

Personal Health Analysis Group Summary

This report summarizes health and safety practices in your group. It also helps identify costly risk areas for the group as a whole, compares the group to national averages, provides ten-year health outcome projections, and identifies risk reduction opportunities.

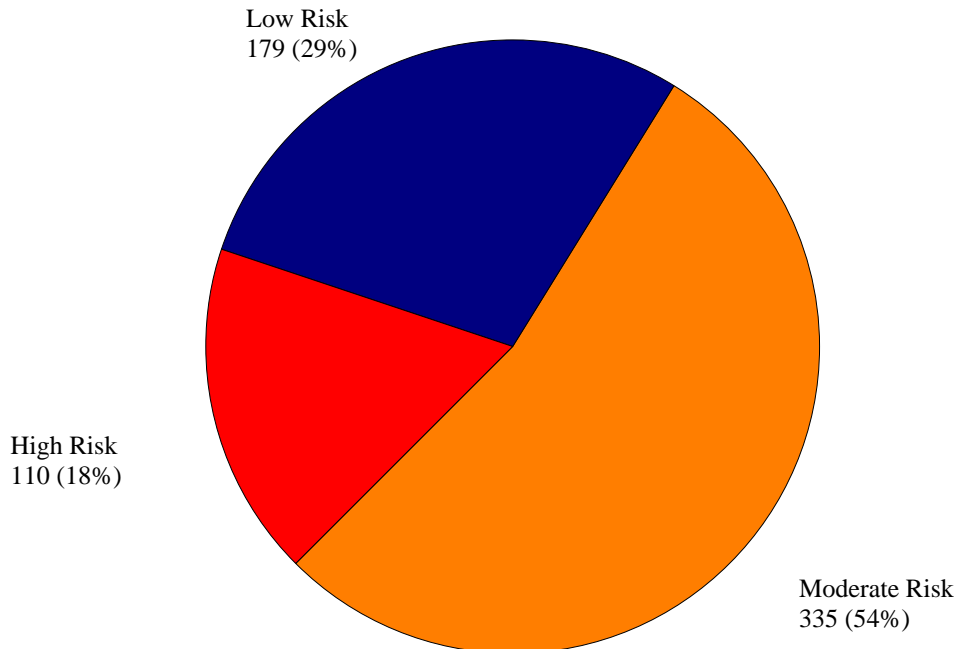
People who are 'Low Risk' in the chart below have the best chances for a high quality of life and a longer life span. People in the Low Risk category score in the top 25% of people who have taken HRA questionnaires.

'Moderate Risk' refers to U.S. averages, not ideals. Too many Americans smoke, eat too many calories from fat, are overweight and don't exercise. Individuals in the Moderate Risk category could benefit from health management programs that help them reduce risk.

Those individuals in the 'High Risk' category are at the greatest risk for premature death from health problems and accidents. Individuals with high but controllable risk factors cost billions of dollars annually in direct health care costs. People in the High Risk category score in the lowest 25% of people who have taken HRA questionnaires.

Risk reduction programs save lives and money.

Health Risk Status of This Group



Cases reported: 624
Missing data: 14

Demographics

The chart below breaks your group down by age and sex subgroups. There are 638 people in your group. Only 624 are included in this report, because 14 were missing answers needed to calculate risks.

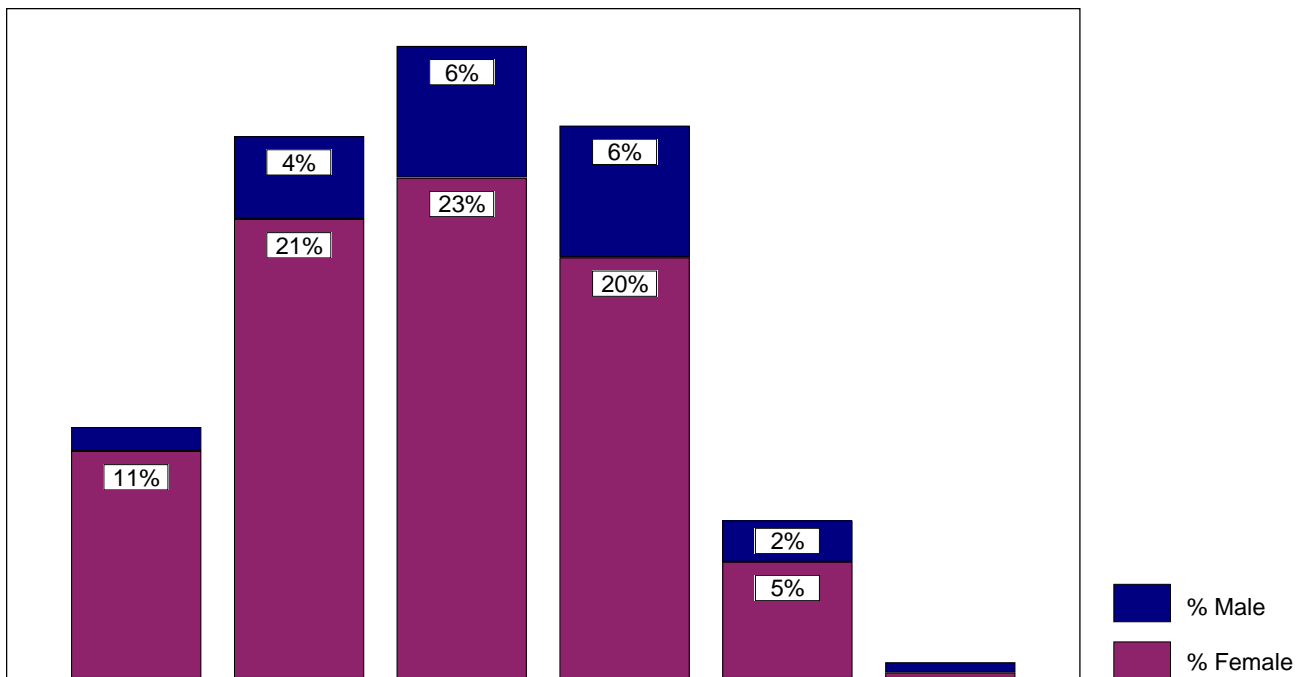
While risk for health-related problems does increase with age, younger individuals are also affected by smoking, diet, and other related health practices. Health habits are learned early and are difficult to alter as time passes. People who are able to learn about their risk early and modify their behaviors may be able to avoid some of the health problems associated with risky health behaviors.

This report contains some sections addressing women's health alone, such as Pap smears and breast examination. The rest of the report is equally applicable to men and women.

It is a common idea that heart disease is primarily a men's disease. This is not the case. Until menopause, women have some protection against heart disease. After that time, women are as susceptible to heart attack as men. Heart disease is the number one killer of women, causing the deaths of twice as many women as cancer related deaths.

Health promotion programs make sense -- for people of both sexes and all ages.

Age Groups by Sex



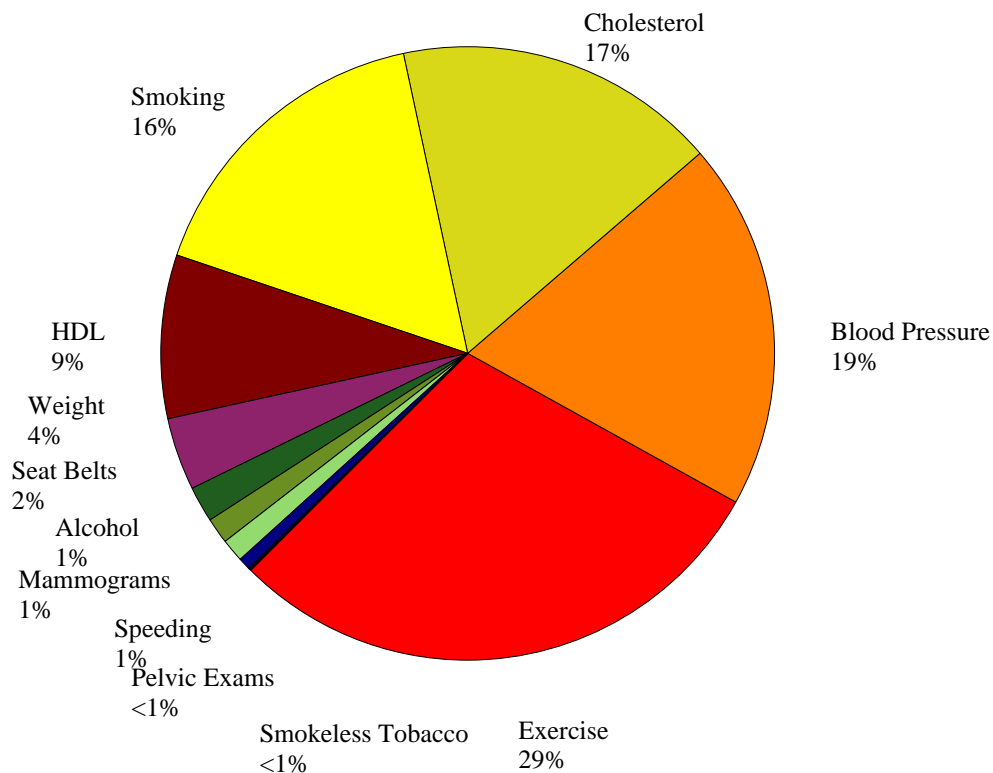
COUNT:	73	157	183	160	46	5	122 males	502 females	624 total
	Under 25 years	25-34 years	35-44 years	45-54 years	55-64 years	65 years and over			

Risk Factors in this Group

Risk factors are conditions that shape the odds for early death and disability. They include habits, such as smoking and lack of exercise, and clinical measures, such as blood pressure and cholesterol.

The chart below shows how each of the risk factors measured by the questionnaire contributes to preventable deaths in your group. These estimates use an algorithm which compares respondents' risk profiles with a national data base of people with similar risk profiles. By looking at the outcomes of similar people, with similar habits, the algorithm projects this group's preventable deaths over the next ten years.

Risk Factors That Contribute to Preventable Deaths in Your Group



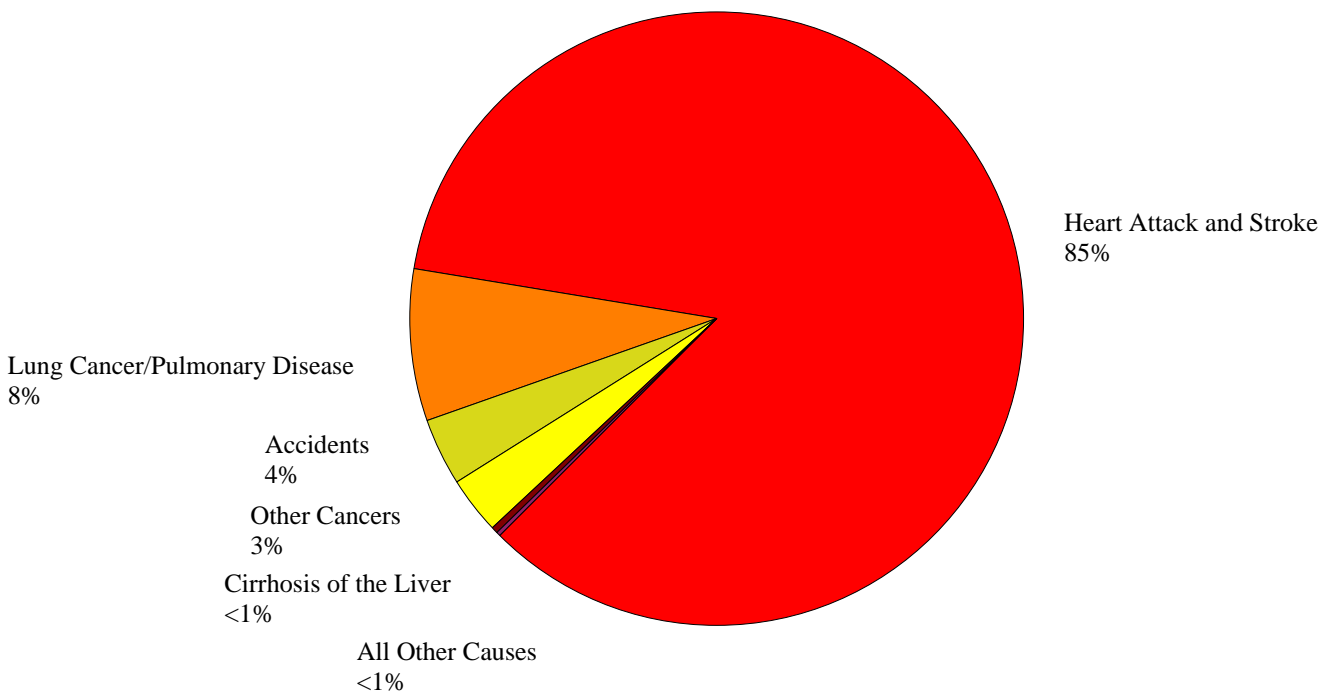
Preventable Causes of Death in this Group

The chart below predicts the relative rank of several major causes of deaths in this group. Some risk factors which may also be significant causes of death or disability that are not addressed in this report include gun use, suicidal impulses, and HIV/AIDS risk factors.

Predictions are made for only the next ten year period. This underestimates the total impact of risk factors for heart attack and cancer for young people, because damage can accumulate for years and only result in disease after 20 or 30 years -- not only the ten years reflected in this projection.

Healthy behavior changes made now will reap an even bigger benefit in the years to come.

Preventable Deaths by Disease Category



Risk Factor Pages

The risk factors included in this report were chosen because of their clear, quantifiable contribution to death and disability. Each page will discuss a single risk factor, with a data breakdown, U.S. baselines and goals.

Goals are suggested from the guidelines of the Healthy People 2010 project. This set of health promotion and disease prevention objectives was sponsored by the U.S. Public Health service to help states and organizations identify areas of need and set local goals.

These goals do not reflect ideals -- they represent a consortium opinion about what is practically obtainable, given good health promotion programs, across a wide spectrum of people and situations. For optimum health in a group or a population, risk factors should be further reduced.

How to read the graphs

Each risk factor is broken down into levels, from low to high risk. High risk groups are on the right, with horizontal lines comparing the percentage of high risk people in your group with the percentage in the general population (the 'U.S. Average'). Healthy People 2010 goal levels are also indicated (the 'HP2010 Target'). Your group may be above (worse than) or below (better than) these levels.

The smaller your numbers in the highest risk category, the better -- the ideal is to get everyone out of the high risk group on the right into the low risk group on the left.

For maximum results, identify high risk, high impact areas in your group, then develop targeted health promotion programs.

U.S. Average now:

24% of adults over 18 are smokers.

Healthy People 2010 targets:

No more than 12% smokers among adults 18 or over.

Ideal:

No one smokes.

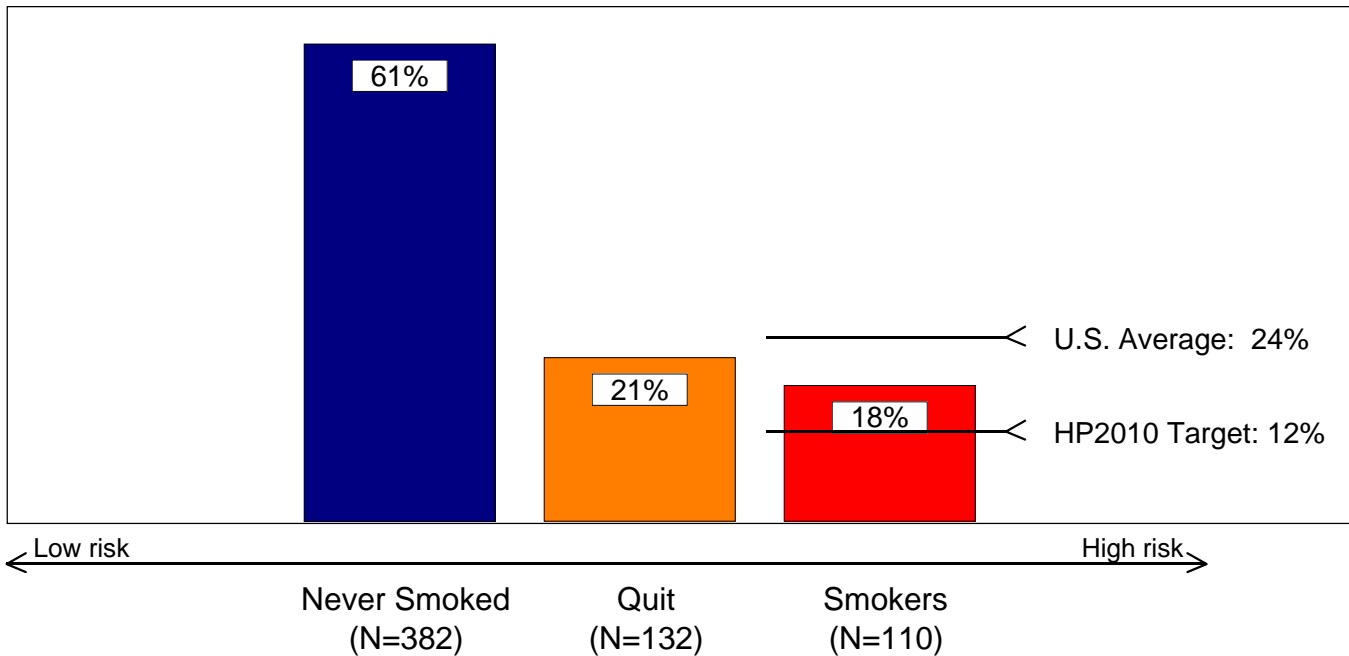
Cigarette Smoking

Tobacco use is responsible for more than 430,000 deaths in the United States each year. These include deaths from cancer, heart disease, stroke, pulmonary disease, low birth weight and other causes. This represents over 5 million years of potential life lost. Direct medical costs related to smoking total at least \$50 billion per year.

The decline in smoking among adults appears to have leveled off in the 1990s, while smoking in adolescents has actually increased. Quitting remains a difficult challenge for current smokers.

Smoking prevention and cessation, more than any other risk reduction effort, would make the single largest impact on reducing death and disease.

Group Profile: Your group is better than average.



Risk Reduction Objectives

- Smoking cessation in current smokers
- Smoking prevention in children and young people
- Protection of non-smokers from second hand smoke

Related Data

In this group, 6 (1.0%) use smokeless tobacco. 18 (3%) smoke a pipe or cigars.

Among smokers, 35 (6%) smoke more than 20 cigarettes a day; 76 express a desire to change their smoking behavior in the next 6 months.

U.S. Average now:

23% of adults are obese (BMI>=30).

Healthy People 2010 targets:

No more than 15% of adults with a BMI of 30 or more; 60% of adults at a healthy weight, with a BMI between 18.5 and 25.

Ideal:

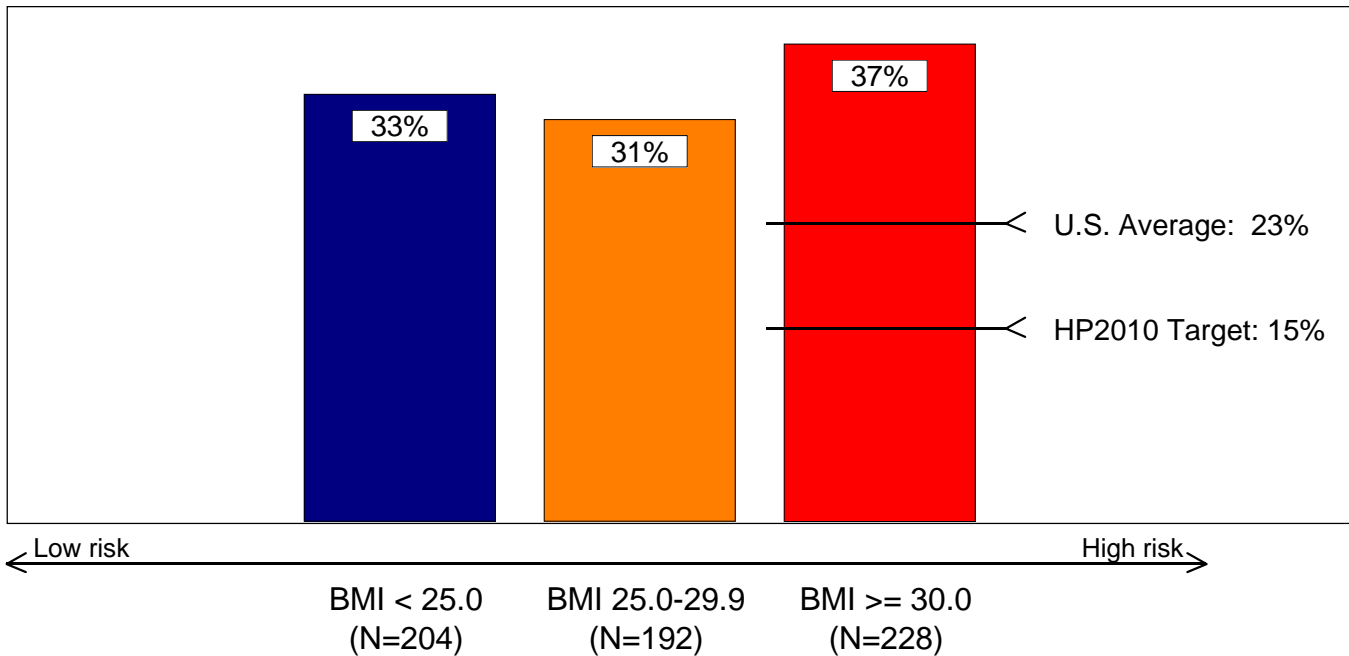
Everyone at a healthy weight.

Overweight

Overweight and obesity appear to be increasing in the past decade. Overweight is defined as a body mass index (BMI) of 25 or above. Using this standard, from 1988 to 1994 nearly 55% of the U.S. adult population could be classified as overweight. The proportion of adults defined as obese with a body mass index of 30 or greater was 23%.

Although being moderately heavy may not pose significant risk by itself, reduction in weight for people with other risk factors, like diabetes or high blood pressure can improve health outcomes. In addition, maintaining a healthy weight with exercise and good eating habits can prevent these other risk factors from developing. Weight reduction efforts should focus on improving the habits that lead to overweight. Concerns about potential weight gain should not stand in the way of making other important behavioral changes like quitting smoking.

Group Profile: Your group is worse than average.



Risk Reduction Objectives

- Exercise
- Reduction of dietary fat
- Increase in dietary fiber
- Behavioral change in food consumption patterns

Related Data

In this group, 321 (51%) reported eating high-fat foods daily or more; 367 (59%) reported seldom eating foods high in fiber.

Of the people who are overweight (BMI>=25.0), 261 expressed a desire to change in the next 6 months.

U.S. Average now:

23% engage in vigorous physical activity 3 or more days a week.

Healthy People 2010 targets:

30% engage in vigorous physical activity 3 or more days a week;
80% of adults engage in at least some leisure time activity.

Ideal:

Everyone exercises 3 or more times a week.

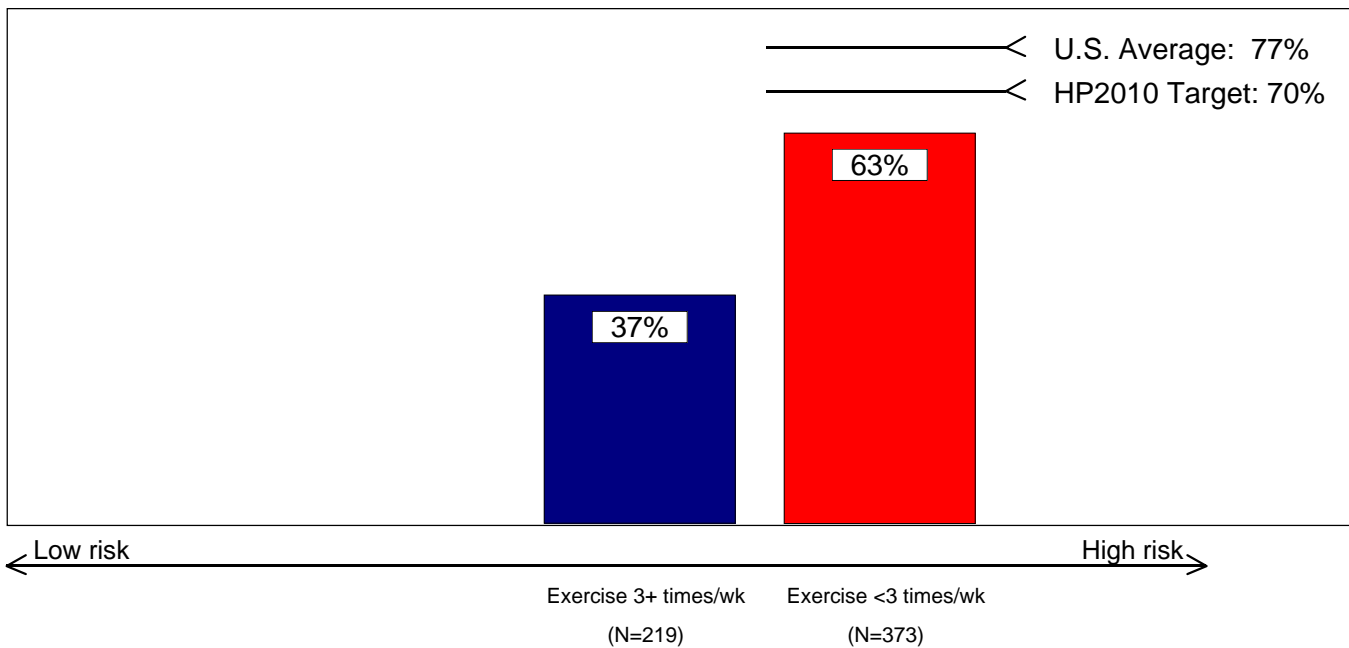
Exercise

On average, physically active people outlive those who are inactive. Regular exercise reduces the risk of many diseases, including diabetes and heart disease. It helps control weight and body fat. It helps build strong muscles, bones and joints and it promotes psychological well being.

Physically inactive people are more than twice as likely to develop heart disease as persons who engage in regular exercise. The risk posed by physical inactivity is almost as high as several other well known risk factors such as cigarette smoking, high blood pressure, and high blood cholesterol.

Although vigorous exercise is recommended for aerobic fitness, increasing evidence has shown that moderate activity can have significant health benefits. Moderate activity is more readily adopted and maintained than vigorous activity, so it may be a more effective way to reduce risks caused by lack of exercise.

Group Profile: Your group is better than HP2010 target.



Risk Reduction Objectives

- Increase physical activity of any kind
- Increase exercise that builds muscular strength
- Engage in exercise the enhances flexibility
- Reduce television viewing
- Encourage physical activity in children and adolescents
- Increase trips made by walking or bicycling

Related Data

Of the people who say they exercise less than 3 times a week, 261 expressed a desire to change.

U.S. Average now:

28% of adults have high blood pressure.

Healthy People 2010 targets:

16% of adults with high blood pressure.

Ideal:

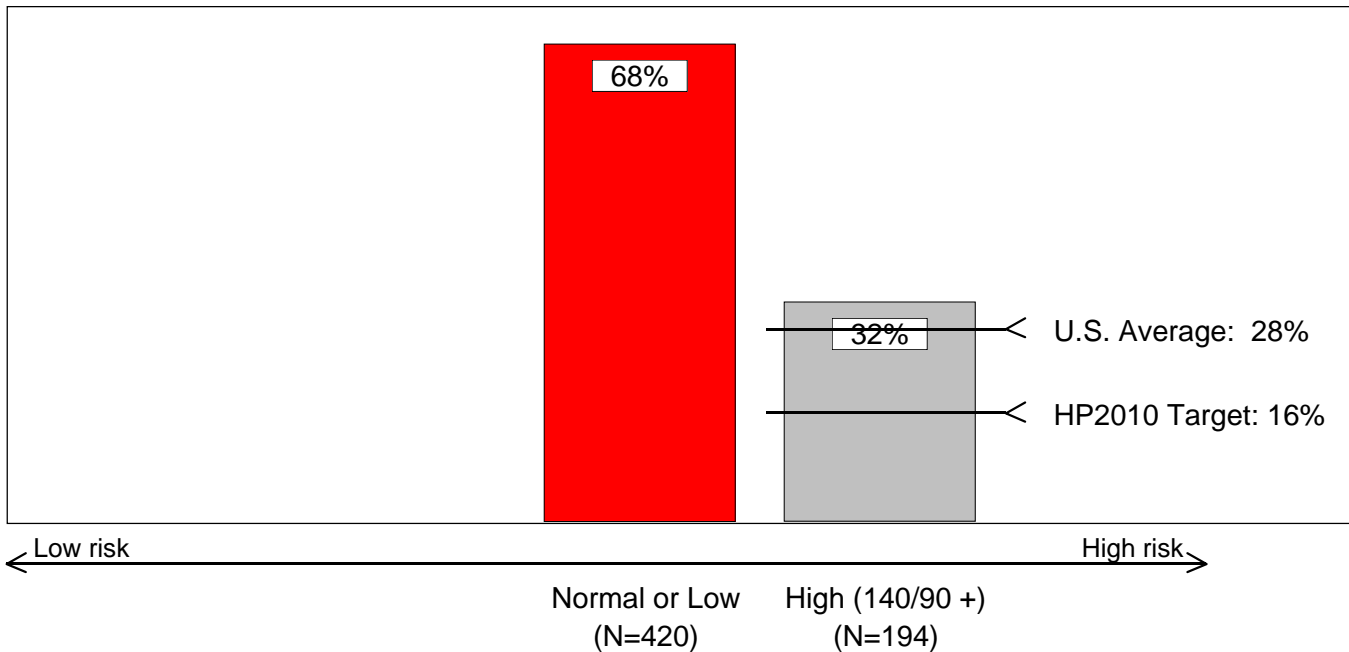
Everyone at normal blood pressure.

Blood Pressure

While general awareness of the importance of blood pressure screening has increased dramatically since the 1970s, it is estimated that 27% of Americans with hypertension (blood pressure 140/90 and above) do not know that they have it. It often goes undiagnosed because hypertension may have no detectable physical symptoms.

Hypertension is a major risk factor for heart disease and stroke. However, it can usually be successfully controlled with lifestyle changes and medication.

Group Profile: Your group is worse than average.



Risk Reduction Objectives

- Screening for high blood pressure in the group as a whole
- Prevention -- through exercise, weight control, and a diet low in salt
- Management of diagnosed hypertension through monitoring, diet, exercise, and possibly drugs

Related Data

128 people report taking medication for high blood pressure; 48 report high blood pressure but are not taking medication.

U.S. Average now:

21% of adults have a total cholesterol above 240; Average total cholesterol is 206.

Healthy People 2010 targets:

17% over 240, average total cholesterol of 199.

Ideal:

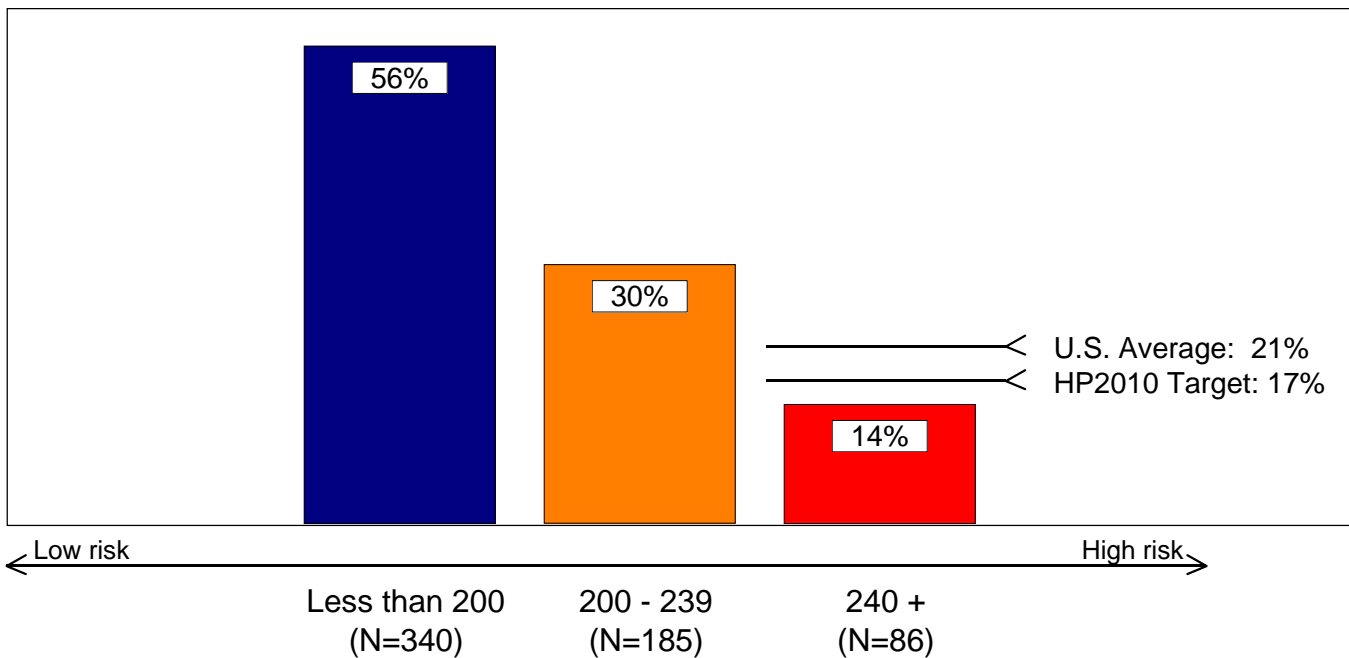
Everyone under 200.

Cholesterol

Blood lipids, including total serum cholesterol, HDL, and LDL play an important role in the development of cardiovascular disease. HDL (high density lipoprotein) or the "good" cholesterol may be protective against heart disease. LDL (low density lipoprotein) or "bad" cholesterol contributes to risk. All adults should have their cholesterol levels checked every 5 years in order to help them take action to prevent or reduce their risks for heart disease.

A low saturated fat diet, exercise, and weight management can help keep blood lipid levels within healthy limits. If these methods are not effective, medication may help control total cholesterol and LDL.

Group Profile: Your group is better than HP2010 target.



Risk Reduction Objectives

- Screening of the group as a whole for total cholesterol, HDL and LDL
- Education about fats in the diet and cholesterol in the bloodstream
- Increased exercise
- Reduction of dietary saturated fat

Related Data

In this group, 598 (96%) knew their HDL. Of these, 149(25%) people were in the high, protective range. 596 (96%) knew their LDL. Of these, 384 were in the recommended range below 130.

605 (97%) knew their total cholesterol.

U.S. Average now:

69% wear seatbelts regularly.

Healthy People 2010 targets:

92% wear seatbelts regularly.

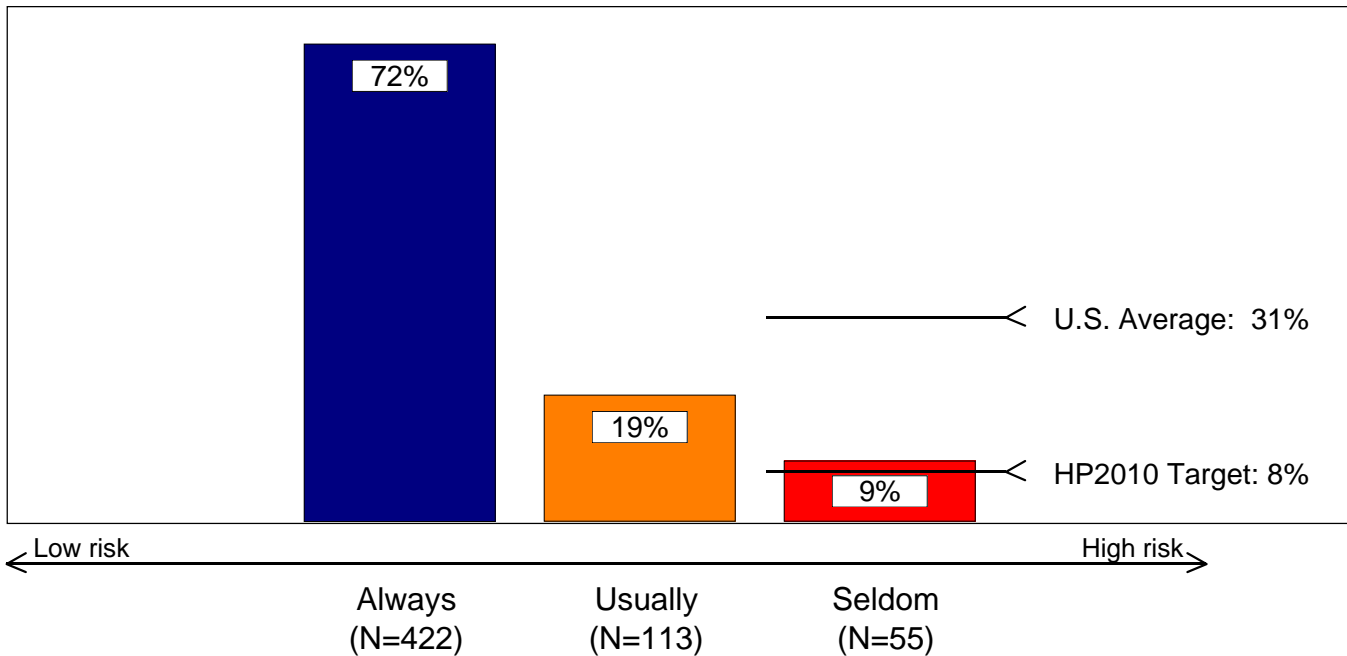
Ideal:

Everyone uses seatbelts regularly.

Seatbelts

Some people think that airbags eliminate the need for seatbelts – not true. Others think that seatbelts aren't important in low speed local traffic. In most areas of the country, the majority of injuries or fatal accidents occur on surface streets at relatively low speeds, not on high speed freeways. Seatbelts, when worn correctly, are the most effective way to reduce the risk of death or serious injury in a motor vehicle accident.

Group Profile: Your group is better than average.



Risk Reduction Objectives

- Consistent use of lap and shoulder seatbelts on all trips
- Consistent and correct use of age-appropriate car seats and belts for infants and children

Related Data

6 (1.0%) of this group reported often driving 15 MPH or more over the speed limit.

U.S. Average now:

73% of adults who drink exceed guidelines for low risk drinking.

Healthy People 2010 targets:

50% of adults who drink exceed guidelines.

Ideal:

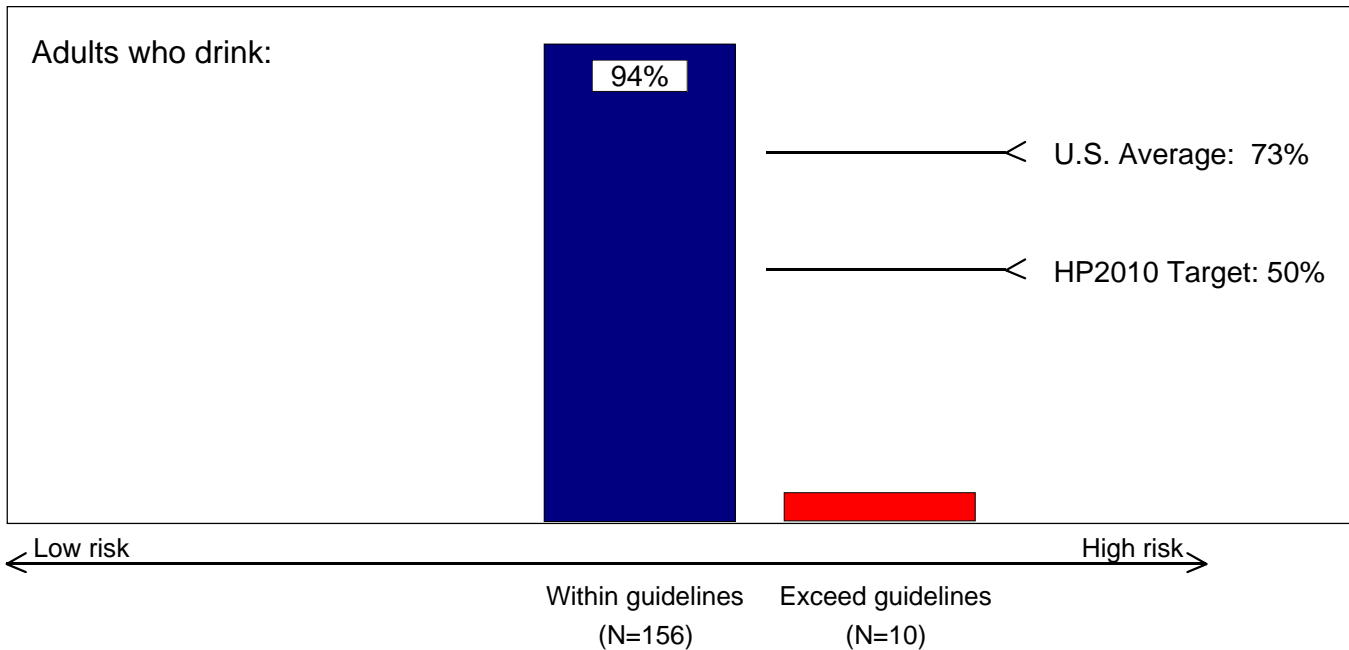
No one exceeds guidelines.

Alcohol

Alcohol is used by over half of all American adults, but it is difficult to estimate how many of these abuse alcohol. Alcohol abuse can be drinking too much, drinking at inappropriate times, drinking to avoid issues and responsibilities and being unable to take control of one's drinking habits. Alcohol intoxication is involved in about half of all deaths from motor vehicle crashes, fires, drownings, homicides and suicides.

Males may be at risk for alcohol related health problems if they drink more than 14 drinks per week or more than 5 drinks on one occasion. Females may have problems if they drink more than 7 drinks a week or more than 3 drinks on one occasion. Females metabolize alcohol less efficiently than males and have less body water so they can become intoxicated more easily.

Group Profile: Your group is better than HP2010 target.



Risk Reduction Objectives

- No driving and drinking. Encourage designated drivers, alternative transportation, and moderation
- No drinking during pregnancy
- Light drinking among non-alcoholic drinkers
- Abstinence among alcoholics
- Delays in starting alcohol use among young people

Related Data

458 people in this group don't drink. Of the drinkers who exceed low risk guidelines, 5 desire to change their use of alcohol in the next 6 months.

17 (3%) reported driving after drinking (or riding with a drinking driver) at least once in the past month.

U.S. Average now:

68% of women over 40 had a mammogram within the preceding 2 years.

Healthy People 2010 targets:

70% of women 40 and older have had mammograms within the preceding 2 years.

Ideal:

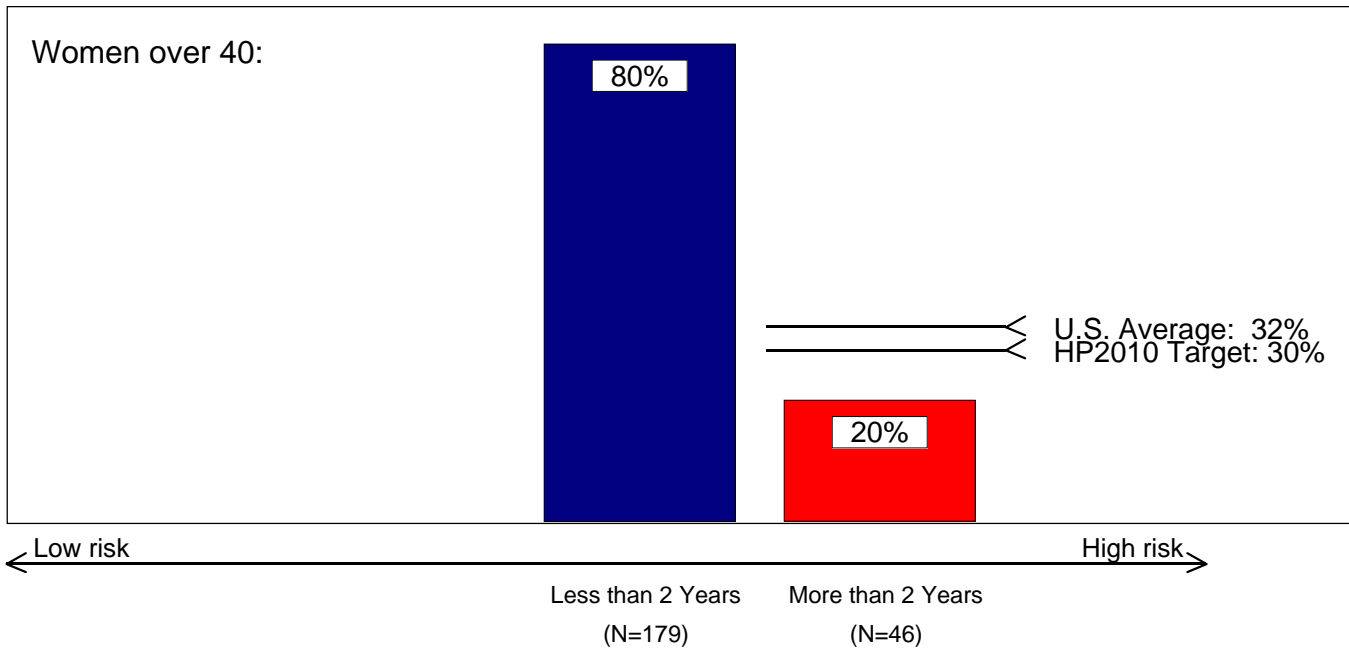
All at recommended intervals.

Mammogram

Breast cancer is the most common cancer among women in the United States. While most risk factors for breast cancer like age and family history cannot be changed, it is becoming clear that being overweight contributes to risk in post-menopausal women. Avoiding weight gain may help older women reduce their risk. However, the best way to prevent breast cancer deaths is with early detection.

Mortality from breast cancer is reduced substantially if the cancer is discovered at an early stage. Mammograms are the best way to detect breast cancer early. Clinical trials have shown that mammography can reduce breast cancer deaths from 20 to 39 percent in women 50 to 74 and 17 percent in women aged 40 to 49. Recommended frequency of mammography screenings varies with age and other risk factors.

Group Profile: Your group is better than HP2010 target.



Risk Reduction Objectives

- First mammogram at physician's recommended age (this varies)
- Regular mammogram schedule thereafter (schedule varies with age and risk factors)

Related Data

49% of all women in this group reported doing breast self exams monthly.

U.S. Average now:

92% of women have had a Pap test in the previous 3 years.

Healthy People 2010 targets:

97% of women have received a Pap test in the preceding 3 years.

Ideal:

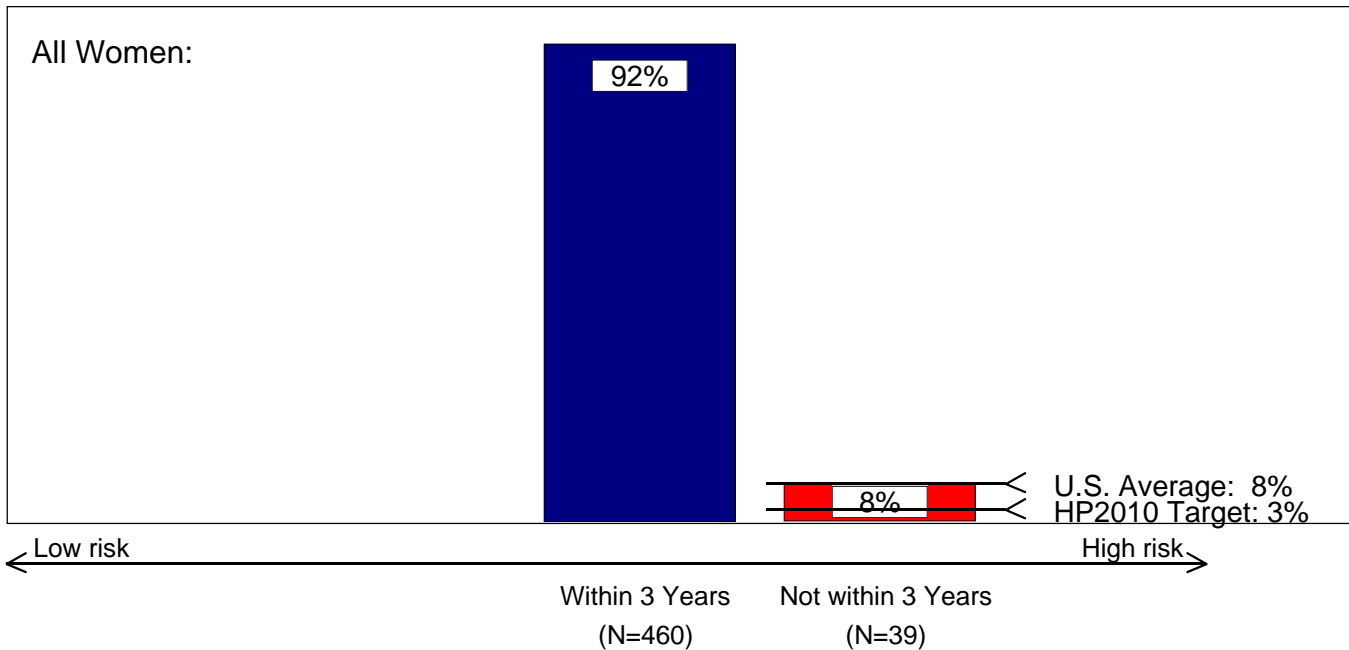
All women at physician's recommended schedule.

Pap Smear

Pap test screening for cervical cancer greatly reduces the risk of death from cervical cancer. If cervical cancer is detected early the likelihood of survival is almost 100 percent.

Recommendations for frequency of screening vary; some advocate annual screening for all women, others claim that less often is sufficient.

Group Profile: Your group is about average.



Risk Reduction Objectives

- Regularly scheduled Pap tests -- annually or at physician's recommendation