

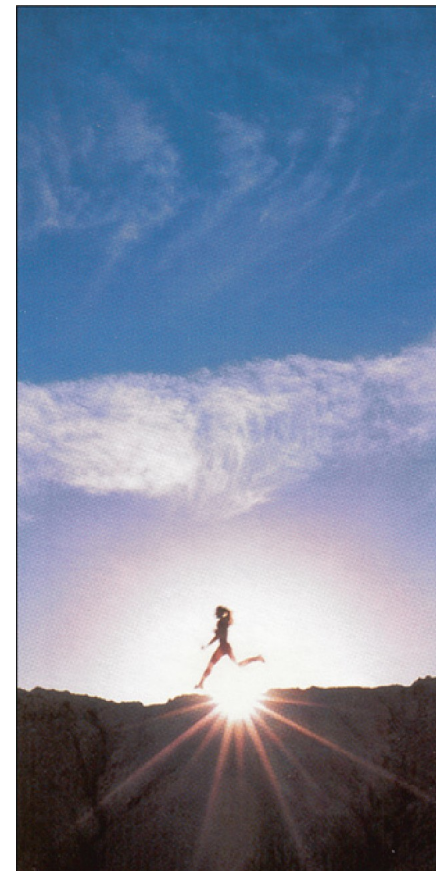
HEALTH MONITORTM

Cohort Report



S U M M E X[®]
HEALTH MANAGEMENT

Prepared For:
University of Alaska



Provided By
Summex Health Management
7602 Woodland Drive, Suite 300
Indianapolis, IN 46278
1-800-888-8-SUMMEX

Table of Contents

Report Summary	Page 3
Demographic Cohort Summary	Page 4
General Health Summary	Page 5
Economic Summary	Page 6
Absenteeism Overview	Page 7
Alcohol Consumption Overview	Page 8
Anxiety Overview	Page 9
CVD Multiple Risks Overview	Page 10
Cholesterol Overview	Page 11
Depression Overview	Page 12
Diabetes Overview	Page 13
Hypertension Overview	Page 14
Nutrition Overview	Page 15
Physical Inactivity Overview	Page 16
Prevention Overview	Page 17
Stress Overview	Page 18
Tobacco Use Overview	Page 19
Weight Overview	Page 20
Risk Factor Overview	Page 21

Report Summary

The primary purpose of this report is to track the changes in major health risk prevalence rates for the 1,852 University of Alaska participants who completed a Health Monitor™ between 9/15/2006 to 12/15/2006 and also between 9/15/2007 to 12/15/2007. Comparison data is also provided for absenteeism rates and excess spending estimates. Finally, risk factor prevalence rates from the Summex database have been provided in order to place the cohort prevalence rates in a broader context of comparison.

HealthMonitor™ Updates

The Summex Health Monitor™ risk factor classifications are updated regularly in order to account for changes in the national standards for high risk. Thus, the scoring logic for some risk factors changes periodically. In order to accommodate our clients' needs for valid comparison data, the overall wellness scores were recalculated to adjust for these changes in scoring, and all OWS statistics in this report reflect these recalculations.

Demographic Cohort Summary

Of the 2,983 employees who completed the Health Monitor™ from 9/15/2006 to 12/15/2006, 1,852 employees (62.09 %) also completed the Health Monitor™ from 9/15/2007 to 12/15/2007. This report tracks time series data for this cohort of 1,852 employees. The more closely the cohort demographics resemble the demographics of the total participant sample, the more generalizable the cohort data trends contained in this report.

This report will also provide comparisons to Summex's database. Database demographics are included in the table below.

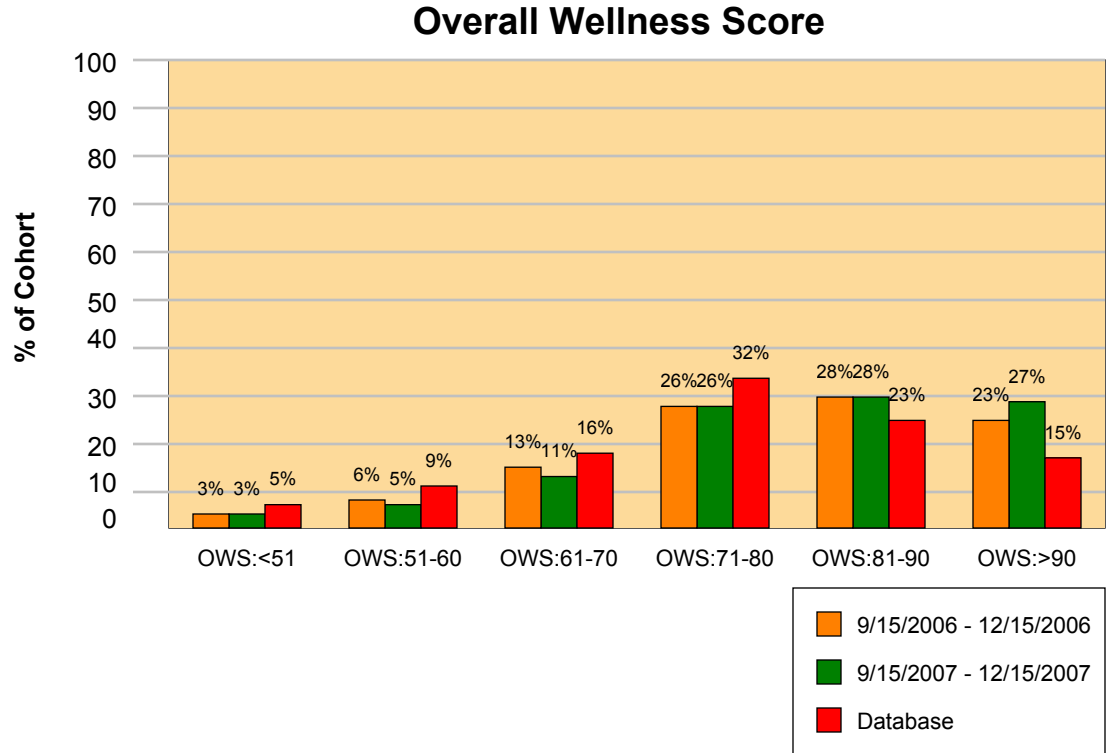
Participant Demographics					
	Total 9/15/2006 - 12/15/2006	Total 9/15/2007 - 12/15/2007	Cohort 9/15/2006 - 12/15/2006	Cohort 9/15/2007 - 12/15/2007	Database
Participants (N)	2983	2752	1852	1852	***
Average Age	44	44	44	45	45
Male	42.4%	42.4%	41%	41.1%	45.7%
Female	57.6%	57.6%	59%	58.9%	54.3%
African-American	2.1%	1.9%	1.9%	1.8%	2.7%
Asian	5.2%	5.5%	5.7%	5.8%	1.9%
Caucasian	83%	83.5%	84.7%	85.1%	88.8%
Hispanic	1.6%	1.7%	1.4%	1.2%	3.2%
American Indian	1.9%	1.9%	1.3%	1.4%	0.7%
Multi-ethnic	2.4%	2.2%	2.1%	1.7%	0.9%
Other Ethnicities	2.5%	2.1%	2.1%	1.6%	0.8%
Ethnicity Unknown	0.5%	0.5%	0.4%	0.5%	0.3%
High School Graduate or Less	5.2%	5.9%	5.6%	5%	19.3%
Some College or Vocational	24.9%	23.5%	24.5%	24%	31.4%
College Graduates	31.1%	31.9%	32.7%	32.6%	30.1%
Post Graduate/Professional Degree	37.9%	37.9%	36.6%	37.6%	18.3%

***Exact Summex database N size cannot be revealed.

General Health Summary

From 9/15/2006 to 12/15/2006, 53.5% of the University of Alaska cohort participants had an Overall Wellness Score (OWS) of 79 or greater, indicating a high level of health and well-being, and the average OWS for the cohort was 79. From 9/15/2007 to 12/15/2007, 57% of the cohort had an OWS of 79 or greater, and the average OWS was 80.

40.9% of the Summex database average OWS have an OWS of 79 or greater, and the Summex database average OWS is 76.



Economic Summary

A study conducted by the independent Health Enhancement Research Organization (HERO) evaluated the association between modifiable risk factors and medical expenditures. The results of this study showed that a significantly higher level of medical expenditures were associated with 7 out of 19 health behaviors evaluated. Self-reported depression, high stress levels, and high blood glucose levels were risk factors associated with the greatest medical costs. Other risk factors that contributed to high expenditures were body weight, tobacco use, high blood pressure, and physical inactivity.

The following table lists the health risks present in the University of Alaska population based on the answers from the Health Monitor™ Questionnaire and provides a detailed estimate of excess health care costs that may be avoided if these risk factors are reduced.

Health Risk **	Excess Health Care Spending for Risk Factor	9/15/2006 - 12/15/2006 Cohort Participants with Risk*	9/15/2007 - 12/15/2007 Cohort Participants with Risk*	9/15/2006 - 12/15/2006 Excess Spending	9/15/2007 - 12/15/2007 Excess Spending	Net Change
Depression	\$1,187.00	448	385	\$531,776.00	\$456,995.00	(\$74,781.00)
Stress	\$732.20	759	718	\$555,739.80	\$525,719.60	(\$30,020.20)
Glucose	\$586.81	9	6	\$5,281.29	\$3,520.86	(\$1,760.43)
Overweight	\$352.28	344	416	\$121,184.32	\$146,548.48	\$25,364.16
Tobacco Use	\$227.81	8	10	\$1,822.48	\$2,278.10	\$455.62
High Blood Pressure	\$198.86	0	0	\$0.00	\$0.00	\$0.00
Cardiovascular Exercise	\$172.71	18	24	\$3,108.78	\$4,145.04	\$1,036.26
High Cholesterol	(\$13.59)	1	5	(\$13.59)	(\$67.95)	(\$54.36)
Total Modifiable Costs (1996 Dollars)				\$1,218,899.08	\$1,139,139.13	(\$79,759.95)
Inflation Factor (Based on Medical Care CPI)				1.47	1.47	1.47
Total Modifiable Costs (2006 Dollars)				\$1,791,781.65	\$1,674,534.52	(\$117,247.13)

* Many participants have multiple risk factors; however, the prevalence numbers listed above represent the participants' risk factor with the greatest health care expenditure per participant (e.g. an overweight individual with high blood pressure would only be counted in the overweight category).

** Please note that HERO definitions for risk factors do not correspond exactly to current national guidelines; therefore, calculations in this table may not match risk factor pages throughout the rest of the report. HERO defines risks as follows:

Blood pressure: greater than or equal to 160/100

Cholesterol: greater than or equal to 240 mg/dL

Glucose: greater than 115 mg/dL

Physical inactivity: 0 days of physical activity

Overweight: BMI greater than or equal to 25

Stress: signs or symptoms of stress

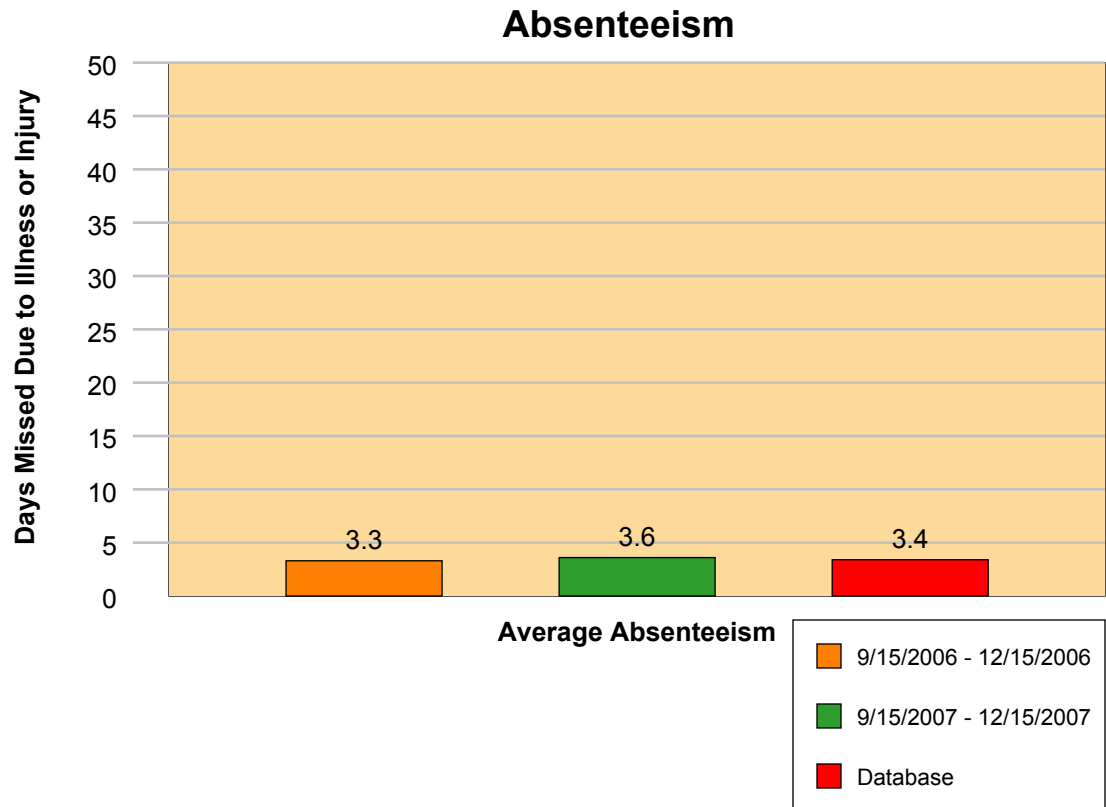
Tobacco use: current tobacco user

Depression: signs or symptoms of depression

Absenteeism Overview

Health risks not only directly impact the cost of healthcare, but they also indirectly impact the level of productivity in an organization. At risk individuals have been shown to exhibit higher rates of absenteeism than low-risk individuals.

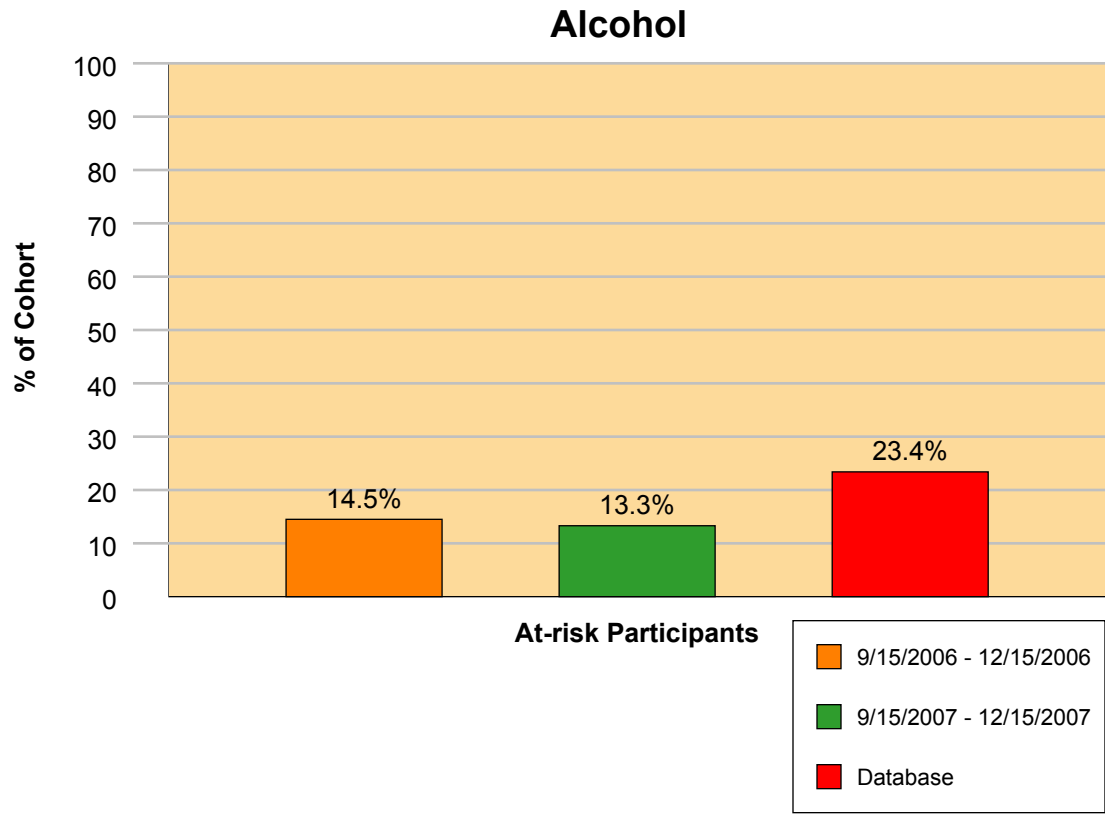
During 9/15/2006 to 12/15/2006, University of Alaska cohort participants reported an average of 3.3 missed days of work due to illness or injury, and the 9/15/2007 to 12/15/2007 average was 3.6 days. The Summex database average for work days missed due to illness or injury is 3.4.



Alcohol Consumption Overview

In the University of Alaska cohort, 14.5% of participants engaged in risky behaviors associated with alcohol consumption from 9/15/2006 to 12/15/2006, and 13.3% of individuals engaged in risky alcohol consumption behaviors from 9/15/2007 to 12/15/2007.

In the Summex database, 23.4% of participants engage in risky alcoholic behaviors.



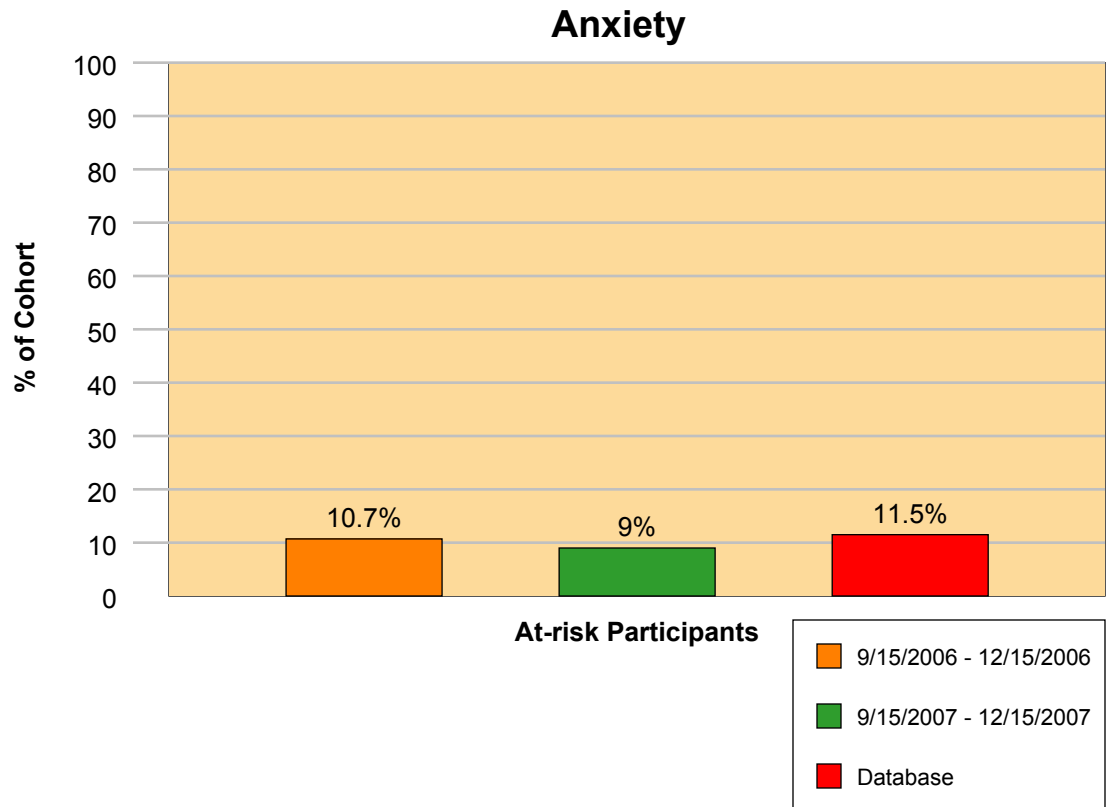
At-risk behaviors associated with alcohol consumption include:

- Binge drinking (5 or more drinks in a single setting)
- Consuming more than 7 drinks per week for females
- Consuming more than 14 drinks per week for males

Anxiety Overview

10.7% of University of Alaska cohort participants reported anxiety from 9/15/2006 to 12/15/2006, and 9 % reported anxiety from 9/15/2007 to 12/15/2007. 11.5% of database participants reported anxiety.

According to the Anxiety Disorders Association of America, people with an anxiety disorder are three to five times more likely to go to the doctor and six times more likely to be hospitalized for psychiatric disorders than those without an anxiety disorder. Anxiety disorders cost the US more than \$42 billion per year. The National Institutes of Mental Health reports that four million Americans have Generalized Anxiety Disorder.

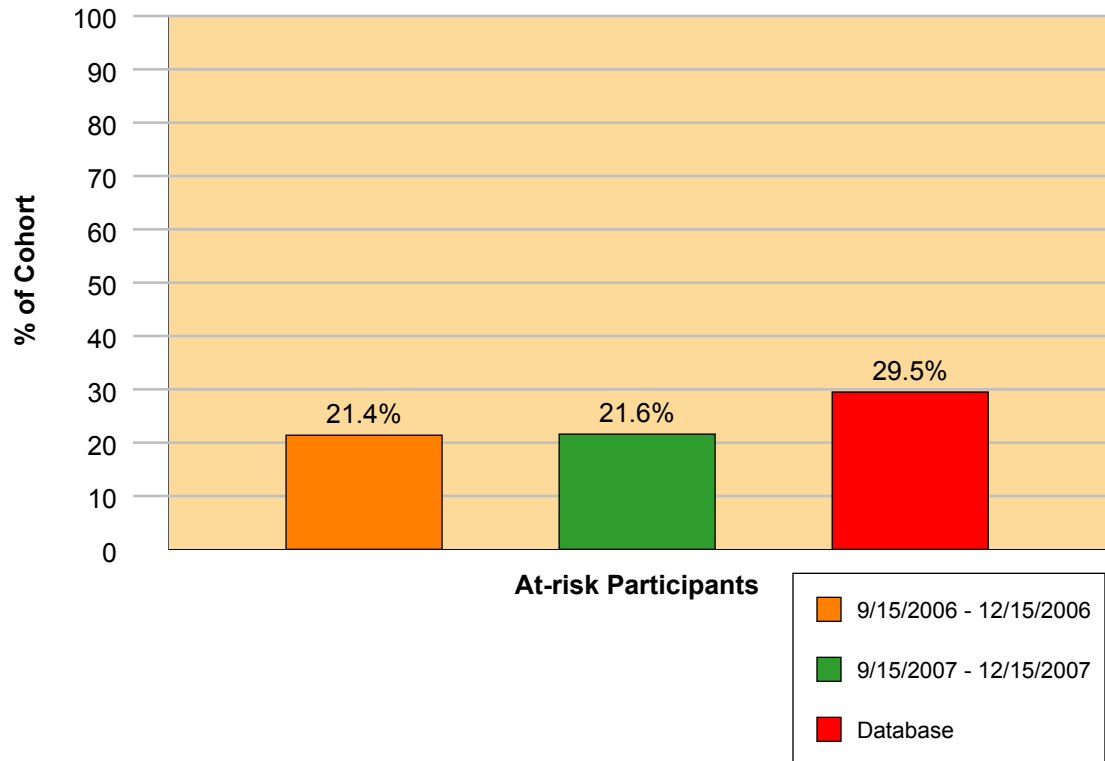


CVD Multiple Risks Overview

Cardiovascular diseases (CVD), principally heart disease and stroke, are among the nation's leading killers for both men and women and among racial and ethnic groups. More than 2,600 Americans die each day of cardiovascular disease, and more than 59 million Americans suffer from some form of CVD.

During 9/15/2006 to 12/15/2006, 396 participants had three or more risk factors for CVD, and 400 had three or more risk factors during 9/15/2007 to 12/15/2007. Multiple CVD risks contribute more to health care expenditures than any other risk factor or multiple risk factors. CVD will cost the nation an estimated \$326.6 billion this year in health care expenditures and lost productivity. University of Alaska can drastically reduce health care spending, reduce employee absenteeism, and increase daily productivity through early detection and prevention of cardiovascular disease.

3 or More CVD Risks

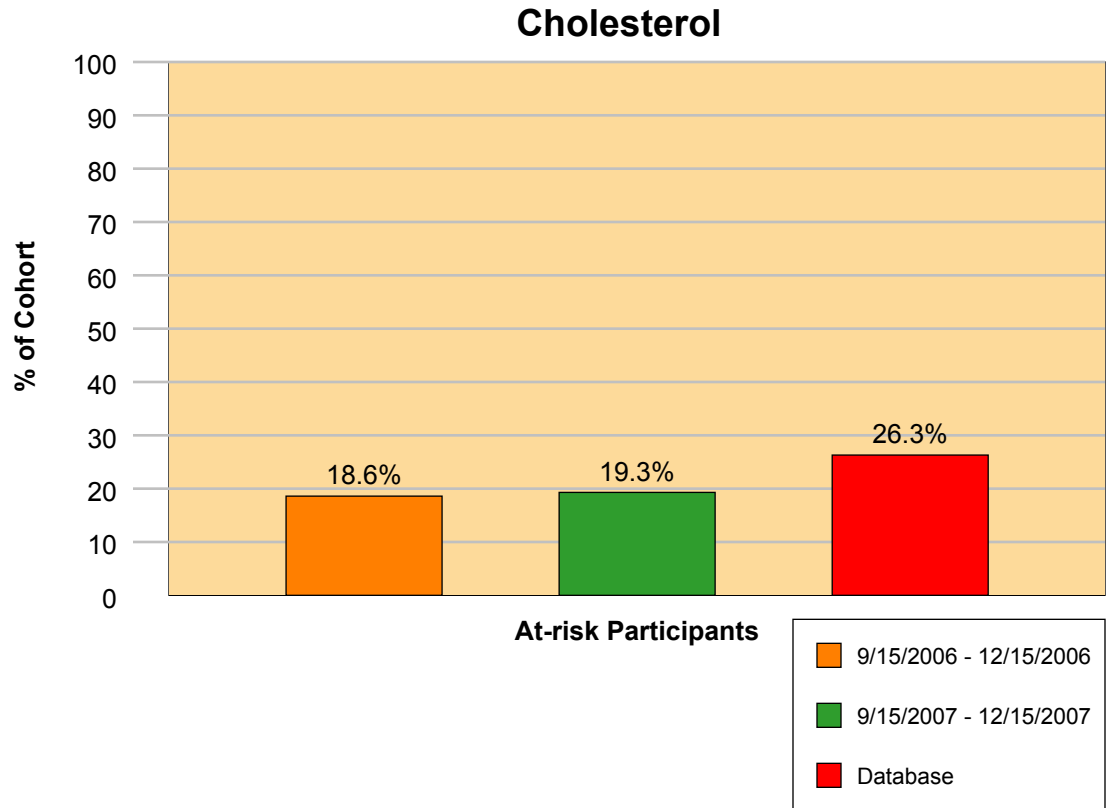


Risk factors associated to Cardiovascular Disease risk include:

- Aerobic exercise
- Age/gender
- Cigarette, cigar, or pipe use
- Diagnosed diabetes
- Family history of CVD
- High cholesterol
- Hypertension
- Obesity

Cholesterol Overview

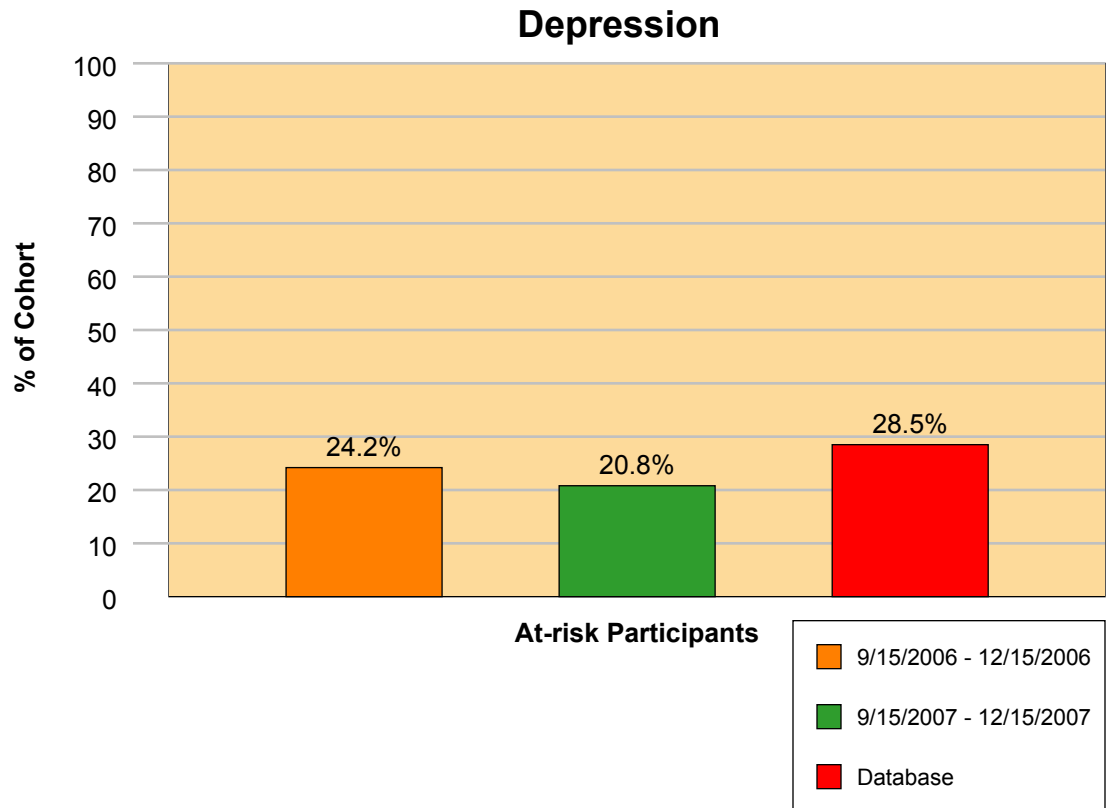
The number of University of Alaska cohort participants with elevated cholesterol levels was 345 (18.6%) from 9/15/2006 to 12/15/2006 and 358 (19.3%) from 9/15/2007 to 12/15/2007. 26.3% of the Summex database report high levels of cholesterol. Elevated cholesterol is defined by cholesterol levels of greater than 200 mg/dL.



High cholesterol levels are a major risk factor for developing heart disease. Heart disease alone accounts for nearly \$193.8 billion in direct costs and lost productivity related to morbidity and mortality. Each year more than one million Americans have heart attacks and one-half of these occurrences are fatal. Making lifestyle changes can help control cholesterol levels. High-fat diets, obesity, lack of physical activity, and smoking are all major contributors to high cholesterol levels. Empowering your members to make the necessary lifestyle changes to lower their cholesterol will reduce health care costs.

Depression Overview

448 members (24.2%) of the University of Alaska cohort reported having problems with depression during 9/15/2006 to 12/15/2006, and 385 participants (20.8%) reported having problems with depression during 9/15/2007 to 12/15/2007. The Health Monitor™ depression questions are designed to help capture depression risks for individuals who may not be aware that they are experiencing symptoms of depression. 28.5% of the Summex database are at risk for depression.

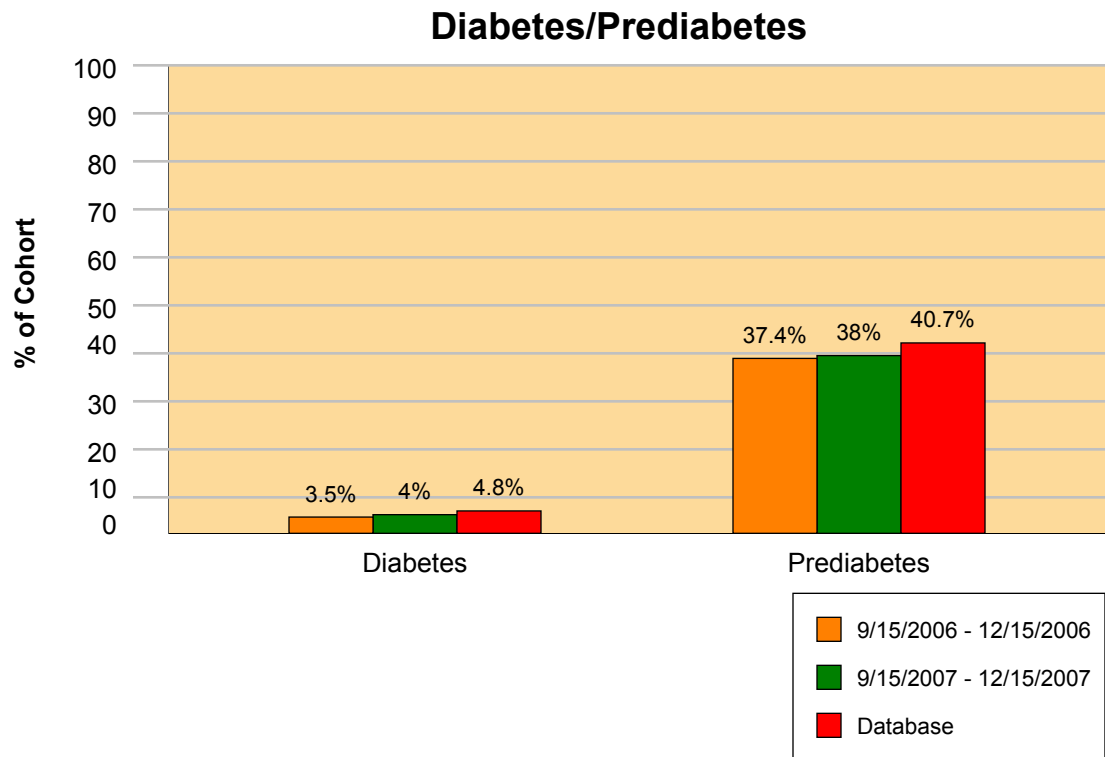


Depression affects more than 17 million Americans each year. One out of every seven Americans will suffer from depression at some point in their life. Depression is a serious medical condition that is often undiagnosed and untreated. Left untreated, depression is as costly as heart disease, which costs nearly \$113.8 billion annually in physician visits, medications, and lost productivity. The U.S. economy spends over \$43.7 billion in absenteeism (over 200 million days lost from work each year), lost productivity, and direct treatment costs related to depression.

Diabetes Overview

The American Diabetes Association estimates that \$37.1 billion is spent on disability costs for people with diabetes each year. Diabetes also accounts for 88 million disability days and 14 million lost workdays. During 9/15/2006 to 12/15/2006, 64 cohort members (3.5%) were diagnosed with either Type 1 or Type 2 diabetes. 74 cohort members (4 %) were diagnosed with diabetes during 9/15/2007 to 12/15/2007.

The Health Monitor™ also collects information on prediabetes. Prediabetes is a classification of people who have glucose levels that are between 100 and 125 mg/dL, or who have a combination of other risk factors listed below. In 9/15/2006 to 12/15/2006, 693 cohort members were classified as having prediabetes. 704 were identified as at risk for prediabetes in 9/15/2007 to 12/15/2007. 40.7% of the Summex Database is at risk for prediabetes.



Diabetes Complications:

- Kidney disease
- Vision impairment
- Cardiovascular disease
- Stroke
- High blood pressure
- Amputation of limbs

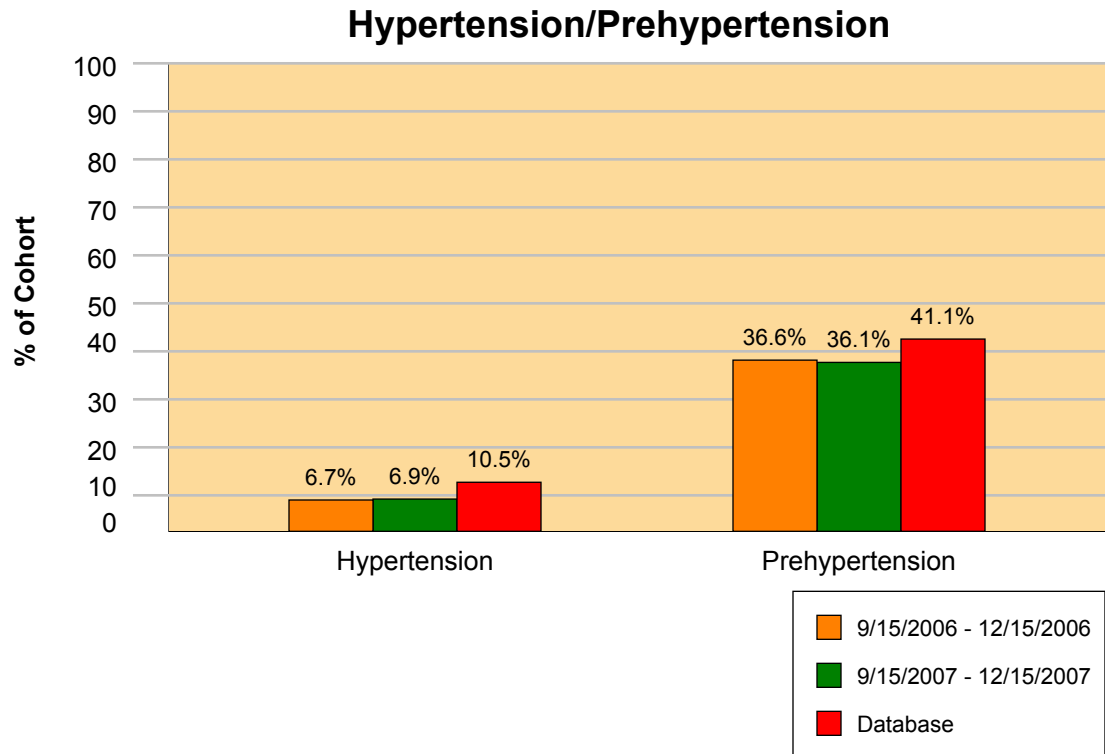
Prediabetes Risk Factors:

- Obesity
- Sedentary lifestyle
- Family history of diabetes
- Ethnicity
- Age
- Birth of a baby weighing ≥ 9 lbs.

Hypertension Overview

Participants with hypertension, defined as an average blood pressure greater than or equal to 140/90, made up 6.7 % of the University of Alaska cohort during 9/15/2006 to 12/15/2006 and 6.9% during 9/15/2007 to 12/15/2007.

Prehypertension is defined as having systolic blood pressure between 120 and 139 or diastolic blood pressure between 80 and 89. Identifying individuals with prehypertension allows these individuals to be targeted for blood pressure reduction interventions as well. During 9/15/2006 to 12/15/2006, 36.6% of cohort participants were classified as prehypertensive and 36.1 % were prehypertensive during 9/15/2007 to 12/15/2007.

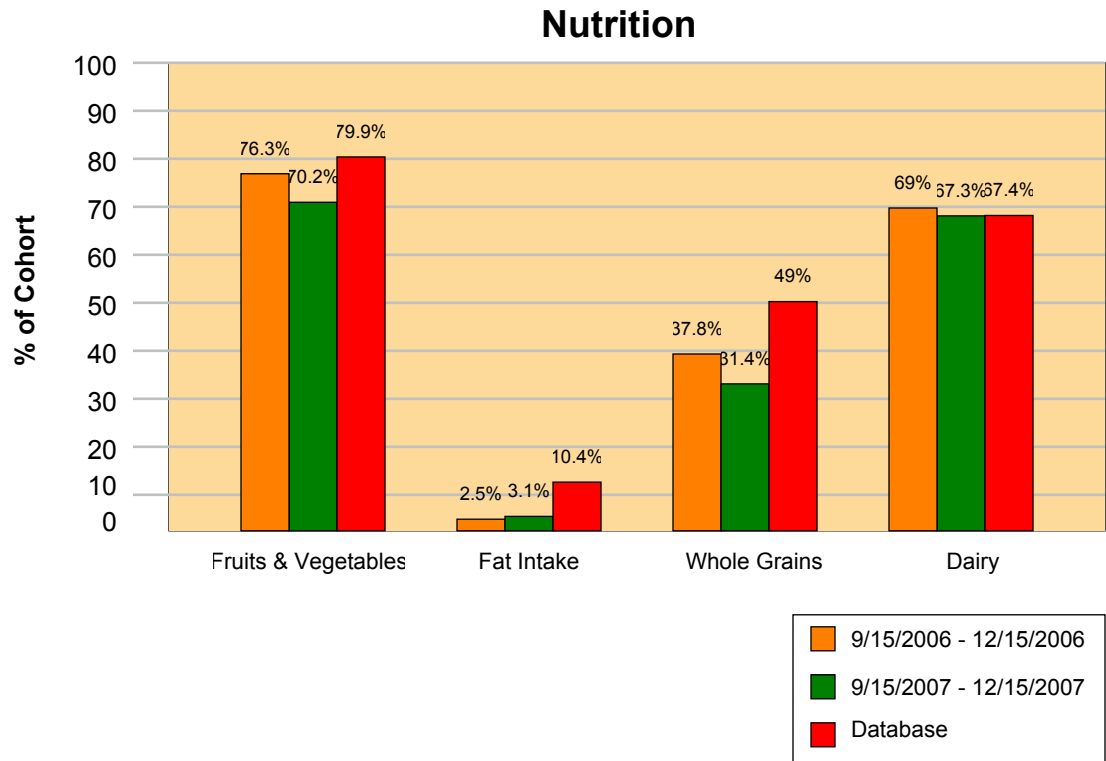


High blood pressure is one of several risk factors associated with Cardiovascular Disease (CVD), which is the number one killer of Americans. CVD claims more lives annually than all cancers combined, and it costs more than \$116.4 billion in lost productivity due to morbidity and mortality.

Nutrition Overview

Convenience plays a major role in the nutrition habits of the average adult. The typical American diet is high in fat, calories, and sugar. Poor nutrition raises an individual's risk for many chronic diseases. For example, one-third of all cancers are attributable to poor diet, physical inactivity, and being overweight.

93.1% of the University of Alaska cohort reported inadequate nutrition in at least one of the areas listed below from 9/15/2006 to 12/15/2006, 91.7% reported inadequate nutrition from 9/15/2007 to 12/15/2007, and 94.1% of the Summex database reported inadequate nutrition.



Nutrition risk is defined by the following:

Fruit and vegetables: less than 5 servings of fruits and/or vegetables per day

Fat: more than 4 servings of fat per day

Whole grain: less than 3 whole grain products per day

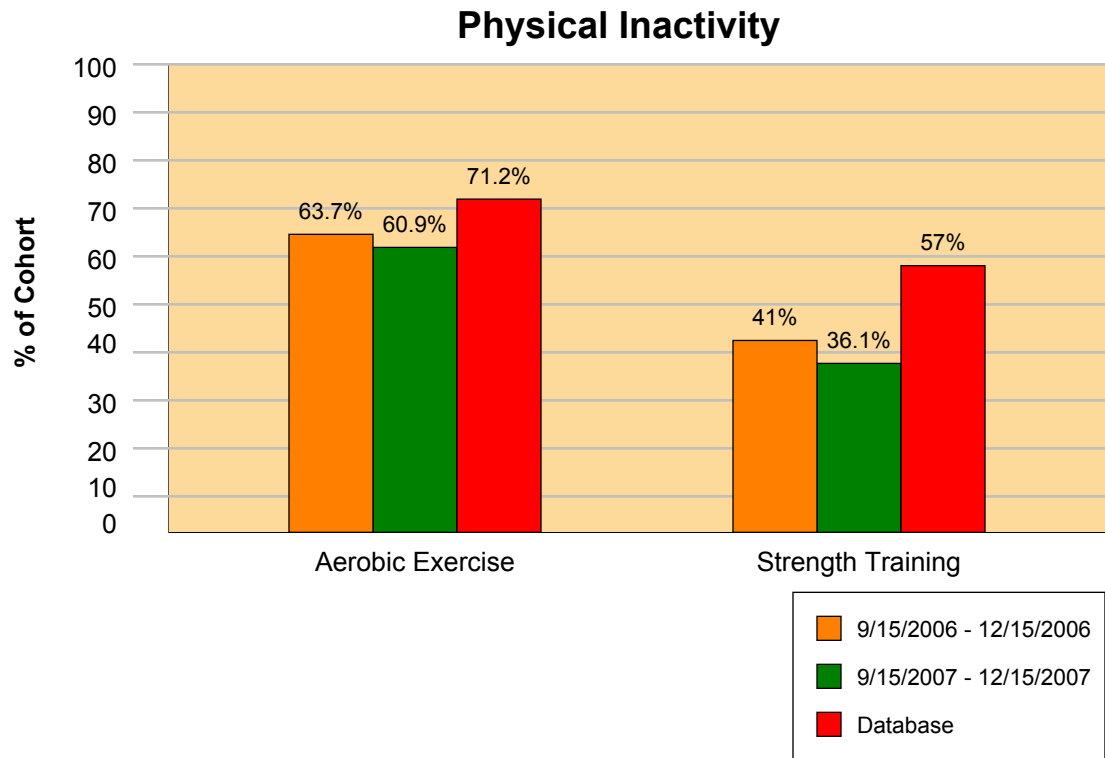
Dairy: less than 3 servings of dairy products per day

Physical Inactivity Overview

During 9/15/2006 to 12/15/2006, 63.7% of cohort participants reported inadequate levels of aerobic activity, and 41% of the cohort reported inadequate levels of strength training activity. 60.9% of cohort participants reported inadequate levels of aerobic activity and 36.1% of the cohort reported inadequate levels of strength training activity during 9/15/2007 to 12/15/2007.

71.2% of the Summex database reported inadequate levels of aerobic activity, and 57% reported inadequate levels of strength training activity.

Given the numerous health benefits of regular exercise, the hazards of being physically inactive are clear and costly. Physical inactivity is a major cause of unnecessary illness and premature death. A physically active person exercises on most or all days of the week at moderate to high intensities. It is estimated that physical inactivity costs the United States \$24 billion annually, or 2.4% of US health care expenditures.



Physical inactivity is defined as:

Aerobic exercise: less than 4 times per week

Strength training: less than 2 times per week

Prevention Summary

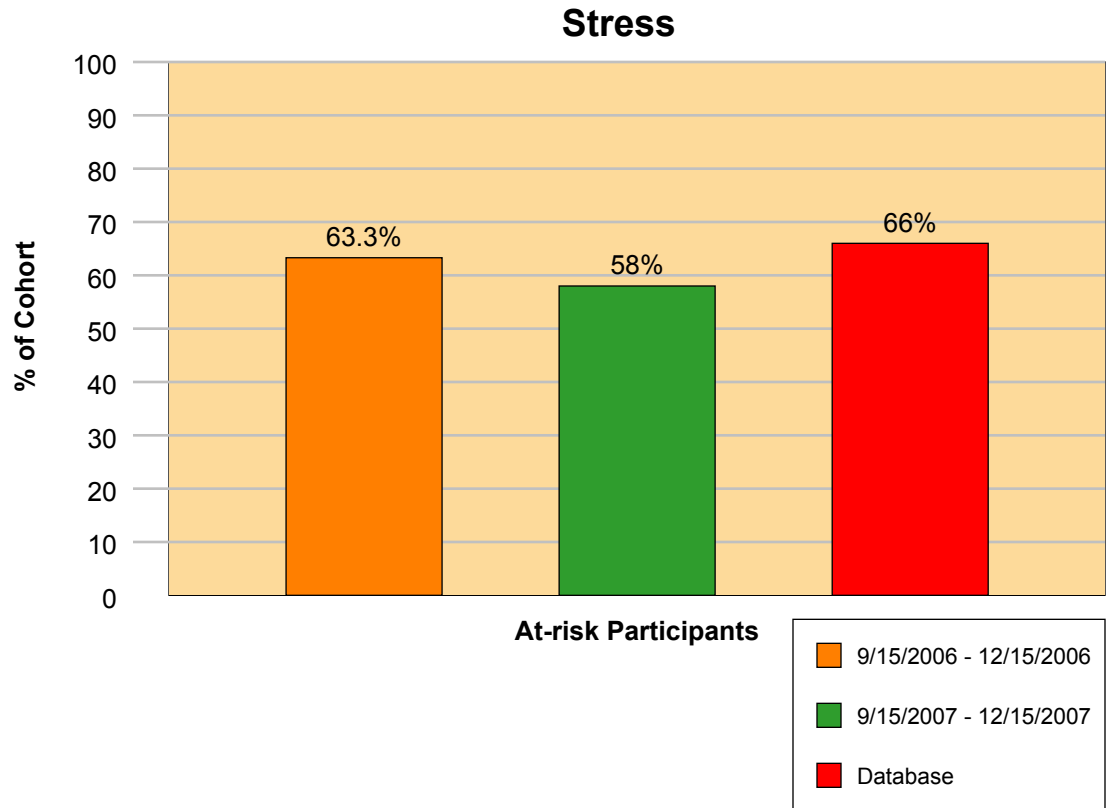
It is important for your population to be compliant with all preventive screening recommendations. The following chart describes the University of Alaska cohort preventive screening compliance rates, as well as the compliance rates for the Summex database.

Increasing awareness of the importance of preventive screenings will reduce complications related to chronic disease and prevent excess medical expenditures. Cohort participants received information on the preventive medical screenings specific to their age and gender in their Personal Health Reports. The Health Monitor™ is an important first step toward preventing diseases that can be caused by lifestyle and behaviors.

Preventive Screening Compliance			
Health Test	Compliance 9/15/2006 - 12/15/2006	Compliance 9/15/2007 - 12/15/2007	% Compliance Change
Physical Exam	86.4%	86.7%	+3%
Blood Pressure	94.3%	94.2%	-.1%
Vision	91.7%	92.2%	+5%
Pap Test	73.4%	71.8%	-1.6%
Mammogram	84.9%	85.9%	+1.0%
Breast Self Exam	63.1%	63.5%	+4%
Professional Breast Exam	79.5%	77.7%	-1.8%
Testicular Self Exam	39.6%	45%	+5.4%
Digital Rectal Exam	38.5%	43.4%	+4.9%
Stool Blood Test	28%	33.7%	+5.7%
Cholesterol Screening	81.4%	84.9%	+3.5%
Glaucoma Screening	86.7%	87.5%	+8%
Regular Dental Checkup	80.8%	82.5%	+1.7%
Diabetes	67.9%	71%	+3.1%
Flu Shot	70.3%	65.2%	-5.1%
Colonoscopy	54.9%	61.3%	+6.4%

Stress Overview

1,173 participants, representing 63.3% of University of Alaska cohort participants, were found to be at risk for stress-related disorders from 9/15/2006 to 12/15/2006. 1,074 (58%) cohort participants were at risk from 9/15/2007 to 12/15/2007. 66% of the Summex database are classified as at risk for stress-related disorders.



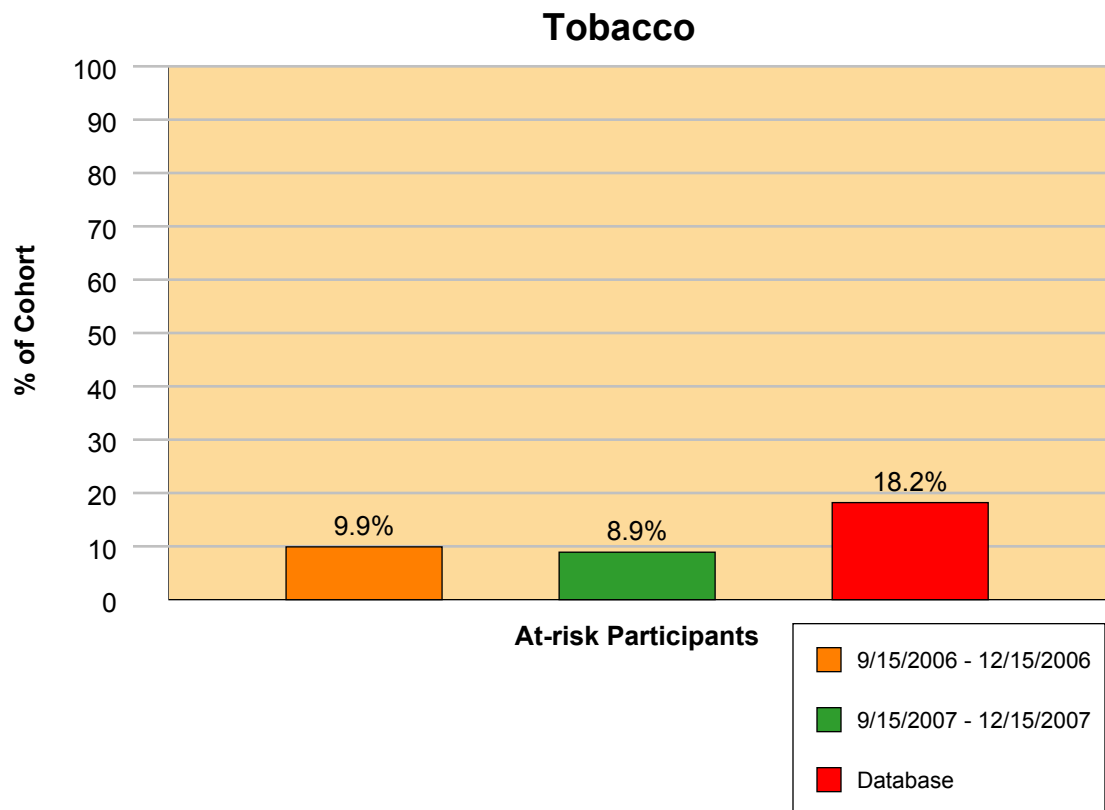
Stress is found in all aspects of our lives, including work and family. High levels of stress have a major impact on employee health, morale, and productivity. Stress costs American industries more than \$300 billion annually in terms of absenteeism, productivity, and worker's compensation. Due to fast-paced work environments, it is not surprising that 43% of all adults suffer adverse effects from stress.

Tobacco Use Overview

Individuals who use tobacco (i.e. cigarettes, cigars, or chewing tobacco) are considered to be at risk for developing diseases such as lung cancer, oral cancer, and heart disease. 183 participants, or 9.9% of the University of Alaska cohort, were identified as at risk for tobacco related diseases during 9/15/2006 to 12/15/2006. During 9/15/2007 to 12/15/2007, 165 participants or 8.9% were identified as at risk.

18.2% of Summex database participants report tobacco usage and are classified as at risk for tobacco related illnesses.

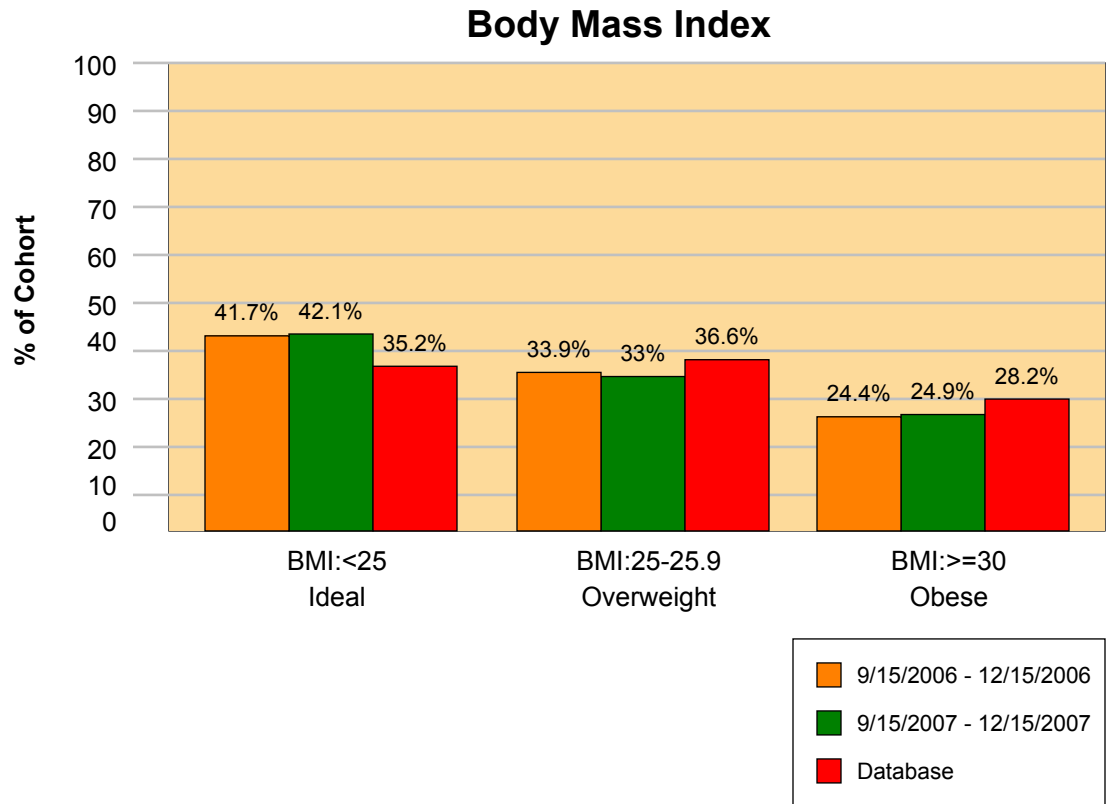
Tobacco use is the number one cause of preventable disease and death in the United States. The Centers for Disease Control & Prevention (CDC) reports that tobacco use accounts for over 85 percent of lung cancers and is the leading cause of cancer-related deaths in the United States. Smokers miss more days of work due to illness and cost the US economy more than \$100 billion annually in health care expenditures.



Weight Overview

Body Mass index (BMI) uses a mathematical formula based on a person's height and weight. BMI equals weight in kilograms divided by height in meters squared (BMI = kg/m²). A healthy BMI is defined as less than 25. A BMI between 25 and 30 is classified as overweight. A BMI of 30 or greater is considered obese. Obesity and excess weight contribute greatly to various chronic diseases and conditions that result in more than \$99.2 billion in direct medical costs, absenteeism, and lost productivity. According to the Centers for Disease Control & Prevention (CDC), over 60% of Americans are overweight or obese.

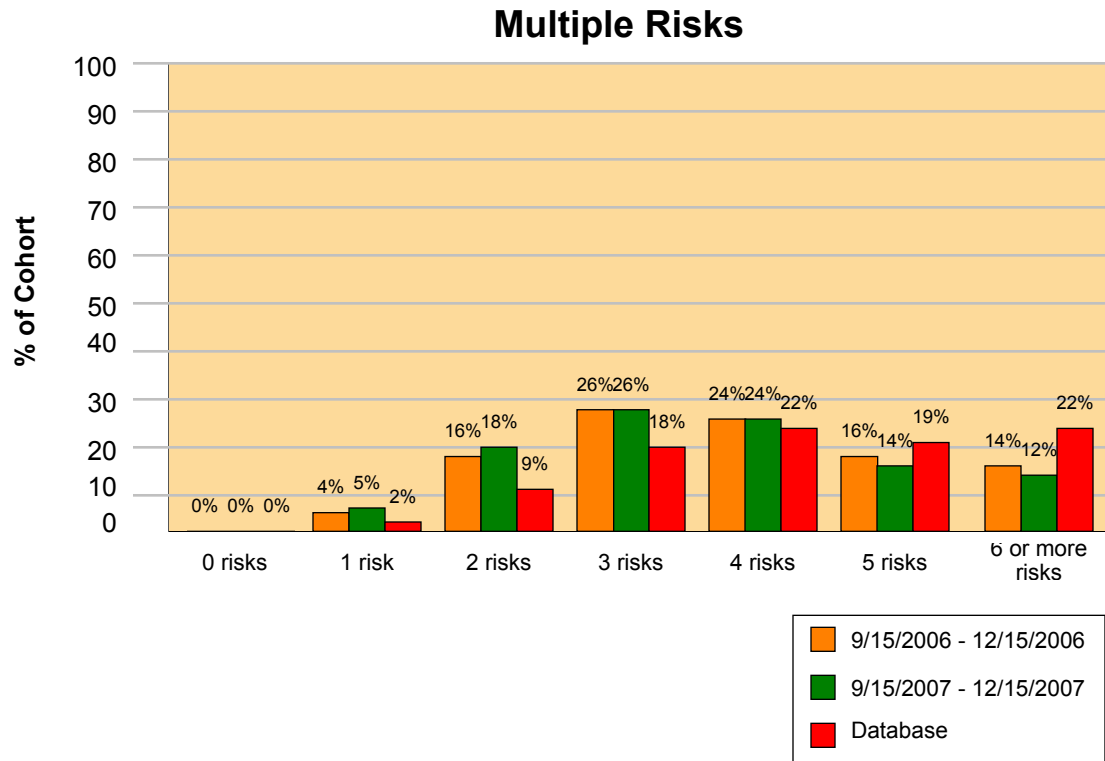
From 9/15/2006 to 12/15/2006, 33.9% University of Alaska cohort participants were classified as overweight and 24.4% were obese. 33% cohort participants were overweight during 9/15/2007 to 12/15/2007 and 24.9% were obese. 36.6% of the Summex database are overweight and 28.2% of the Summex database are obese.



Risk Factor Summary

Multiple risk factors, also known as co-morbidities, increase an individual's chance of developing chronic disease, increase health care expenditures, and decrease productivity. Individuals with four to five risk factors have increased health care costs of almost four times the amount of those without risks. For individuals with six or more risk factors, health care costs increase to as much as eight times that of people without risks. Targeting interventions toward employees with co-morbidities has the greatest potential for financial gain.

The graph below summarizes the number of participants with multiple risk factors for the University of Alaska cohort and the Summex database.



Risk factors for the multiple risk calculation include:

- Alcohol
- Anxiety
- Cholesterol
- Depression
- Glucose/diabetes
- Hypertension
- Nutrition
- Overweight/obese
- Physical inactivity
- Stress
- Tobacco use