



National Heavy Vehicle Regulator Heavy Vehicle Safety Initiative

Driving Better Health

Preventative health assessments for the heavy vehicle industry

Delivered by the Queensland Trucking Association
8-12-2022





Project Overview

It can be challenging for people working in the transport industry to lead a healthy lifestyle with many transport drivers managing occupational pressures that adversely affect their health to a greater extent than workers in other industries. Compared with the Australian population, Queensland transport and storage workers in particular drivers, have a higher rate of chronic disease associated with their occupational environment, unhealthy nutritional intake, a sedentary lifestyle, smoking habits, and excessive weight gain¹.

A safe driver must be healthy and fit enough to anticipate driving distances and react quickly. In the case of long-haul transport, drivers must also be healthy and fit enough to stay alert for long periods of time.

Long-haul drivers are especially vulnerable to health conditions because of the nature of their job. It involves prolonged sitting, continuous noise, shift work, overnight driving, strict timetables and sometimes insufficient rest. These are all factors that can erode the health and fitness of a driver and lead to an increased risk of an on-road incident such as a crash².

¹ Workplace Health and Safety Queensland, *Queensland Workplaces for Wellness Initiative*. https://www.worksafe.qld.gov.au/_data/assets/pdf_file/0004/83056/qld-workplaces-for-wellness-initiative-osit-paper.pdf

² Crizzle, A, Bigelow, P, Adams, D, Gooderham, S, Myers, A & Thiffault, P, 2017, *Health and wellness of*

Project Objectives

Increase driver health awareness - Addressing driver health produces many benefits such as improved safety performance, increased productivity, reduced absenteeism and worker retention. Educating drivers on positive behaviours for their health and the link to chronic illness contributes to behavioural change³.

Provide driver health assessments - Implementing health and wellness strategies that focus on improving health risks will lead to increased productivity and better workplace health and safety performance⁴.

Promote the ability to replicate the project delivery model – Similar health assessments able to be delivered across other states and jurisdictions and sharing the project outcomes will further highlight the need for programs to address this critical issue in the transport industry.

long-haul truck and bus drivers: a systematic literature review and directions for future research, Journal of Transport and Health, vol. 7, pp. 90-109.

<https://www.sciencedirect.com/science/article/pii/S2214140516302213>

³ https://www.worksafe.qld.gov.au/_data/assets/pdf_file/0004/83056/qld-workplaces-for-wellness-initiative-osit-paper.pdf).

⁴ https://www.worksafe.qld.gov.au/_data/assets/pdf_file/0004/83056/qld-workplaces-for-wellness-initiative-osit-paper.pdf



Project Context

This project *Driving Heart Health* was developed following the results of the *Heavy Vehicle Safety Around Ports* project, which included preventative health assessments on a smaller scale. This earlier project clearly indicated managing health and wellness was a critical issue for the road transport industry and required a continued focus.

Project Delivery

Key learnings from the implementation of the *Heavy Vehicle Safety Around Ports* project informed the delivery approach:

- support the workforce in accessing health assessments by offering on-site/ depot visits and flexible timing to allow for shift changes
- acknowledge the prevalence of heart and related health issues
- promote practical 'small steps towards a large change' in overall lifestyle choices.

Project Partners

The QTA engaged the Heart of Australia Corporate Health Initiative (HOACHI) as the key provider for the health screening services.

A specialist consultancy, business2one lead the project delivery and activities including industry engagement, social media management and communication strategy.

Supported by the QTA team, this is a proven and successful project structure had the capability and capacity to successfully deliver a national project.





PROJECT SUMMARY & OUTCOMES

PHASE 1

INDUSTRY AWARENESS & ENGAGEMENT

Actual Oct 2020– May 2021 (and ongoing)

Proposed Oct 2020– Feb 2021

Industry Awareness and Engagement Campaign to increase driver health awareness and encourage participation in the project.

Included:

- Logo
- Video
- Social media tiles
- QR code for easy of participant signup on site
- Flyers and posters for use on site
- Press Releases
- Media Opportunities with Ministerial and NHVR attendance.

PHASE 2

HEART HEALTH CONVOY

Actual Mar 2021– June 2022

Proposed Mar 2021– Nov 2021

Health assessments were delivered in 9 locations* to 265 industry participants (via the Health convoy and at depots). Additionally, more than 200 Bowel Scan kits were provided across 36 locations.

*The total reach of the project included
465 participants across
45 locations*

*national delivery footprint impacted by COVID-19.

PHASE 3

NATIONAL EDUCATION CAMPAIGN

Actual June – Sept 2022

Proposed Dec 2021– June 2022

Video and social media assets to promote the benefits of preventative health screenings, targeting both workplace and individuals.

Driving Better Health Campaign message (below) is aims to provide aspirational but achievable outcomes for industry.

*Better Health – Small steps for
a big change*





Health promotion assets (Phase 3)

Promotional Assets for industry use when delivering workplace health initiatives. These are customisable and free of copyright, giving transport operators the ability to add logos and additional details to support their own campaigns.

- Video
- Social media tiles (Facebook and LinkedIn)
- Poster templates (Microsoft)
- Powerpoint templates (Microsoft)

Project Reporting

Reporting of the uptake of the promotional materials, views and other social media metrics will be included as an addendum to the final reporting.

DRIVING BETTER HEALTH
FREE PROMOTIONAL MATERIAL





Preventative Health Screenings
Management Report
Driving Better Health Convoy



HEART *of*
AUSTRALIA
CORPORATE HEALTH INITIATIVE

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ASSESSMENT SUMMARY

Assessment Period: 18/12/2020 - 7/06/2022

265

Total
Participants

252

Unique
Participants

+6.3

Average Biological
Age Variance

-7.5

Biological Age
Variance:
Best Result

+20.0

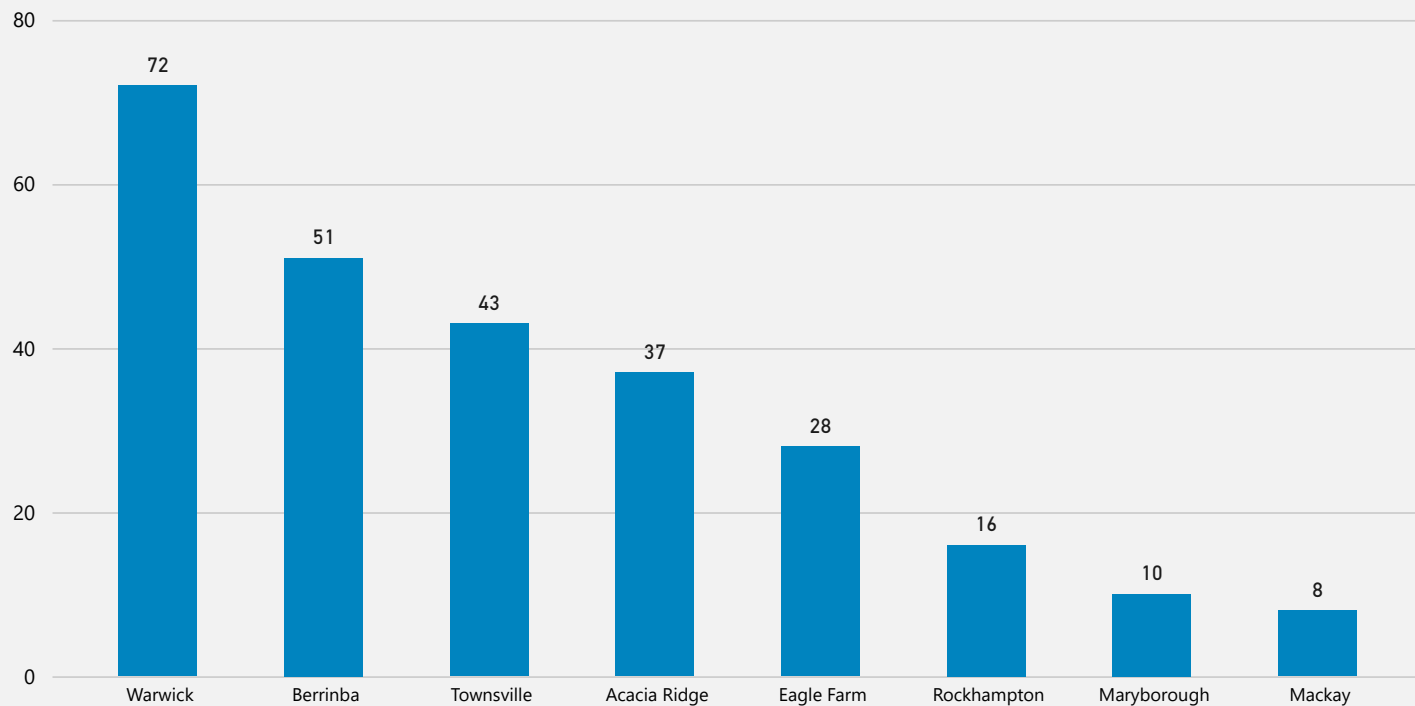
Biological Age
Variance:
Worst Result

PARTICIPANT DEMOGRAPHICS

Age			Gender			Tenure		
18-25 years old	23	9%	Male	190	75%	0 - 12 months	40	16%
26-35 years old	52	21%	Intersex	1	0%	1 - 3 years	87	35%
36-49 years old	90	36%	Female	61	24%	4 - 9 years	63	25%
50+ years old	87	35%				10+ years	62	25%

PARTICIPANT DEMOGRAPHICS

BY LOCATION



Overall Results

Background

Calculation of a participant's **Biological Age Variance** provides a composite snapshot of their overall health. While there are no definitive markers of ageing, a participant's "Biological Age" is an approximation of their relative health in comparison to their "Chronological Age". It takes into account an extensive range of medical research and actuarial data about lifestyle factors, social determinants, health conditions, disease risk and life expectancy. Research suggests that up to 80% of factors associated with accelerated biological ageing are preventable / modifiable.

At an aggregate level, analysis of average **Biological Age Variance** is a useful comparative tool to assess the overall health of a defined population / organisational group. It also allows effective year-on-year comparisons and monitoring of trends over time.

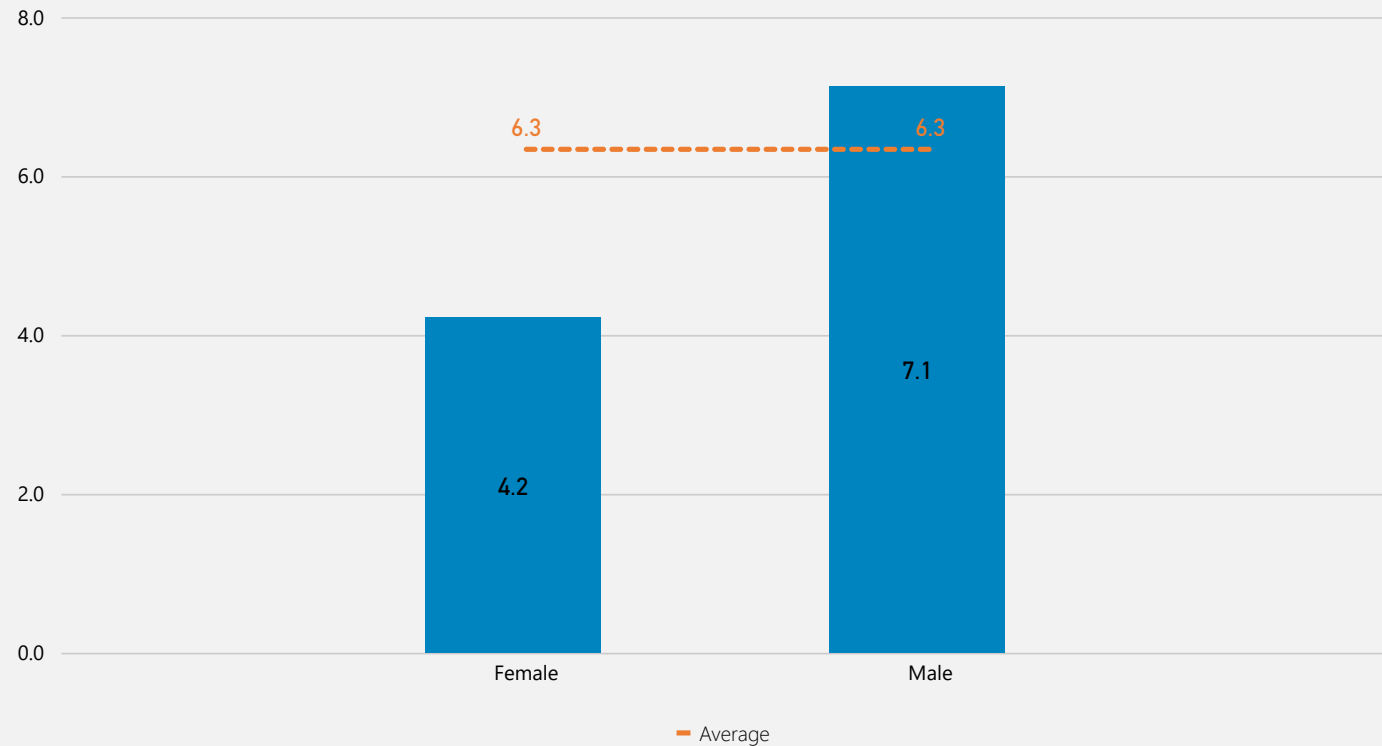
The following slides provide some commentary on overall results and a breakdown of average **Biological Age Variance** across different organisational cohorts / demographics to highlight areas of the business that may benefit from additional focus and support.

TRENDS IDENTIFIED

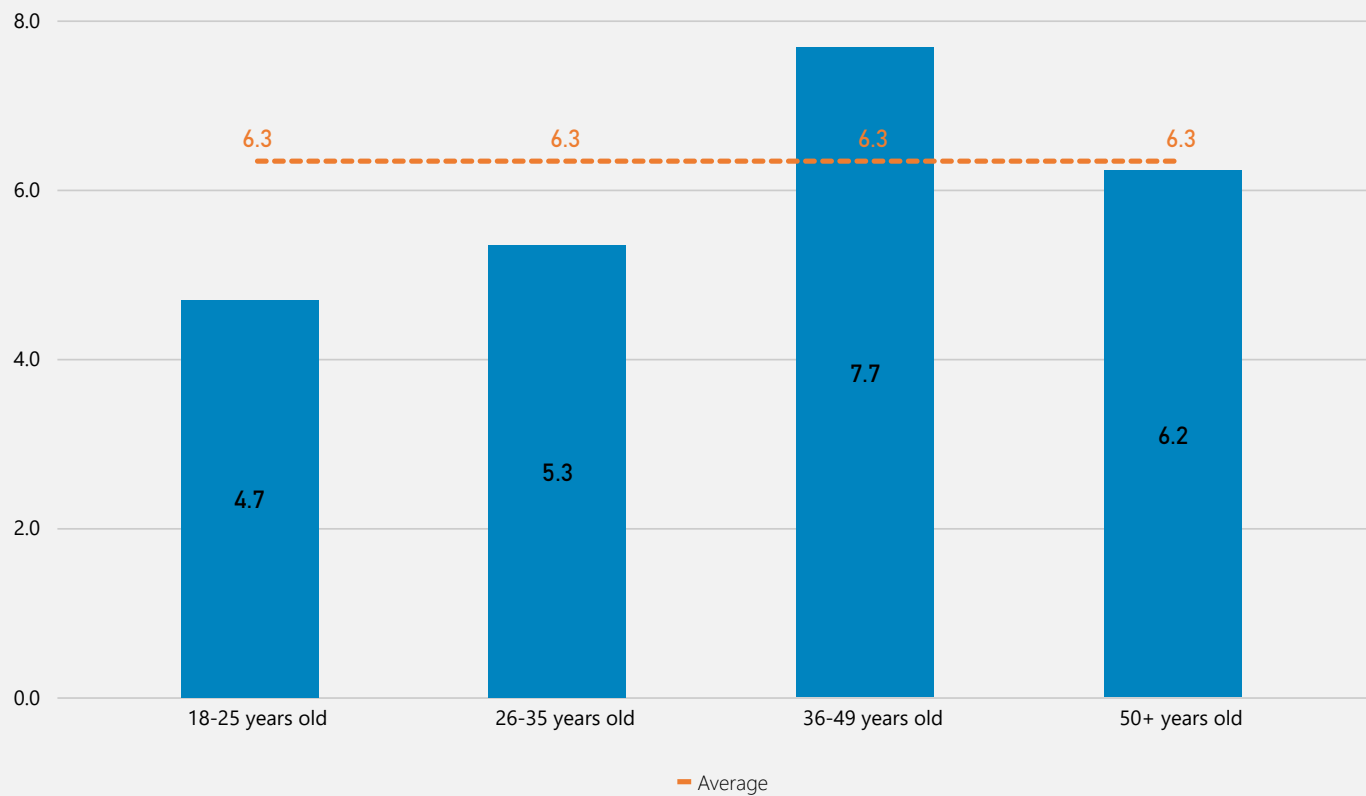
ALL PARTICIPANTS

-  Repeat participants, on average, scored better than new participants who had not completed a prior health assessment with Heart of Australia (i.e. average biological age variance of +2.6 years for repeat participants compared with +6.7 years for new participants).
-  73% (11) of repeat participants improved their biological age variance since their last assessment. The average improvement for this group was -3.4 years with the largest improvement being -8.0 years.
-  For repeat participants with elevated risks identified in their prior health assessment, tangible improvements have been observed across a number of areas, including: 100% improved cholesterol profile (Triglyceride / HDL ratio), 100% ceased smoking, 100% improved stress, 64% improved nutrition, 60% reduced alcohol consumption.
-  Correlations were identified between:
 - Increased education level and improved overall health
 - Daily consumption of sweetened beverages and elevated body composition risk
 - Binge drinking frequency and elevated body composition risk
 - Binge drinking frequency and elevated liver function abnormality risk
 - Highest prevalence of stress, anxiety and depression in the youngest cohort (18-25 age bracket) with lowest levels at 50+ age bracket
 - Nutrition and overall health
 - Increased water consumption and overall health
 - Increased activity / fitness levels and overall health
 - Reduced levels of sedentary behaviour and overall health
 - Increased sleep and overall health
 - Perceptions of life control and overall health

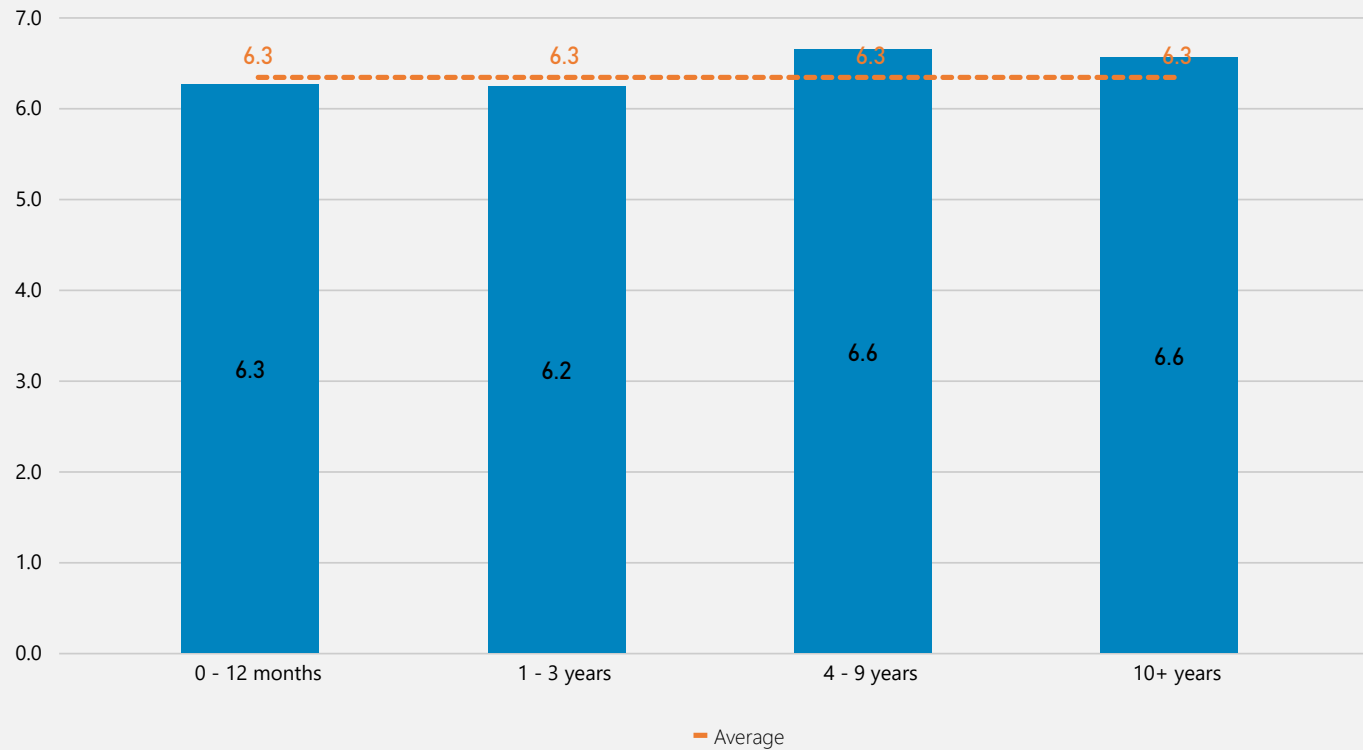
AVERAGE BIOLOGICAL AGE VARIANCE BY GENDER



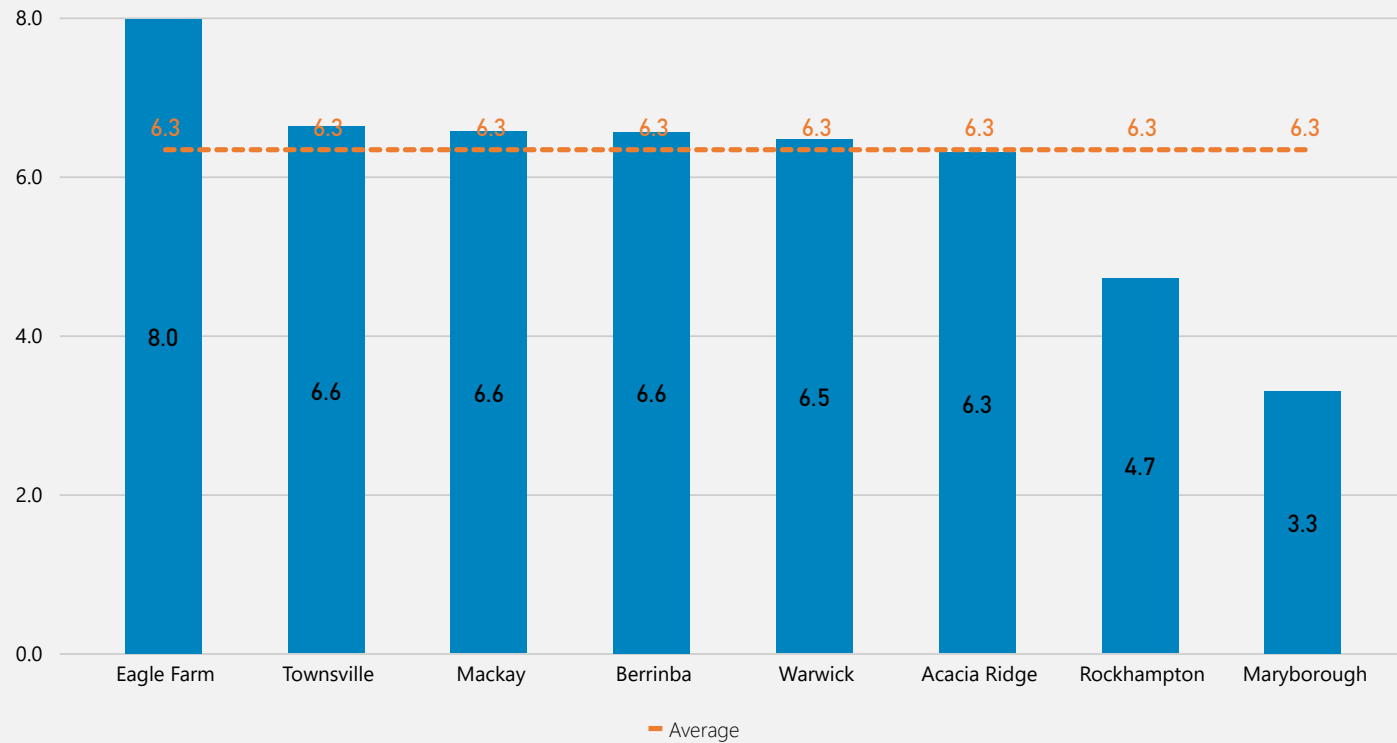
AVERAGE BIOLOGICAL AGE VARIANCE BY AGE GROUP



AVERAGE BIOLOGICAL AGE VARIANCE BY TENURE



AVERAGE BIOLOGICAL AGE VARIANCE BY LOCATION

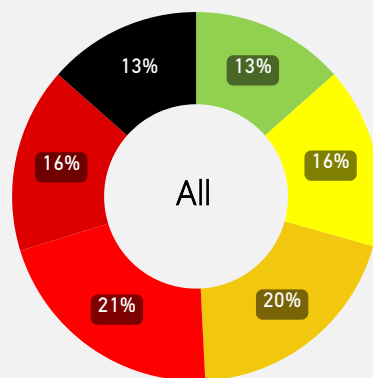


AVERAGE BIOLOGICAL AGE VARIANCE BY EDUCATION LEVEL

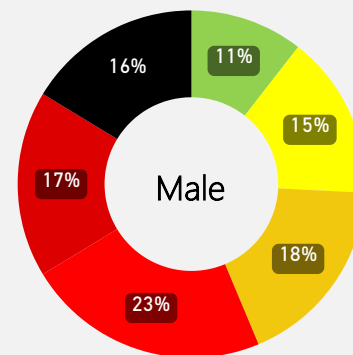
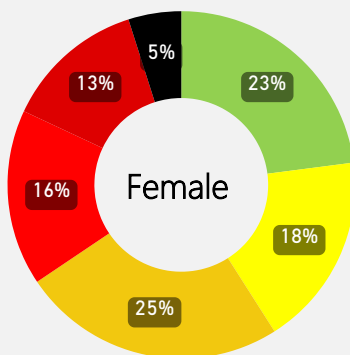


BIOLOGICAL AGE VARIANCE

ALL PARTICIPANTS



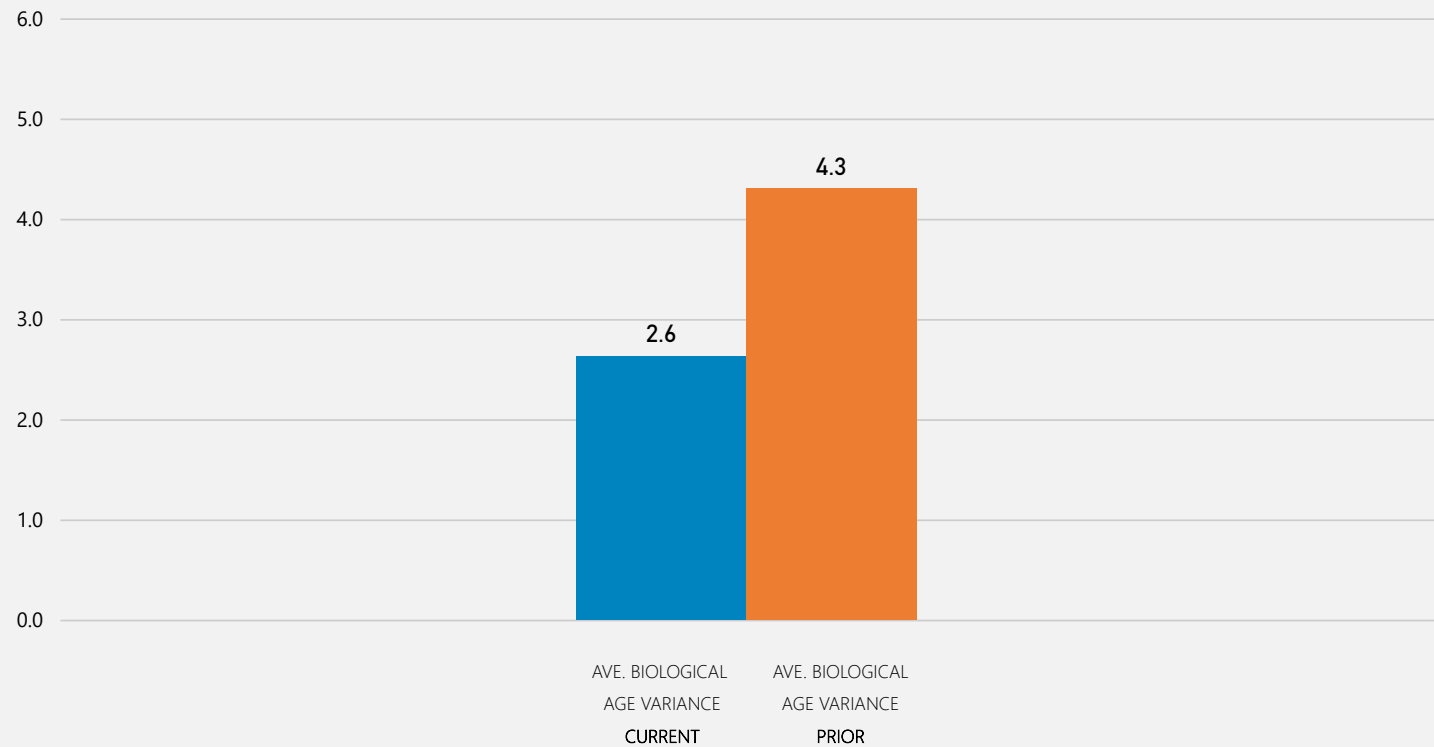
- ≤ 0.0 years
- +0.5 to +3.0 years
- +3.5 to +6.0 years
- +6.5 to +9.0 years
- +9.5 to +12.0 years
- $> +12.0$ years



Repeat Participant Results

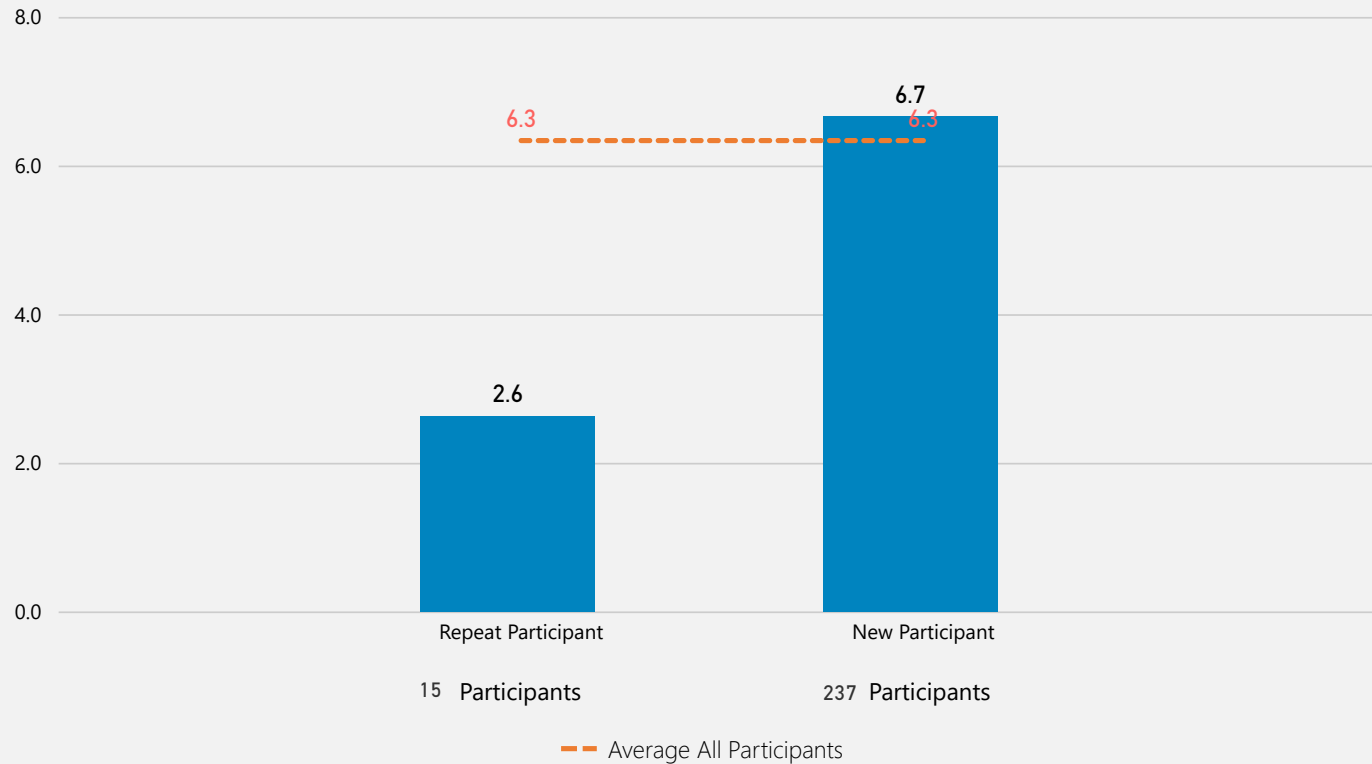
IMPROVEMENT IN REPEAT COHORT

REPEAT PARTICIPANTS



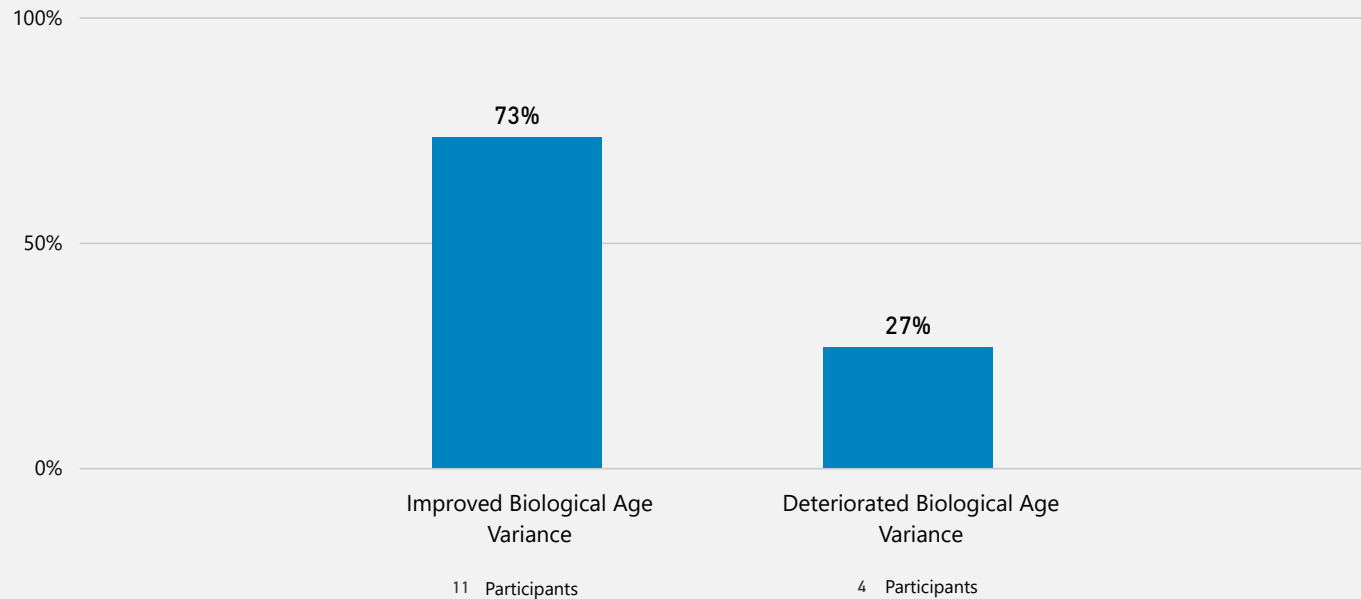
AVERAGE BIOLOGICAL AGE VARIANCE

REPEAT VS. NEW PARTICIPANTS



AVERAGE BIOLOGICAL AGE VARIANCE

ALL REPEAT PARTICIPANTS



Average Improvement: -3.4 years

Max Improvement: -8.0 years

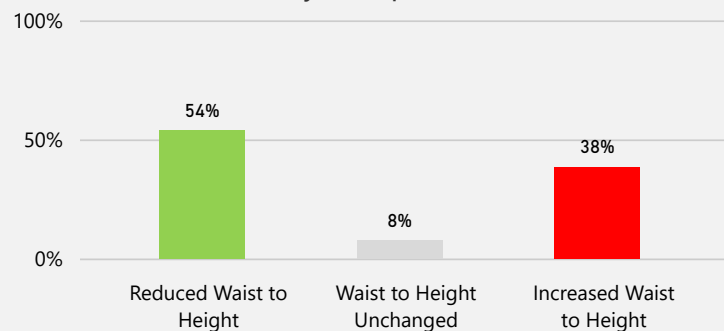
Average Deterioration: 3.1 years

Max Deterioration: 4.0 years

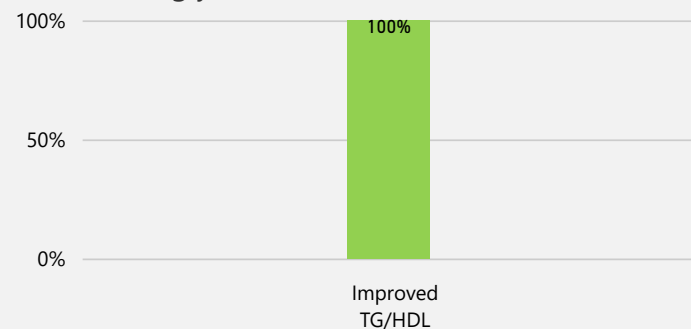
IMPROVEMENTS

REPEAT PARTICIPANTS

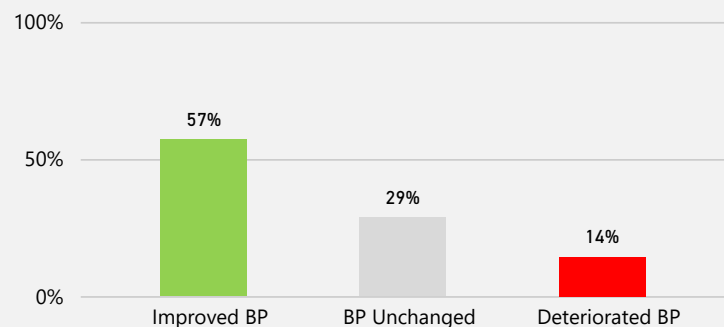
Body Composition



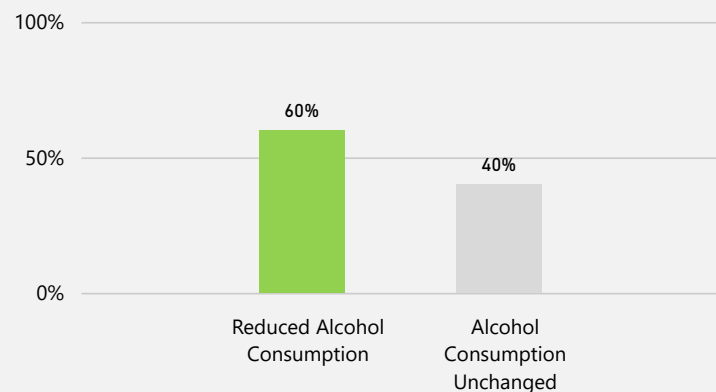
Triglyceride / HDL Ratio (Cholesterol)



Blood Pressure

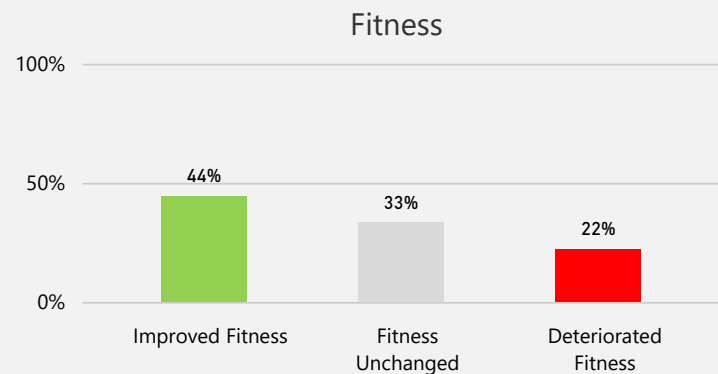
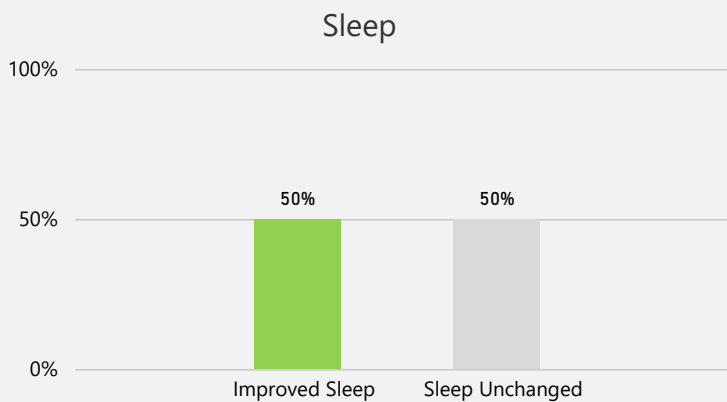
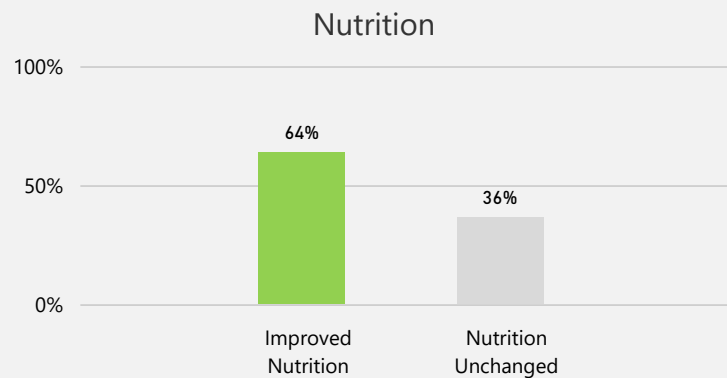


Weekly Average Alcohol Consumption



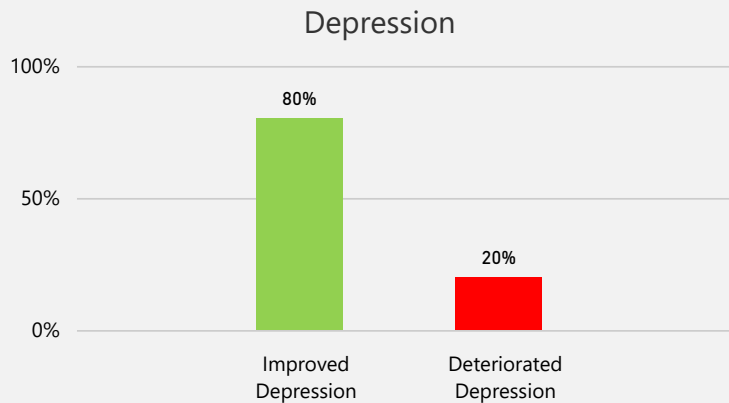
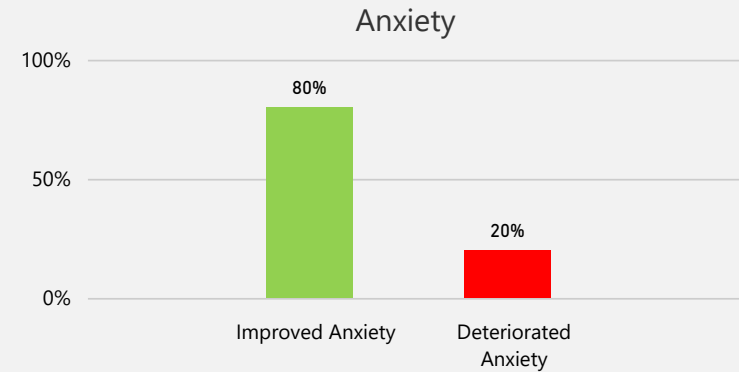
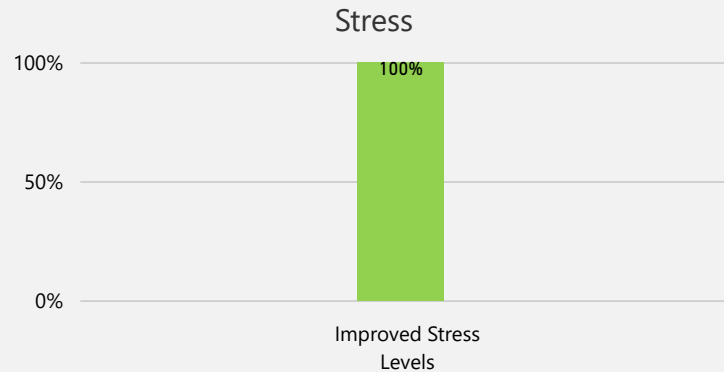
IMPROVEMENTS

REPEAT PARTICIPANTS



IMPROVEMENTS

REPEAT PARTICIPANTS

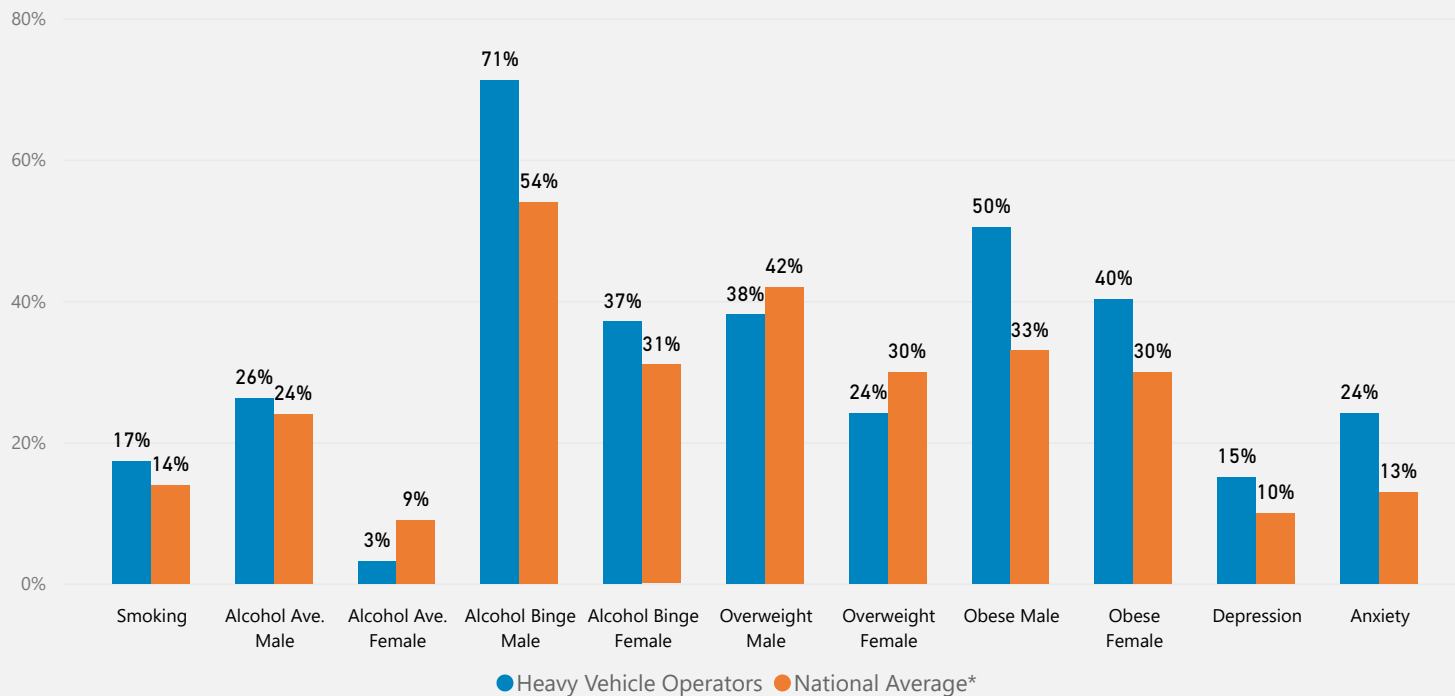


Detailed Results

RESULTS SNAPSHOT

- ❤️ 62 (25%) participants had a Biological Age > 10 years older than their Chronological Age
- ❤️ 76 (30%) participants recorded "High" or "Very High" blood pressure
- ❤️ 6 (2%) participants with possible undiagnosed Type 2 Diabetes
- ❤️ 59 (23%) participants recorded "High" or "Very High" cholesterol risk (Triglyceride / HDL ratio)
- ❤️ 60 (24%) participants with liver function abnormality (Elevated GGT or ALT)
- ❤️ 29 (12%) participants with a heart rate outside of normal resting range
- ❤️ 139 (55%) participants meeting definition of "Extremely Overweight" or "Highly Obese"
- ❤️ 73 (29%) participants with elevated average weekly drinking levels; 94 (37%) participants binge drink at least weekly
- ❤️ 45 (18%) participants smoke every day
- ❤️ 33 (13%) participants with "Moderate", "Severe" or "Extremely Severe" stress levels on the DASS21 scale
- ❤️ 62 (25%) participants with "Moderate", "Severe" or "Extremely Severe" anxiety results on the DASS21 scale
- ❤️ 39 (15%) participant with "Moderate", "Severe" or "Extremely Severe" depression results on the DASS21 scale
- ❤️ 91 (36%) participants consuming 2+ sweetened beverages per day; 50 (20%) consuming confectionery / sweets at least daily
- ❤️ 79 (31%) participants sleeping less than 7 hours a night

NATIONAL AVERAGE Vs. HEAVY VEHICLE OPERATORS



* National Average figures are taken from the Australian Bureau of Statistics' (ABS) 2017-18 National Health Survey

BLOOD PRESSURE

Background

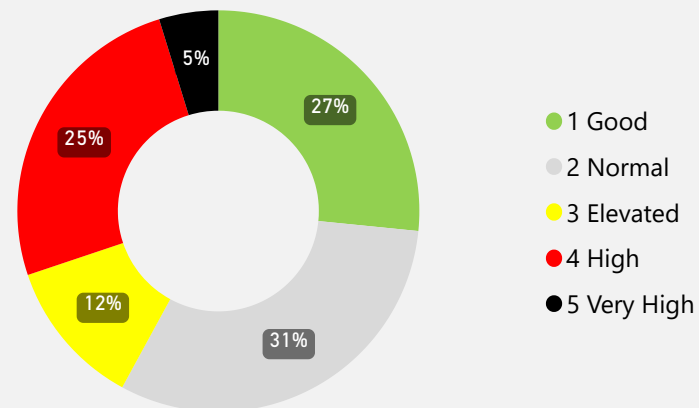
Blood pressure is the force of the blood pushing against the artery walls. It is greatest when the heart contracts (systolic pressure) and lowest when the heart is resting briefly between beats (diastolic pressure).

Blood pressure is affected by how hard the heart pumps, the amount of blood in the body and the diameter of the blood vessels. High blood pressure usually doesn't give early warning signs and for this reason is known as the silent killer, because it increases the risk for coronary heart disease and other forms of the heart disease, stroke and kidney failure.

Key Risks Identified *

	Elevated	High	Very High
Diastolic	85 - 89	90 - 99	100 +
Systolic	130 - 139	140 - 159	160 +

# of Participants	30	64	12
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* Up to 40% of individuals have elevated blood pressures in clinical environments.

BLOOD GLUCOSE

Background

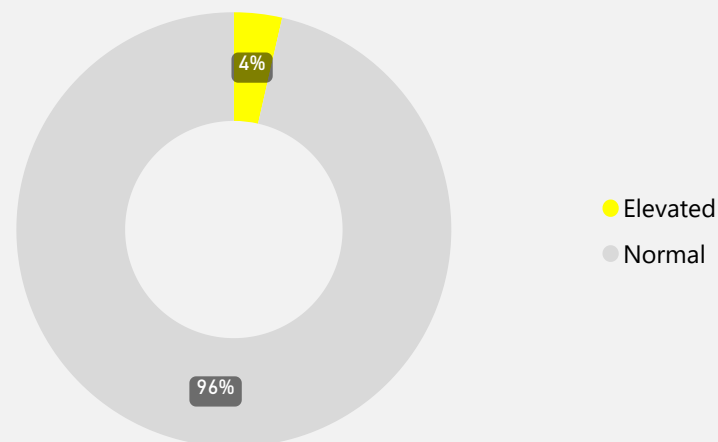
High blood glucose levels put you at an increased risk of many diseases including heart attack, stroke and kidney disease, as well as blindness, poor circulation, sexual problems, skin ulcers and gangrene.

High blood glucose levels (often known as insulin resistance) often leads to the development of Type II diabetes. Good blood sugar management will help prevent these problems or make them less serious.

Key Risks Identified

	Elevated
mmol/L	> 7.7
# of Participants ^	9

^ 3 Participants were already a known diabetic.



LIPIDS

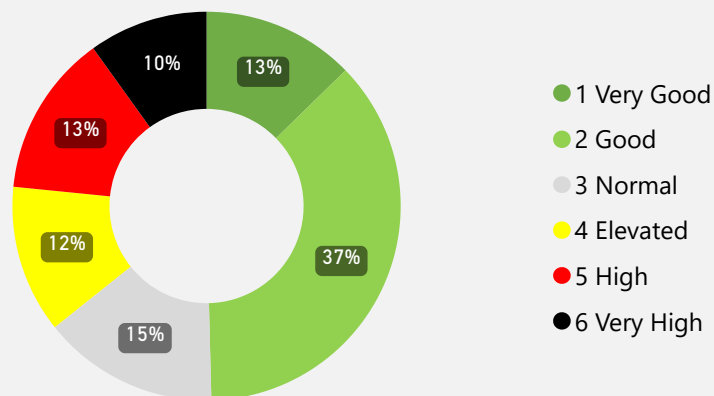
Background

The ratio of TG/HDL is a good indicator of insulin resistance, inflammation and Metabolic Syndrome.

Studies from Harvard Medical School demonstrate that patients with a high ratio of TG/HDL are up to 16 times more likely to suffer a heart attack than those with a low ratio.

Key Risks Identified

	Elevated	High	Very High
TG / HDL Ratio	1.81 - 2.4	2.41 - 3.6	≥ 3.6
# of Participants	31	34	25



LIVER FUNCTION

Background

The liver is a large, essential organ that performs many "housekeeping" functions for the body. Elevated liver enzymes may indicate inflammation or damage to cells in the liver. Inflamed or injured liver cells leak higher than normal amounts of certain chemicals, including liver enzymes, into the bloodstream.

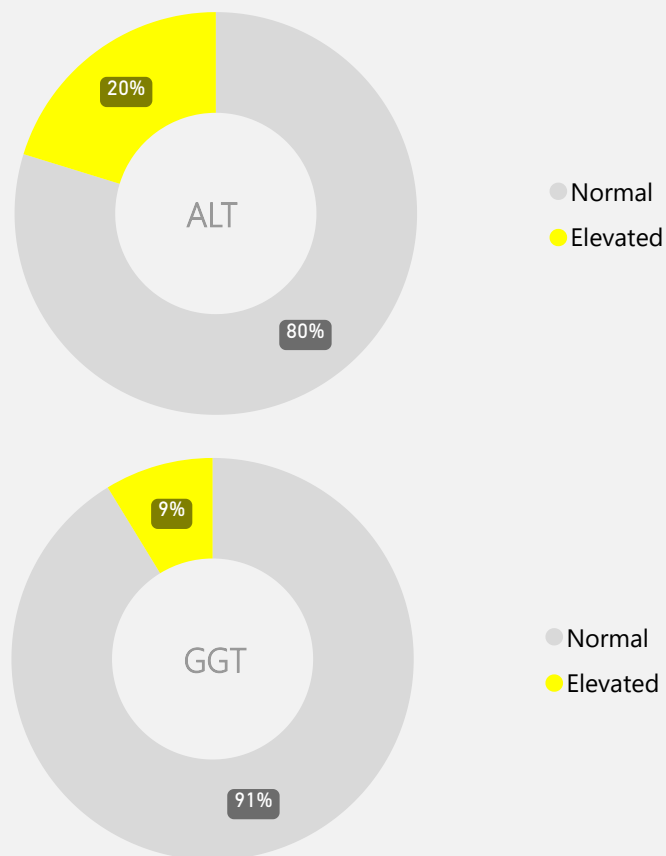
ALT is present mainly in the liver and is therefore a more specific marker of liver injury than other liver enzymes that are also present in other organs. Elevated ALT is commonly associated with poor nutrition.

While also non-specific, GGT is another highly sensitive liver test for certain toxins (e.g. excessive alcohol consumption) or bile duct obstruction.

Key Risks Identified

	Elevated
ALT (U/L)	> 45
# of Participants	51

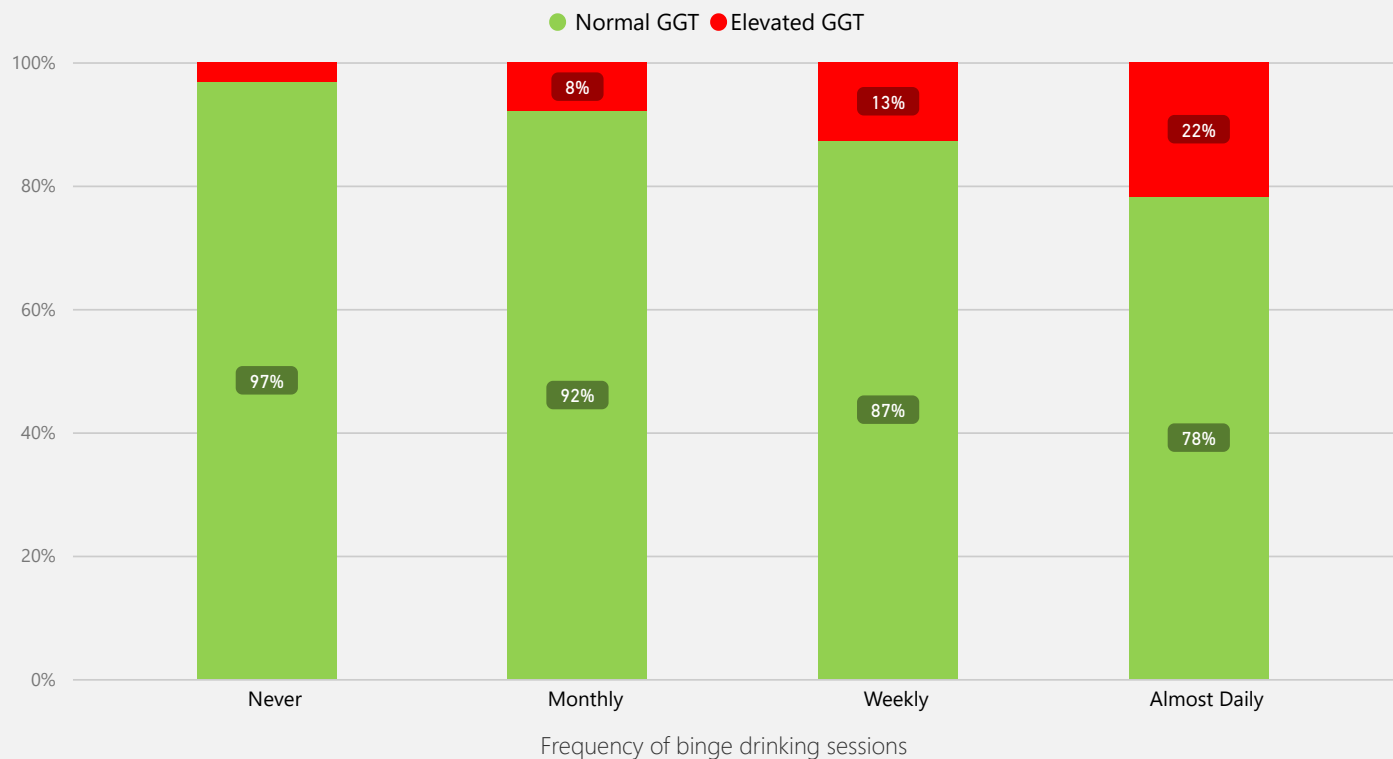
	Elevated
GGT (U/L)	> 70
# of Participants	22



LIVER FUNCTION (GGT)

CORRELATION WITH ALCOHOL CONSUMPTION

Relationship between binge drinking frequency and elevated GGT (liver function)



BODY COMPOSITION

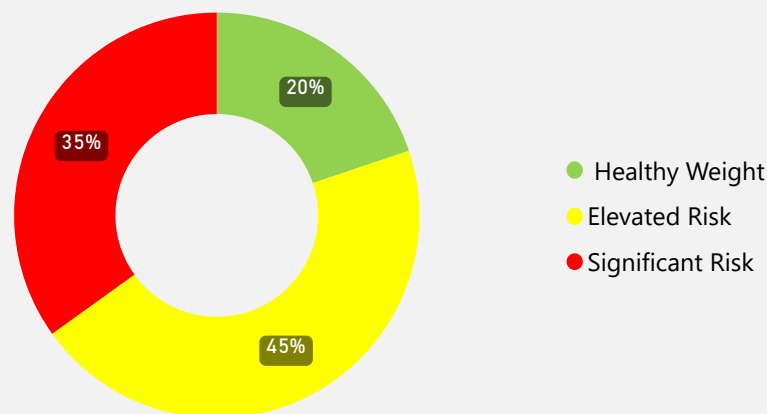
Background

Scientific studies have shown that fat distribution is a very important measure when predicting disease risk. We know that the fat that accumulates inside the abdomen and body (visceral fat) is much more dangerous to your health than fat deposited around the buttocks and thighs. That is why we use Waist to Height (W/H) ratio as a better predictor of cardio-metabolic risk.

In the absence of a waist measurement, Body Mass Index (BMI) is used as the measure of body composition.

Key Risks Identified

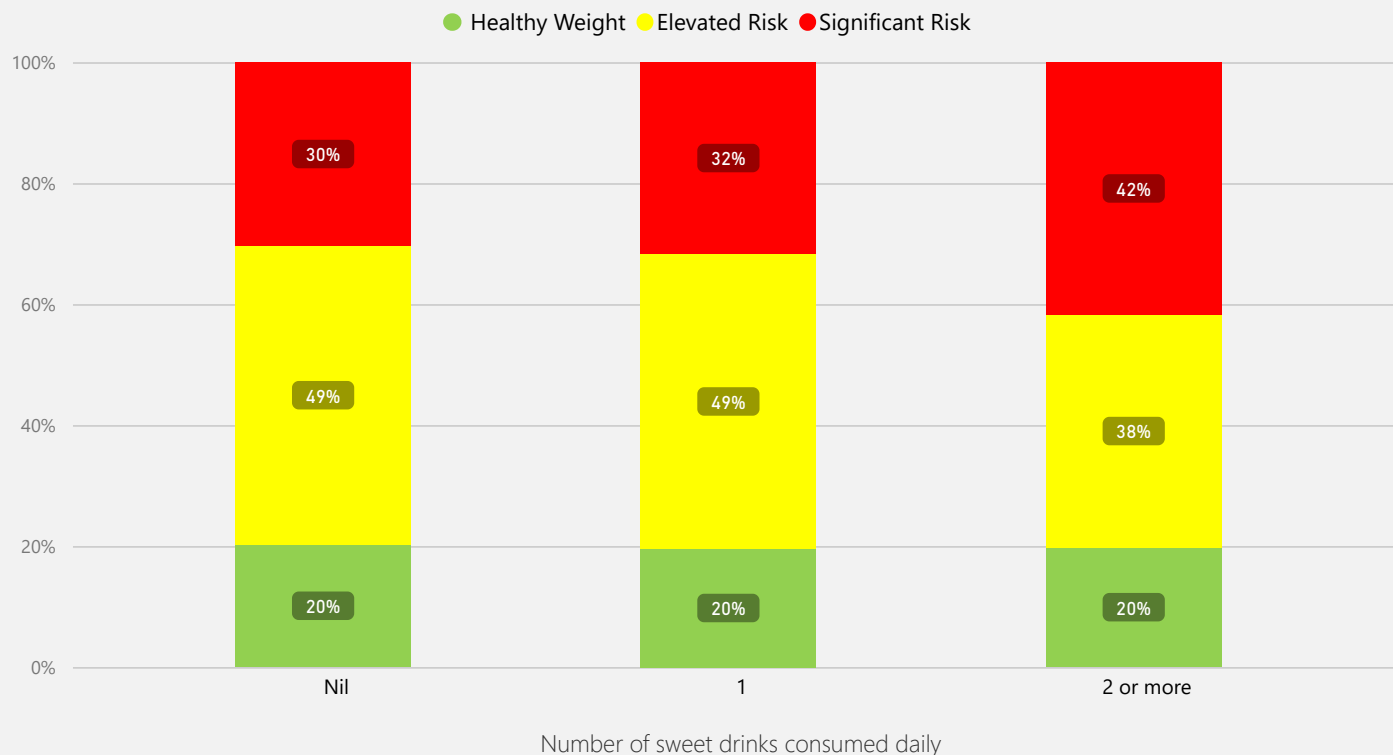
	Elevated Risk	Significant Risk
Waist to Height Range	0.51 - 0.60	> 0.60
BMI Range	25.0 - 29.9	≥ 30.0
# of Participants	114	88



BODY COMPOSITION

CORRELATION WITH DAILY SWEET DRINK CONSUMPTION

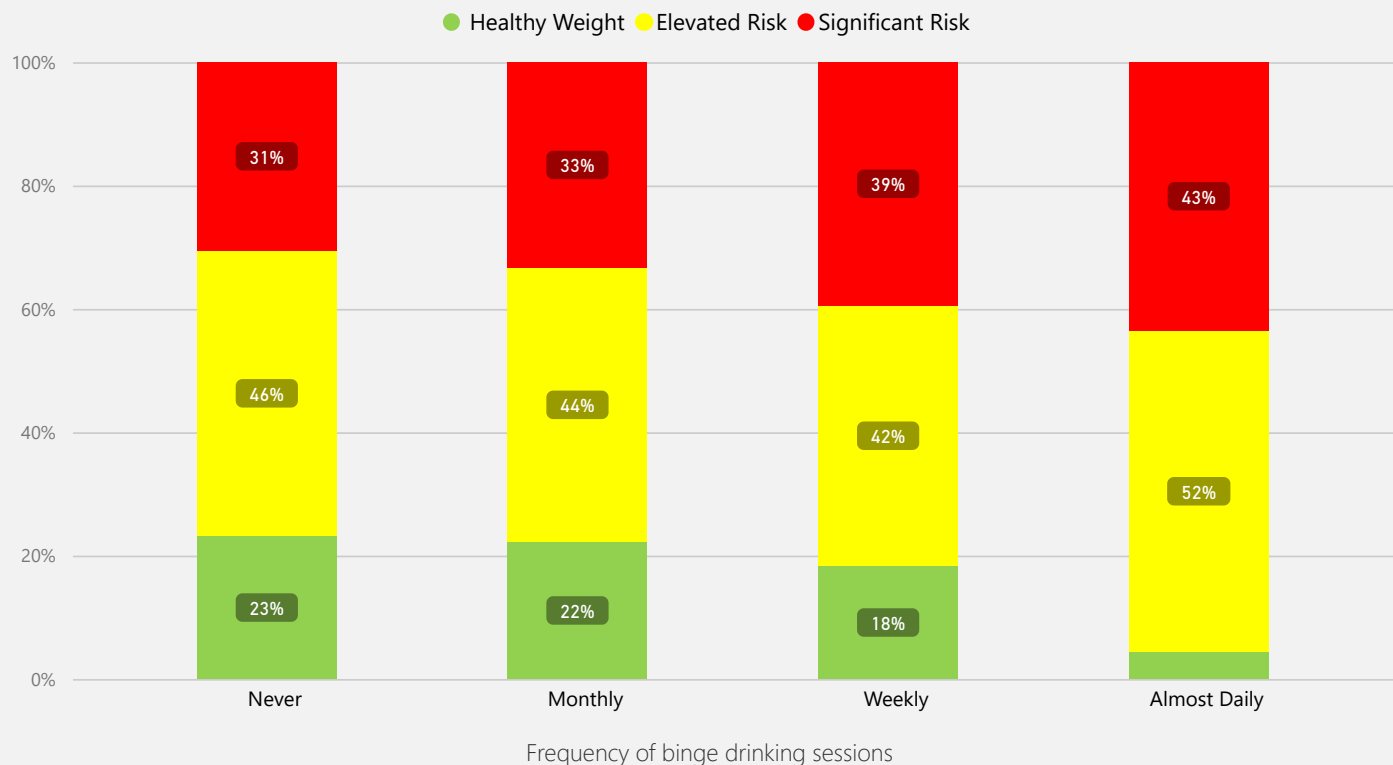
Relationship between daily sweet drink consumption and body composition



BODY COMPOSITION

CORRELATION WITH ALCOHOL CONSUMPTION

Relationship between alcohol binge frequency and body composition



NUTRITION

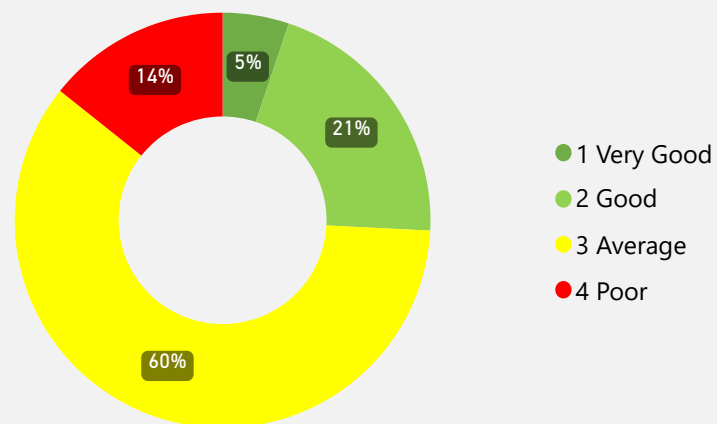
Background

Proper nutrition is necessary for the body to survive and function optimally. Nutrients are needed by the body for growth, development, and maintenance of life. They also help the immune system fight off infection and foreign invaders.

Poor nutrition greatly enhances the chances of developing disease and causes the body's metabolism to slow down, whereas optimal nutrition prevents the development of disease and boosts metabolism.

Key Risks Identified

	Average	Poor
Range	45 - 69 / 100	0 - 44 / 100
# of Participants	151	36

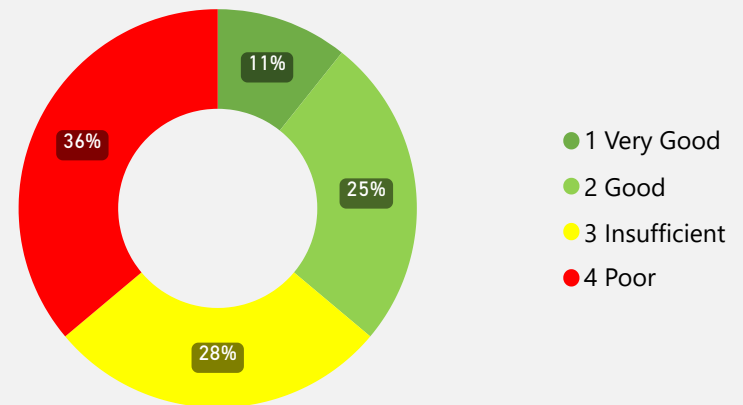


ACTIVITY & FITNESS

Background

Activity and general fitness is considered an important indicator of health because:

- Low levels of activity and fitness have been associated with an increased risk of premature death from various conditions, particularly cardiovascular disease.
- There is a well-documented correlation between fitness and longevity (generally speaking, the fitter you are the longer you live).
- Increased fitness results in higher energy levels, a better ability to cope with stress, better cognitive function with ageing and higher overall levels of health and wellbeing.



Key Risks Identified

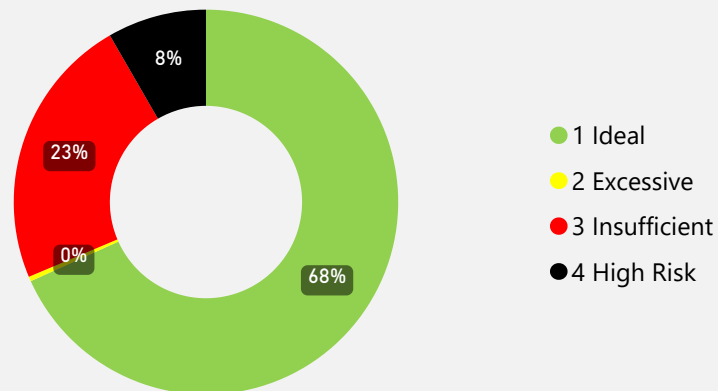
	Insufficient	Poor
Range	40 - 59 / 100	0 - 39 / 100
# of Participants	70	91

SLEEP

Background

A good night's sleep is just as important for health as eating well and exercising regularly. The quantity and quality of sleep are equally important.

Poor sleep is correlated with many health conditions, including an increased risk of cardiac disease, hypertension, stroke, diabetes and lower immunity, increased obesity caused by metabolically induced hunger cravings and depression / anxiety. Other correlations include a reduced libido, premature aging, increased forgetfulness and impaired thinking.



Key Risks Identified

	Excessive	Insufficient	High Risk
Hours / night	> 9	6	< 6
# of Participants	1	58	21

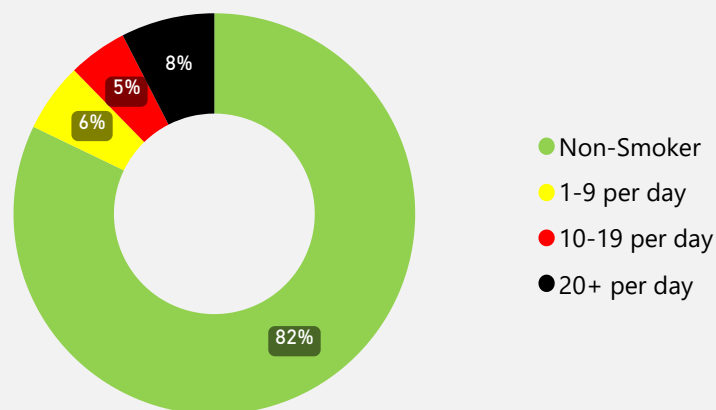
SMOKING

Background

In addition to dramatically increasing the risk of developing lung cancer, smoking can affect fitness levels, blood pressure, lung function and cholesterol levels, as well as putting you at an increased risk of developing heart disease, mouth and bladder cancer. Smoking is also the single biggest acceleration of ageing.

Key Risks Identified

	Elevated	High	Very High
Cigarettes / day	1 - 9	10 - 19	20+
# of Participants	14	12	19



ALCOHOL CONSUMPTION

Background

Even small amounts of alcohol damage the brain and the health consequences of excessive drinking include cancer, stroke, osteoporosis, accidental death, malnutrition and damage to the nervous system, liver, pancreas, stomach, heart, blood vessels and miscarriage.

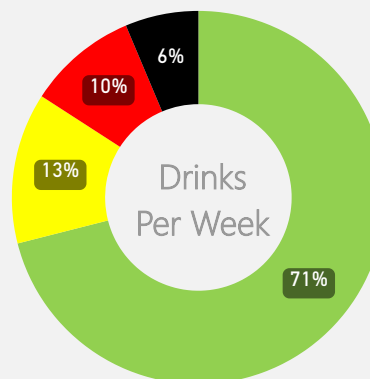
Key Risks Identified

Average Alcohol Consumption - Drinks / Week

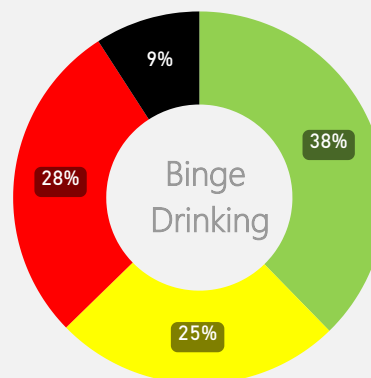
	Elevated	Excessive	Extreme
Drinks / week	11 - 15	16 - 25	≥ 26
# of Participants	33	24	16

Binge Drinking - Frequency

	Elevated	Excessive	Extreme
Frequency	Monthly	Weekly	Almost Daily
# of Participants	63	71	23



- 1 Recommended
- 2 Elevated
- 3 Excessive
- 4 Extreme



- 1 Nil Binge Drinking
- 2 Elevated
- 3 Excessive
- 4 Extreme

STRESS

Background

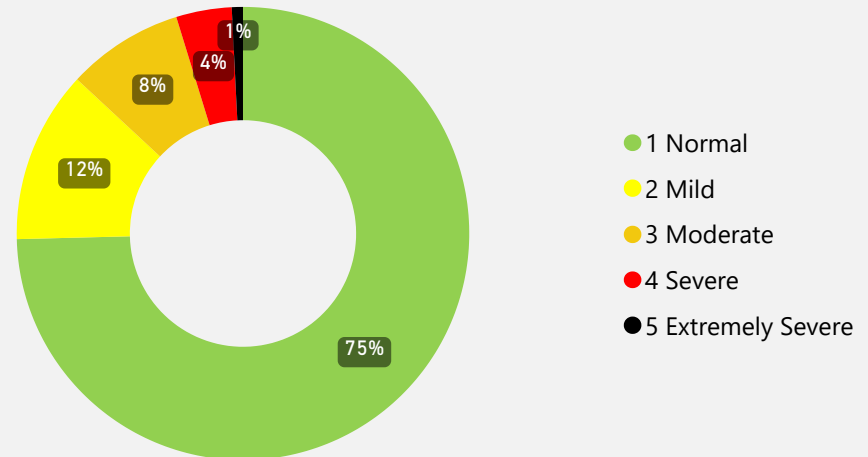
Elevated stress levels can cause short-term attention and memory problems as well as heart disease and depression if experienced over a longer period of time.

Our stress response enables us to combat or flee imminent danger ('fight or flight response'). The physical exertion of 'fight or flight' helps to dissipate the stress response and lets the body return to its normal resting state. Most of today's stressors, however, do not require a physical response, so our body does not return to homeostasis. Chronic stress can therefore lead to accelerated tissue degeneration over time.

Key Risks Identified

	Moderate	Severe	Extremely Severe
DASS Result	19 - 25	26 - 33	34 - 42
# of Participants	21	10	2

*The DASS21 questionnaire is used to assess stress risk.
The DASS is a clinical assessment tool that measures the three related states of depression, anxiety and stress.*



ANXIETY

Background

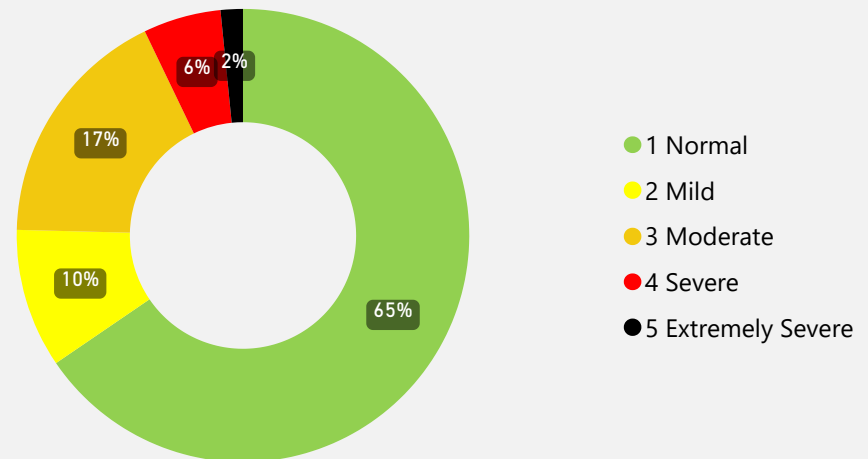
Anxiety covers several disorders that cause worry, apprehension and fear. This can be mild to severe and affect feelings and behaviours as well as generate physical symptoms.

There are different types of anxiety disorders: general anxiety (GAD); panic; phobia; social anxiety; obsessive compulsive (OCD); post traumatic stress (PTSD); separation anxiety. Day to day external factors, medical issues, medication or drugs, genetics and self-perception can all contribute to anxiety.

Key Risks Identified

	Moderate	Severe	Extremely Severe
DASS Result	10 - 14	15 - 19	20 - 42
# of Participants	44	14	4

*The DASS21 questionnaire used to assess anxiety risk.
The DASS is a clinical assessment tool that measures the three related states of depression, anxiety and stress.*



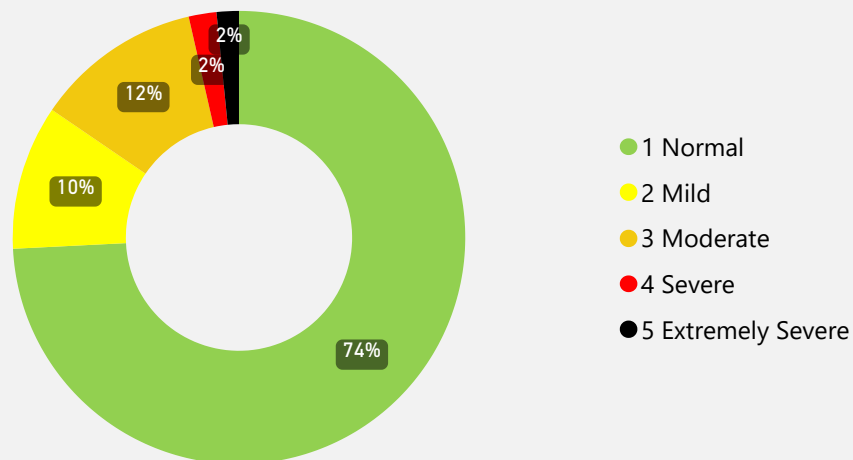
DEPRESSION

*The DASS21 questionnaire used to assess depression risk.
The DASS is a clinical assessment tool that measures the three
related states of depression, anxiety and stress.*

Background

Depression encompasses feeling down, sad or losing interest in daily activities, often with associated physical symptoms. Although short periods of depressed mood are common in human experience, persisting symptoms can substantially affect lives.

There are different types of depression: unipolar; bipolar; depression with psychotic features; postnatal; seasonal. Like anxiety, the causes of depression are complex and include biological, psychosocial, environmental and genetic factors.



Key Risks Identified

	Moderate	Severe	Extremely Severe
DASS Result	14 - 20	21 - 27	28 - 42
# of Participants	30	5	4

LIFE SATISFACTION

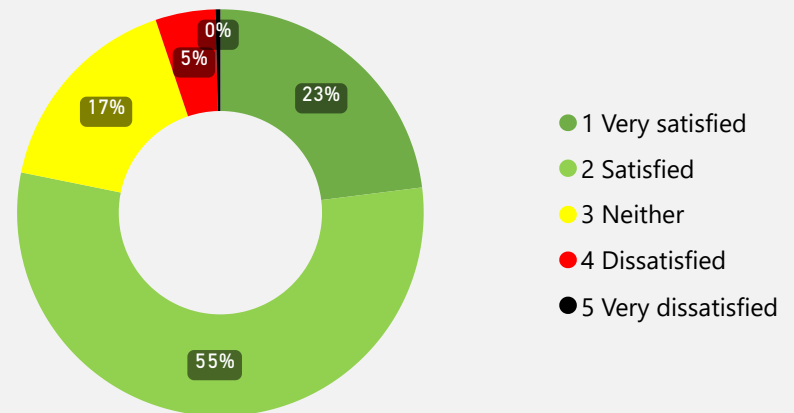
Background

Participants were asked to rate their general satisfaction with life.

A person's sense of life satisfaction or otherwise can stem from one or more short-term predicaments or perhaps longer-term issues.

Key Risks Identified

	Neither satisfied or dissatisfied	Dissatisfied	Very dissatisfied
# of Participants	42	12	1



SOCIAL DETERMINANTS

Background

According to the World Health Organisation the social conditions in which people are born, live and work are the most important factors determining health. It is believed that up to 50% of our health risk comes from these "social determinants" that are not typically measured.

Social determinants of health can include education, employment, income, early life circumstances, social exclusion, social capital, housing and residential environment. Two of the significant correlations for social determinants of health were assessed below.

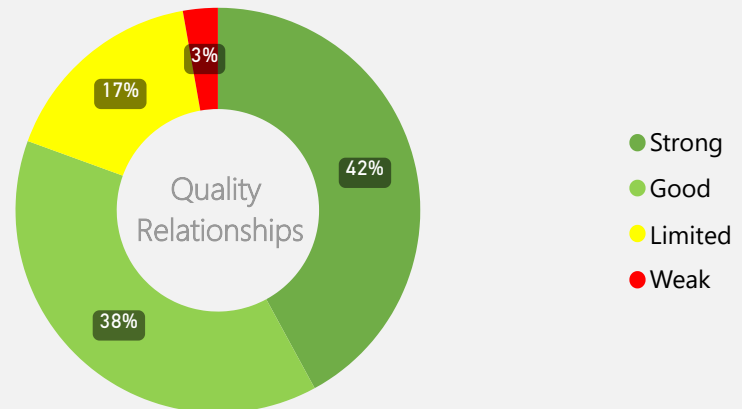
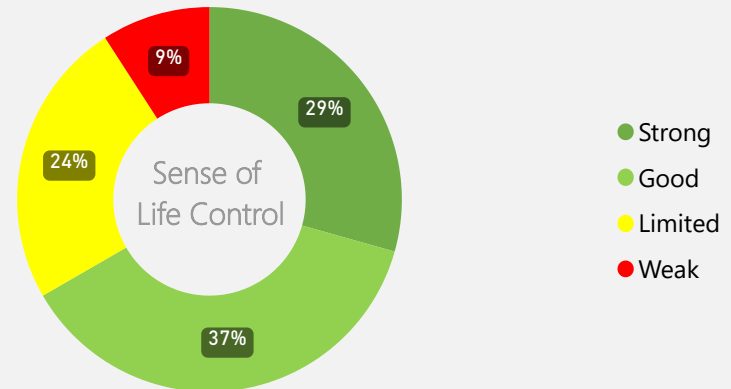
Key Risks Identified

Level of perceived "control" over life's circumstances

	Limited	Weak
# of Participants	61	23

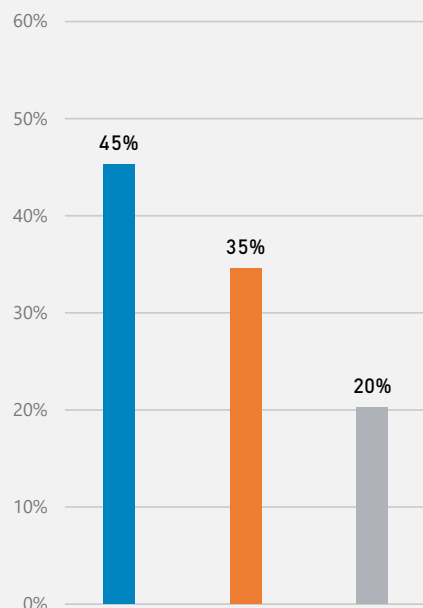
*Strength of personal relationships / networks
(family, work and community)*

	Limited	Weak
# of Participants	42	7

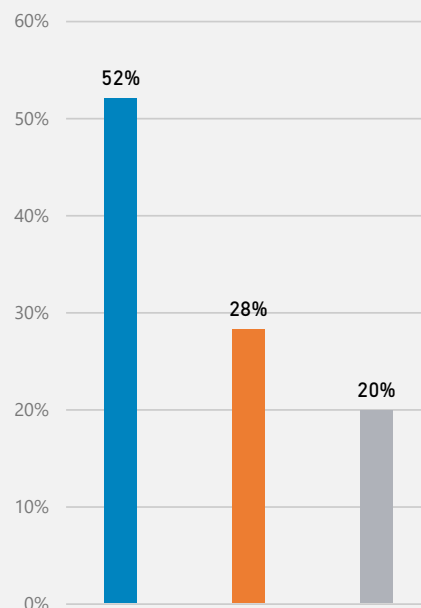


MOTIVATION TO CHANGE

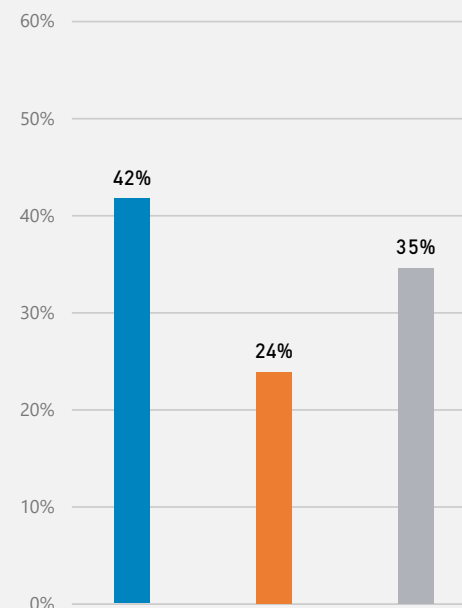
PARTICIPANTS WERE ASKED THEIR LIKELIHOOD OF MAKING CHANGES IN THE FOLLOWING THREE AREAS



Nutrition



Activity / Fitness



Mental Health

● Intend to change in the near future

● Made changes already

● Not considering a change

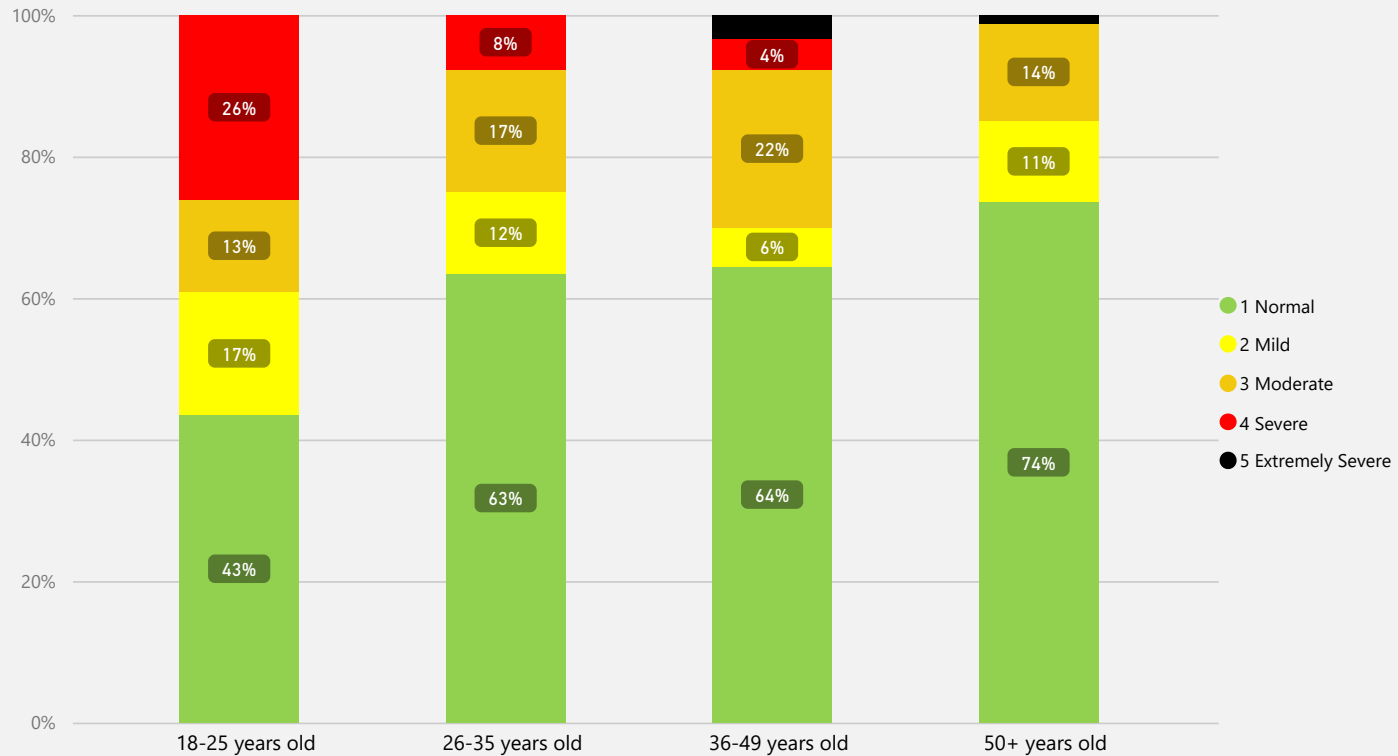
Psychological Health Focus

STRESS SEVERITY

BY AGE

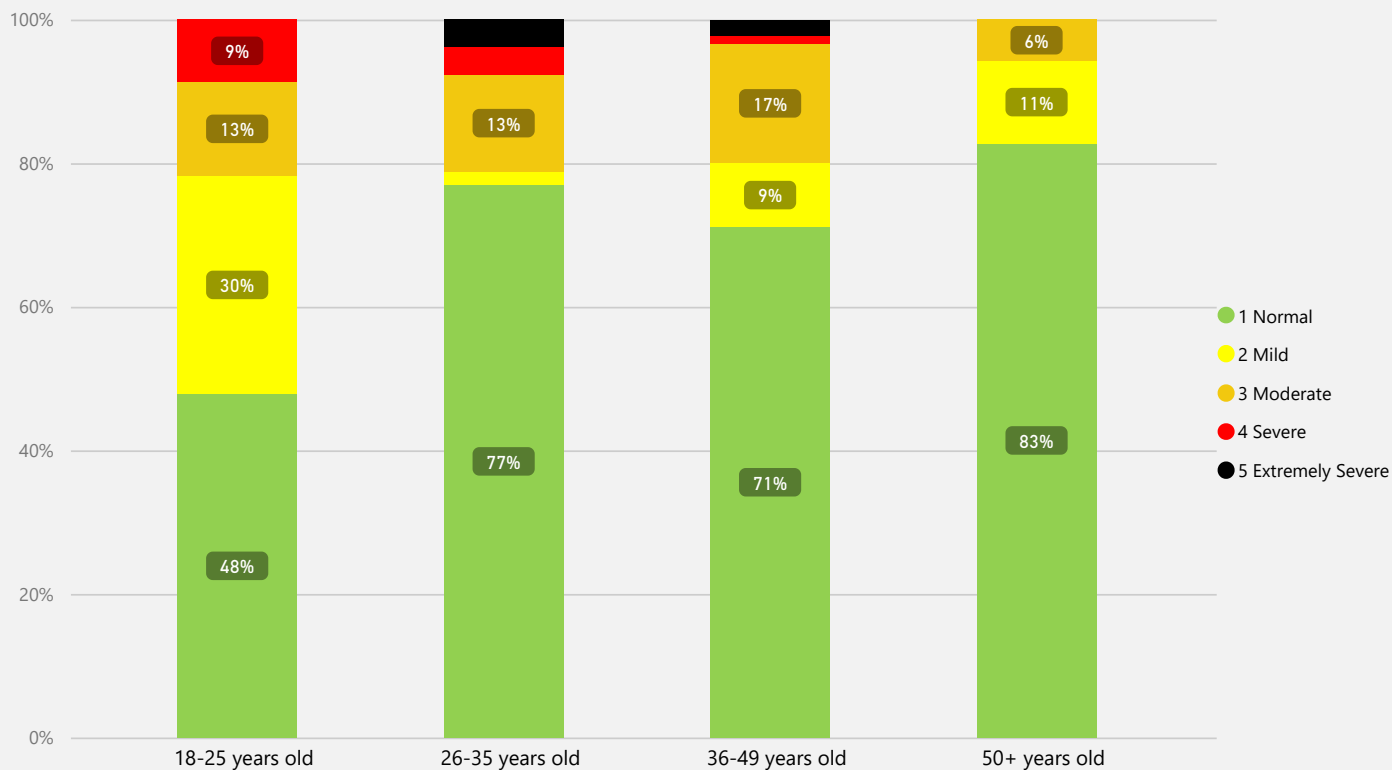


ANXIETY SEVERITY BY AGE



DEPRESSION SEVERITY

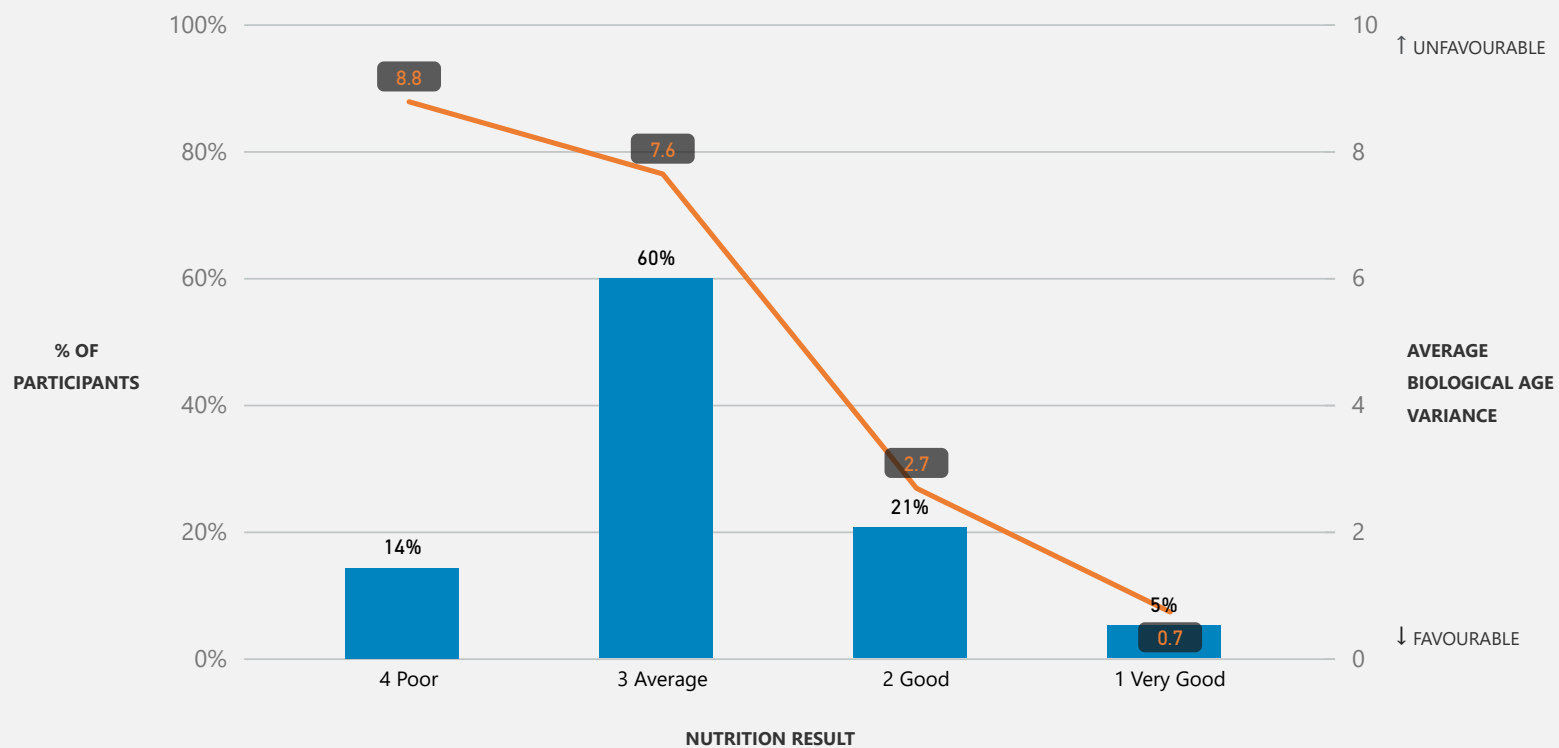
BY AGE



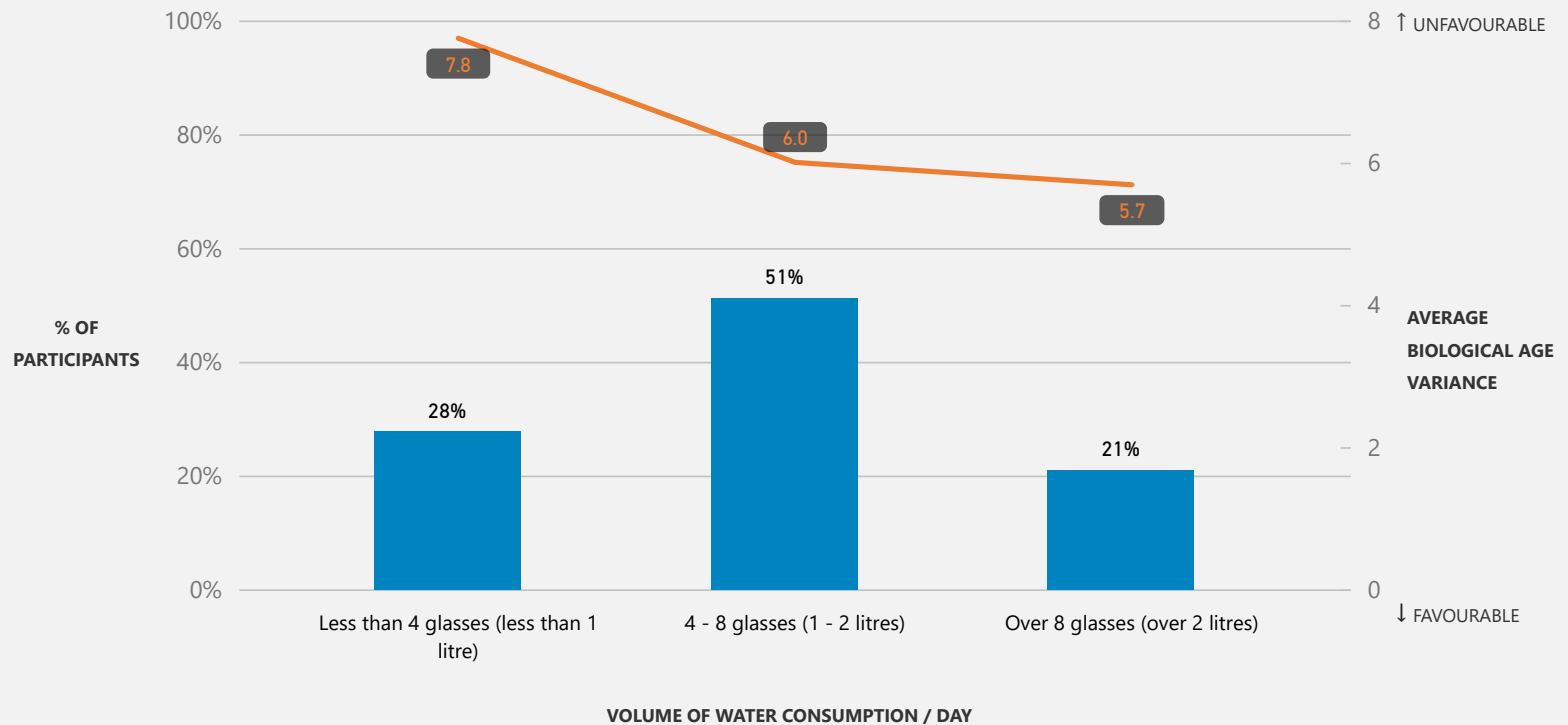
Correlations Identified - Overall Health

NUTRITION

VERSUS OVERALL HEALTH

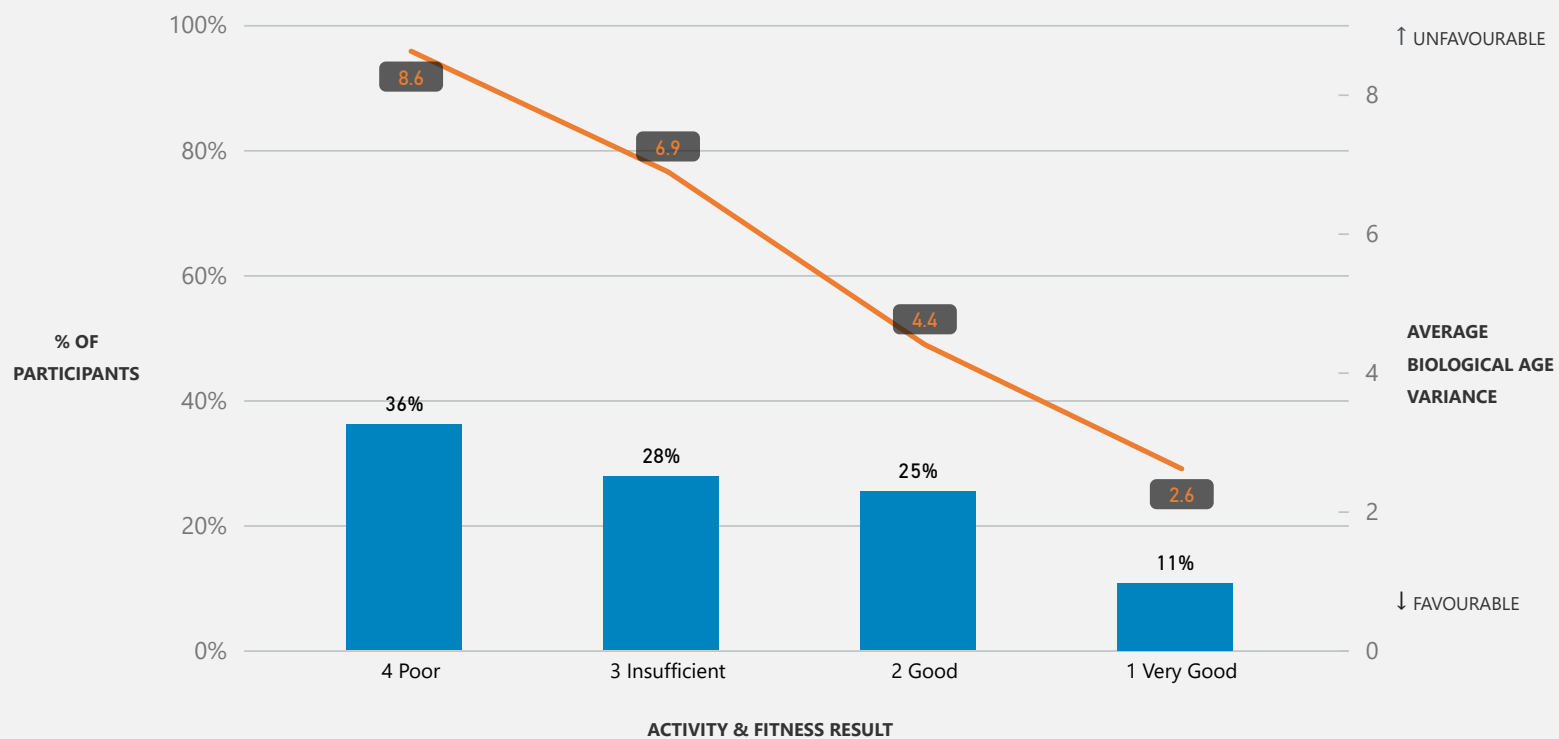


WATER CONSUMPTION VERSUS OVERALL HEALTH

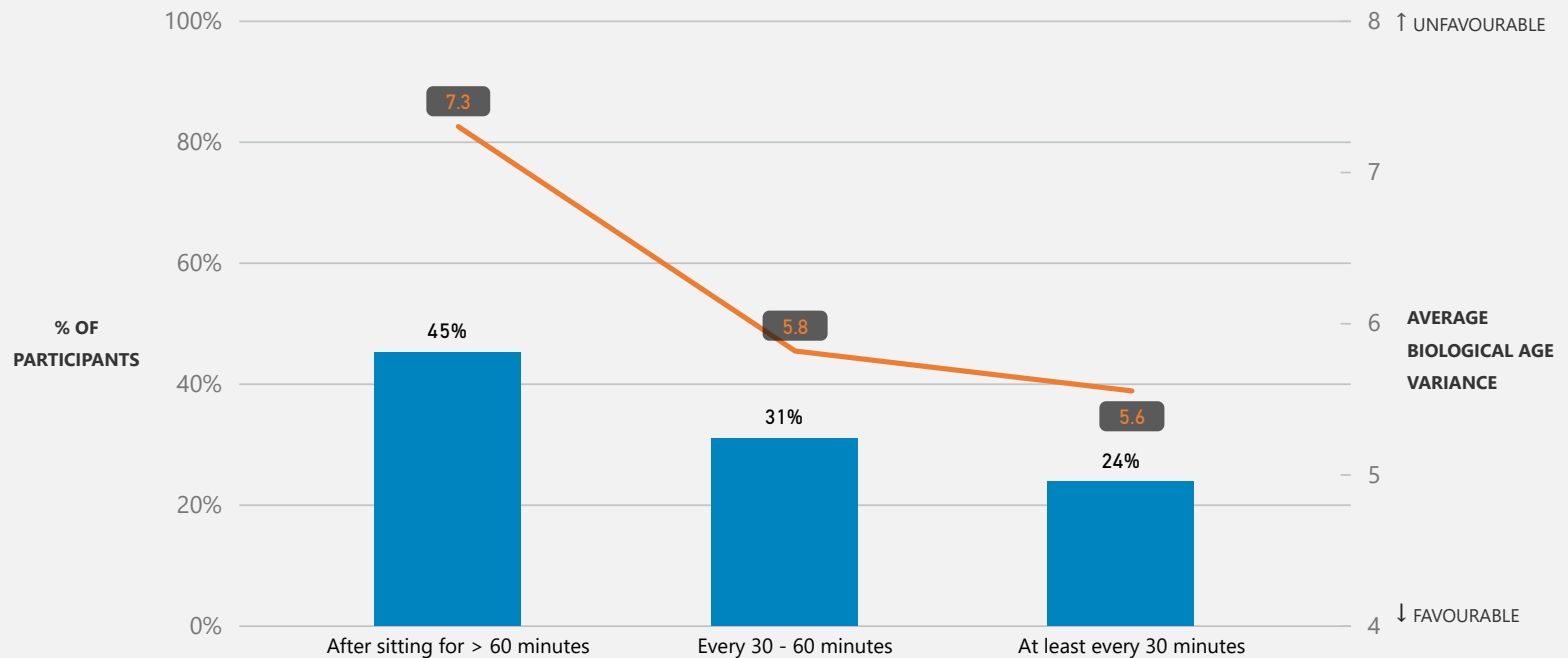


ACTIVITY & FITNESS

VERSUS OVERALL HEALTH



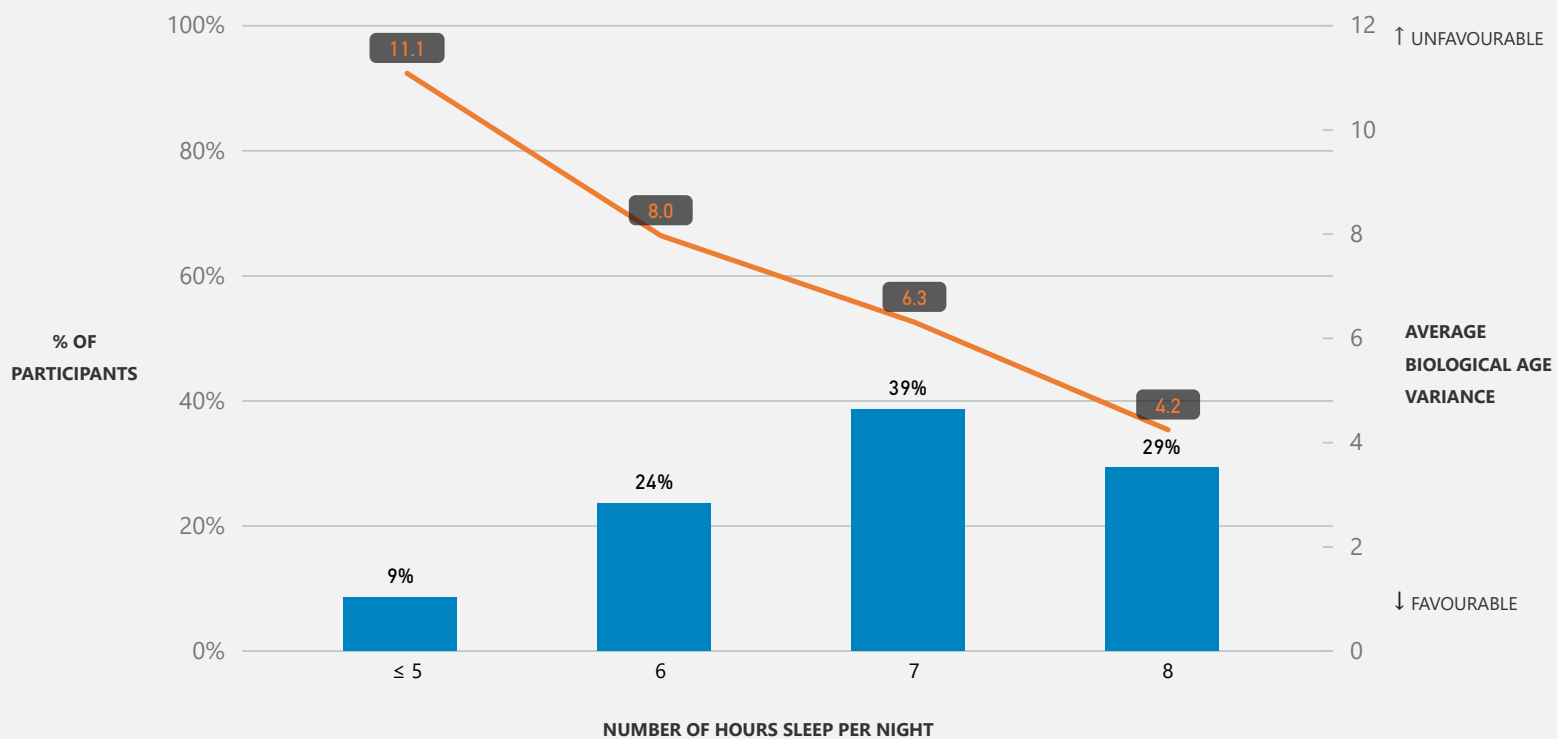
SEDENTARY BEHAVIOUR VERSUS OVERALL HEALTH



"When sitting for prolonged periods how often do you stretch or take a break to stand and move around?"

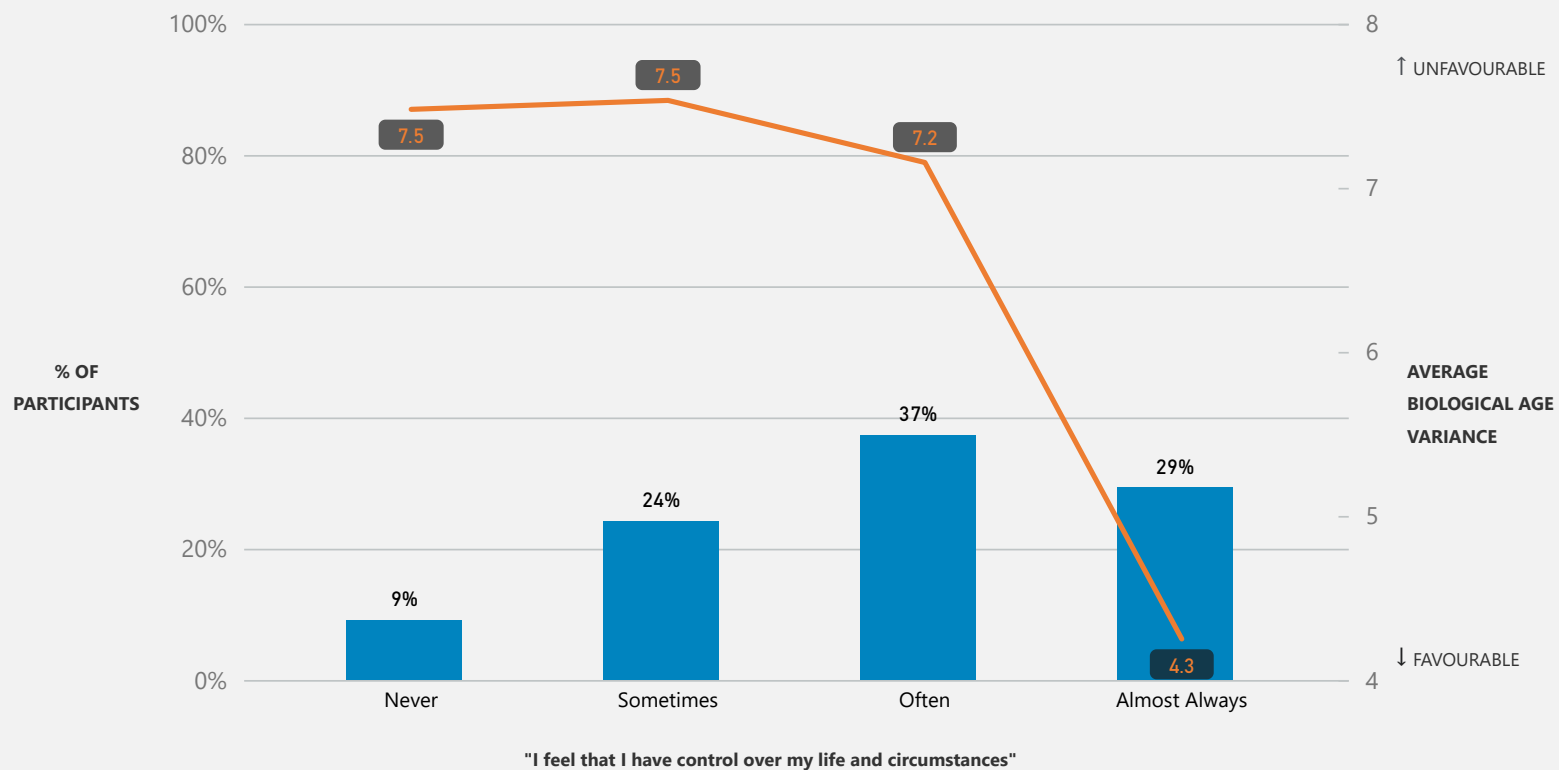
SLEEP

VERSUS OVERALL HEALTH



PERCEPTIONS OF LIFE CONTROL

VERSUS OVERALL HEALTH



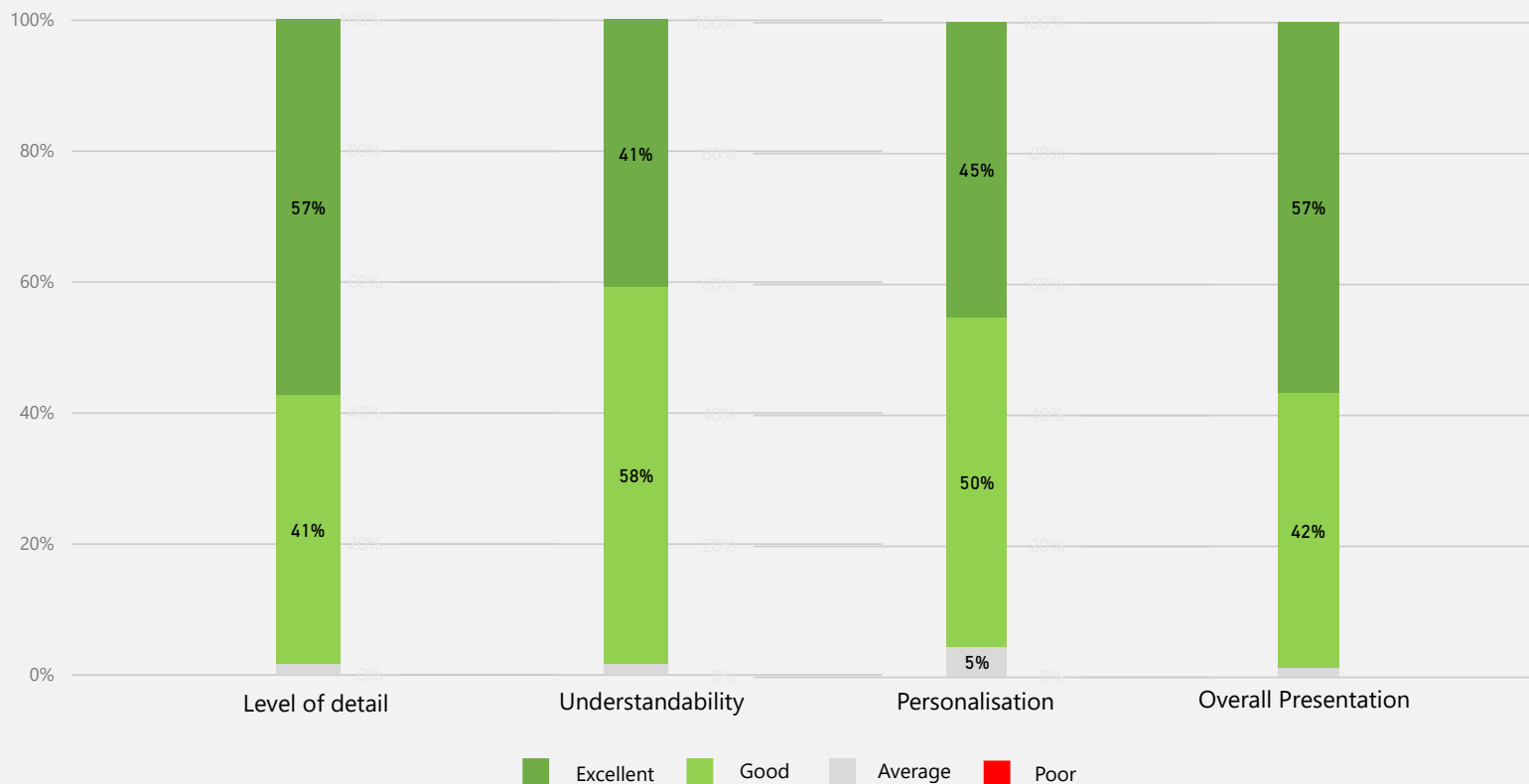
Participant Feedback

FEEDBACK HIGHLIGHTS

72	9.2 / 10	N/A	99%
Respondents	Overall Rating: Health Assessment (scored out of 10)	Overall Rating: Training Session (scored out of 10)	Would recommend to colleague, family or friend

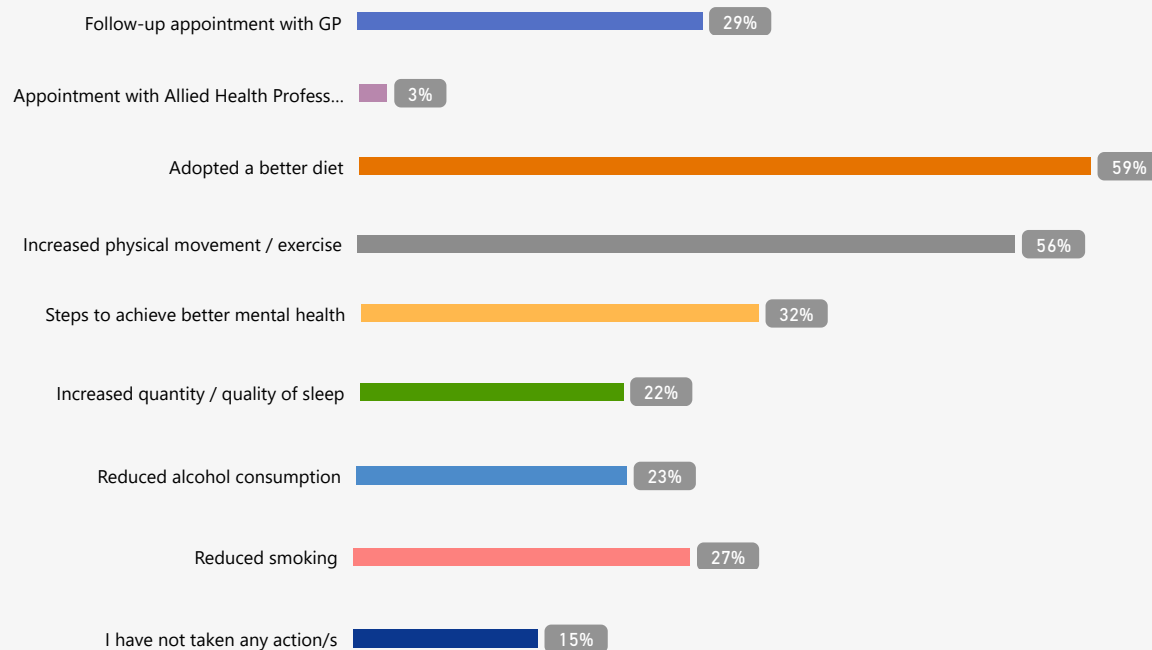
OVERALL RATING - REPORT

How did you rate the final report?



POST-ASSESSMENT ACTIONS

Action/s taken by feedback respondents with elevated risks following the health assessment



19%

PARTICIPANT FEEDBACK

By reporting on a range of my health levels it gave me an overview, and a sense of urgency to manage these pro-actively, rather than my infrequent emergency approach.

Easy to understand and the staff were great and helpful with any queries.

Definitely more understandable and consumable than most medical reports.

It was thorough, covering all basic aspects of health and well being. The initial questionnaire was easy to interpret and the assessment with the medical staff gave it a personal touch.

It's great you offer this service in the work place in our very busy lifestyles.

It provided a great insight into my personal health and I know of many colleagues who have now taken steps to act on the advice given and seek medical attention.

Great staff, knowledgeable and engaging.

Overall very helpful friendly advice. Made me more aware of taking care of my overall health.

I'd strongly encourage everyone should you have the opportunity please attend. Its like a daily heavy vehicle safety check for yourself it must be done !

Doctors and staff were kind and were extremely professional. They explained things and made sure I understood everything.

Just brilliant. It made me realise that I need to take action on my overall health.

Great detail outlining everything that was covered on the day in our consult

Overall I was extremely happy with the entire process & the report has been really helpful to get areas of concern back on track.

Polite professional staff who were very informative.

The risk index made it easy to see which area required focus.

I was very pressed for time on the day, so I almost didn't start the screening. The crew helped to ease my mind & encouraged me to participate and I'm thankful I did.

It's a good wake up call, especially if you think you are doing okay.



HEART *of*
AUSTRALIA
CORPORATE HEALTH INITIATIVE