

The

INSIDE STORY[®]

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WE REALLY ARE WHAT WE EAT—AND MORE

Poor nutrition is a risk factor for numerous chronic conditions



Bacon milkshake anyone? ...or how about a hotdog stuffed pizza? ... or maybe a second helping of deep fried butter on a stick? (Yes, these are real foods.)

As most of us know all too well—and as your plan members may be struggling with—in today’s world of more fast food and packaged food options than ever thought possible, it’s a challenge to maintain healthy eating as a lifestyle (and a fad diet or short-lived New Year’s resolution won’t cut it).

Although unhealthy eating on its own cannot be singled out as the sole contributor to high cholesterol, high blood pressure, and being overweight—it is definitely a *main contributor*. Many chronic conditions have a genetic component; however, most chronic conditions emerge in middle age after a long history of unhealthy lifestyle behaviours. Smoking, lack of regular exercise, and unhealthy eating are all risk factors for chronic diseases.

How can we combat poor nutrition in a world now filled with grilled cheese chocolate chip cookie sandwiches? Are we missing opportunities to impact plan members’ eating habits and in turn impact the incidence of chronic conditions?

Eat, drink, and be merry. Really?

More like eat, drink, and end up in poor health

In terms of healthy eating—or unhealthy eating—we really do reap what we sow (and eat). For plan members with diets full of sugars, salts, and fats, the impact can be far-reaching: weight gain, obesity, type 2 diabetes, gallbladder disease, osteoarthritis, chronic back pain, and major types of cardiovascular disease (hypertension, stroke, congestive heart failure, and coronary artery disease). Psychological issues may also be associated with unhealthy eating and weight gain.

In theory, the solution sounds simple: help plan members improve their eating habits—which in turn will decrease their potential for developing risk factors for chronic conditions—which ultimately will help decrease the incidence of chronic conditions. It may sound simple, but in reality, it’s anything but.

“JUST EAT RIGHT” SEEMS LIKE AN UPHILL BATTLE



Even with good intentions, for most people healthy eating is often a struggle. Plan members are no exception; healthy eating is likely an on and off commitment—maybe more off than on. This may be because the causes of unhealthy eating are complex: an interrelated range of physiological, psychological, environmental, societal, behavioural, and cultural issues are at play. For instance, although genetics may be part of the equation in weight management, genes do not operate in isolation; the world we live in contributes to helping or hindering your plan members’ healthy eating efforts.

Did you know?

- ➔ We should limit our sugar intake to under six teaspoons per day for an adult of normal body mass. However, Canadians eat about 26 teaspoons of sugar each day.¹
- ➔ We only need 1500 mg of salt per day. However, Canadians eat about 3400 mg of salt per day.²
- ➔ Food portions have been gradually supersizing: since 1900, the average size of a dinner plate has increased by 23%.³

Physiological issues: Brain scans reveal that the human brain lights up for sugar the same way it does for cocaine. The more sugar we eat, the more we keep coming back for more. In fact, food manufacturers try to determine a food's "bliss point" for sugar; this is the precise amount of sweetness that people report makes food its most enjoyable. In addition, scientists at food companies experiment with texture by adjusting the distribution and shape of fat globules to alter what is known as the food's "mouthfeel."

Psychological issues: Pleasure from food can be measured just like its physical, nutritional, and chemical factors. Unless nutrition is top priority, people typically pick food based on how they expect it to taste and feel—hence we have "feel-good foods" and "comfort foods."

Environmental issues: Processed foods now dominate grocery stores. In many ways food has become an industrial product; the actual processing strips away nutritional value, most grains have been converted to starches, sugar is in concentrated form, and many fats have been concentrated and hydrogenated creating trans-fatty acids (the ultimate evil where nutrition is concerned). In addition, "hidden sugar" and "hidden salt" is included in food where we wouldn't expect it.

Societal issues: As a society we value "busyness," and fast is good. Healthy eating requires planning ahead and investing in preparation time, whereas take-out foods and processed, packaged foods mean we are no longer slaves to the stove—it's quick and convenient.

Behavioural issues: Marketing seems to do its magic in a number of ways: the way nutrition claims are presented on food products, the way junk food is positioned at the cash for impulse buying, the way fast food is promoted as fitting the bill because it is convenient, tasty, and inexpensive, and the way super-sizing and free refills are pushed as bonuses. In addition, since we are now surrounded by processed and packaged food, we need to alter our grocery shopping behaviour—stay on the outside rows of the store where the food is less processed and there are fresher options.

Cultural issues: Social norms exist in the big picture of society and also at a range of micro-levels like the workplace. A workplace that values health is more likely to foster healthy employees. In addition, research shows that unhealthy behaviours can be contagious: our colleagues' unhealthy behaviours influence our behaviours. Fortunately, it also works the other way around; often all it takes is one salad-eating colleague to trigger others to follow suit by choosing healthier options.

The message to "just eat right" is just not realistic unless we can successfully attack poor nutrition on all fronts. A multi-prong approach is recognized in clinical guidelines regarding managing obesity. The guidelines recommend a collaborative multidisciplinary approach to address both the medical and behavioural issues associated with weight management.

Experts explain that...

“ the rapid increase in the prevalence of obesity over the past 20 years is a result of environmental and cultural influences rather than genetic factors. With progressive improvements in the standard of living in developed and developing countries, overnutrition and sedentary lifestyle have supplanted physical labour and regular physical activity.”⁴

Similarly, they explain that...

“ chronic disease is described as a complex problem because of the inter-dependence of so many disease determinants, originating at so many levels, from individual behaviour to global wealth distribution. Determinants of chronic disease include genetics, epidemiology, environment, social inequity, health literacy, behavioural risk factors and lifestyle which include the social networks that influence our attitudes on health.”⁵

The possibilities for collaborative care

Collaboration by a range of health professionals makes good sense. Multiple disciplines and multiple environments bring diverse knowledge, perspectives, and skills into your plan members' everyday lives allowing for numerous teachable moments.

Collaboration also means less emphasis on the role of the family doctor. This is beneficial because it remedies issues like the doctor's time constraints and that family doctors don't typically have specialized training regarding nutrition. Research suggests that few physicians are discussing weight matters with their patients, let alone implementing treatment programs that take a comprehensive approach.

Research also continues to confirm that collaboration of health professionals provides better care. To help plan members with healthy eating and weight management, the ideal multidisciplinary team would include the family doctor in *collaboration with* an exercise therapist, psychologist, and dietitian. The nutrition experts are dietitians, so why aren't more benefits plans covering them? Are dietitians an underutilized health profession in terms of employee health?

A physician provides his take on collaboration:

“ The rise of interprofessional teams allows health providers to do what we're each most qualified to do. This isn't about 'downloading' tasks to 'less qualified' people. A nurse specializing in breast health is going to know more about breast problems than most doctors, and dietitians are far better than I am at nutritional counselling. My team pharmacist knows more than I do about many medication side-effects. By working together we are each able to contribute where our expertise is greatest, leading to faster, better and more affordable care for all.”⁶



Calling in the expert: REGISTERED DIETITIANS

Registered dietitians promote good health by using their knowledge, skills, and training in food and nutrition. They can help your plan members and their families eat better to preserve good health and prevent poor health. Although diet plays a pivotal role in our health, the role of registered dietitians is not well-known.

- ➔ Registered dietitians have earned a bachelor's degree specializing in food and nutrition and have completed practical training through a university program or an approved hospital or community setting.
- ➔ Registered dietitians are regulated health care professionals meaning that they must be registered with a provincial regulatory body; the regulatory body oversees professional conduct and quality of care.
- ➔ Registered dietitians are the only professionals who can use the titles "Registered Dietitian," "Professional Dietitian," and "Dietitian," which are protected by law. Check for these letters that indicate registration in the provincial regulatory body: R.D., P.Dt. or D.Pt.

Registered dietitians represent a way to provide plan members with a more collaborative approach to addressing nutrition issues. In turn, this also provides a way to help plan members avoid numerous risk factors for many chronic conditions. Are we missing opportunities?

Exploring opportunities for multidisciplinary professionals and innovative locations

A study conducted in partnership with GSC, Loblaw Canada, and the Ivey Business School (University of Western Ontario) investigated the potential role of pharmacists and dietitians in the grocery store environment. Many Loblaw stores now have registered dietitians on staff and available to customers.

The study showed that the skills of pharmacists and dietitians have the potential to significantly impact the health of customers. Pharmacists are trusted and accessible health professionals, and in conjunction with registered dietitians, there is a real opportunity to add more value. Working together as a multidisciplinary team, pharmacists, and dietitians can collaborate to help people prevent and manage chronic conditions in a range of environments.

Join the collaboration

If you were to review your health plan, would you say that it is positioned to impact chronic conditions? For instance, although health services like massage, chiropractic services, and physiotherapy do not impact chronic conditions, these services dominate the non-drug spend in most plans. By contrast, very few plans cover registered dietitians. And what about your corporate culture, does it value healthy lifestyles? The issues surrounding chronic conditions are multi-faceted and interrelated; our approach to combating them needs to follow suit especially when we are increasingly surrounded by increasingly more unhealthy food choices, like chocolate dipped potato chips and chicken and waffle cake (and yes, these are real too!).



Watch for the return of the **ChangeMakers** in March when we meet an innovator in health management who's taking on mental health.

Sources:

¹ Lower sugar intake to less than 5% of daily calories, CBC News, March 5, 2014, Retrieved January 2015: <http://www.cbc.ca/news/health/lower-sugar-intake-to-less-than-5-of-daily-calories-who-says-1.2560639> and WHO opens public consultation on draft sugars guideline, World Health Organization, March 5, 2014, Retrieved January 2015: <http://www.who.int/mediacentre/news/notes/2014/consultation-sugar-guideline/en/>

² Get the Scoop on Salt, EatRight Ontario, Retrieved January 2015: http://www.eatrightontario.ca/en/Articles/Heart-Health/Get-the-Scoop-on-Salt.aspx#.VL_M_7R0zIU

³ Tim Hortons' new coffee cup: why the supersize? Canadian Business, James Cowan, February 14, 2012

⁴ 2006 Canadian clinical practice guidelines on the management and prevention of obesity in adults and children, CMAJ, April 10, 2007, Vol. 176, No. 8, Retrieved January 2015: <http://www.cmaj.ca/content/176/8/S1.full.pdf+html>

⁵ Chronic disease prevention primer version 1.0, Propel Centre for Population Health Impact, University of Waterloo, Retrieved January 2015: <https://uwaterloo.ca/propel/waterloo-chronic-disease-prevention-initiative/chronic-disease-prevention-primer-version-10>

⁶ Team approach to medicine frees up the line: Doctors' Notes, Dr. Danielle Martin, Tuesday, January 13, 2015, Retrieved January 2015: http://www.thestar.com/life/health_wellness/2015/01/13/team_approach_to_medicine_frees_up_the_line_doctors_notes.html

A CATALYST FOR CHANGE...

Whether dental services, vision care, prescription drugs, disease management, or mental health supports, frontline care can act as a catalyst for a brighter future. Accordingly, through our new Frontline Care™ strategy, we support organizations and initiatives that provide frontline care for underinsured or uninsured populations like the homeless, the working poor, and those on social assistance. Here's a firsthand look at one of our grant recipients...

The Alex Youth Health Bus takes health care on the road to help at-risk youth

For over 40 years, the not-for-profit organization called The Alex has been providing primary health care and housing support to Calgary's most vulnerable residents. From babies to seniors, anyone who is at-risk receives a helping hand at The Alex's community health centre, youth health centre, seniors' health centre, and housing programs. The Alex also operates three mobile health clinics: a community health bus, a dental health bus, and a youth health bus (YHB).

In partnership with the Calgary Board of Education and a range of youth organizations, The Alex launched the YHB in 2012. The first of its kind in Canada, the YHB brings mobile health care directly to at-risk youth who face challenges in accessing traditional health services. For instance, YHB clients often aren't familiar with or are intimidated by the traditional health care setting.

Similar to an old-fashioned family doctor's office—but on wheels—youth who visit the bus are treated in a welcoming, comfortable, and confidential environment by a team that includes a physician, nurse, and youth outreach worker. Services include birth control education, prescriptions and supplies, sexually transmitted infection testing and treatment, pregnancy testing and support, medical care and follow-up, mental health and emotional support, and referral to community resources and services.

GSC funding makes things happen

With its innovative mobile approach to delivering health care, the YHB is in keeping with the GSC mission, "to create innovative solutions that improve access to better health." During the 2013-14 school year, 1,956 visits were made to the YHB, and today, the YHB regularly travels to eight different high schools. Support from GSC will help keep the YHB on the move. Additionally, the YHB's navigator component provides ongoing assistance that extends beyond the youth to benefit their family, friends, and community. GSC is proud to support the YHB's efforts to bridge service gaps and reduce access barriers to frontline health care for at-risk youth.

SPOTLIGHT ON

'THE SNOWBALL EFFECT' ...

Each GSC Frontline Care grant recipient must include a navigator or coach—a concept that can trigger ongoing positive change by connecting vulnerable people to additional services to help improve their specific situation.

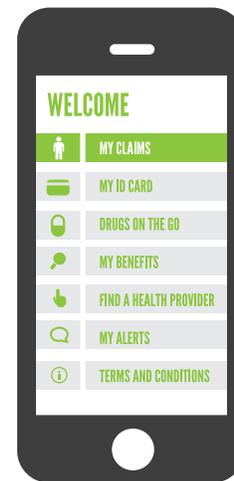
- ➔ The YHB youth outreach worker's role is to act as a scout and navigator to prevent and identify issues before they become long term or complex. To address issues identified on the bus, the youth outreach worker connects youth to a broad network of service agencies and resources. Outreach also includes liaising with school administrative teams to identify additional opportunities. In addition, as a first point of contact for many youth, the YHB intake system gathers and analyzes information to help identify gaps and risks within our current service reality.

GSC'S MOBILE APP IS ON THE GO WITH A NEW RELEASE

Now with the new release of GSC on the Go™ plan members can:

- Submit a mock (or pretend) claim from your phone or tablet to check eligibility and reimbursement amounts.
- View audit notifications anytime and find out what documentation you need to provide to GSC.

Getting the new release is easy! Depending on your device, the new release will automatically download, or you will receive a notice explaining that you can download it from the app store. You can also go directly to the app store and download it. For more information about GSC on the Go, please visit <http://greenshield.ca/sites/corporate/en/what-you-need/online-services/Pages/GSC-on-the-GO.aspx>



STUDY SUGGESTS TAILORING SMOKING CESSATION BY 'NICOTINE METABOLISM TYPE'

Recent research suggests that it is possible to optimize quit rates for smokers, while minimizing side-effects, by selecting treatment based on whether the smoker metabolizes nicotine normally or slowly. The study involved 1,246 smokers who wanted help to quit smoking. Each study participant was randomly assigned to receive a placebo, a nicotine-replacement patch, or the smoking cessation drug Champix (varenicline). All participants received behavioural counselling.

The researchers used a biomarker called the nicotine metabolite ratio (NMR) to assess how each participant metabolizes (breaks down) nicotine in the liver. About 60% of participants are “normalized metabolizers” and the remaining 40% are “slow metabolizers.”

- Normal metabolizers: smoke more cigarettes per day and find it harder to quit because nicotine is eliminated from their bodies quicker; this results in a shorter duration between cravings for another cigarette.
- Slower-metabolizers: maintain a steadier level of nicotine throughout the day and find it easier to quit because they are less sensitive to smoking cues like seeing a cigarette package.

The results indicated that treating normal metabolizers with varenicline and slow metabolizers with the nicotine patch could optimize quit rates while minimizing side-effects. It's early days and more research is necessary, however, the findings suggest that the approach to smoking cessation in future could be based on the biomarker test and metabolism type.

For more information, please see the study: *Use of the nicotine metabolite ratio as a genetically informed biomarker of response to nicotine patch or varenicline for smoking cessation: a randomised, double-blind placebo-controlled trial* in The Lancet Respiratory Medicine at [thelancet.com/journals/lanres/article/PIIS2213-2600\(14\)70294-2/fulltext](http://thelancet.com/journals/lanres/article/PIIS2213-2600(14)70294-2/fulltext).

MANITOBA GOVERNMENT ADDS 94 NEW DRUGS TO PHARMACARE

The Manitoba government has added 94 new drugs to Pharmacare; 80 of the drugs are generics. Some of the new drugs include:

- Actemra: for treating polyarticular juvenile rheumatoid arthritis
- Aubagio: for treating multiple sclerosis
- Esbriet: for treating idiopathic pulmonary fibrosis
- Galexos: for treating hepatitis C
- Invega Sustenna: for treating schizophrenia
- Stivarga: for treating gastrointestinal stromal tumours
- TOBI Podhaler: for treating cystic fibrosis
- Xeomin in a new strength: for treating uncontrolled twitching of the neck and eye muscles

What does this mean for your plan?

If you have plan members in Manitoba, their prescriptions for these drugs may now be covered by Manitoba Pharmacare once their Pharmacare deductible is met. For more information, please visit Manitoba Health at:

<http://news.gov.mb.ca/news/index.html?archive=&item=33690>

NEW RESOURCE ILLUSTRATES CANADA'S LOW-RISK ALCOHOL DRINKING GUIDELINES

The Canadian Centre on Substance Abuse developed an infographic to depict Canada's Low-Risk Alcohol Drinking Guidelines. The infographic illustrates how the risk of developing certain chronic conditions is related to alcohol consumption. In addition, it explains that in some cases, people with chronic conditions can experience adverse effects if they consume alcohol while taking medication. You can find the Chronic Illness and Alcohol Infographic at: www.ccsa.ca/Eng/topics/alcohol/drinking-guidelines/Pages/default.aspx

*February
Haiku*

We are what we eat
It is so hard to be good
Sorry folks eat kale

Winner of the draw for an iPad mini

Congratulations to R.Chow, of Toronto, Ontario, the winner of our monthly draw for an iPad mini. Through this contest, one name will be drawn each month from plan members who have registered for Plan Member Online Services for that month.



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