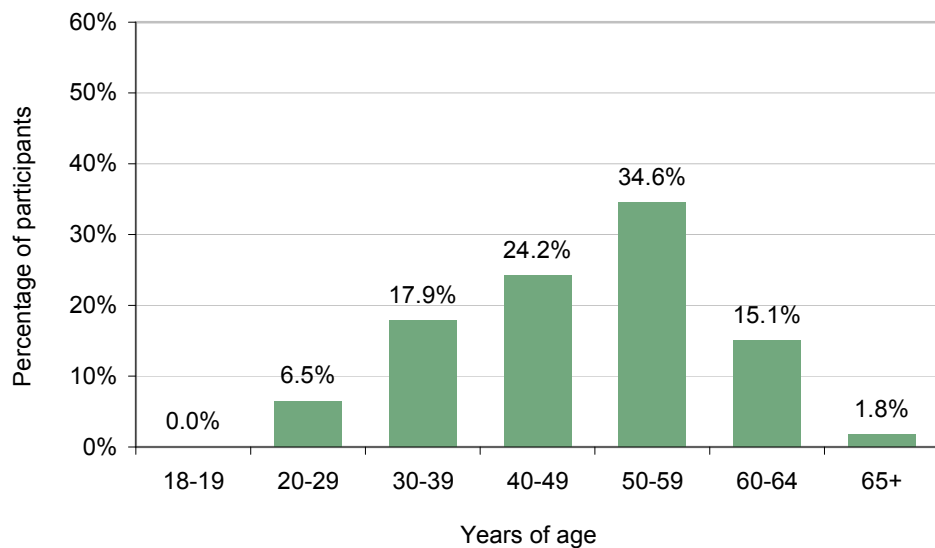
## Ramsey County

### July 6, 2010

### Demographics

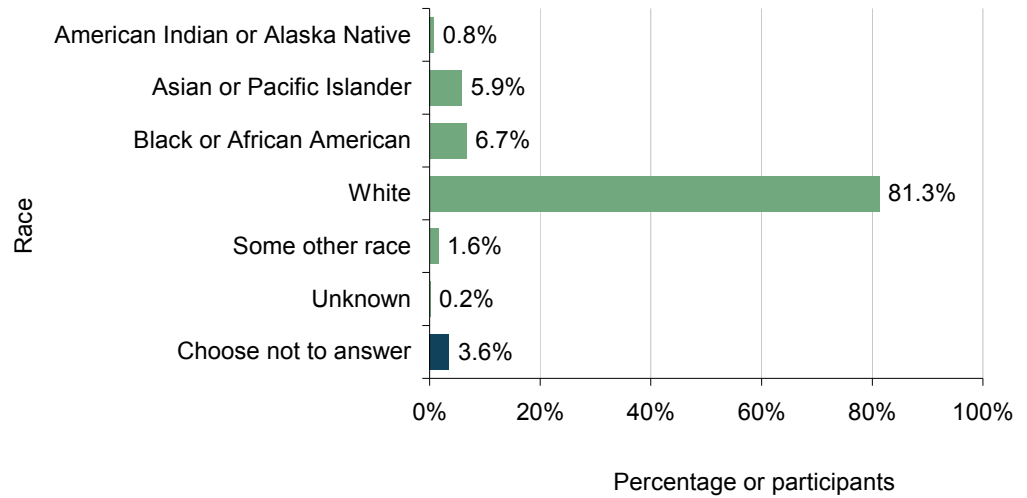
An aging workforce and participants' racial and ethnic backgrounds are risk factors that cannot be changed (see Graph 1, Graph 2 and Graph 3). Nonetheless, these factors may contribute to the overall health risk of employees. Lifestyle factors including physical activity, food choices and tobacco *can* be changed and contribute significantly to overall health risk.

Graph 1: Percentage of participants by age (n = 4,290)

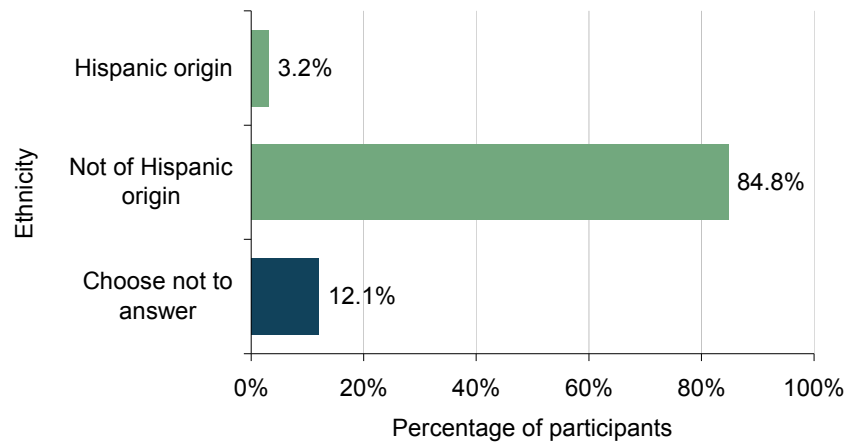


The National Center for Health Statistics and the U.S. Census Bureau identify both race and ethnicity as important indicators for understanding a population.

Graph 2: Percentage of participants by race (n = 4,290)

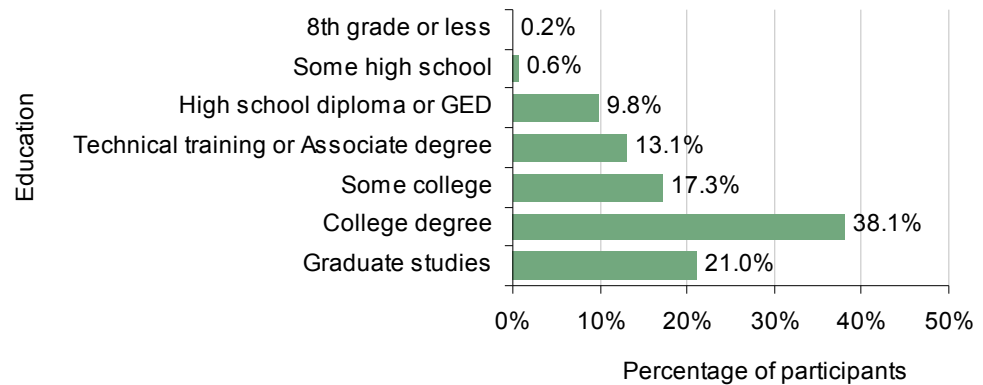


Graph 3: Percentage of participants by ethnicity (n = 4,290)

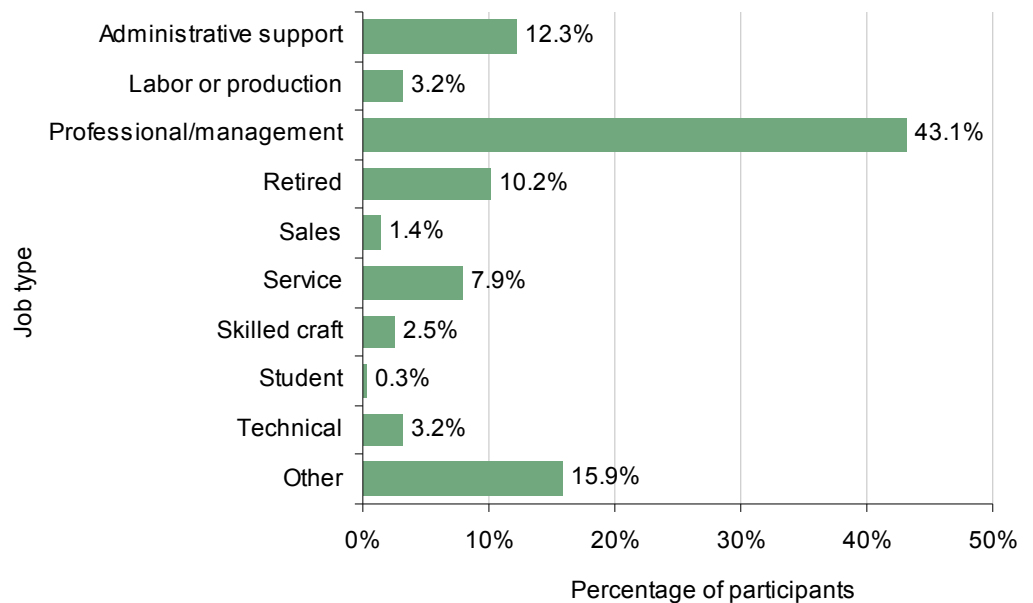


Education and job function may impact the type of risk reduction and lifestyle programming needed to improve health (see Graph 4 and Graph 5).

Graph 4: Percentage of participants by education (n = 4,290)



Graph 5: Percentage of participants by job type (n = 4,290)



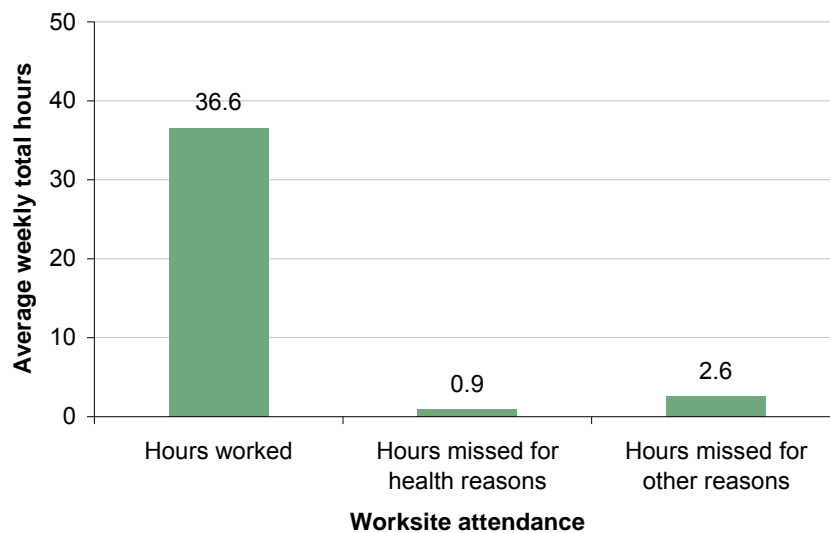
## Productivity

Productivity data presented in this report include ALL participants—current employees as well as others who completed the health assessment (e.g. spouses, retirees, employees on leave).

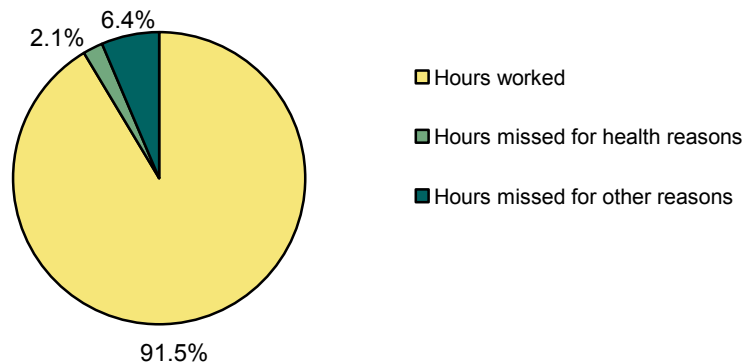
Participants who are not employed are asked only one question—how their health affects daily activity (see Graph P4).

Employee health impacts worksite absenteeism, presenteeism and overall productivity (Reilly MC, Zbrozek AS, Duker EM. The validity and reproducibility of a work productivity and activity impairment instrument. *Pharmacoeconomics*. 1993;4(5):353-65). Addressing modifiable health risks—including overweight/obesity, tobacco use, physical activity, nutrition, and stress—can result in positive outcomes for individuals as well as organizations.

Graph P1: Participants' average weekly hours in worksite attendance — of those currently employed (n = 3,718)



Graph P2: Percentage of weekly hours in worksite attendance — of those currently employed (n = 3,718)

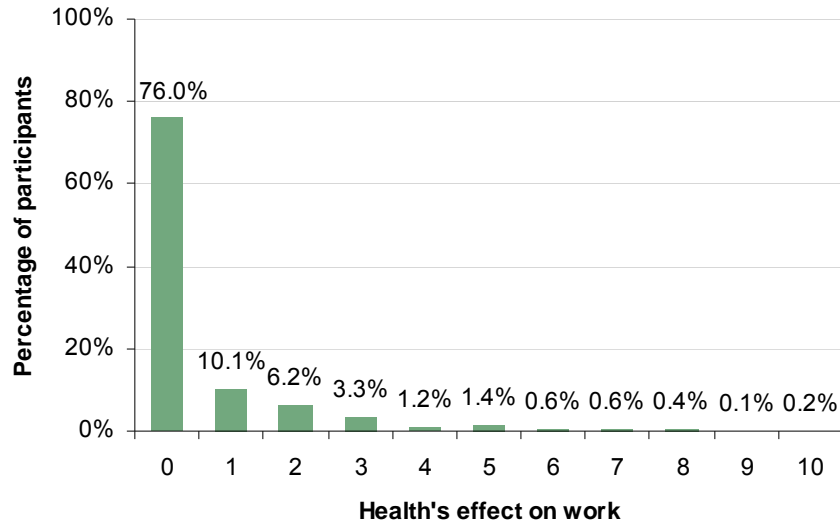


'Hours missed for health reasons' reflects absence from work due to participants' health concerns—not the health concerns of others (e.g. children or parents).

'Hours missed for other reasons' includes absence from work for vacation, holidays, and other time off.

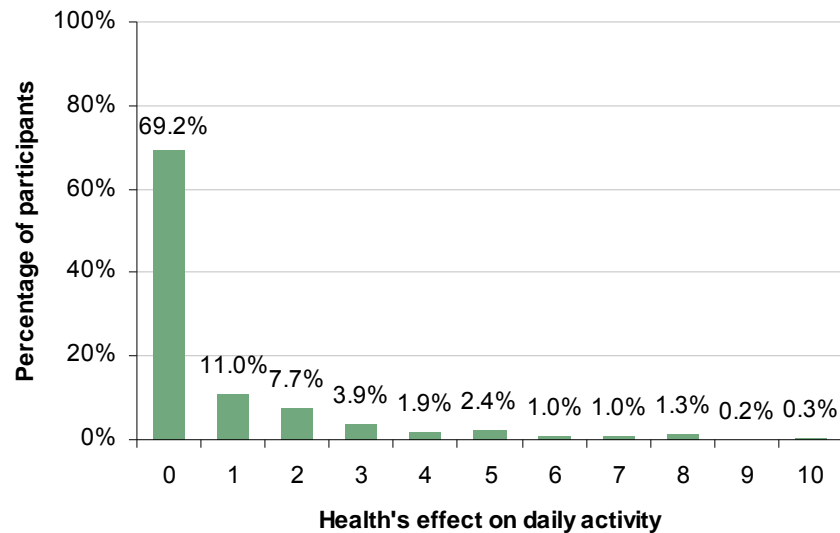
Graph P3: Percentage of participants by health's effect on work — of those currently employed and reporting at least one hour worked in the past week (n = 3,545)

0 = No effect on work    10 = Completely prevented work



Graph P4: Percentage of participants by health's effect on daily activity (n = 4,290)

0 = No effect on daily activity    10 = Completely prevented daily activity

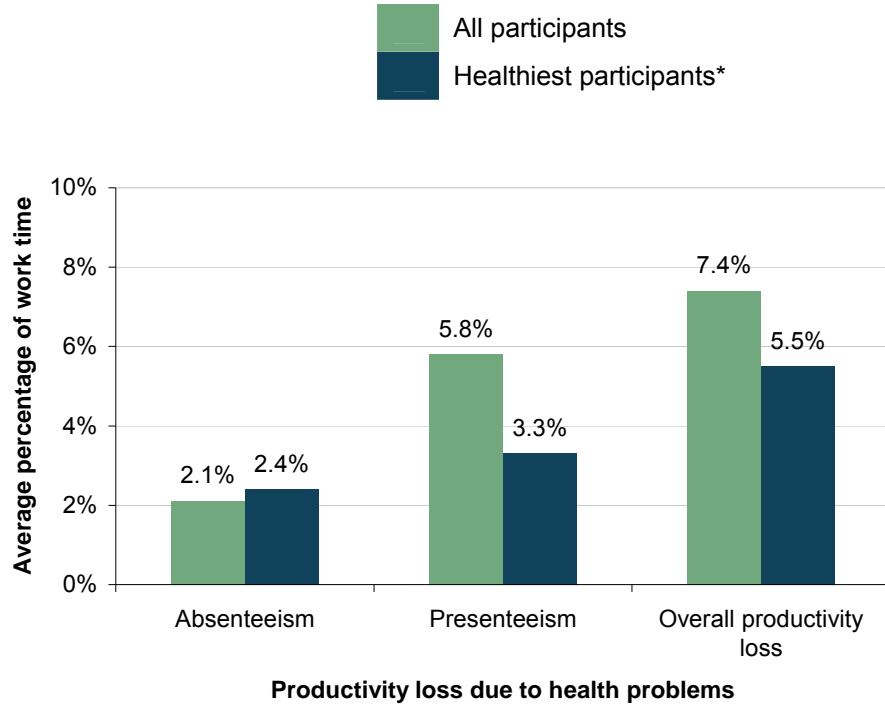


Graph P5 (enhanced): Average percentage of work time with productivity loss due to health problems — of those currently employed and reporting at least one hour worked in the past week (n = 3,545)

Absenteeism is the percentage of hours *absent from work* because of health problems out of the total number of hours worked and missed.

Presenteeism measures the percentage of time productivity was lost *while present at work* due to health problems.

Overall productivity loss measures the combined impact of absenteeism and presenteeism; it is the overall percentage of time productivity was lost due to health problems.



\*The healthiest participants are those who fall in the healthiest stratifications (lowest risk) for weight, physical activity, tobacco use, alcohol use, sleep, and stress.

Some productivity loss is to be expected, even among a healthy population.

Excess absenteeism, presenteeism, and overall productivity loss represent the difference between your entire health assessment population and your healthiest participants — those who fall in the healthiest stratifications (lowest risk) for weight, physical activity, tobacco use, alcohol use, sleep, and stress.

Graph P6 (enhanced): Average percentage of work time with excess productivity loss due to health problems — of those currently employed and reporting at least one hour worked in the past week (n = 3,545)



At Ramsey County, 3,718 participants who are currently employed completed the health assessment. Excess overall productivity loss due to health problems represents 2.0% of total work time. This results in 72.7 full-time employee equivalents lost due to health problems.

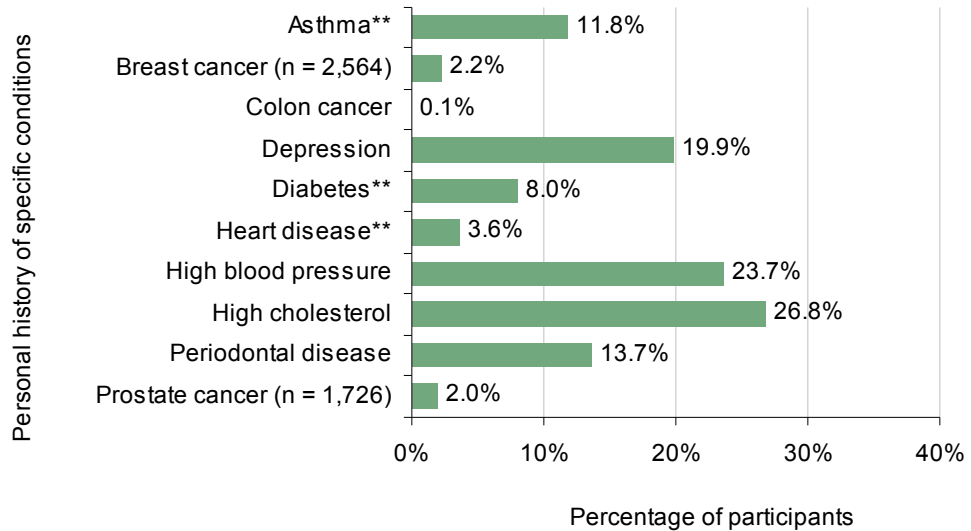
Assuming an average annual salary of \$56,306, it can be estimated that an excess \$1,100 of productivity is lost each year per employee due to health problems. The estimated excess annual dollar loss in productivity for all participants totals \$4,091,101.

## **Personal Health History**

Personal health history can influence health care costs (see Graph 6). Health care costs could be reduced, however, through prevention of disease and self-management of existing diseases.

Graph 6: Percentage of participants reporting personal history of specific conditions (n = 4,290)\*

Because individuals may report a personal history of none, some or all of the specific conditions, the total percentages in Graph 6 do not add to 100%.



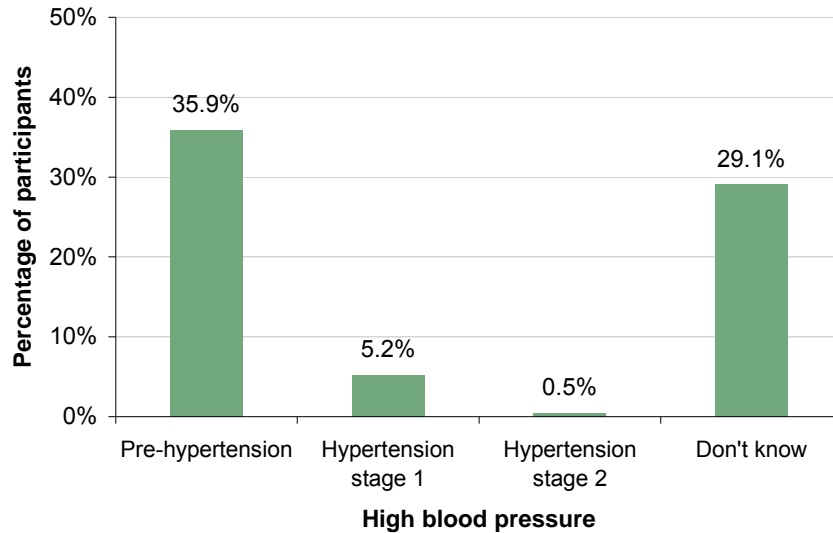
\*At Ramsey County, 47.2% of participants have seen a health care provider in the past year for one or more of these conditions, or for back pain.

\*\*A portion of these participants who are HealthPartners members are referred to CareSpan<sup>SM</sup> for disease management.

**Biometrics**

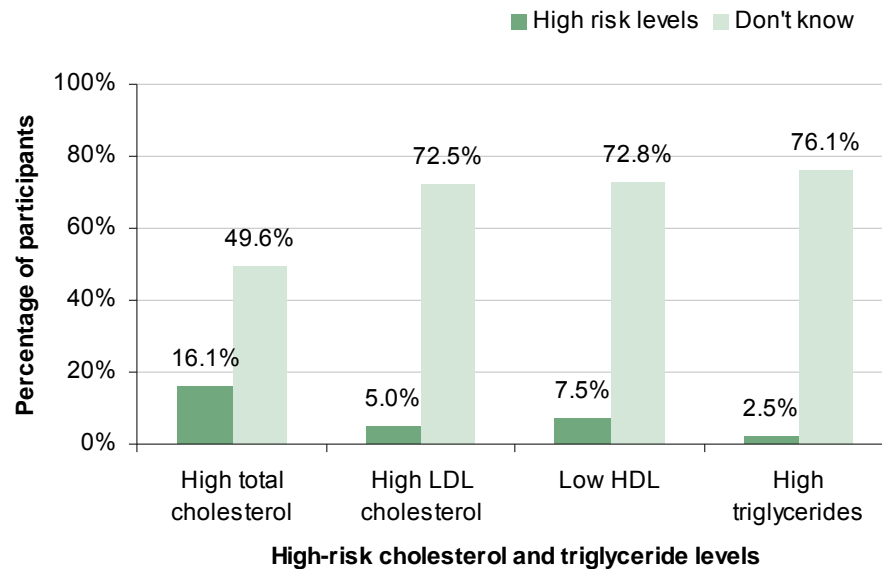
High blood pressure, cholesterol, triglycerides, and blood glucose levels are risk factors for heart disease and diabetes. In addition to medical management, making healthy lifestyle changes—managing weight, being physically active, not smoking, and choosing healthy foods—can help control these risk factors.

Graph B1: Percentage of participants reporting high blood pressure (n = 4,290)



Participants may report none, some or all of the high-risk cholesterol and triglyceride levels. Therefore, the total percentages in Graph B2 do not add to 100%.

Graph B2: Percentage of participants reporting high-risk cholesterol and triglyceride levels (n = 4,290)



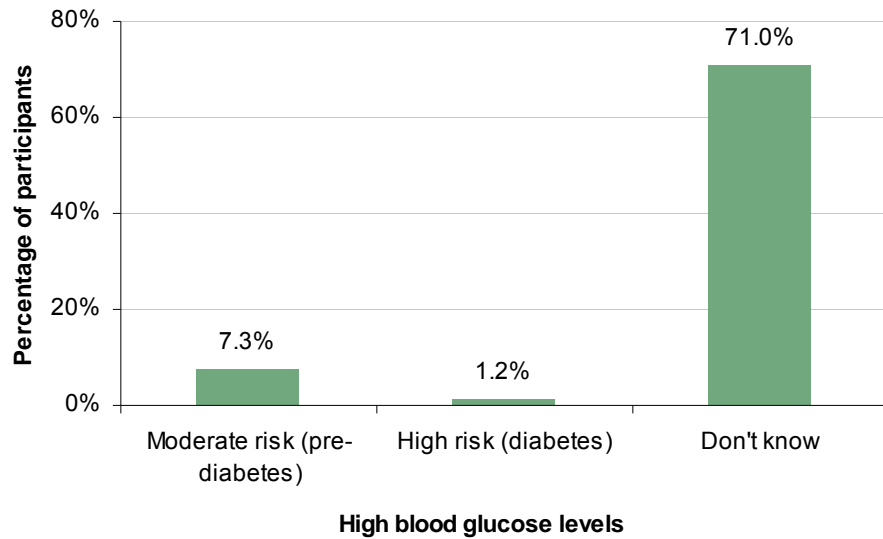
Having a blood glucose level in the 'high risk' category is not necessarily synonymous with diagnosed diabetes (see Graph 6).

Participants with well-controlled diabetes may report low risk blood glucose levels, while those with poorly managed disease have moderate or high risk levels.

Other participants with high risk blood glucose levels may not yet be diagnosed with diabetes.

Pre-diabetes — also called impaired glucose tolerance or impaired fasting glucose — is a precursor to developing diabetes.

Graph B3: Percentage of participants reporting high blood glucose levels (n = 4,290)



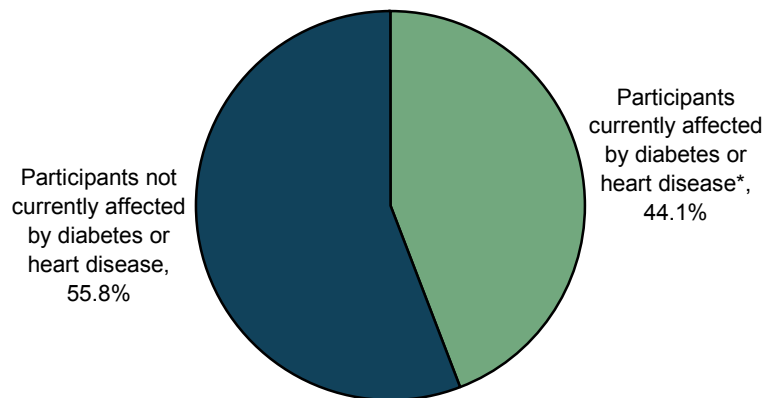
## Diabetes and Heart Disease

Diabetes and heart disease are two conditions that affect health care costs and the quality of life of employees. Some participants reported that they already have diabetes and/or heart disease. Others have clusters of risk factors that place them at high risk for receiving a diagnosis of diabetes and/or heart disease (see Graph 7, Graph 8 and Table 1).

High risk, “pre-disease,” individuals are:

- 8.5 times more likely to receive a diagnosis of diabetes in the next 2.5 years compared to those at low risk for diabetes.<sup>3</sup>
- 5.2 times more likely to receive a diagnosis of heart disease in the next 2.5 years compared with those at low risk for heart disease.

Graph 7: Percentage of participants affected by diabetes and heart disease (n = 4,290)



Participants affected by diabetes and heart disease include those who report having diabetes or heart disease and those who are at high risk for receiving a diagnosis of diabetes or heart disease.

Because risk for diabetes and heart disease increases with age and weight, those who are not currently affected may be at high risk or develop disease over time.

\* A portion of these participants who are HealthPartners members are referred to CareSpan<sup>SM</sup> for disease management.

Graph 8: Percentage of participants reporting diabetes and heart disease and those at high risk for diabetes and heart disease (n = 4,290)

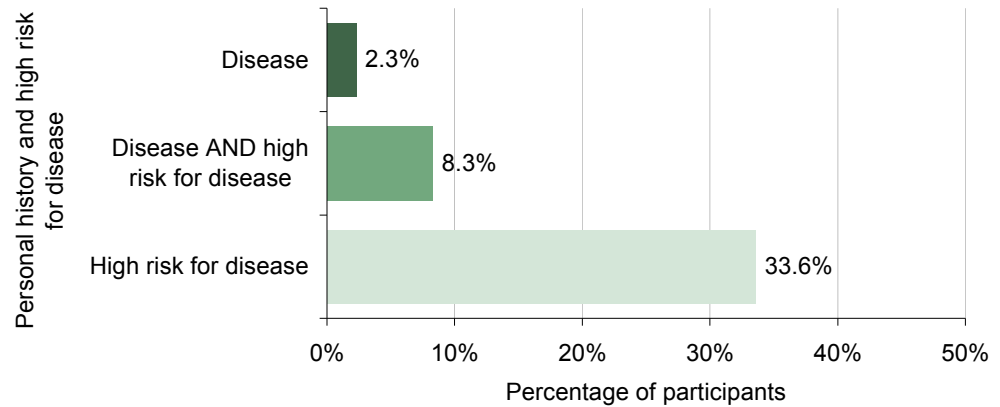


Table 1: Percentage of participants reporting diabetes and heart disease and those at high risk for diabetes and heart disease — detail of Graph 8 (n = 4,290)

Personal history and high risk for disease	Disease	<b>Diabetes alone</b> 0.3%	<b>Heart disease alone</b> 0.9%	<b>Diabetes AND heart disease</b> 1.1%
	Disease AND high risk for disease	<b>Diabetes AND high risk for heart disease</b> 6.6%	<b>Heart disease AND high risk for diabetes</b> 1.7%	—
	High risk for disease	<b>High risk for diabetes alone</b> 14.6%	<b>High risk for heart disease alone</b> 4.9%	<b>High risk for diabetes AND high risk for heart disease</b> 14.1%

Being overweight or obese, being sedentary, having high blood pressure, and having high cholesterol are modifiable and controllable risk factors that have a big impact on overall health risk.

Other factors such as age cannot be changed, which emphasizes the importance of focusing on lifestyle change to prevent disease.

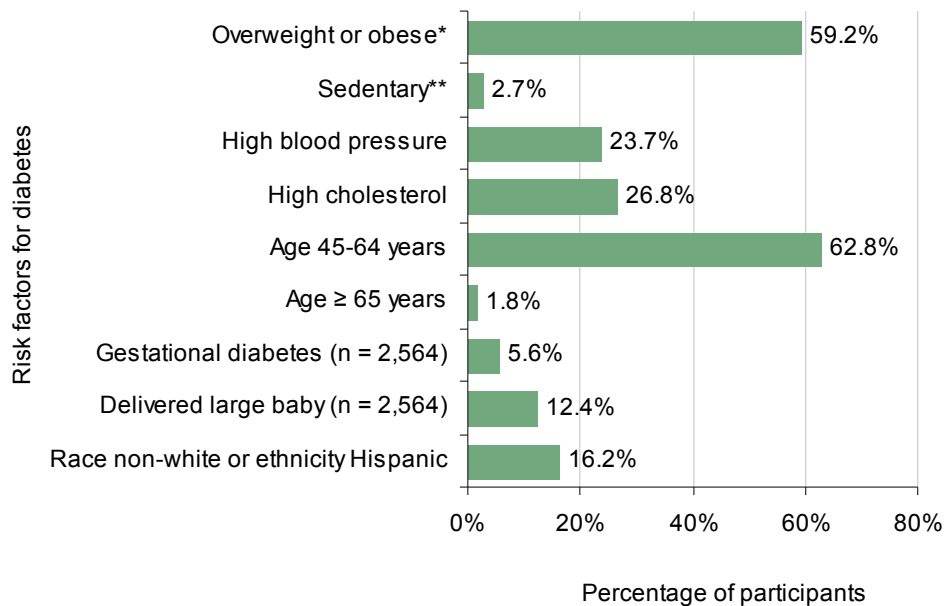
Because individuals often have more than one risk factor for diabetes, the total percentages in Graph 9 do not add to 100%.

The risk for diabetes and heart disease can be significantly reduced by focusing on risk factors that can be changed or managed. Participants at Ramsey County have risk factors that increase the risk for diabetes and heart disease (see Graph 9 and Graph 10), including:

- 59.2% are overweight or obese\*
- 12.5% smoke tobacco
- 2.7% are sedentary\*\*

There are many specific factors that contribute to increased risk for diabetes. While many factors cannot be changed, weight loss and increased physical activity *can* reduce the likelihood of developing diabetes (see Graph 9). A large study showed that more than half of new cases of diabetes could be prevented by increasing physical activity and losing just 10 to 20 pounds.<sup>4</sup>

Graph 9: Percentage of participants with specific risk factors for diabetes (n = 4,290)



\*Overweight or obese *in this graph* is defined as either:

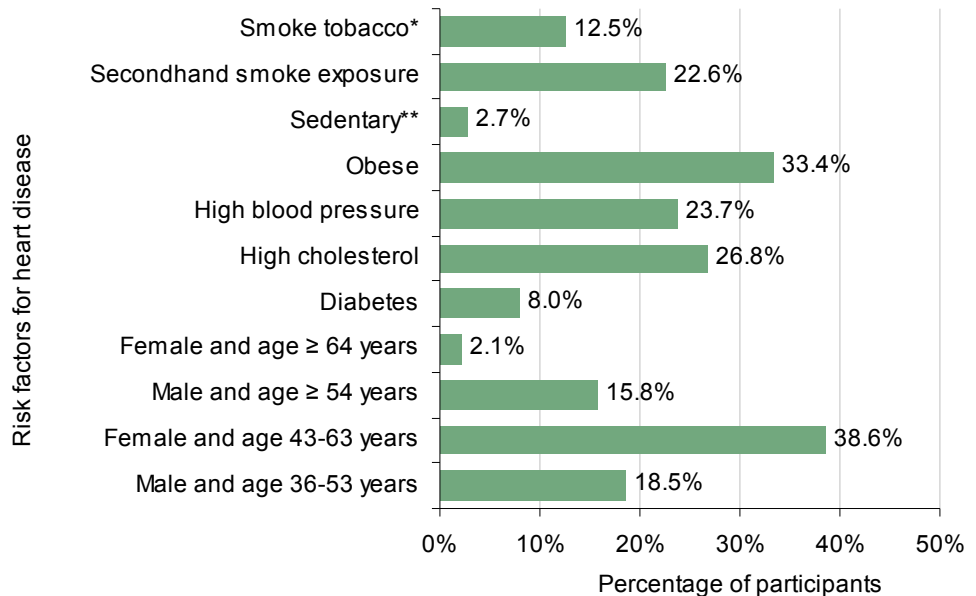
- (BMI ≥ 25 and BMI < 27) and one or more of these conditions: heart disease, high blood pressure, and/or high cholesterol
- BMI ≥ 27

\*\*Sedentary means *no* moderate physical activity and *no* vigorous physical activity.

There are many specific factors that contribute to increased risk for heart disease. While many factors cannot be changed, quitting smoking, avoiding secondhand smoke, being physically active, and managing weight *can* reduce the likelihood of developing heart disease<sup>5</sup> (see Graph 10). In one large national study, women who had a set of healthy lifestyle behaviors and were at a healthy body weight reduced their risk of heart disease by 84%.<sup>6</sup>

Because individuals often have more than one risk factor for heart disease, the total percentages in Graph 10 do not add to 100%.

Graph 10: Percentage of participants with specific risk factors for heart disease (n = 4,290)



\*Smoke tobacco includes cigarettes, cigars and pipe, and **excludes** chew or snuff.

\*\*Sedentary means **no** moderate physical activity and **no** vigorous physical activity.

## Weight

BMI is a good predictor of the health risk of a population.

Higher BMI is associated with higher rates of disease and higher health care costs.

Being overweight or obese can lead to higher rates of diabetes and heart disease in the future.

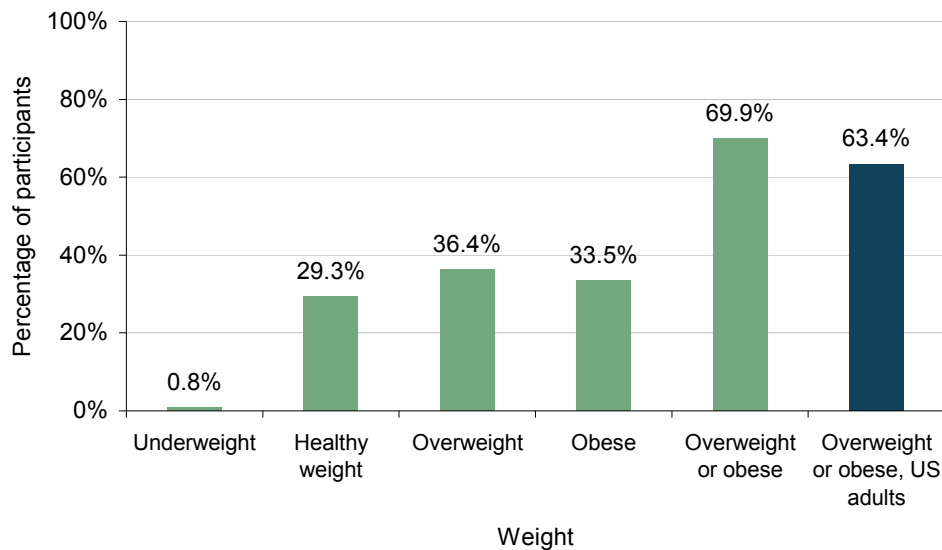
The first four columns in Graph 11 represent all participants and add to 100%.

The fifth column is the sum of the third and fourth columns.

Being overweight or obese is one of the fastest growing health problems and a leading cause of death in the United States.<sup>7</sup> At Ramsey County, 69.9% of participants are overweight or obese compared to 63.4% of American adults<sup>1</sup> (see Graph 11). By gender, 81.9% of male participants and 61.9% of female participants are overweight or obese (see Graph 12 and Graph 13). In the United States, 70.7% of male adults and 55.6% of female adults are overweight or obese.<sup>1</sup>

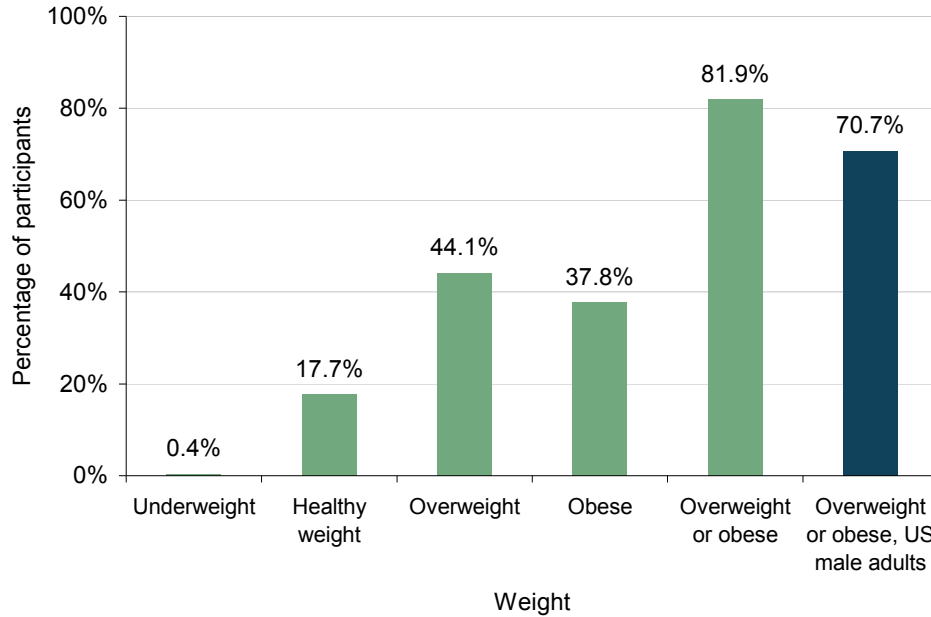
Being overweight or obese increases risk for diabetes, heart disease, cancer and other chronic conditions, and significantly increases health care expenditures.<sup>8,9</sup> Of participants at Ramsey County who are overweight or obese, 31.0% are seriously thinking about making changes and 51.4% are already making changes (see Graph 14).

Graph 11: Percentage of participants by weight category, measured as body mass index (BMI) calculated from height and weight — compared to U.S. adult population (n = 4,290)\*

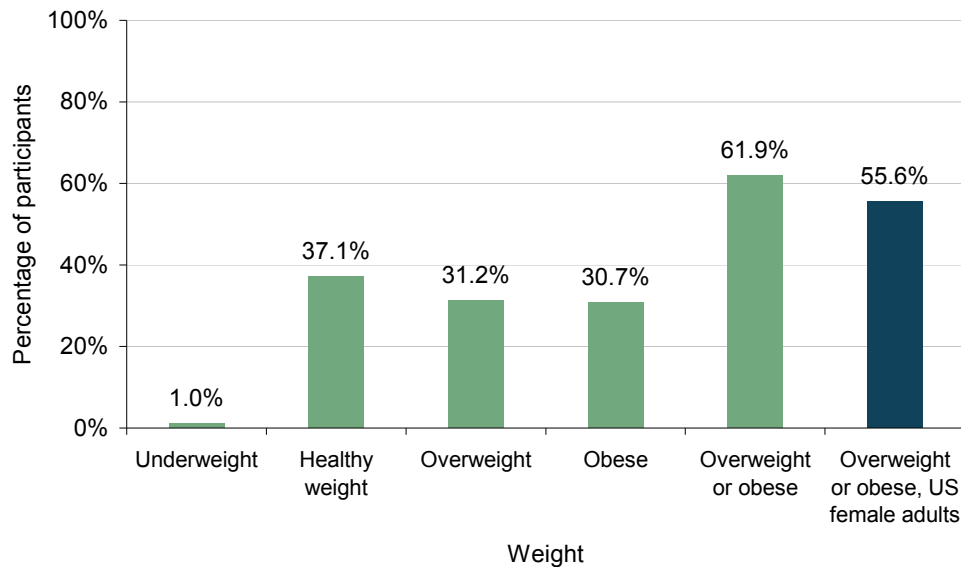


\*Body mass index for each weight category: Underweight (BMI < 18.5)  
Healthy weight (BMI ≥ 18.5 and BMI < 25)  
Overweight (BMI ≥ 25 and BMI < 30)  
Obese (BMI ≥ 30)  
Overweight or obese (BMI ≥ 25)

Graph 12: Percentage of **male** participants by weight category, measured as body mass index (BMI) calculated from height and weight — compared to U.S. adult male population (n = 1,726)\*



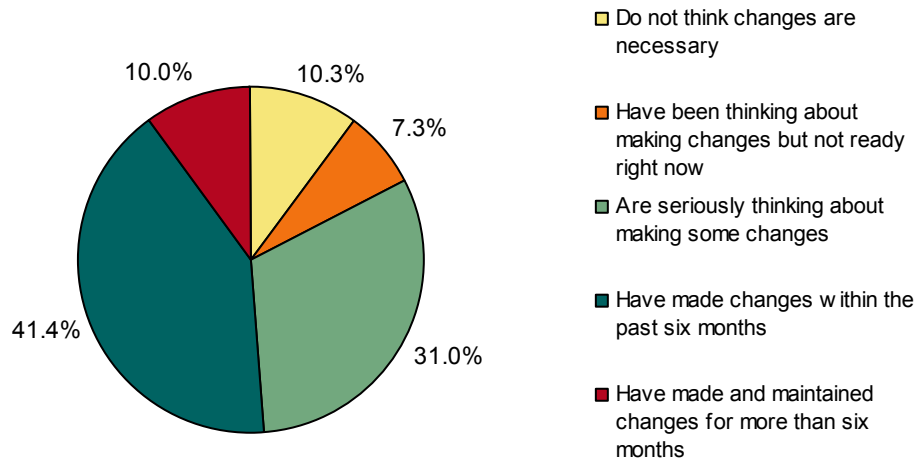
Graph 13: Percentage of **female** participants by weight category, measured as body mass index (BMI) calculated from height and weight — compared to U.S. adult female population (n = 2,564)\*



\*Body mass index for each weight category: Underweight (BMI < 18.5)  
 Healthy weight (BMI ≥ 18.5 and BMI < 25)  
 Overweight (BMI ≥ 25 and BMI < 30)  
 Obese (BMI ≥ 30)  
 Overweight or obese (BMI ≥ 25)

Graph 14: Participants' readiness to manage their weight — of those overweight or obese (n = 2,990)

Women who are overweight or obese and also pregnant are not asked if they are ready to manage their weight. Therefore, the number of participants in Graph 14 may be fewer than those reported as overweight or obese in Graph 11.



## Physical Activity

Participants who report being active less than 10 minutes at a time are considered sedentary.

'Insufficient calories burned through physical activity' is a complex calculation that includes BMI, moderate activity and vigorous activity. There is a direct correlation between calories burned through physical activity and health benefits.

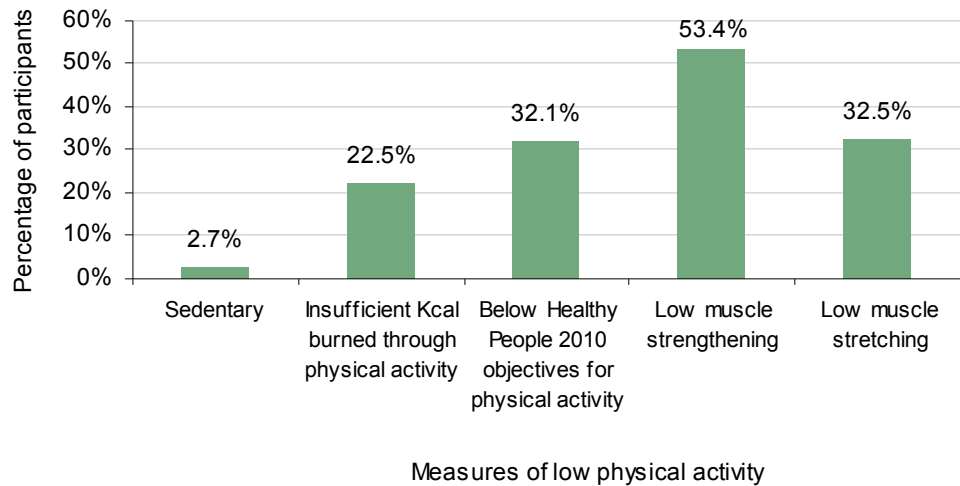
The Healthy People 2010 objectives for physical activity are 30 minutes of moderate activity five or more days each week, or 20 minutes of vigorous activity 3 or more days each week.<sup>2</sup>

Doing muscle strengthening or stretching exercises fewer than 2 days each week is considered low.

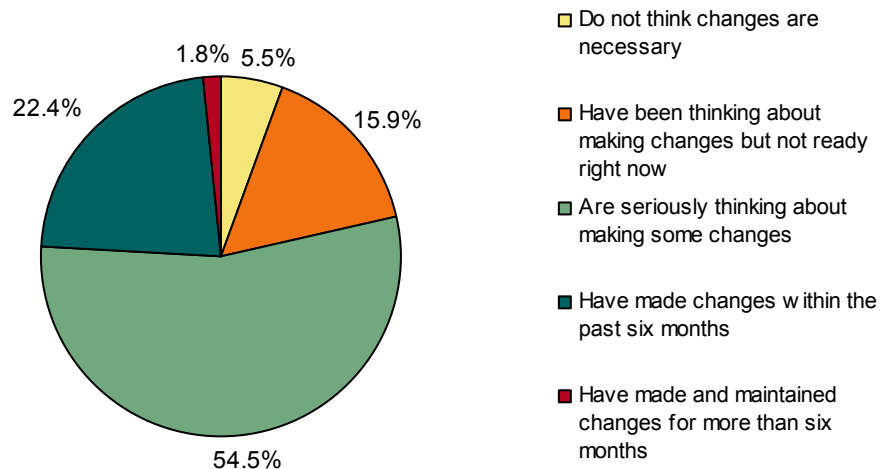
Because individuals may have a combination of risk factors, percentages in Graph 15 do not add to 100%.

The importance of physical activity on health cannot be overstated. At Ramsey County, 32.1% of participants fall below the Healthy People 2010 objectives for physical activity, compared to 51.2% of American adults.<sup>2</sup> Furthermore, 22.5% of participants do not burn enough calories through physical activity (see Graph 15). Of those who report insufficient calories burned through physical activity, 54.5% are seriously thinking about making changes (see Graph 16). Physically active adults have been shown in research to incur \$300 less per year in medical costs than inactive adults. Even a modest increase in daily physical activity can reduce the risk of disease in employees and save health care costs.<sup>8</sup>

Graph 15: Percentage of participants reporting measures of low physical activity (n = 4,290)



Graph 16: Participants' readiness to become more physically active — of those reporting insufficient calories burned through physical activity (n = 969)



Quality of food choices is measured by the number of foods eaten in the past week that have been shown to prevent disease and lengthen life.<sup>10</sup>

Eating fewer than five fruits and vegetables each day is considered low.

Eating breakfast less than four days each week is considered inadequate.

Low calcium is determined by calcium intake from food and supplements.

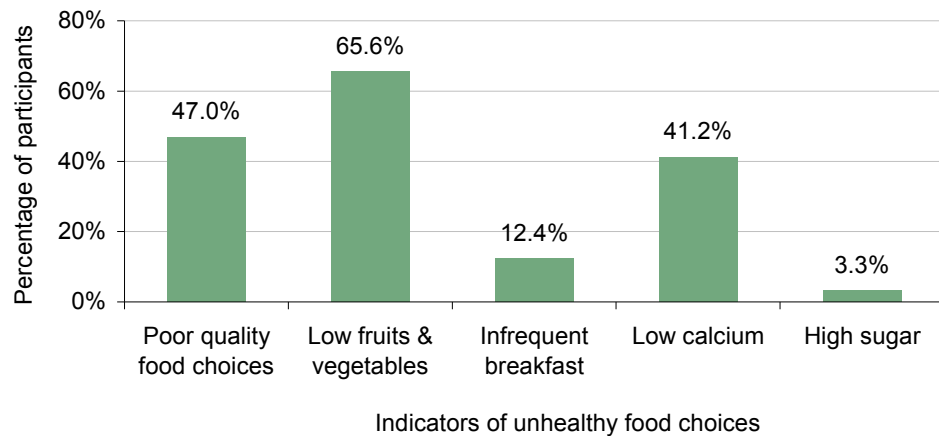
Eating 4 or more servings of sweets is a high sugar intake.

Because individuals may have a combination of various indicators, percentages in Graph 17 do not add to 100%.

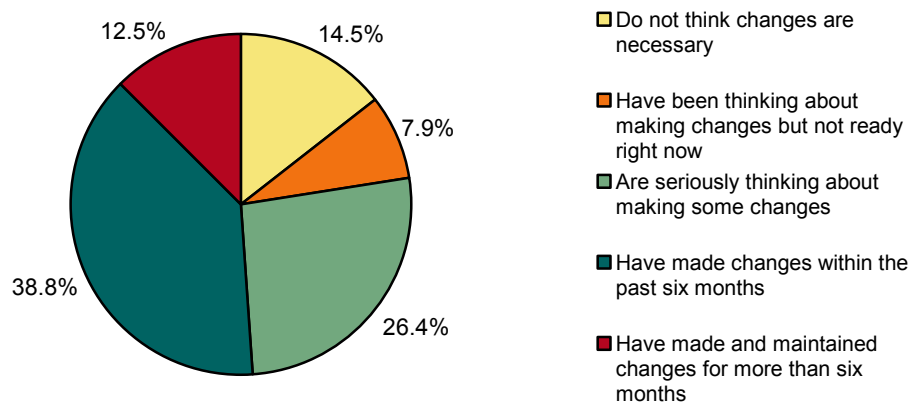
## Food Choices

Making healthy food choices is essential to preventing obesity, cancer, heart disease and other conditions.<sup>9</sup> Overall high quality food choices are associated with longer and healthier lives.<sup>10</sup> While fruits and vegetables are important for good health, 75.6% of adults in the United States eat fewer than five fruits and vegetables each day.<sup>11</sup> Eating breakfast is yet another healthy behavior, and is associated with lower body weight.<sup>12</sup> Although 88.8% of participants have at least one indicator of unhealthy food choices, 26.4% are seriously thinking about making healthy changes (see Graph 17 and Graph 18).

Graph 17: Percentage of participants reporting indicators of unhealthy food choices (n = 4,290)



Graph 18: Participants' readiness to make changes in food choices — of those reporting one or more indicator(s) of unhealthy food choices (n = 3,832)



## **Tobacco**

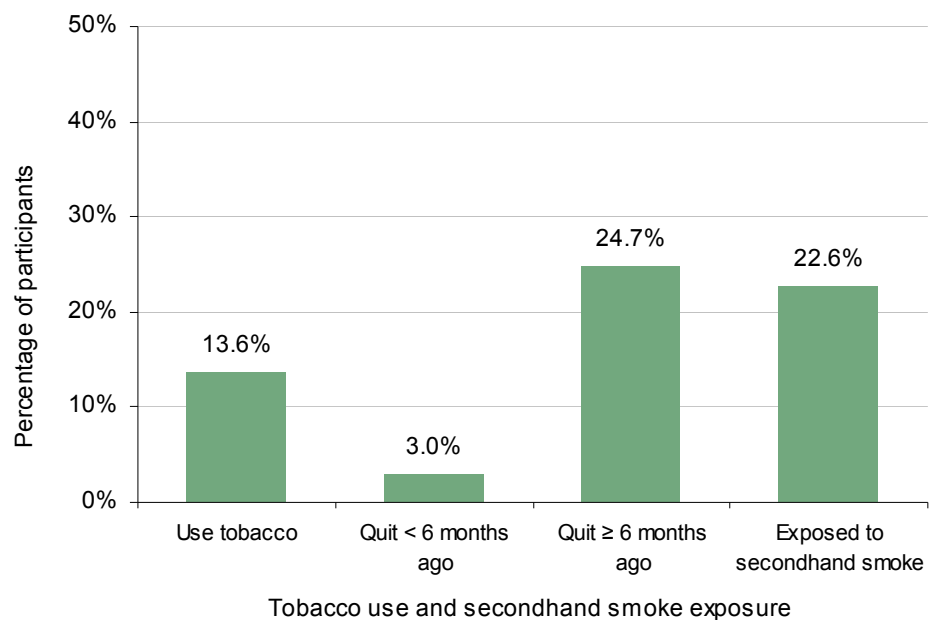
Smoking remains a leading cause of preventable disease and death in the United States<sup>13</sup>, where 18.4% of adults smoke.<sup>14</sup> At Ramsey County, 13.6% of participants use tobacco and 22.6% are exposed to secondhand smoke (see Graph 19). Of those who use tobacco, 35.0% are seriously thinking about cutting back or quitting tobacco use (see Graph 21).

Participants who have never used tobacco are not represented in Graph 19.

Those who use tobacco may also be exposed to secondhand smoke, which further increases risk.

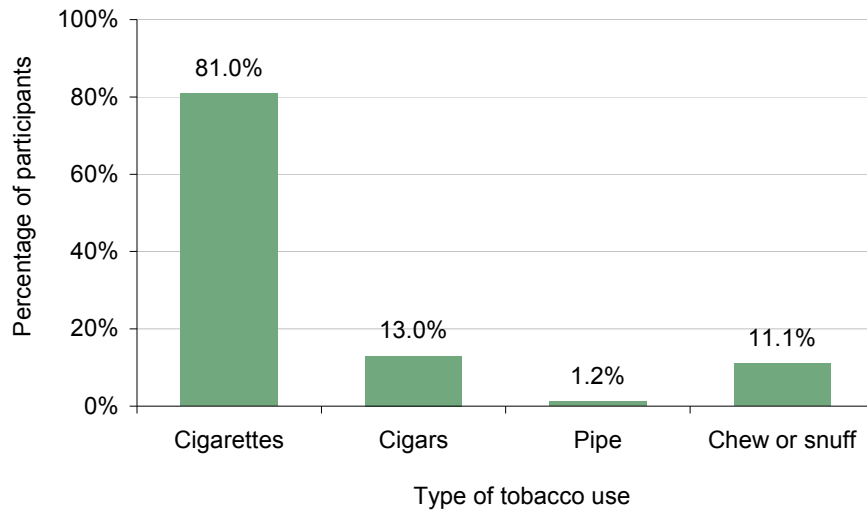
Therefore, the total percentages do not add to 100%.

Graph 19: Percentage of participants reporting tobacco use and secondhand smoke exposure (n = 4,290)

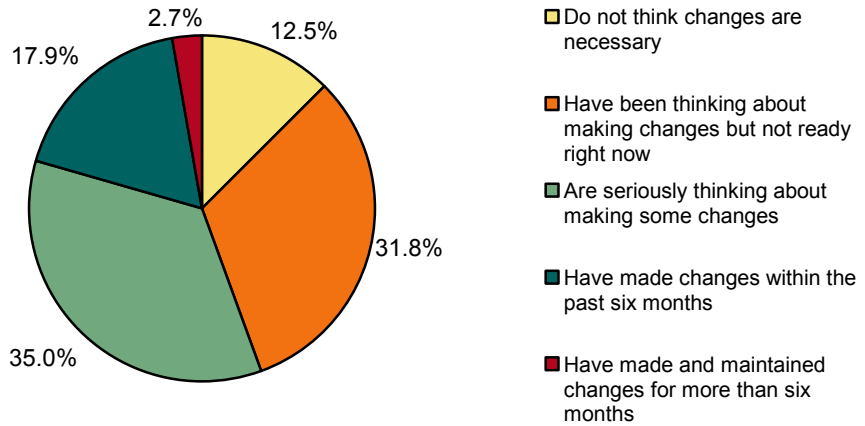


Because individuals may use more than one type of tobacco, the total percentages in Graph 20 do not add to 100%.

Graph 20: Percentage of participants with specific types of tobacco use — of those reporting current tobacco use (n = 585)



Graph 21: Participants' readiness to cut back or quit using tobacco — of those reporting current tobacco use (n = 585)



High-risk alcohol use is determined by the number of reported high-risk alcohol behaviors.

Hazardous drinking is a pattern of drinking that may damage emotional or physical health.<sup>16</sup>

Harmful drinking may cause damage to the physical or emotional health of the drinker and others.<sup>16</sup>

Dependent drinking is likely to indicate alcohol addiction.<sup>16</sup>

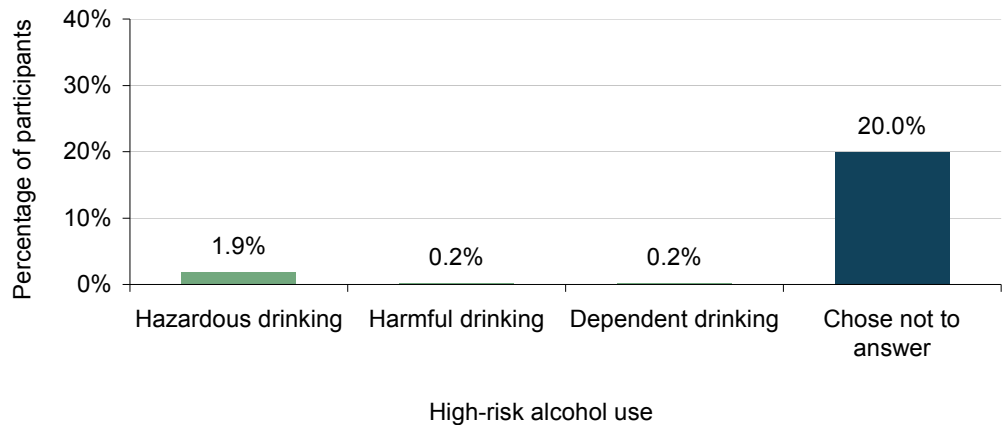
Participants choose not to answer the alcohol questions for many reasons. It does not necessarily indicate that they use or abuse alcohol.

Those who have low-risk alcohol use are not represented in Graph 22. Therefore, the total percentages do not add to 100%.

## Alcohol

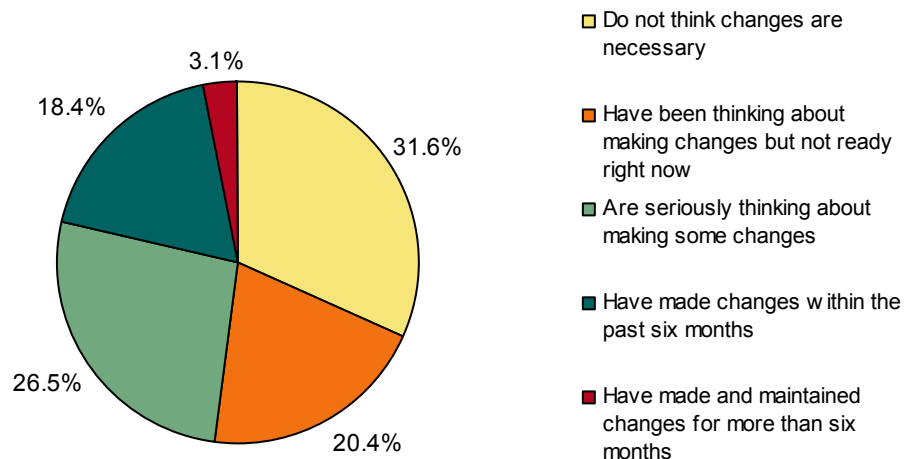
While moderate alcohol consumption may offer health benefits to some, high-risk alcohol use may result in social, emotional and physical health risks<sup>15</sup> (see Graph 22). At Ramsey County, 26.5% of those with high-risk alcohol use are seriously thinking about making changes (see Graph 23).

Graph 22: Percentage of participants reporting high-risk alcohol use (n = 4,290)\*



\*At Ramsey County, 0.2% of participants reported harmful or dependent drinking **and** are seriously thinking about making some changes. Those who are HealthPartners members receive a telephone call from a licensed behavioral health professional providing information about resources for evaluation and treatment, and answering basic questions.

Graph 23: Participants' readiness to make changes related to alcohol — of those reporting high-risk alcohol use (n = 98)



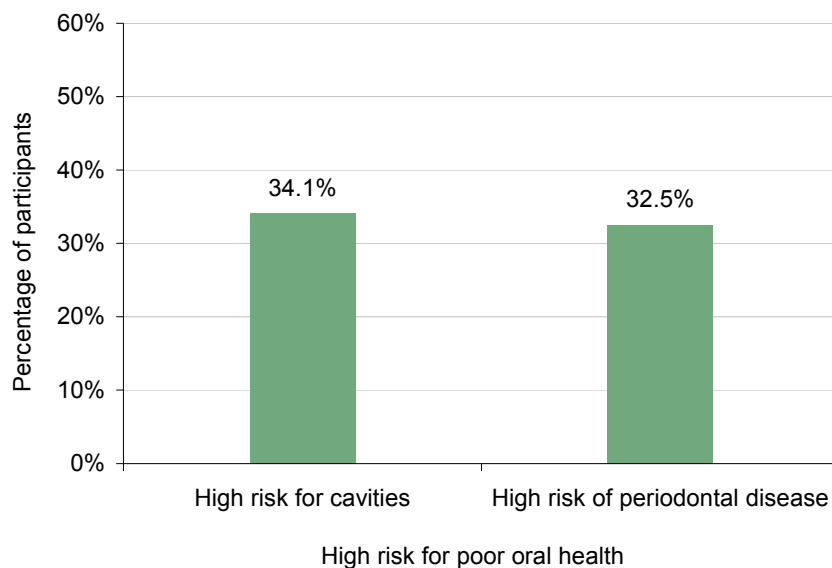
## Oral Health

Oral health is a critical component of overall health. There is an association between periodontal disease and diabetes, cardiovascular disease, stroke, and adverse pregnancy outcomes.<sup>16</sup> Employed adults lose more than 164 million hours of work each year due to dental disease and dental visits.<sup>16</sup> Lifestyle behaviors that affect general health, such as tobacco use, excessive alcohol use and poor food choices also affect oral health<sup>16</sup> (see Graph 24).

Because individuals may report neither, one or both of the indicators of poor oral health, the total percentages in Graph 24 do not add to 100%.

Together, recent cavities and sugar intake indicate high risk for cavities.

Graph 24: Percentage of participants at high risk for poor oral health (n = 4,290)\*



\*At Ramsey County, 1.7% of participants reported recent cavities and high sugar intake. Those who are HealthPartners members receive a letter from a dentist outlining steps to reduce risk for poor oral health through healthy food choices and offering consultation with a registered dietitian for nutrition counseling.

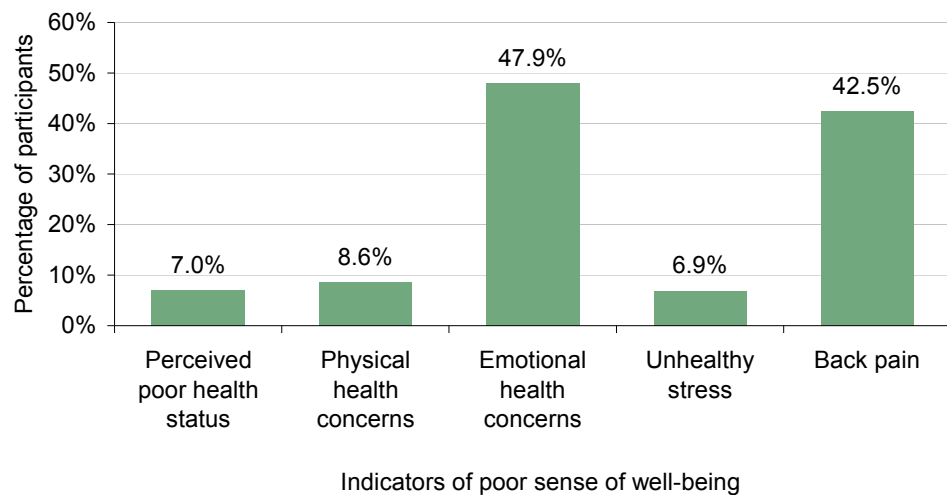
## Sense of Well-Being

Sense of well-being includes measures that indicate overall quality of life, including perceptions of general health status; emotional and physical health; stress; and chronic back pain (see Graph 25). Sense of well-being can be an indicator of long-term health.<sup>17</sup> In a large worksite study, those with higher levels of stress also had higher health care costs.<sup>18</sup>

Sense of well-being takes into account self-perceived poor health, physical and emotional health concerns, stress, and chronic back pain. Each indicator can contribute to a poor quality of life and sense of well-being.

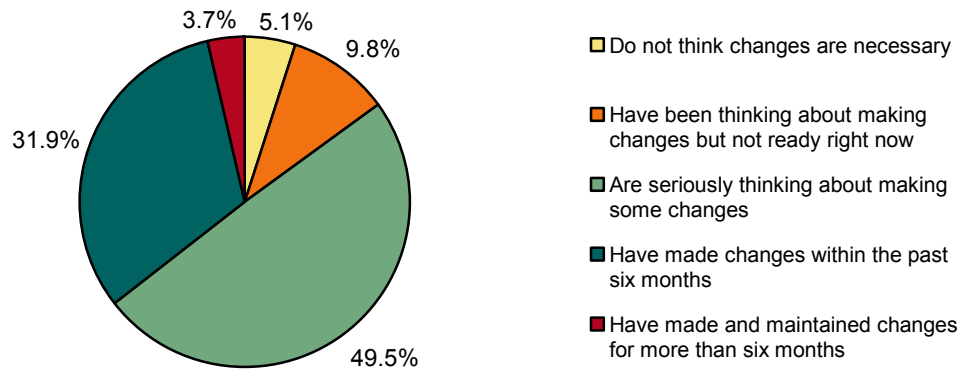
Because individuals may report none, some or all of the indicators of poor sense of well-being, the total percentages in Graph 25 do not add to 100%.

Graph 25: Percentage of participants reporting indicators of poor sense of well-being (n = 4,290)\*

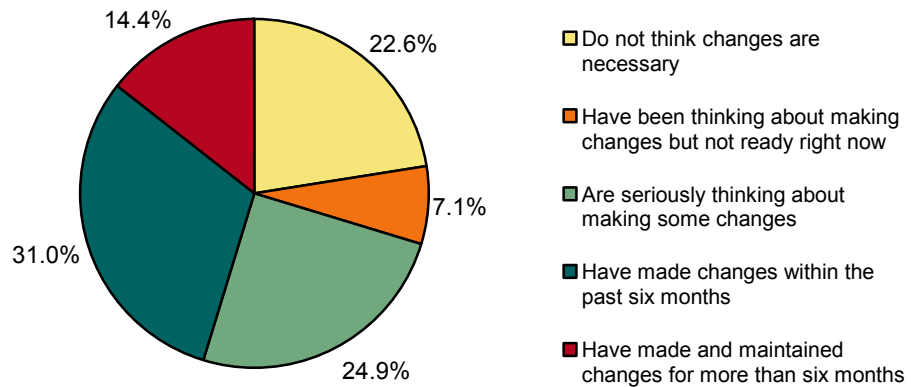


\*At Ramsey County, 1.7% of participants reported feeling depressed and accomplishing less than they would like because of emotional concerns. Those who are HealthPartners members receive a telephone call from a licensed behavioral health professional providing information about resources for evaluation and treatment, and answering basic questions.

Graph 26: Participants' readiness to make changes to manage stress — of those reporting unhealthy stress (n = 295)



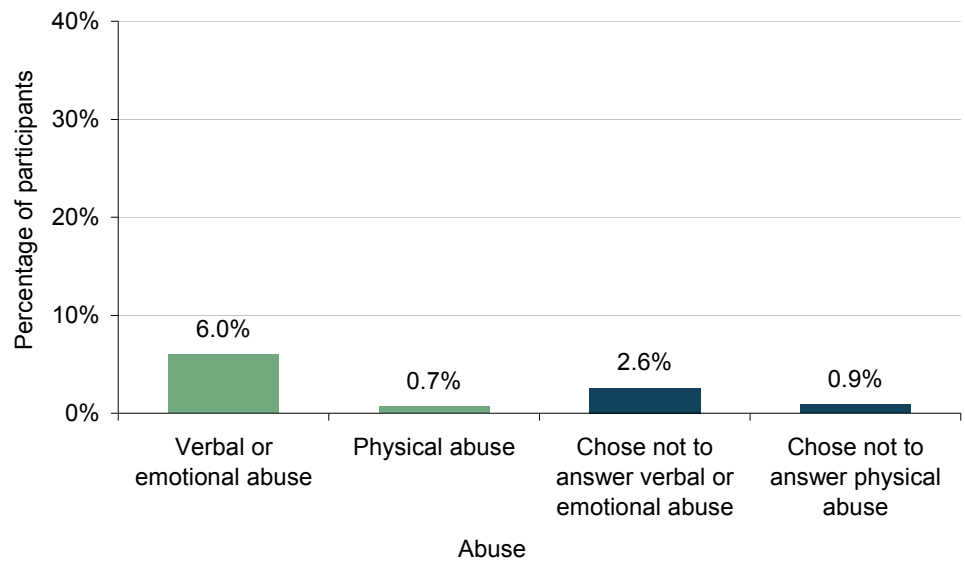
Graph 27: Participants' readiness to make changes to manage back pain — of those reporting back pain (n = 1,824)



In addition, verbal, emotional and physical abuse can silently undermine an individual's sense of well-being and health. The JourneyWell health assessment provides information and support resources so that those who report abuse can seek help.

Participants choose not to answer the abuse questions for many reasons. It does not necessarily indicate that they experience abuse.

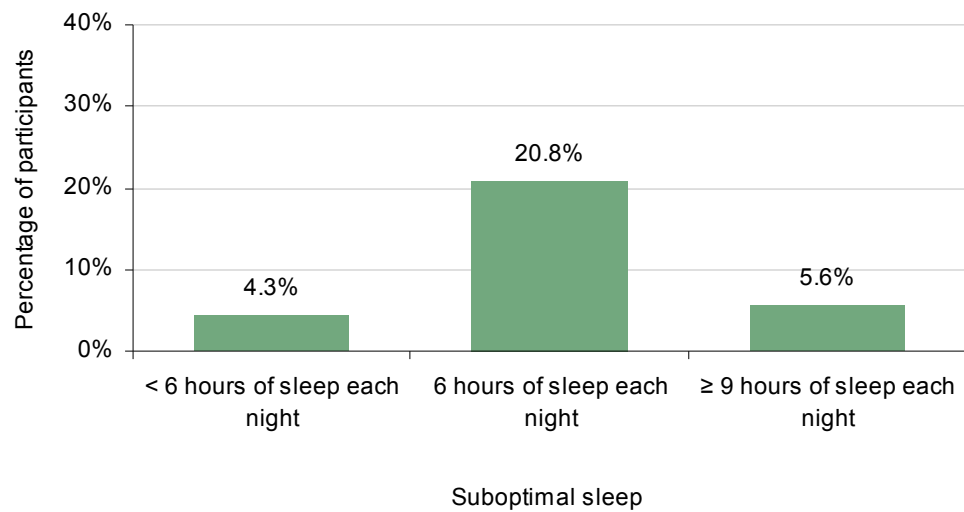
Graph 28: Percentage of participants reporting verbal, emotional and physical abuse (n = 4,290)



## **Sleep**

An optimal amount of sleep (seven or eight hours each night) is associated with longer, healthier lives.<sup>19</sup> Too little sleep affects the body's physical, mental and immune system functioning. Too much sleep can be an indication of other health concerns.<sup>20</sup> At Ramsey County, 30.7% of participants reported a suboptimal amount of sleep (see Graph 29).

Graph 29: Percentage of participants reporting suboptimal sleep (n = 4,290)



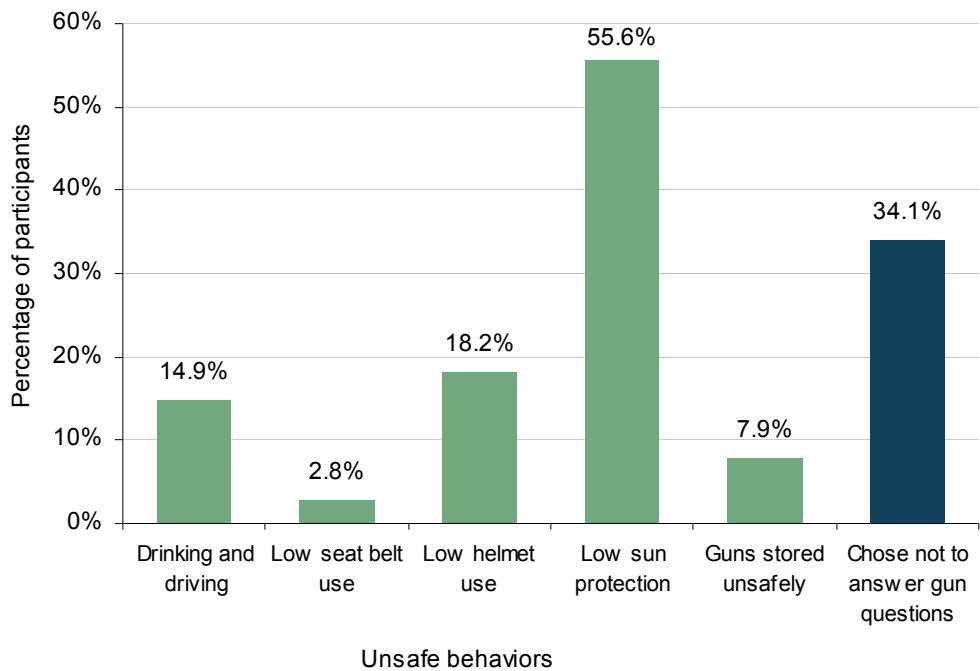
**Safety**

Safety risks contribute to overall health care costs. Wearing a seat belt, for example, reduces the risk of death and serious injury by 40% to 60%.<sup>21</sup> Drinking and driving; not wearing a helmet when riding a bicycle, motorcycle or snowmobile; not using sun protection; and having guns unsafely stored are all high risk health behaviors (see Graph 30).

Participants choose not to answer the gun questions for many reasons. It does not necessarily indicate that they have guns or store them unsafely.

Because individuals may report none, some or all of the unsafe behaviors, the total percentages in Graph 30 do not add to 100%.

Graph 30: Percentage of participants reporting unsafe behaviors (n = 4,290)

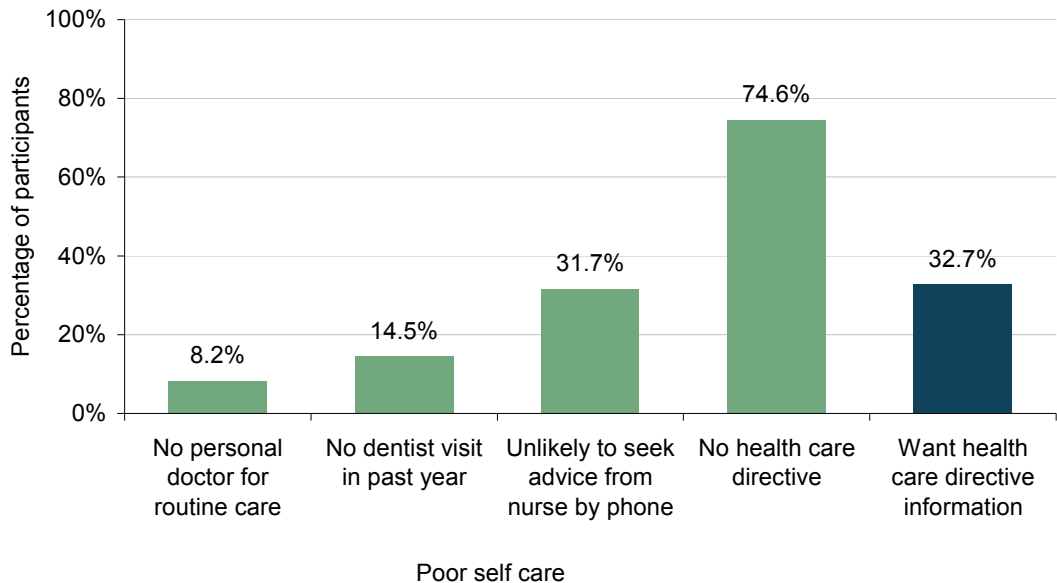


## Self Care

Self care is not designed to discourage utilization, but rather encourage more appropriate utilization of health care services (see Graph 31).

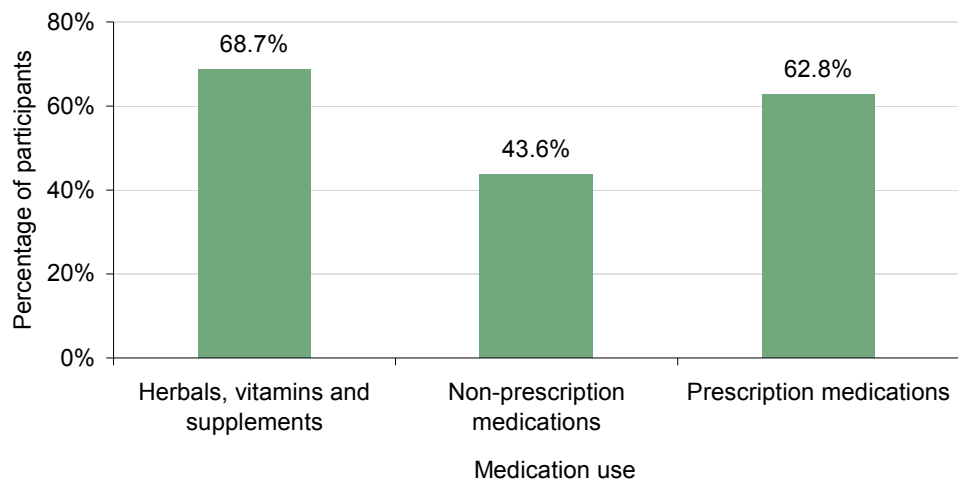
A health care directive (power of attorney/living will) is a document that outlines how an individual wants health care decisions made when s/he is not able to make those decisions.

Graph 31: Percentage of participants reporting poor self care (n = 4,290)



Because individuals may report using none, some or all categories of medication, the total percentages in Graph 32 do not add to 100%.

Graph 32: Percentage of participants reporting medication use (n = 4,290)\*



\*At Ramsey County, 3.7% of participants reported taking seven or more prescription medications. Those who are HealthPartners members receive a letter from a pharmacist offering free consultation (medication review), tips to manage multiple medications, and a medication wallet card.

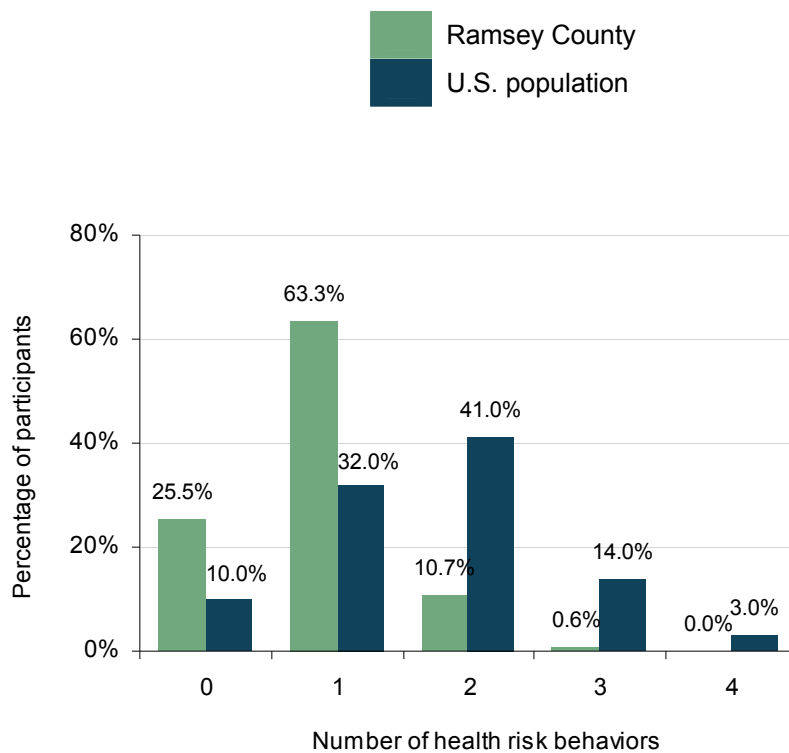
## Multiple Health Risk Behaviors

Certain health risk behaviors (inactivity; being underweight, overweight or obese; tobacco use; and high-risk alcohol use) tend to occur together in individuals.<sup>22</sup> When individuals are inactive, for example, it is likely that they are also overweight. Participants frequently have more than one health risk behavior (see Graph 33).

The number of health risk behaviors (0, 1, 2, 3, or 4) in Graph 33 represents the number of behaviors each individual reported.

For example, 41% of the U.S. population has any combination of two of the following health risks: inactivity; underweight, overweight or obese; tobacco use; and high-risk alcohol use.<sup>22</sup>

Graph 33: Percentage of participants by number of reported health risk behaviors — inactivity (insufficient calories burned through physical activity); being underweight, overweight or obese; tobacco use; and high-risk alcohol use — compared to U.S. adult population (n = 4,290)



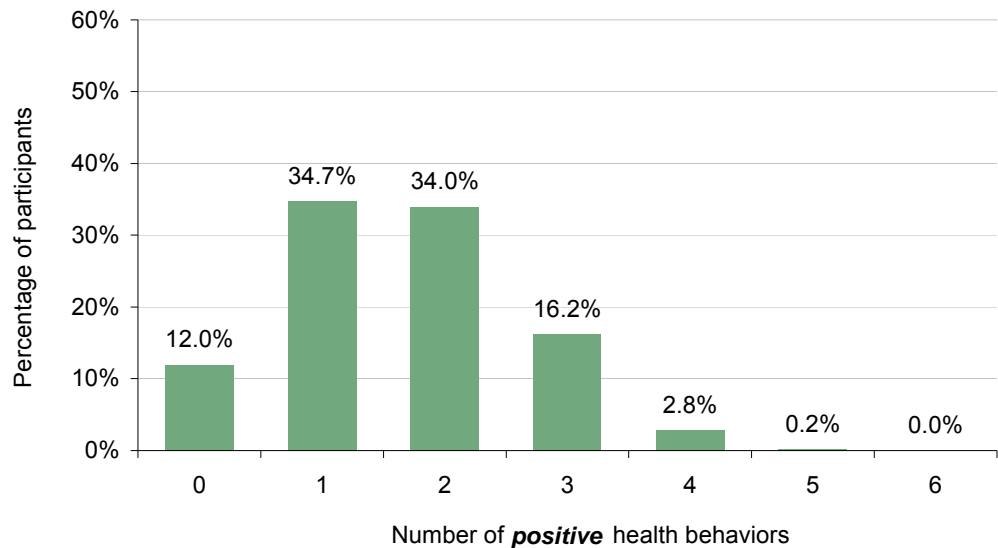
## Reaching Health Potential

Employees who completed the health assessment have a variety of health risks; however, some are making positive health choices as well. At Ramsey County, 0.0% of participants meet the recommended guideline for six important health factors (see Graph 34). Employees can increase their health potential by improving even one health factor.

The number of positive health behaviors (0, 1, 2, 3, 4, 5, or 6) in Graph 34 represents the number of **positive** behaviors each individual reported.

For example, 16.2% of participants have any combination of three of the following positive health behaviors: physically active; healthy weight; tobacco-free; high quality diet; optimal sleep; and low-risk alcohol use.

Graph 34: Percentage of participants by number of reported **positive** health factors — physically active (sufficient calories burned through physical activity); healthy weight; tobacco-free; high quality diet; optimal sleep; and low-risk alcohol use (n = 4,290)



The higher the HealthPotential<sup>SM</sup> score, the greater the **positive** impact on health.

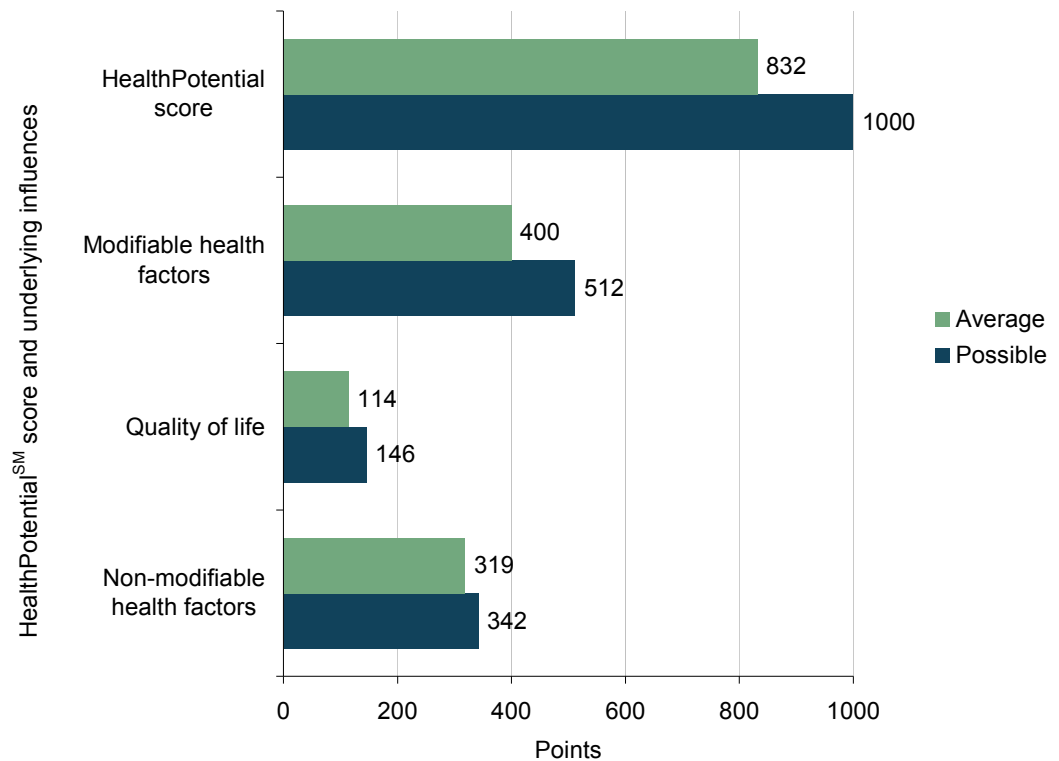
Modifiable health factors are those things that a person **can** change, such as weight, physical activity, nutrition, and tobacco use.

Quality of life is a combined measure that includes back pain, depression and poor general health.

Non-modifiable health factors are those things that a person **cannot** change, such as having a personal history of breast cancer.

The JourneyWell health assessment calculates an overall HealthPotential<sup>SM</sup> score for each individual, on a scale of 1 to 1000. An individual's HealthPotential<sup>SM</sup> score is composed of three categories — modifiable health factors, quality of life, and non-modifiable health factors. Points are earned for topics within each category. The more points earned, the closer individuals are to achieving their health potential. For example, tobacco use is a modifiable health factor; individuals who smoke earn zero points, while those who avoid tobacco earn 90 points.

Graph 35: Participants' average HealthPotential<sup>SM</sup> score and underlying influences — modifiable health factors, quality of life, and non-modifiable health factors — compared to the total possible points (n = 4,290)



## **Data Calculation**

All data presented in this report are rounded to the nearest tenth.

To calculate the sum of multiple data points, the original data are added in full, and only the sum is rounded to the nearest tenth. This may result in a slight variation from the sum of data points that have first been rounded.

For example, the sum of original data:  $12.04 + 4.12 + 6.18 = 22.35$ , which rounds to 22.4.

The sum of the rounded data:  $12.0 + 4.1 + 6.2 = 22.3$ .

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## Addendum: Health Assessment Comparative Data Ramsey County July 6, 2010

### Comparative Data

The JourneyWell health assessment offers the opportunity to track health behaviors, risk for disease and diagnosed conditions over time. The *Addendum: Comparative Data* presents the following:

Results of *all* health assessment participants in the current year compared to results of *all* participants in 2008-2009. This comparison shows a general trend in the health of your population.

Results of only those participants who completed the health assessment both this year and in 2008-2009 (a subset of all participants). Comparing the same group of individuals over time can reveal the impact of health improvement policies, programs and interventions designed to improve employee health.

Results of all participants compared to a broader population of everyone from all groups who completed the health assessment in 2009 (n = 100,571). It is important to note that the norm of a broader population should not be interpreted as a standard for health. For example, as shown by the high rates of obesity among Americans, "normal" is not necessarily healthy.

Data in black represent *all* participants. Data in red represent only those participants who completed the health assessment *both* this year and in 2008-2009 (a subset of all participants).

### Demographics

Table 1: Percentage of participants by age

Age in years	All employer groups, 2009 n = 100,571 %	Ramsey County, 2008-2009 n = 4,464 n = 3,664 % %		Ramsey County, 2010 n = 4,290 n = 3,664 % %		Change over time % %	
18-19	0.1%	0.0	0.0	0.0	0.0	0.0	0.0
20-29	10.1%	7.3	6.9	6.5	5.0	-0.8	-1.9
30-39	21.1%	18.0	18.2	17.9	17.4	-0.1	-0.8
40-49	27.0%	24.9	25.7	24.2	23.8	-0.7	-1.9
50-59	30.6%	34.1	36.0	34.6	36.1	0.5	0.1
60-64	9.3%	13.5	12.1	15.1	15.7	1.6	3.6
65+	1.8%	2.2	1.1	1.8	1.9	-0.4	0.8

Data in black represent **all** participants. Data in red represent only those participants who completed the health assessment **both** this year and in 2008-2009 (a subset of all participants).

Table 2: Percentage of participants by race

Race	All employer groups, 2009 n = 100,571 %	Ramsey County, 2008-2009 n = 4,464 n = 3,664		Ramsey County, 2010 n = 4,290 n = 3,664		Change over time	
		%	%	%	%	%	%
American Indian or Alaska Native	0.6%	1.0	0.9	0.8	0.8	-0.2	-0.1
Asian or Pacific Islander	3.2%	5.6	5.4	5.9	5.4	0.3	0.0
Black or African American	4.8%	6.9	6.1	6.7	6.2	-0.2	0.1
White	86.4%	81.9	82.7	81.3	82.3	-0.6	-0.4
Some other race	1.8%	1.4	1.5	1.6	1.6	0.2	0.1
Unknown	0.2%	0.1	0.1	0.2	0.2	0.1	0.1
Chose not to answer	2.9%	3.2	3.3	3.6	3.5	0.4	0.2

Table 3: Percentage of participants by ethnicity

Ethnicity	All employer groups, 2009 n = 100,571 %	Ramsey County, 2008-2009 n = 4,464 n = 3,664		Ramsey County, 2010 n = 4,290 n = 3,664		Change over time	
		%	%	%	%	%	%
Hispanic origin	3.1%	3.0	3.1	3.2	3.1	0.2	0.0
Not of Hispanic origin	85.8%	84.8	84.8	84.8	84.8	0.0	0.0
Chose not to answer	11.0%	12.2	12.1	12.1	12.1	-0.1	0.0

Table 4: Percentage of participants by education

Education	All employer groups, 2009 n = 100,571 %	Ramsey County, 2008-2009 n = 4,464 n = 3,664		Ramsey County, 2010 n = 4,290 n = 3,664		Change over time	
		%	%	%	%	%	%
8 <sup>th</sup> grade or less	0.4%	0.1	0.1	0.2	0.1	0.1	0.0
Some high school	0.7%	0.7	0.5	0.6	0.6	-0.1	0.1
High school diploma or GED	10.5%	11.2	10.5	9.8	10.0	-1.4	-0.5
Technical training or Associate degree	14.0%	13.3	13.3	13.1	13.0	-0.2	-0.3
Some college	15.5%	17.0	16.5	17.3	17.1	0.3	0.6
College degree	31.7%	37.0	38.3	38.1	38.0	1.1	-0.3
Graduate studies	27.3%	20.7	20.7	21.0	21.2	0.3	0.5

Data in black represent **all** participants. Data in red represent only those participants who completed the health assessment **both** this year and in 2008-2009 (a subset of all participants).

Table 5: Percentage of participants by job type

Job type	All employer groups, 2009 n = 100,571 %	Ramsey County, 2008-2009 n = 4,464 n = 3,664		Ramsey County, 2010 n = 4,290 n = 3,664		Change over time	
		%	%	%	%	%	%
Administrative support	12.4%	12.9	13.5	12.3	13.0	-0.6	-0.5
Labor or production	6.2%	3.3	3.2	3.2	2.9	-0.1	-0.3
Professional/management	50.4%	43.1	45.0	43.1	43.8	0.0	-1.2
Retired	2.8%	10.5	8.1	10.2	10.4	-0.3	2.3
Sales	2.2%	1.5	1.6	1.4	1.5	-0.1	-0.1
Service	5.5%	8.2	8.2	7.9	7.5	-0.3	-0.7
Skilled craft	2.5%	2.3	2.5	2.5	2.3	0.2	-0.2
Student	0.3%	0.3	0.2	0.3	0.2	0.0	0.0
Technical	6.2%	3.0	3.0	3.2	3.1	0.2	0.1
Other	11.5%	14.9	14.7	15.9	15.3	1.0	0.6

Data in black represent **all** participants. Data in red represent only those participants who completed the health assessment **both** this year and in 2008-2009 (a subset of all participants).

## Productivity

Table P1: Participants' average weekly hours in worksite attendance — of those currently employed

Worksite attendance	All employer groups, 2009 n = 76,193	Ramsey County, 2008-2009 n = * n = *	Ramsey County, 2010 n = 3,718 n = *	Change over time
Hours worked	37.1		36.6	
Hours missed for health reasons	0.8		0.9	
Hours missed for other reasons	3.8		2.6	

\*Productivity data for this group was not collected in 2008-2009; therefore it is not presented here.

Table P2: Percentage of weekly hours in worksite attendance — of those currently employed

Worksite attendance	All employer groups, 2009 n = 76,193 %	Ramsey County, 2008-2009 n = * n = * % %	Ramsey County, 2010 n = 3,718 n = * % %	Change over time % %
Hours worked	89.1%		91.5	
Hours missed for health reasons	1.8%		2.1	
Hours missed for other reasons	9.1%		6.4	

\*Productivity data for this group was not collected in 2008-2009; therefore it is not presented here.

Table P3: Percentage of participants by health's effect on work — of those currently employed and reporting at least one hour worked in the past week

Health's effect on work 0 = No effect on work 10 = Completely prevented work	All employer groups, 2009 n = 72,689 %	Ramsey County, 2008-2009 n = * n = * % %	Ramsey County, 2010 n = 3,545 n = * % %	Change over time % %
0	78.2%		76.0	
1	10.3%		10.1	
2	5.5%		6.2	
3	2.6%		3.3	
4	1.0%		1.2	
5	1.0%		1.4	
6	0.4%		0.6	
7	0.4%		0.6	
8	0.2%		0.4	
9	0.1%		0.1	
10	0.2%		0.2	

\*Productivity data for this group was not collected in 2008-2009; therefore it is not presented here.

Data in black represent **all** participants. Data in red represent only those participants who completed the health assessment **both** this year and in 2008-2009 (a subset of all participants).

Table P4: Percentage of participants by health's effect on daily activity

Health's effect on daily activity  0 = No effect on daily activity 10 = Completely prevented daily activity	All employer groups, 2009 n = 79,750  %	Ramsey County, 2008-2009		Ramsey County, 2010		Change over time	
		n = * n = *  %	%	n = 4,290 n = *  %	%	%	%
0	72.5%			69.2			
1	11.2%			11.0			
2	6.5%			7.7			
3	3.5%			3.9			
4	1.7%			1.9			
5	1.7%			2.4			
6	0.8%			1.0			
7	0.8%			1.0			
8	0.7%			1.3			
9	0.2%			0.2			
10	0.3%			0.3			

\*Productivity data for this group was not collected in 2008-2009; therefore it is not presented here.

Table P5 (enhanced): Average percentage of work time with productivity loss due to health problems — of those currently employed and reporting at least one hour worked in the past week

Productivity loss due to health problems	All employer groups, 2009 n = 72,689  %	Ramsey County, 2008-2009		Ramsey County, 2010		Change over time	
		n = * n = *  %	%	n = 3,545 n = *  %	%	%	%
Absenteeism	1.8%			2.1			
Absenteeism among healthiest participants	1.0%			2.4			
Presenteeism	4.8%			5.8			
Presenteeism among healthiest participants	2.7%			3.3			
Overall productivity loss	6.1%			7.4			
Overall productivity loss among healthiest participants	3.4%			5.5			

\*Productivity data for this group was not collected in 2008-2009; therefore it is not presented here.

Table P6 (enhanced): Average percentage of work time with excess productivity loss due to health problems — of those currently employed and reporting at least one hour worked in the past week

Lost productivity due to health problems	All employer groups, 2009 n = 72,689  %	Ramsey County, 2008-2009		Ramsey County, 2010		Change over time	
		n = * n = *  %	%	n = 3,545 n = *  %	%	%	%
Excess absenteeism	0.9%			-0.2			
Excess presenteeism	2.1%			2.4			
Excess overall productivity loss	2.7%			2.0			

\*Productivity data for this group was not collected in 2008-2009; therefore it is not presented here.

Data in black represent **all** participants. Data in red represent only those participants who completed the health assessment **both** this year and in 2008-2009 (a subset of all participants).

## Personal Health History

Table 6: Percentage of participants reporting personal history of specific conditions

Personal history of specific conditions	All employer groups, 2009 n = 100,571 %	Ramsey County, 2008-2009 n = 4,464 n = 3,664		Ramsey County, 2010 n = 4,290 n = 3,664		Change over time	
		%	%	%	%	%	%
Asthma*	10.6%	12.7	13.1	11.8	12.3	-0.9	-0.8
Breast cancer	2.3%	2.3	2.3	2.2	2.3	-0.1	0.0
	n = 59,125	2,659	2,214	2,564	2,214		
Colon cancer	0.2%	0.2	0.1	0.1	0.2	-0.1	0.1
Depression	17.0%	20.9	20.6	19.9	19.9	-1.0	-0.7
Diabetes*	5.5%	8.0	7.8	8.0	8.5	0.0	0.7
Heart disease*	2.7%	4.2	3.6	3.6	3.6	-0.6	0.0
High blood pressure	20.1%	24.6	23.5	23.7	24.5	-0.9	1.0
High cholesterol	24.4%	28.7	28.4	26.8	27.7	-1.9	-0.7
Periodontal disease	11.1%	14.9	14.4	13.7	14.0	-1.2	-0.4
Prostate cancer	1.3%	2.2	1.9	2.0	2.1	-0.2	0.2
	n = 41,446	1,805	1,450	1,726	1,450		
Have seen health care provider in past year for one or more of these conditions or back pain	41.9%	47.5	47.2	47.2	48.0	-0.3	0.8

\*A portion of these participants who are HealthPartners members are referred to CareSpanSM for disease management.

Data in black represent **all** participants. Data in red represent only those participants who completed the health assessment **both** this year and in 2008-2009 (a subset of all participants).

## **Biometrics**

Table B1: Percentage of participants reporting high blood pressure

High blood pressure	All employer groups, n = 77,857	Ramsey County, 2008-2009		Ramsey County, 2010		Change over time	
		n = ** n = **		n = 4,290 n = **			
	%	%	%	%	%	%	%
Pre-hypertension	37.5%			35.9			
Hypertension stage 1	5.1%			5.2			
Hypertension stage 2	0.6%			0.5			
Don't know	25.4%			29.1			

\*Data represent self-reported biometric values and measured (lab) values.

\*\*Biometrics data for this group was not collected in 2008-2009; therefore it is not presented here.

Table B2: Percentage of participants reporting high-risk cholesterol and triglyceride levels

High risk cholesterol and triglyceride levels	All employer groups, n = 77,857	Ramsey County, 2008-2009		Ramsey County, 2010		Change over time	
		n = ** n = **		n = 4,290 n = **			
	%	%	%	%	%	%	%
High total cholesterol	17.8%			16.1			
Don't know (total cholesterol)	43.9%			49.6			
High LDL cholesterol	7.8%			5.0			
Don't know (LDL cholesterol)	64.1%			72.5			
Low HDL cholesterol	9.4%			7.5			
Don't know (HDL cholesterol)	64.5%			72.8			
High triglycerides	3.0%			2.5			
Don't know (triglycerides)	68.1%			76.1			

\*Data represent self-reported biometric values and measured (lab) values.

\*\*Biometrics data for this group was not collected in 2008-2009; therefore it is not presented here.

Table B3: Percentage of participants reporting high blood glucose levels

High blood glucose levels	All employer groups, n = 77,857	Ramsey County, 2008-2009		Ramsey County, 2010		Change over time	
		n = ** n = **		n = 4,290 n = **			
	%	%	%	%	%	%	%
Moderate risk (pre-diabetes)	7.7%			7.3			
High risk (diabetes)	1.1%			1.2			
Don't know	65.8%			71.0			

\*Data represent self-reported biometric values and measured (lab) values.

\*\*Biometrics data for this group was not collected in 2008-2009; therefore it is not presented here.

Data in black represent **all** participants. Data in red represent only those participants who completed the health assessment **both** this year and in 2008-2009 (a subset of all participants).

## Diabetes and Heart Disease

Participants affected by diabetes and heart disease include those who report having diabetes or heart disease and those who are at high risk for receiving a diagnosis of diabetes or heart disease.

Table 7: Percentage of participants affected by diabetes and heart disease

Personal history and high risk for disease	All employer groups, 2009 n = 100,571 %	Ramsey County, 2008-2009 n = 4,464 n = 3,664		Ramsey County, 2010 n = 4,290 n = 3,664		Change over time	
		%	%	%	%	%	%
Participants currently affected by diabetes or heart disease*	36.4%	40.3	39.2	44.1	45.2	3.8	6.0
Participants <b>not</b> currently affected by diabetes or heart disease	63.6%	59.7	60.8	55.8	54.8	-3.9	-6.0

\*A portion of these participants who are HealthPartners members are referred to CareSpanSM for disease management.

Please note: The 2010 data representing high risk for heart disease and diabetes are based on a revised calculation that complies with the Genetic Information Nondiscrimination Act.

Table 8: Percentage of participants reporting diabetes and heart disease and those at high risk for diabetes and heart disease

Personal history and high risk for disease	All employer groups, 2009 n = 100,571 %	Ramsey County, 2008-2009 n = 4,464 n = 3,664		Ramsey County, 2010 n = 4,290 n = 3,664		Change over time	
		%	%	%	%	%	%
Disease	1.8%	3.2	2.9	2.3	2.3	-0.9	-0.6
Diabetes alone	0.5%	0.9	1.0	0.3	0.4	-0.6	-0.6
Heart disease alone	0.7%	1.0	1.0	0.9	0.8	-0.1	-0.2
Diabetes AND heart disease	0.6%	1.2	0.9	1.1	1.0	-0.1	0.1
Disease AND high risk for disease	5.7%	7.8	7.6	8.3	8.8	0.5	1.2
Diabetes AND high risk for heart disease	4.4%	5.8	5.9	6.6	7.0	0.8	1.1
Heart disease AND high risk for diabetes	1.4%	1.9	1.7	1.7	1.7	-0.2	0.0
High risk for disease	28.9%	29.4	28.7	33.6	34.1	4.2	5.4
High risk for diabetes alone	15.0%	16.7	16.4	14.6	14.6	-2.1	-1.8
High risk for heart disease alone	3.6%	2.9	2.7	4.9	4.7	2.0	2.0
High risk for diabetes AND high risk for heart disease	10.3%	9.8	9.6	14.1	14.8	4.3	5.2

Please note: The 2010 data representing high risk for heart disease and diabetes are based on a revised calculation that complies with the Genetic Information Nondiscrimination Act.

Data in black represent **all** participants. Data in red represent only those participants who completed the health assessment **both** this year and in 2008-2009 (a subset of all participants).

Caution must be taken when comparing health assessment results of your organization to those of all employer groups. While aggregate data from all employer groups reflect a norm, they do **not** represent a standard for health. For example, as shown by the high rates of obesity among Americans, “normal” is not necessarily healthy.

Table 9: Percentage of participants with specific risk factors for diabetes

Risk factors for diabetes	All employer groups, 2009 n = 100,571 %	Ramsey County, 2008-2009 n = 4,464 n = 3,664		Ramsey County, 2010 n = 4,290 n = 3,664		Change over time	
		%	%	%	%	%	%
Overweight or obese*	54.0%	58.7	58.5	59.2	60.0	0.5	1.5
Sedentary**	3.2%	3.1	2.9	2.7	2.8	-0.4	-0.1
High blood pressure	20.1%	24.6	23.5	23.7	24.5	-0.9	1.0
High cholesterol	24.4%	28.7	28.4	26.8	27.7	-1.9	-0.7
Age 45-64 years	54.4%	61.4	62.3	62.8	64.7	1.4	2.4
Age ≥ 65 years	1.7%	2.2	1.1	1.8	1.9	-0.4	0.8
Gestational diabetes	4.5%	5.4	5.1	5.6	5.4	0.2	0.3
	n = 59,125	2,659	2,214	2,564	2,214		
Delivered large baby	12.7%	12.9	12.8	12.4	12.9	-0.5	0.1
	n = 59,125	2,659	2,214	2,564	2,214		
Race non-white or ethnicity Hispanic	11.6%	16.1	15.2	16.2	15.2	0.1	0.0

\*Overweight or obese **in this table** is defined as either:

- (BMI ≥ 25 and BMI < 27) and one or more of these conditions: heart disease, high blood pressure, high cholesterol
- BMI ≥ 27

\*\*Sedentary means **no** moderate physical activity and **no** vigorous physical activity.

Table 10: Percentage of participants with specific risk factors for heart disease

Risk factors for heart disease	All employer groups, 2009 n = 100,571 %	Ramsey County, 2008-2009 n = 4,464 n = 3,664		Ramsey County, 2010 n = 4,290 n = 3,664		Change over time	
		%	%	%	%	%	%
Smoke tobacco*	9.7%	14.0	13.6	12.5	12.0	-1.5	-1.6
Secondhand smoke exposure	19.9%	26.0	25.4	22.6	21.7	-3.4	-3.7
Sedentary**	3.2%	3.1	2.9	2.7	2.8	-0.4	-0.1
Obese	28.8%	32.8	32.9	33.4	34.3	0.6	1.4
High blood pressure	20.1%	24.6	23.5	23.7	24.5	-0.9	1.0
High cholesterol	24.4%	28.7	28.4	26.8	27.7	-1.9	-0.7
Diabetes	5.5%	8.0	7.8	8.0	8.5	0.0	0.7
Female and age ≥ 64 years	1.4%	1.8	0.9	2.1	2.2	0.3	1.3
Male and age ≥ 54 years	12.3%	15.8	14.6	15.8	16.1	0.0	1.5
Female and age 43-63 years	34.2%	38.1	39.7	38.6	40.1	0.5	0.4
Male and age 36-53 years	20.3%	18.6	19.2	18.5	18.3	-0.1	-0.9

\*Smoke tobacco includes cigarettes, cigars and pipe, and **excludes** chew or snuff.

\*\*Sedentary means **no** moderate physical activity and **no** vigorous physical activity.

Data in black represent **all** participants. Data in red represent only those participants who completed the health assessment **both** this year and in 2008-2009 (a subset of all participants).

## Weight

Table 11: Percentage of participants by weight category, measured as body mass index (BMI) calculated from height and weight

Weight	All employer groups, 2009 n = 100,571 %	Ramsey County, 2008-2009 n = 4,464 n = 3,664		Ramsey County, 2010 n = 4,290 n = 3,664		Change over time	
		%	%	%	%	%	%
Underweight (BMI < 18.5)	0.7%	0.5	0.5	0.8	0.7	0.3	0.2
Healthy weight (BMI ≥ 18.5 and BMI < 25)	33.8%	30.8	30.7	29.3	29.0	-1.5	-1.7
Overweight (BMI ≥ 25 and BMI < 30)	36.6%	35.9	35.9	36.4	36.1	0.5	0.2
Obese (BMI ≥ 30)	28.9%	32.8	32.9	33.5	34.3	0.7	1.4
Overweight or obese (BMI ≥ 25)	65.5%	68.7	68.8	69.9	70.4	1.2	1.6

Table 12: Percentage of male participants by weight category, measured as body mass index (BMI) calculated from height and weight

Weight	All employer groups, 2009 n = 41,446 %	Ramsey County, 2008-2009 n = 1,805 n = 1,450		Ramsey County, 2010 n = 1,726 n = 1,450		Change over time	
		%	%	%	%	%	%
Underweight (BMI < 18.5)	0.3%	0.2	0.2	0.4	0.2	0.2	0.0
Healthy weight (BMI ≥ 18.5 and BMI < 25)	22.9%	19.1	19.2	17.7	17.6	-1.4	-1.6
Overweight (BMI ≥ 25 and BMI < 30)	46.4%	45.4	44.8	44.1	43.5	-1.3	-1.3
Obese (BMI ≥ 30)	30.5%	35.3	35.8	37.8	38.7	2.5	2.9
Overweight or obese (BMI ≥ 25)	76.9%	80.7	80.6	81.9	82.2	1.2	1.6

Table 13: Percentage of female participants by weight category, measured as body mass index (BMI) calculated from height and weight

Weight	All employer groups, 2009 n = 59,125 %	Ramsey County, 2008-2009 n = 2,659 n = 2,214		Ramsey County, 2010 n = 2,564 n = 2,214		Change over time	
		%	%	%	%	%	%
Underweight (BMI < 18.5)	1.0%	0.8	0.6	1.0	0.9	0.2	0.3
Healthy weight (BMI ≥ 18.5 and BMI < 25)	41.5%	38.7	38.3	37.1	36.4	-1.6	-1.9
Overweight (BMI ≥ 25 and BMI < 30)	29.7%	29.4	30.0	31.2	31.2	1.8	1.2
Obese (BMI ≥ 30)	27.8%	31.1	31.0	30.7	31.5	-0.4	0.5
Overweight or obese (BMI ≥ 25)	57.5%	60.5	61.1	61.9	62.6	1.4	1.5

Data in black represent **all** participants. Data in red represent only those participants who completed the health assessment **both** this year and in 2008-2009 (a subset of all participants).

Table 14: Participants' readiness to manage their weight — of those overweight or obese (excluding women who are pregnant)

Readiness to manage weight	All employer groups, 2009 n = 65,622 %	Ramsey County, 2008-2009 n = 3,054 n = 2,511		Ramsey County, 2010 n = 2,990 n = 2,572		Change over time	
		%	%	%	%	%	%
Do not think changes are necessary	10.4%	11.1	10.0	10.3	10.3	-0.8	0.3
Have been thinking about making changes but not ready right now	7.9%	10.3	10.2	7.3	7.0	-3.0	-3.2
Are seriously thinking about making some changes	32.6%	30.2	30.5	31.0	30.5	0.8	0.0
Have made changes within the past six months	38.6%	37.4	37.8	41.4	42.1	4.0	4.3
Have made and maintained changes for more than six months	10.5%	11.0	11.5	10.0	10.0	-1.0	-1.5

Data in black represent **all** participants. Data in red represent only those participants who completed the health assessment **both** this year and in 2008-2009 (a subset of all participants).

## Physical Activity

Table 15: Percentage of participants reporting measures of low physical activity

Measures of low physical activity	All employer groups, 2009 n = 100,571 %	Ramsey County, 2008-2009 n = 4,464 n = 3,664		Ramsey County, 2010 n = 4,290 n = 3,664		Change over time	
		%	%	%	%	%	%
Sedentary	3.2%	3.1	2.9	2.7	2.8	-0.4	-0.1
Insufficient calories burned through physical activity	21.9%	23.0	23.1	22.5	22.8	-0.5	-0.3
Below Healthy People 2010 objectives for physical activity	31.6%	32.3	32.5	32.1	32.4	-0.2	-0.1
Low muscle strengthening	58.6%	58.9	59.4	53.4	53.4	-5.5	-6.0
Low muscle stretching	38.5%	38.3	38.8	32.5	32.3	-5.8	-6.5

Table 16: Participants' readiness to become more physically active — of those reporting insufficient calories burned through physical activity

Readiness to become more physically active	All employer groups, 2009 n = 22,138 %	Ramsey County, 2008-2009 n = 1,029 n = 847		Ramsey County, 2010 n = 969 n = 837		Change over time	
		%	%	%	%	%	%
Do not think changes are necessary	5.4%	6.7	5.5	5.5	5.5	-1.2	0.0
Have been thinking about making changes but not ready right now	17.4%	22.0	22.0	15.9	15.9	-6.1	-6.1
Are seriously thinking about making some changes	55.0%	51.5	51.7	54.5	53.5	3.0	1.8
Have made changes within the past six months	20.0%	17.1	18.3	22.4	23.5	5.3	5.2
Have made and maintained changes for more than six months	2.2%	2.7	2.5	1.8	1.6	-0.9	-0.9

Data in black represent **all** participants. Data in red represent only those participants who completed the health assessment **both** this year and in 2008-2009 (a subset of all participants).

## **Food Choices**

Table 17: Percentage of participants reporting indicators of unhealthy food choices

Indicators of unhealthy food choices	All employer groups, 2009 n = 100,571  %	Ramsey County, 2008-2009  n = 4,464 n = 3,664		Ramsey County, 2010  n = 4,290 n = 3,664		Change over time	
		%	%	%	%	%	%
Poor quality food choices	49.8%	49.8	49.6	47.0	45.9	-2.8	-3.7
Low fruits & vegetables	65.9%	70.9	70.5	65.6	64.1	-5.3	-6.4
Infrequent breakfast	11.7%	15.1	15.0	12.4	11.8	-2.7	-3.2
Low calcium	42.0%	44.6	44.1	41.2	40.1	-3.4	-4.0
High sugar	3.7%	4.4	4.3	3.3	3.1	-1.1	-1.2

Table 18: Participants' readiness to make changes in food choices — of those reporting one or more indicator(s) of unhealthy food choices

Readiness to make changes in food choices	All employer groups, 2009 n = 90,167  %	Ramsey County, 2008-2009  n = 4,069 n = 3,335		Ramsey County, 2010  n = 3,832 n = 3,253		Change over time	
		%	%	%	%	%	%
Do not think changes are necessary	14.0%	14.1	13.3	14.5	14.4	0.4	1.1
Have been thinking about making changes but not ready right now	8.6%	11.4	11.3	7.9	7.9	-3.5	-3.4
Are seriously thinking about making some changes	27.6%	28.5	29.0	26.4	25.9	-2.1	-3.1
Have made changes within the past six months	36.0%	33.1	33.5	38.8	39.2	5.7	5.7
Have made and maintained changes for more than six months	13.8%	12.9	13.0	12.5	12.6	-0.4	-0.4

Data in black represent **all** participants. Data in red represent only those participants who completed the health assessment **both** this year and in 2008-2009 (a subset of all participants).

## Tobacco

Table 19: Percentage of participants reporting tobacco use and secondhand smoke exposure

Tobacco use and secondhand smoke exposure	All employer groups, 2009 n = 100,571 %	Ramsey County, 2008-2009 n = 4,464 n = 3,664		Ramsey County, 2010 n = 4,290 n = 3,664		Change over time	
		%	%	%	%	%	%
Use tobacco	10.9%	15.2	14.7	13.6	13.1	-1.6	-1.6
Quit < 6 months ago	2.6%	3.1	3.1	3.0	3.1	-0.1	0.0
Quit ≥ 6 months ago	21.7%	24.2	23.7	24.7	25.1	0.5	1.4
Exposed to secondhand smoke	19.9%	26.0	25.4	22.6	21.7	-3.4	-3.7

Table 20: Percentage of participants with specific types of tobacco use — of those reporting current tobacco use

Type of tobacco use	All employer groups, 2009 n = 10,971 %	Ramsey County, 2008-2009 n = 680 n = 541		Ramsey County, 2010 n = 585 n = 479		Change over time	
		%	%	%	%	%	%
Cigarettes	79.4%	79.7	79.7	81.0	80.0	1.3	0.3
Cigars	10.7%	13.2	13.9	13.0	14.4	-0.2	0.5
Pipe	1.5%	2.2	2.0	1.2	1.3	-1.0	-0.7
Chew or snuff	13.9%	10.9	11.1	11.1	11.1	0.2	0.0

Table 21: Participants' readiness to cut back or quit using tobacco — of those reporting current tobacco use

Readiness to cut back or quit using tobacco	All employer groups, 2009 n = 10,971 %	Ramsey County, 2008-2009 n = 680 n = 541		Ramsey County, 2010 n = 585 n = 479		Change over time	
		%	%	%	%	%	%
Do not think changes are necessary	11.8%	12.5	12.8	12.5	12.9	0.0	0.1
Have been thinking about making changes but not ready right now	31.4%	33.4	32.7	31.8	32.2	-1.6	-0.5
Are seriously thinking about making some changes	35.8%	34.6	34.9	35.0	33.6	0.4	-1.3
Have made changes within the past six months	18.5%	17.4	17.2	17.9	18.4	0.5	1.2
Have made and maintained changes for more than six months	2.5%	2.2	2.4	2.7	2.9	0.5	0.5

Data in black represent **all** participants. Data in red represent only those participants who completed the health assessment **both** this year and in 2008-2009 (a subset of all participants).

## Alcohol

Participants choose not to answer the alcohol questions for many reasons. It does not necessarily indicate that they use or abuse alcohol.

Table 22: Percentage of participants reporting high-risk alcohol use

High risk alcohol use	All employer groups, 2009 n = 100,571 %	Ramsey County, 2008-2009 n = 4,464		Ramsey County, 2010 n = 4,290		Change over time	
		n = 3,664 %	%	n = 3,664 %	%	%	%
Hazardous drinking	2.2%	2.4	2.3	1.9	1.8	-0.5	-0.5
Harmful drinking	0.1%	0.3	0.3	0.2	0.1	-0.1	-0.2
Dependent drinking	0.1%	0.1	0.1	0.2	0.2	0.1	0.1
Chose not to answer	18.7%	19.9	19.7	20.0	20.1	0.1	0.4
Harmful or dependent drinking and seriously thinking about making some changes*	0.1%	0.2	0.0	0.2	0.0	0.0	0.0

\*Those who are HealthPartners members receive a telephone call from a licensed behavioral health professional providing information about resources for evaluation and treatment, and answering basic questions.

Table 23: Participants' readiness to make changes related to alcohol — of those reporting high-risk alcohol use

Readiness to make changes related to alcohol	All employer groups, 2009 n = 2,453 %	Ramsey County, 2008-2009 n = 129		Ramsey County, 2010 n = 98		Change over time	
		n = 101 %	%	n = 79 %	%	%	%
Do not think changes are necessary	32.2%	31.0	31.7	31.6	31.6	0.6	-0.1
Have been thinking about making changes but not ready right now	19.2%	21.7	21.8	20.4	19.0	-1.3	-2.8
Are seriously thinking about making some changes	25.2%	24.8	26.7	26.5	25.3	1.7	-1.4
Have made changes within the past six months	19.8%	20.9	17.8	18.4	20.3	-2.5	2.5
Have made and maintained changes for more than six months	3.5%	1.6	2.0	3.1	3.8	1.5	1.8

Data in black represent **all** participants. Data in red represent only those participants who completed the health assessment **both** this year and in 2008-2009 (a subset of all participants).

## Oral Health

Table 24: Percentage of participants at high risk for poor oral health

High risk for poor oral health	All employer groups, 2009 n = 100,571  %	Ramsey County, 2008-2009		Ramsey County, 2010		Change over time	
		n = 4,464 n = 3,664 %	%	n = 4,290 n = 3,664 %	%	%	%
High risk for cavities	37.2%	36.8	36.5	34.1	33.7	-2.7	-2.8
High risk for periodontal disease	26.3%	34.2	33.3	32.5	32.6	-1.7	-0.7
Recent cavities and high sugar intake*	1.9%	2.2	2.2	1.7	1.7	-0.5	-0.5

\*Those who are HealthPartners members receive a letter from a dentist outlining steps to reduce risk for poor oral health through healthy food choices and offering consultation with a registered dietitian for nutrition counseling.

Data in black represent **all** participants. Data in red represent only those participants who completed the health assessment **both** this year and in 2008-2009 (a subset of all participants).

## Sense of Well-Being

Table 25: Percentage of participants reporting indicators of poor sense of well-being

Indicators of poor sense of well-being	All employer groups, 2009 n = 100,571 %	Ramsey County, 2008-2009 n = 4,464 n = 3,664		Ramsey County, 2010 n = 4,290 n = 3,664		Change over time	
		%	%	%	%	%	%
Perceived poor health status	5.1%	7.3	6.7	7.0	7.0	-0.3	0.3
Physical health concerns	6.4%	10.1	9.2	8.6	8.5	-1.5	-0.7
Emotional health concerns	44.7%	51.2	50.9	47.9	47.5	-3.3	-3.4
Unhealthy stress	7.2%	8.1	8.3	6.9	6.7	-1.2	-1.6
Back pain	39.2%	44.9	44.1	42.5	42.8	-2.4	-1.3
Felt depressed and accomplished less because of emotional concerns*	1.2%	1.5	1.3	1.7	1.6	0.2	0.3

\*Those who are HealthPartners members receive a telephone call from a licensed behavioral health professional providing information about resources for evaluation and treatment, and answering basic questions.

Table 26: Participants' readiness to make changes to manage stress — of those reporting unhealthy stress

Readiness to make changes to manage stress	All employer groups, 2009 n = 7,202 %	Ramsey County, 2008-2009 n = 363 n = 303		Ramsey County, 2010 n = 295 n = 245		Change over time	
		%	%	%	%	%	%
Do not think changes are necessary	4.8%	6.3	5.3	5.1	4.9	-1.2	-0.4
Have been thinking about making changes but not ready right now	11.0%	11.8	13.5	9.8	9.8	-2.0	-3.7
Are seriously thinking about making some changes	54.6%	47.1	46.5	49.5	50.2	2.4	3.7
Have made changes within the past six months	26.4%	32.2	32.0	31.9	31.4	-0.3	-0.6
Have made and maintained changes for more than six months	3.2%	2.5	2.6	3.7	3.7	1.2	1.1

Data in black represent **all** participants. Data in red represent only those participants who completed the health assessment **both** this year and in 2008-2009 (a subset of all participants).

Table 27: Participants' readiness to make changes to manage back pain — of those reporting back pain

Readiness to make changes to manage back pain	All employer groups, 2009 n = 39,394 %	Ramsey County, 2008-2009 n = 2,005 n = 1,615 % %		Ramsey County, 2010 n = 1,824 n = 1,570 % %		Change over time % %	
Do not think changes are necessary	21.9%	25.1	25.4	22.6	23.2	-2.5	-2.2
Have been thinking about making changes but not ready right now	7.8%	8.4	8.2	7.1	7.1	-1.3	-1.1
Are seriously thinking about making some changes	26.6%	23.8	23.7	24.9	24.1	1.1	0.4
Have made changes within the past six months	28.2%	28.0	28.1	31.0	31.0	3.0	2.9
Have made and maintained changes for more than six months	15.5%	14.7	14.7	14.4	14.6	-0.3	-0.1

Participants choose not to answer the abuse questions for many reasons. It does not necessarily indicate that they experience abuse.

Table 28: Percentage of participants reporting verbal, emotional and physical abuse

Abuse	All employer groups, 2009 n = 100,571 %	Ramsey County, 2008-2009 n = 4,464 n = 3,664 % %		Ramsey County, 2010 n = 4,290 n = 3,664 % %		Change over time % %	
Verbal or emotional abuse	5.7%	6.0	6.0	6.0	5.8	0.0	-0.2
Physical abuse	0.7%	0.7	0.7	0.7	0.7	0.0	0.0
Chose not to answer verbal or emotional abuse	2.2%	2.1	2.0	2.6	2.4	0.5	0.4
Chose not to answer physical abuse	0.6%	0.6	0.6	0.9	0.8	0.3	0.2

Data in black represent **all** participants. Data in red represent only those participants who completed the health assessment **both** this year and in 2008-2009 (a subset of all participants).

## Sleep

Table 29: Percentage of participants reporting suboptimal sleep

Suboptimal sleep	All employer groups, 2009 n = 100,571  %	Ramsey County, 2008-2009  n = 4,464 n = 3,664		Ramsey County, 2010  n = 4,290 n = 3,664		Change over time	
		%	%	%	%	%	%
< 6 hours of sleep each night	3.7%	4.1	4.1	4.3	4.2	0.2	0.1
6 hours of sleep each night	21.3%	21.6	21.8	20.8	20.7	-0.8	-1.1
≥ 9 hours of sleep each night	4.5%	5.7	5.2	5.6	5.3	-0.1	0.1

Data in black represent **all** participants. Data in red represent only those participants who completed the health assessment **both** this year and in 2008-2009 (a subset of all participants).

## Safety

Participants choose not to answer the gun questions for many reasons. It does not necessarily indicate that they have guns or store them unsafely.

Table 30: Percentage of participants reporting unsafe behaviors

Unsafe behaviors	All employer groups, 2009 n = 100,571  %	Ramsey County, 2008-2009		Ramsey County, 2010		Change over time	
		n = 4,464 n = 3,664		n = 4,290 n = 3,664			
		%	%	%	%	%	%
Drinking and driving	15.3%	16.4	16.6	14.9	14.7	-1.5	-1.9
Low seat belt use	3.7%	5.5	5.6	2.8	2.7	-2.7	-2.9
Low helmet use	18.8%	16.6	17.1	18.2	18.0	1.6	0.9
Low sun protection	57.2%	58.4	58.9	55.6	55.4	-2.8	-3.5
Guns stored unsafely	7.5%	8.2	8.5	7.9	7.6	-0.3	-0.9
Chose not to answer gun questions	34.1%	34.6	34.7	34.1	34.1	-0.5	-0.6

Data in black represent **all** participants. Data in red represent only those participants who completed the health assessment **both** this year and in 2008-2009 (a subset of all participants).

## Self Care

Table 31: Percentage of participants reporting poor self care

Poor self care	All employer groups, 2009 n = 100,571  %	Ramsey County, 2008-2009  n = 4,464 n = 3,664		Ramsey County, 2010  n = 4,290 n = 3,664		Change over time	
		%	%	%	%	%	%
No personal doctor for routine care	13.1%	14.0	13.9	8.2	7.0	-5.8	-6.9
No dentist visit in past year	15.2%	15.1	14.7	14.5	12.9	-0.6	-1.8
Unlikely to seek advice from nurse by phone	29.5%	21.8	21.7	31.7	30.9	9.9	9.2
No health care directive	75.6%	75.9	76.3	74.6	73.6	-1.3	-2.7
Want health care directive information	33.9%	33.9	33.4	32.7	32.1	-1.2	-1.3

Table 32: Percentage of participants reporting medication use

Medication use	All employer groups, 2009 n = 100,571  %	Ramsey County, 2008-2009  n = 4,464 n = 3,664		Ramsey County, 2010  n = 4,290 n = 3,664		Change over time	
		%	%	%	%	%	%
Herbals, vitamins and supplements	66.1%	65.9	66.3	68.7	70.5	2.8	4.2
Non-prescription medications	39.4%	46.7	46.5	43.6	44.5	-3.1	-2.0
Prescription medications	58.1%	63.1	62.8	62.8	64.2	-0.3	1.4
≥ 7 prescription medications*	2.2%	4.5	3.9	3.7	3.8	-0.8	-0.1

\*Those who are HealthPartners members receive a letter from a pharmacist offering free consultation (medication review), tips to manage multiple medications, and a medication wallet card.

Data in black represent **all** participants. Data in red represent only those participants who completed the health assessment **both** this year and in 2008-2009 (a subset of all participants).

### Multiple Health Risk Behaviors

Table 33: Percentage of participants by number of reported health risk behaviors — inactivity (insufficient calories burned through physical activity); being underweight, overweight or obese; tobacco use; and high-risk alcohol use

Number of health risk behaviors	All employer groups, 2009 n = 100,571  %	Ramsey County, 2008-2009  n = 4,464 n = 3,664		Ramsey County, 2010  n = 4,290 n = 3,664		Change over time	
		%	%	%	%	%	%
0	30.5%	26.2	26.1	25.5	25.4	-0.7	-0.7
1	60.4%	61.1	61.9	63.3	63.8	2.2	1.9
2	8.6%	11.9	11.2	10.7	10.3	-1.2	-0.9
3	0.5%	0.9	0.8	0.6	0.5	-0.3	-0.3
4	0.0%	0.0	0.0	0.0	0.0	0.0	0.0

Data in black represent **all** participants. Data in red represent only those participants who completed the health assessment **both** this year and in 2008-2009 (a subset of all participants).

## Reaching Health Potential

Table 34: Percentage of participants by number of reported positive health factors — physically active (sufficient calories burned through physical activity); healthy weight; tobacco-free; high quality diet; optimal sleep; and low-risk alcohol use

Number of <i>positive</i> health behaviors	All employer groups, 2009 n = 100,571	Ramsey County, 2008-2009		Ramsey County, 2010		Change over time	
		n = 4,464 n = 3,664		n = 4,290 n = 3,664		%	%
	%	%	%	%	%	%	%
0	13.9%	11.2	11.0	12.0	12.2	0.8	1.2
1	34.6%	34.0	34.6	34.7	35.5	0.7	0.9
2	33.9%	33.8	34.1	34.0	33.6	0.2	-0.5
3	14.8%	17.3	16.8	16.2	15.8	-1.1	-1.0
4	2.6%	3.3	3.0	2.8	2.8	-0.5	-0.2
5	0.2%	0.4	0.4	0.2	0.2	-0.2	-0.2
6	0.0%	0.0	0.0	0.0	0.0	0.0	0.0

Table 35: Participants' average HealthPotential<sup>SM</sup> score and underlying influences — modifiable health factors, quality of life, and non-modifiable health factors — compared to the total possible points

HealthPotential <sup>SM</sup> score and underlying influences	All employer groups, 2009 n = 100,571	Ramsey County, 2008-2009		Ramsey County, 2010		Change over time	
		n = 4,464 n = 3,664		n = 4,290 n = 3,664			
HealthPotential <sup>SM</sup> score (1000 possible)	840	815	817	832	833	17	16
Modifiable health factors (512 possible)	403	394	395	400	401	6	6
Quality of life (146 possible)	116	112	113	114	114	2	1
Non-modifiable health factors (342 possible)	320	309	310	319	318	10	8

To comply with the *Genetic Information Nondiscrimination Act (GINA)*, family health history questions were removed from the JourneyWell health assessment in October 2009. The previous Non-modifiable HealthPotential Score included family health history; the current score does not.