

ROI^{of} OneLife

DIABETES



Health screening and prevention programs in the workplace, and the tremendous return of saving just **ONE LIFE**

DIABETES CONTROL: A GROWING ECONOMIC AND SOCIAL IMPERATIVE

In just over five years, one in three Canadians will have diabetes or prediabetes, and at least 90% of them will have type 2 diabetes. Type 2 diabetes can be preventable—yet the number of people at risk for it continues to grow. Being overweight is a risk factor, as is being greater than 40 years of age. Considering that the median age of all Canadians is currently 40.2 years and 60% are overweight or obese, it is no wonder that diabetes has taken on epidemic status.

It is also time for the disease to take on priority status in the boardrooms of all employers. Just as the bulk of an iceberg sits beneath the ocean's surface, the full impact of diabetes lies beyond the primary diagnosis. If not managed well, the condition's progression—often during the prime years of working life—increasingly damages the heart, kidneys and circulatory system. It can result in a heart attack or stroke; it can affect vision, cause numbness and unremitting pain; and possibly result in the amputation of feet or limbs. People with diabetes are also at higher risk of depression. Eighty percent of the monumental costs of diabetes, forecasted to reach \$13.5 billion by the end of 2014, are due to such complications.^{1,2}

These complications and the associated co-morbidities of diabetes can impact productivity. Family physicians report that, at any given time, about half of their patients with diabetes have blood sugar levels that are not at target.³ And, for every four people who are diagnosed, a fifth person does not even know they have the disease. Uncontrolled diabetes under these conditions often translates into chronic fatigue and difficulties concentrating during the workday. For those who take insulin and other medications to treat type 2 diabetes, "lows" in blood sugar affect cognitive functioning and may require time off work.

The good news: it's estimated that more than half of type 2 diabetes cases can be prevented,² or its complications significantly delayed, and the workplace is well-suited as a place to help turn the tide. As the healthcare professionals, employers and employees interviewed for this report attest, plan sponsors can take concrete and relatively simple steps to improve awareness, speed early detection and support self-care. Healthcare providers would, in fact, welcome the opportunity to deliver their message and services in the work environment. Given the growing prevalence and costs of the disease, employers stand to benefit as much as their employees. And they will very likely save lives.



TAKING MEASURE

WHY EMPLOYERS NEED TO RESPOND TO THE GROWING PREVALENCE AND BURGEONING COSTS OF DIABETES

Imagine seven consecutive years of zero increases in group insurance premiums, based on a population of 1,900 employees—most of them men, with an average age of 48—working at 26 locations. Sound like a pipe dream? Not if you're Armour Transportation Systems, based in Moncton, NB.

"In fact, we had a substantial surplus for the first time last year, and it was a pleasure to return this money to our plan members in the form of two

'premium holidays' in 2013 (which means we did not deduct premiums for our 50-50 cost-share plan for two pay periods)," says Alisha Armour, the company's wellness manager. "It was a way for us to say 'thank you' for their commitment to making healthy lifestyle choices."

For almost nine years, Armour has facilitated these healthy choices through its expansive Shift Gears, Live Well program, which offers tools and activities



for healthy eating, physical activity, tobacco-free living and psychological well-being. Equally important, the company makes the connection between lifestyle behaviours and chronic diseases, with diabetes at the top of the list.

The prevalence of diabetes in Canada is highest in the Atlantic provinces, and truckers are at particular risk due to their job's sedentary nature, irregular hours, and need for stretches of time to be spent away from home. They may also be less likely to see a doctor regularly for checkups. With that in mind, Armour's annual clinical assessments, available at all 26 of its transportation terminals, can be described as a lynchpin for its wellness programming.

Every year, employees can sit down with a registered nurse for the 15-minute assessment, which measures blood-sugar levels, blood pres-

sure, cholesterol and weight. The nurse provides education based on the results, refers participants to a physician if required and answers questions. "Preventable illness is about 70% of all health costs, but people need to know what they can personally do to prevent illness in themselves. They need to know their own numbers," says Armour.

While declining premiums and low employee turnover are also contributing toward better bottom-line numbers, the company is not overly concerned about quantifying a return on investment. "It's simple, really. Good health is good leadership is great business," says Armour (for more on the company's initiatives to prevent, detect and help manage diabetes, see page 8).

ALL HANDS ON DECK

Armour's decision to focus attention on diabetes could not be more timely, says Dr. Jan Hux, chief science officer for the Canadian Diabetes Association (CDA). The growing prevalence of type 2 diabetes, in particular, is nothing short of alarming, and people are more likely to be working when diagnosed. "Type 2 diabetes used to be considered more of a geriatric disease, with people diagnosed in their late 60s and early 70s. The average age now is mid-50s and it's dropping," says Dr. Stewart Harris, diabetologist and researcher at the Schulich School of Medicine and Dentistry, Western University.

"Type 2 diabetes used to be considered more of a geriatric disease, with people diagnosed in their late 60s and early 70s. The average age now is mid-50s and it's dropping."

—Dr. Stewart Harris

Complications such as heart attack and stroke—two of the leading causes of disability in the workplace—account for 80% of the costs of diabetes.² As with diagnosis, “it’s a myth that these complications happen to older people,” says Hux. “A 45-year-old with diabetes is as likely as a 70-year-old without diabetes to have a heart attack. It really can hit people during their working years.”

Moreover, for every four people diagnosed with diabetes, there is a fifth who is undiagnosed. Symptoms like weight loss or fatigue are ignored or explained away, and the lack of annual physicals, especially among men, can result in many months, or even years, of unchecked damage to internal organs and systems. Elaine Wylie, registered nurse and certified diabetes educator at University Health Network, Toronto, recalls one patient, a businessman, whose foot was amputated after wearing new shoes that were too tight for a single day. Unbeknownst to him, he had neuropathy, a complication of diabetes that can cause numbness. “His feet were so numb he could not feel the pain caused by the shoes.” The emergency surgery, as well as the urgent need to bring his blood sugar levels under control, resulted in an extended hospital stay.

LIVING WITH DISEASE

Long before complications lead to potentially costly disability claims, people with diabetes often require medication for the co-morbidities of high blood pressure and high cholesterol. They are also at higher risk for depression. According to one analysis of claims over a three-year period, plan members taking drugs for diabetes cost 3.9 times more than all other claimants for prescription drugs, and submit an average of 3.7 times more claims. Eleven percent were also being treated for depression.⁴ Across the board, medications for these chronic conditions can be difficult to take as prescribed, resulting in suboptimal returns for both health and drug-plan spend. One recent study found that non-adherence levels range from 54% for anti-depressants to 45% for oral diabetes medications, 42% for cholesterol drugs and 36% for anti-hypertensives.⁵

ROI OF PREDIABETES

One in five Canadian adults has prediabetes, which is defined as blood sugar levels being higher than normal, but not high enough to be diagnosed as type 2 diabetes. Approximately half go on to develop type 2 diabetes. Rather than a foreshadowing of what is to come, however, healthcare professionals urge providers of both public and private health benefits to view prediabetes as a golden opportunity. “You can ‘fix’ prediabetes by changing your lifestyle, and there are always some who will lose the weight and eat right. They do not get diabetes, or least they can delay its onset,” says Annabell Hall, registered nurse and certified diabetes educator at St. Michael’s Hospital in Toronto.

“The need to find and educate people with prediabetes is absolutely paramount. This is where funding should be going,” emphasizes Gail MacNeill, clinical nurse specialist and manager at Toronto’s Leadership Sinai Centre for Diabetes. “Lifestyle change has its biggest bang for the buck in the prediabetes stage,” agrees Dr. Stewart Harris, diabetologist and researcher at the Schulich School of Medicine & Dentistry, Western University, in London, Ont. “It’s one of those ‘aha’ moments when people realize they are on the cusp of a disease and there’s something they can do about it.”

Only a blood test, however, can detect prediabetes, and “the problem is a lot of people don’t go for annual check-ups,” says Hall.

Employers can help by raising awareness of the condition and reminding employees to get checked. Better yet, they can host on-site screenings or direct employees to CANRISK, the Public Health Agency of Canada’s online risk-assessment questionnaire (see Resources, page 15).

DIABETES FACTS & FIGURES

- The prevalence of diabetes in Canada is expected to reach 9% of the population (3.3 million people) by the end of 2014. Another 22% of people aged 20 and older have prediabetes.¹ If current trends continue, one in three people will have diabetes, prediabetes or undiagnosed diabetes by the end of this decade.
- An aging population, sedentary lifestyles, and the fact that 60% of Canada's population is overweight or obese, are the main drivers of type 2 diabetes. Diagnosis is also increasingly occurring at younger ages (including the 20s and 30s).
- It is estimated that over half of type 2 diabetes cases could be prevented or delayed with healthier eating and increased physical activity.
- Diabetes cost the Canadian healthcare system and economy \$11.7 billion in 2010, an increase of nearly 70% since 2000. Costs are forecast to reach \$13.5 billion by the end of 2014 and \$17 billion in 2024.¹
- Mortality and disability account for 79% of the total cost.
- Thirty percent of people with diabetes have depressive symptoms, and people with depression have a much higher risk of developing type 2 diabetes.⁷
- A 2% reduction in prevalence rates would have a 9% reduction in direct healthcare costs.
- An analysis of claims data from 2010 to 2012 indicates that plan spending for prescription drug claims for employees treating type 2 diabetes is about \$2,000 per capita, compared with \$478 for all other claimants. The average age of type 2 diabetes claimants in 2012 was 54.6 years.⁴
- A workplace survey conducted across Canada determined that employees with type 2 diabetes cost employers an estimated \$412 annually due to reduced productivity (presenteeism) and \$1,042 due to missed work (absenteeism).⁸
- Employees with diabetes who experience non-severe hypoglycemic events (that is, low blood sugars) lose between 8.3 and 15.9 work hours per month. Those who experience hypoglycaemia at night, while sleeping, lose an average of 14.7 work hours as a result.⁹
- Based on 2012 disability claims data that indicated diabetes as the primary cause of disability, the average duration of leave is 15% longer than for those without diabetes as the primary diagnosis. Sixty-five percent remain on disability for the maximum benefit period or until death.¹⁰

Source: Unless otherwise referenced, all statistics from Diabetes: Canada at the Tipping Point - Charting a New Path. Canadian Diabetes Association and Diabetes Quebec. 2011.

While the ability to switch to healthier lifestyle behaviours is much more difficult to measure, a survey of more than 17,000 Canadians aged 50 or older with chronic conditions over a 12-year period reported modest improvements, at best.⁶ The healthcare professionals interviewed for this report unanimously agree that lifestyle changes are the most difficult adjustments to make, and require sustained support from a team of healthcare professionals, as well as from friends, family and, ideally, the workplace.

On the positive side, “we are getting better at treating the disease. There are more agents with which to treat and, among motivated patients, complication rates are dropping,” says Dr. Ronald Goldenberg, an endocrinologist in Thornhill, Ont. (For more on the key characteristics of the motivated diabetes patient, see the results of a workplace survey in “Weighty Matters,” a sidebar on page 12.)

While this is good news, “the biggest challenge remains the sheer volume of cases,” stresses Goldenberg. If current trends continue, one in three Canadians—of whom an increasing number are in their 20s and 30s—will have diabetes, undiagnosed diabetes or prediabetes by 2020. The resulting economic burden for both the public healthcare system and private benefit plans is difficult to contemplate; so much so, that education and prevention have become paramount.

EDUCATION EMPOWERS

“I’ve been doing this for 27 years and the one thing that stands out is the need for education,” says Lori Berard, registered nurse and certified diabetes educator (CDE) at Winnipeg Regional Health Authority Health Sciences Centre. “Education can change people’s ability to self-manage the disease, yet only 30% of those with type 2 diabetes get access to education. That has to change, and the workplace can be an essential part of that.”

“Employers need to appreciate that they all have employees with diabetes,” says Goldenberg. Their involvement in educating and supporting

employees is sure to bring positive results. “They can offer healthy food options, support scheduling for meals and snacks and enable employees to safely check blood sugar. Managers and co-workers also need to know how to respond to lows in blood sugar, and time needs to be made available during work hours for medical appointments and physical activity.”

The benefits to employers will far outweigh the costs of these efforts. In fact, Hux suggests employers consider such measures as intentional strategies to build loyalty. “The prevalence of diabetes and prediabetes is so high that accommodation becomes a tool for attraction and retention,” she notes. Back at Armour Transportation Systems, Alisha Armour—and her employees—couldn’t agree more.

“I am proud to work for a company that tries so hard to keep their staff both healthy and informed,” says Katherine Wilmot, who has worked at Armour for 24 years and has type 1 diabetes. “Aside from medication and glucose testing, the three main things I need to focus on are good nutrition, keeping active and having a balanced lifestyle, and really, these are the same things that all employees

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—Dr. Ronald Goldenberg

need to be well and thrive. At work I can feel like I’m part of the group as a whole, with a common goal, instead of special or high-maintenance.”



TURNING THE TIDE

HOW THE WORKPLACE CAN HELP PREVENT DIABETES AND SUPPORT THOSE LEARNING TO LIVE WITH THIS CHRONIC DISEASE

Stephanie Allard was 24 when she was diagnosed with type 2 diabetes. She now suspects she had the disease for a while but, without a family doctor since moving away from her parents' home, she hadn't had a check-up for several years. In fact, the symptoms that eventually led her to a walk-in clinic would not normally be associated with diabetes.

The diagnosis served as a wake-up call, and Allard recalls her co-workers' help at the time.

"It was a small-office environment, and everyone was health-conscious and really supportive." Just four months after diagnosis, her blood sugar was at target. Within a year, thanks to regular running, healthy eating and weight loss, she was able to reduce her medications.

Then Allard accepted her first management position in Toronto. "The job was initially very stressful, and I started missing lunch. I would grab

something at McDonalds, and I couldn't find time to run. I eventually regained 50 pounds. I knew my diabetes was out of control, but I didn't test my blood sugar and I didn't have a family doctor. I didn't want to know how bad it was."

By the fall of 2013, Allard was always tired and "people might have thought I was depressed. For sure, I wasn't working at my best." She finally saw a doctor in January of 2014, who told her she needed insulin. "I was really, really upset about that. I felt I had failed," recalls Allard.

Ironically, the insulin put her back on track. "When I realized how well it works, I felt in control again and really motivated. I check my sugar four times a day now, I'm back into running and eating better than I ever have. I feel amazing."

STEPS FORWARD, STEPS BACK

Allard's story is common, and illustrates a general truth about diabetes and other chronic diseases: living with a disease is rarely easy. Even those who initially throw themselves into treatment, as did Allard, can stumble due to changes at work or home.

Some patients initially do nothing at all. "Denial is powerful," says Dr. Alice Cheng, endocrinologist at Trillium Health Partners in Mississauga, Ont. "Patients tell me their family doctor told them years ago that their blood sugars were high, but they never go back to the doctor and they convince themselves it can't be serious."

Stigma is often behind the denial: according to a survey of Canadians with diabetes, 37% do not feel comfortable disclosing their condition.² Due to its links with lifestyle, many feel the disease is their fault, and that others will cast judgment. "I run into this a lot when I work with diabetes patients," says Rita Bowron, a certified diabetes educator (CDE) and pharmacist with Canada Safeway in Calgary. "People don't test their blood sugar at work because they don't want their co-workers or managers to know. One patient told me he was injecting insulin in the bathroom when a co-worker walked in and was visibly offended.

"I knew my diabetes was out of control... but I didn't want to know how bad it was... For sure, I wasn't working at my best."

—Stephanie Allard

Everyone needs to be more aware, whether or not they personally have diabetes."

BREAKING THE SILENCE

Social support in the workplace can also be a tremendous help. Recalling past co-worker support, Allard makes an effort to eat lunch with her current co-workers and to be open about her diabetes. "It sometimes feels weird to take insulin in front of everyone, but nobody says anything negative and it's started some really good conversations about everyone's health."

These spontaneous, peer-driven conversations can be a vital first step for those in denial—the "precontemplation" stage of behavioural change—says Elaine Wylie, a CDE at Toronto's University Health Network. "This is when people are not ready to make changes, and don't do what their doctors want them to do. Conversations and education in the workplace can start to move them past that. This is perhaps the most important role for the workplace."

Healthcare professionals recommend workplace education to raise awareness among all employees, including those in the precontemplation stage, and to educate those who are ready to treat their diabetes or prediabetes. Resources are readily available, often at no cost, through local branches of the CDA, diabetes education centres (often based in hospitals) and some carriers (see Resources, page 15). As well, a growing number of pharmacies have CDE pharmacists on staff, who can give worksite presentations.



“It needs to start with a general awareness of the incidence and impact of diabetes. People just aren’t aware of its prevalence,” says Dr. Jan Hux, CDA’s chief science officer. “Then we need to let people know it’s not just behavioural, and in many cases our ‘choices’ are not as free as we think—like you’re a single working mom, or regularly have to work long hours. Everyone has personal barriers or challenges that can increase the risk of getting diabetes.”

KNOW YOUR NUMBERS

To bring the message home, healthcare professionals urge employers to include one-on-one screenings in their awareness campaigns. Several workplace-friendly screening options are available, including blood tests that do not require fasting and the CANRISK questionnaire (see Resources, page 15). Whatever the method, a healthcare professional should be available in the likely event that at least one employee will require a follow-up. “At one lunch-and-learn, I could see an employee with visible symptoms. Her result was 21, compared to a normal result of less than 5.7, and I was able to talk to her privately at the end about next steps,” says Bowron.

At a recent onsite screening of 164 employees, Canada Safeway pharmacists referred 10% of the men and 6% of the women (or 13 of the participants) to their doctors due to test results that indicated diabetes. Another 13% were found to have blood-sugar levels consistent with prediabetes.

Bowron adds that “even if people are at target, they learn if they have a risk factor and what to do about it.”

Healthcare professionals also emphasize that screenings for diabetes and other conditions, such as hypertension and high cholesterol, may be the closest that many employees come to a medical checkup. “One thing I’ve learned about corporate screening clinics is that there are a lot of people who don’t go to a doctor, or don’t even have a doctor. This is especially true for men,” says Bowron.

Employee feedback to a recent diabetes risk assessment, coordinated by Sun Life at the site of a large employer, backs this up. Eighty-nine percent of the almost 500 participants agreed that they would not have known their risk level otherwise.

EMPOWERING CHANGE

Once awareness-raising is in place, employers can offer targeted education on treatment not only for employees with diabetes, but for those whose spouses, children or parents have diabetes. They can also get creative by inviting dietitians, for example, to demonstrate recipes and provide samples.

“Patients tell us they’re too busy to take time off work to get diabetes education, so let’s bring the education to them,” says Lori Berard, registered nurse and CDE at the Winnipeg Regional Health Authority Health Sciences Centre. “We also find that short and snappy education, like a lunch-time session, can be better than the traditional half- or full-day sessions at diabetes education centres.”

These sessions can also give spontaneous rise to peer support groups. “These can be amazing. We’ve found that just six sessions in these groups can lead to permanent changes in behaviour,” says Wylie. Employers can support these groups by offering time and space to meet on site.

“Emotional support is one of the biggest gaps in diabetes care. People with diabetes and their spouses or caregivers want and need to connect with one another,” says Shelley Diamond, a pharmacist whose experiences in diabetes education



WHAT IS DIABETES?

Diabetes occurs when the body cannot produce or make proper use of the insulin it does produce, which is released by the pancreas and used by the body to convert sugar in the blood into energy or to store as fat. Without insulin, the sugar builds up in the blood and slowly damages many organs and areas of the body. In the short term, body function is impaired, resulting in fatigue and other symptoms that affect work performance. Individuals can slow the progression of the disease through medications, healthy eating and physical activity.

There are two types of diabetes.

Type 1 diabetes is an autoimmune disease in which the immune system mistakenly attacks and kills the insulin-producing pancreatic cells. It generally develops in childhood or adolescence, and treatment always includes insulin.

Type 2 diabetes occurs when the pancreas becomes unable to meet the body's growing need for insulin, tires, and drops its insulin production, or when the body does not properly utilize the insulin it makes. Type 2 diabetes generally occurs in adults, and 90% of diabetes patients have type 2 diabetes.

COMPLICATIONS

People with diabetes also often have high blood pressure and high cholesterol. Diabetes can lead to kidney disease, foot problems, lower-limb amputations, vision loss, heart attack, stroke, anxiety, nerve

damage and, in men, erectile dysfunction. Disease duration and the ability to manage sugar levels are the biggest determinants of complications. Diabetes also doubles the risk for depression, which can make self-management more difficult and increase the likelihood of complications.¹³

RISK FACTORS

Anyone aged 40 or older should be tested for diabetes every three years. Other risk factors requiring more frequent testing include: family history; ethnic background (Aboriginal, Hispanic, South Asian, Asian, African descent); a diagnosis of prediabetes, high blood pressure, high cholesterol, mental illness or sleep apnea; and being overweight.

TREATMENT, TYPE 2 DIABETES

Treatment of type 2 diabetes generally begins with lifestyle changes and oral medications, such as metformin. As the disease progresses, patients may require additional classes of medication that use different mechanisms of action to further assist with glycemic control, such as DPP-4 inhibitors, GLP-1 agonists and, most recently introduced, SGLT2 inhibitors. Eventually, people with type 2 diabetes may require insulin. Regular self-monitoring of blood-sugar levels is an important component of care, particularly when treatment includes insulin.

led her to launch diabetescarecommunity.ca (see Resources, page 15). “The workplace is fertile ground to plant the seed for that kind of support.”

TACTICAL SUPPORT

Healthcare professionals suggest the following tactics for building a corporate culture that supports disease management in the workplace:

WEIGHTY MATTERS

According to a workplace survey of employees across Canada, 89% of those with type 2 diabetes reported they were overweight or obese, compared with 64% among those who did not have diabetes.⁹ Only 14% were satisfied with their current weight, and only 30% were satisfied with current energy levels. Reported rates of high blood pressure were also much higher among employees with type 2 diabetes: 56% reported having high blood pressure, compared with 13% among all survey respondents (and a national prevalence of 19% for high blood pressure).

Three out of four employees with diabetes (76%) said they have a strong or very strong desire to lose weight. Sixty-three percent have a plan for healthy eating and 60% have a plan for exercise. However, a gap emerges between desire and action: just 53% of respondents indicated they had followed their plan for healthy eating in the past week, and only 21% had followed through on exercise. In other words, those with diabetes were more motivated to lose weight than they were to exercise or follow a healthy diet. In addition, as expected, those who were the most motivated regarding weight loss, healthy eating and exercise were the most likely to be in control of their diabetes.

With these results in mind, motivational workplace programs—such as team-based fitness challenges, management-supported walking clubs and web-based tools to track personal progress—can support behaviour change and long-term disease management.

- Enlist senior management to promote and model healthier eating, physical activity and regular health monitoring.
- Promote small goals to increase physical activity, such as a brief walk after lunch or “walking meetings.”
- Spruce up stairwells: keep them well-lit, clean and appealing with artwork, greenery and signs.
- Encourage or organize personal and departmental fitness challenges.
- Offer healthier food choices in the cafeteria and at vending machines.
- Create kitchen areas with a microwave, toaster, fridge and seating space. People who work while they eat tend to eat more and enjoy it less, and are more likely to crave unhealthy snacks later.
- Include healthy food and snack options at meetings and company events.
- Train managers to support employees’ needs to monitor blood-sugar levels and eat at scheduled times, as well as to keep appointments with physicians, CDEs and other specialists.
- Offer private, clean areas, if desired, for employees to check their blood sugar and inject insulin (if required).
- Provide disposal receptacles for testing lancets and injection needles (available from pharmacies).
- Offer flex time to people with diabetes to assist them in what works for managing the disease (e.g., starting the work day a bit later).
- Support short-term disability leave as an option for helping employees to get diabetes under control quickly, particularly after the initial diagnosis.
- Reduce or waive co-pays and deductibles for diabetes-related drugs and devices (currently, out-of-pocket costs for people with type 2 diabetes average \$2,300 annually).¹²
- Offer full vision-care coverage to encourage employees with diabetes to get their recommended annual eye exam.



PARTNERING WITH PHARMACY

In May 2014, more than 200 Canadian employees of Enerflex Ltd., an international company delivering oil and natural gas solutions, sat down with local pharmacists to look at sugar levels in their blood. The on-site blood tests used to screen for diabetes and prediabetes took place in five locations in Alberta, including Calgary and Edmonton, with each test taking about five minutes on average, depending on the employee's results.

Enerflex began providing wellness education sessions on a wide variety of topics for its 1,400 Canadian employees in the fall of 2013. When it decided to proceed with the diabetes and prediabetes screenings, it did not know what to expect.

"We were extremely pleased with the turnout," says Cathy Pedersen, Enerflex's pension and benefits advisor. "Plans are already underway to expand the screenings to include other major chronic diseases."

Why pharmacists? "Enerflex had recently introduced a preferred provider network with Canada Safeway (a supermarket chain with in-house pharmacies) and we thought it would be a good way to support the network. It also builds on the relationship by adding the professional services of pharmacists," says Pedersen. While Enerflex's extensive network of locations across Canada could have posed logistical challenges for a single provider, "there are Safeways located across the country, so

we knew that there would be enough support for our employees. Employees also have the opportunity to meet with their own pharmacist afterwards. Other screening organizations could not meet all of our requirements."

The pharmacy chain is also "very reasonably priced compared to other companies" and its central coordinator made it "very easy as we just booked the screening rooms and they managed everything from there," says Pedersen.

For a month beforehand, Enerflex promoted the screenings internally and raised disease awareness. The internal marketing campaign consisted of email communications, posters, handouts and information on the intranet.



UNITED BY A CAUSE

Their son's type 1 diabetes diagnosis motivated Patricia and Wesley Armour of Armour Transportation Systems in Moncton, NB, to spread awareness and raise money for research. Tragically, Angus Armour died of complications in 2010, at the age of 36.

Today, his memory helps drive a workforce of almost 2,000 to continue to do what they can.

Since 2003, the company has raised more than \$800,000 for the Juvenile Diabetes Research Foundation. Almost 90% of the employees donate \$2 from each pay toward the Cure Diabetes Draw, which gives half the money to the research foundation. The other half goes to a pool with prize items, such as trips and cars, with a draw every year just before Christmas. Employees also participate in or volunteer to help run the annual fundraising walk, dance, bike-a-thon and "Touch a Truck" event, which sees Armour display its 18-wheelers next to emergency-response, military and construction vehicles.

The company's Shift Gears, Live Well program includes annual clinical assessments at 26 transportation terminals

in the Atlantic provinces, Montreal and Toronto, available to spouses, as well as all employees. A registered nurse measures blood sugar, blood pressure, cholesterol and weight, and discusses the results. The assessments coincide with the company's flu shot clinics and participation steadily grows: in 2013, almost 400 received flu shots, and 300 took part in the screenings.

Logistically, Armour draws on a network of more than 60 employee volunteers, its "wellness reps," to coordinate and promote the assessments. Corporate newsletters, emails, meeting announcements, pay-stub attachments and satellite messages to trucks round out promotions. A third-party provider supplies the nursing staff, and each location requires six bookings to proceed.

Given the nature of trucking jobs, the company recognizes that the risk of type 2 diabetes and pre-diabetes will likely always be high. With that in mind, managers and wellness reps (who attend one-day training sessions every other year) actively encourage healthy

eating and small breaks for physical activity. In June, a pedometer-based challenge attracted 300 participants, who together walked the equivalent of 1.6 times around the world.

Managers and wellness reps are also trained to accommodate employees with diabetes so that they can test blood-sugar levels and inject insulin. Larger locations offer receptacles for the disposal of lancets and needles. The company also delivers educational sessions on sleep apnea, which increases the risk of type 2 diabetes.

Benefit premiums have not increased in seven years, a feat that senior management attributes to a corporate culture that puts health and safety ahead of the job. "This is really a testament to the commitment of our people to make healthier lifestyle choices. We will continue to work very hard to create a healthier working environment, because our people are our most valuable asset," says Alisha Armour, the company's wellness manager.

RESOURCES

Employers of all sizes and budgets can readily take steps toward diabetes education and support, using the resources listed below. For additional information, including links to the regional offices of the Canadian Diabetes Association, go to www.benefitscanada.com/microsite/roi/diabetes.

FOR EMPLOYERS

Canadian Diabetes Association (CDA)

www.diabetes.ca

1-800-BANTING (226-8464)

Regional offices of the CDA can supply educational materials and arrange onsite presentations and screenings, working with local diabetes education centres and healthcare professionals.

The Canadian Diabetes Risk Questionnaire (CANRISK)

A simple questionnaire to determine personal risk, available in print (http://guidelines.diabetes.ca/CDACPG_resources/CANRISK_eng.pdf) or online (<http://www.healthycanadians.gc.ca/health-sante/disease-maladie/diabetes-diabete/canrisk/index-eng.php>)

Diabetes: Canada at the Tipping Point - Charting a New Path.

Canadian Diabetes Association and Diabetes Quebec. 2011. <http://www.diabetes.ca/CDA/media/documents/publications-and-newsletters/advocacy-reports/canada-at-the-tipping-point-english.pdf>

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FOR EMPLOYEES

Taking Charge of My Diabetes

www.diabetes.ca/takecharge

Educational material and interactive tools to help employees manage their diabetes, produced by CDA.

2013 Canadian Diabetes Clinical Practice Guidelines

<http://guidelines.diabetes.ca/PatientResources>. Additional patient-friendly resources, produced as part of updated clinical practice guidelines for healthcare professionals.

Diabetes Care Community

www.diabetescarecommunity.ca

A website featuring self-care tools, blogs by healthcare professionals and discussion forums, for caregivers as well as people who have diabetes.

BestDays

bestdays.onetouch.ca

A website featuring articles and videos to help monitor blood sugar levels and interpret test results, as well as adopt lifestyle changes (i.e., healthy eating, physical activity).

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