

# Chronic disease in the workplace

New insights and strategies to support employee health



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# 01

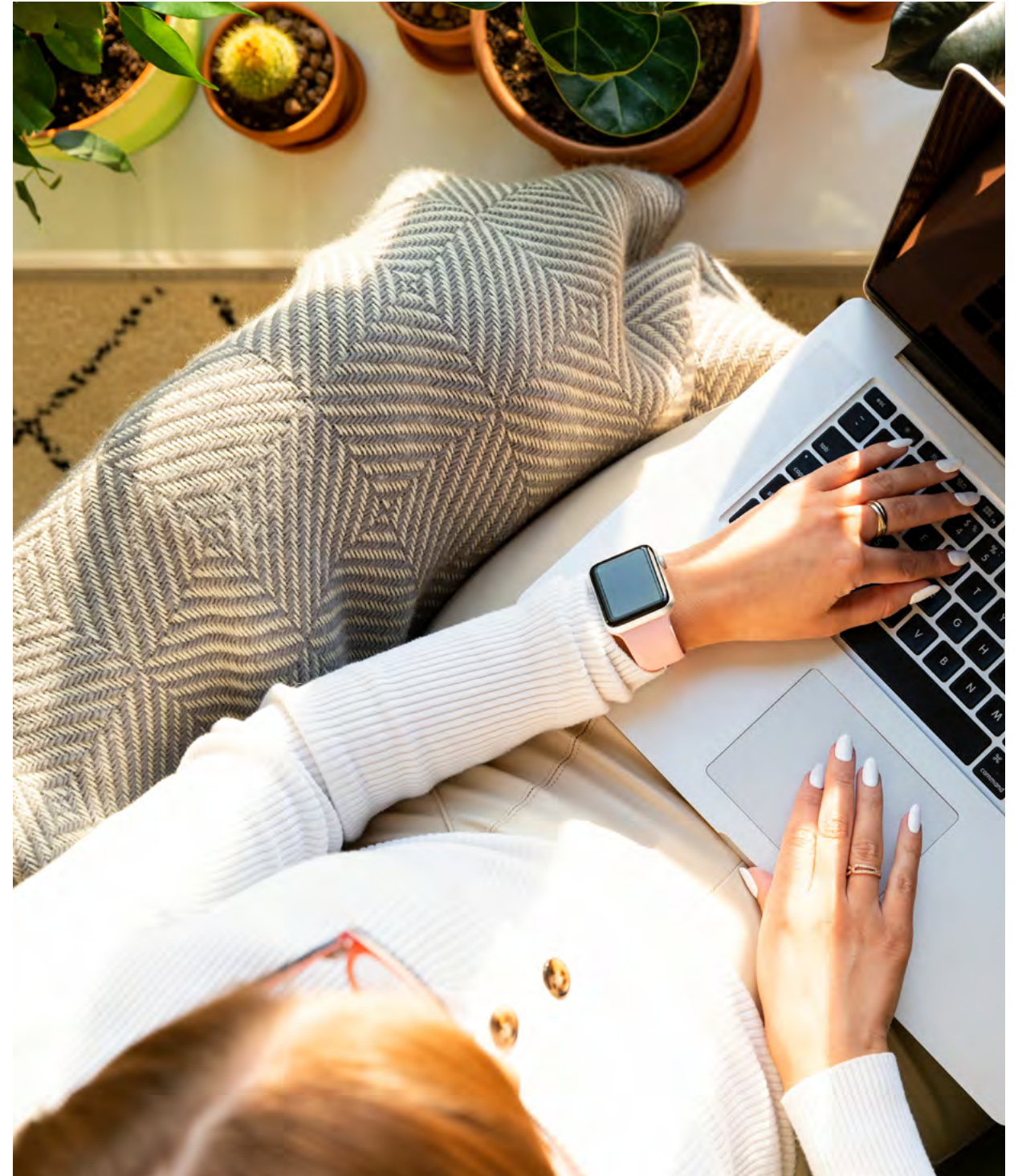
## The growing impact of chronic disease

Much of the focus on employee health in recent years has been on mental health, and with good reason. The incidence of mental disorders was growing before 2020 – and the pandemic only served to exacerbate this. Our data shows that almost 40% of long-term disability claims are now for mental disorders. The effects on both employees and employer organizations have been profound.

But it's not just mental disorders that have been trending upward at a concerning rate. Chronic physical conditions like diabetes and cardiovascular disease are also rising significantly among Canadian employees. The effects on employee health and productivity may not be as immediate and obvious as those of a mental disorder. But their longer-term impacts are profound.

A worrying trend is that these conditions are appearing with greater frequency at younger ages. Chronic disease is no longer just an issue for those in their 50s and 60s. Many employees in their 30s and 40s, and sometimes younger, are living with one or more chronic conditions. Our data indicates that women may be impacted more than men, placing a spotlight on the gender health gap that exists in Canada.

Chronic disease is no longer just an issue for those in their 50s and 60s. Many employees in their 30s and 40s, and sometimes younger, are living with one or more chronic conditions.





Poor diets, sedentary lifestyles, high stress and rising rates of obesity are all factors contributing to the trend. And the pandemic accelerated physical chronic disease incidence, with missed screenings, cancelled appointments, and challenges following healthy lifestyles. Deteriorating mental health during the pandemic was also a catalyst for worsening chronic physical health conditions.

### **The high incidence – and high cost – of chronic disease**

Today, almost half (45.1%) of Canadians live with at least one major chronic disease.<sup>1</sup> This comes at a high cost. Chronic diseases cost the Canadian economy \$190 billion annually. This includes \$122 billion in indirect income and productivity losses. Individuals and workplaces bear much of these costs.<sup>2</sup>

We expect the upward trend in chronic disease incidence to continue. Diabetes is a stark example. By 2033, Diabetes Canada predicts that over 5 million Canadians will be living with diabetes, a 26% increase over 2023.

### **We need both prevention and disease management support**

The good news is that many chronic conditions are largely preventable. And chronic disease prevention is, of course, the ideal. Workplace wellness and prevention programs provide positive impacts for both employers and employees.

*Employers who can support employees in managing their conditions can significantly mitigate the effects on their workplaces. These include disability, absenteeism, lost productivity and the costs of drugs and other treatments.*

But the reality is that many more people than ever before will be living and working with chronic diseases. We need to place more focus on optimal disease management. Employers who can support employees in managing their conditions can significantly mitigate the effects on their workplaces. These include disability, absenteeism, lost productivity and the costs of drugs and other treatments.

Optimal disease management, including medication adherence and healthy lifestyle changes, can have a profound impact on health outcomes. And there's new research showing that the remission of some chronic diseases – including diabetes – is possible for some.<sup>3</sup> To achieve this requires the right supports – a care model that is proactive, accessible, convenient and individualised.



### **What is a chronic disease?**

Many illnesses and injuries, such as the flu, infections, or muscle strains, have a defined beginning and ending. You suffer the condition, get treatment, and recover fully.

A chronic disease is a condition that is ongoing and persists indefinitely. These include common chronic conditions that affect many Canadians, such as cardiovascular diseases, diabetes, chronic respiratory diseases and arthritis.<sup>4</sup> Some diseases are preventable, with strong links to unhealthy lifestyles, such as poor nutrition, smoking, inactivity or alcohol consumption. Of course, unhealthy lifestyle habits can be difficult to overcome, which is why wellness supports can be critical.

Chronic diseases are not all physical conditions. Some mental disorders are also chronic, meaning they are ongoing, persistent, or recurring. These can include personality, eating or substance use disorders, and mood disorders (like anxiety, depression).

Although many chronic diseases are incurable, they are often manageable. With the right treatment and lifestyle modifications, many people can substantially improve their health outcomes.

# What our claims data tells us

To gain a deeper understanding of chronic disease trends affecting the workplace, we analyzed the drug claiming data of over three million plan members. Our analysis covered a five-year period (2019-2023). By analyzing this large data set, we can provide unparalleled insights into the health of Canadian employees.

We looked at claiming patterns related to drugs that treat several of the most common chronic physical conditions. Specifically, these were diabetes, high blood pressure, high cholesterol and asthma/chronic obstructive pulmonary disease (COPD) (Figure 1). Here's what we found.

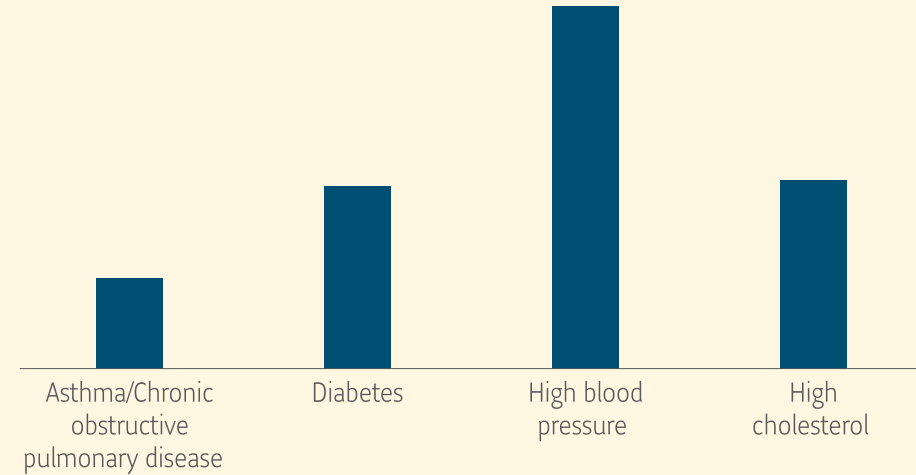
## Higher overall drug claims for chronic diseases

Drug claims per plan member have risen across the chronic diseases that we analyzed over the past five years. Claims growth was highest for diabetes drugs, up approximately 30% from 2019 to 2023 (Figure 2).



FIGURE 1

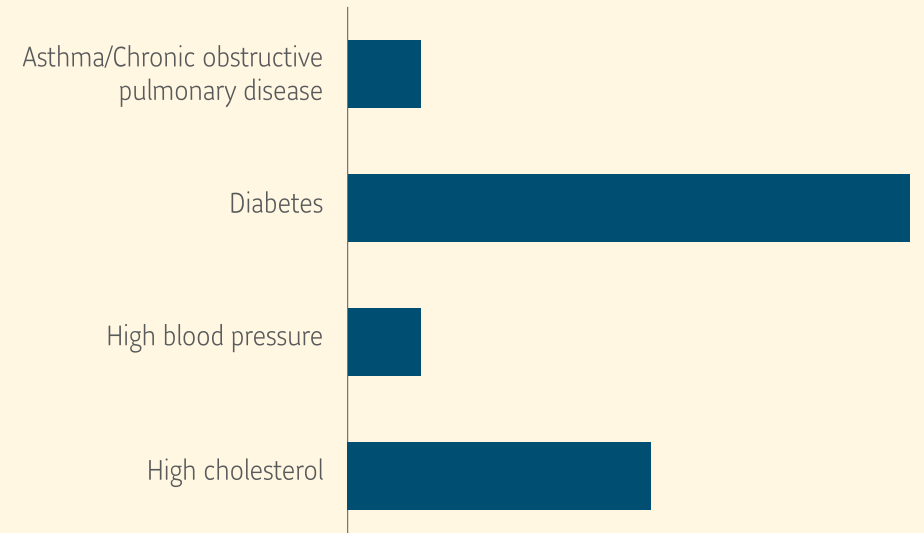
### Number of claims per covered plan member (2023)



Sun Life data

FIGURE 2

### Percentage of growth in claims per covered plan member (2019–2023)



Sun Life data



## Spotlight on diabetes

One in 10 Canadians is currently living with diagnosed diabetes. This represents over 4 million Canadians – a number that is predicted to rise to over 5 million by 2033.

There are millions more Canadians living with prediabetes. Prediabetes refers to blood sugar levels that are higher than normal but not yet enough to be considered diabetes. Prediabetes can lead to diabetes and related complications if not properly managed.

Diabetes contributes to many health conditions. This includes 30% of strokes, 40% of heart attacks, and 50% of kidney failures requiring dialysis. And it has significant effects on workplace productivity and group plan costs.

- Diabetes is now the second highest drug spend category, and one of the fastest growing.
- Employees with diabetes are absent 2-10 days per year more than those without diabetes.
- Diabetes is a comorbidity seen across many types of disability claims, including 20% of long-term disability claims.

Sources:

Government of Canada, Snapshot of Diabetes in Canada, 2023.

Sun Life Data.

Diabetes Canada: Diabetes in Canada, 2023 Background.

Diabetes Canada: About diabetes.

Breton MC, Guénette L, Amiche MA, Kayibanda JF, Grégoire J-P, Moisan J. Burden of diabetes on the ability to work: a systematic review. *Diabetes Care*. 2013;36:740-749.



## Women's claims are growing faster than men's

Overall, claiming for chronic disease drugs was higher for men (Figure 3). This is consistent with public health data showing that men have higher incidences of these conditions than women.

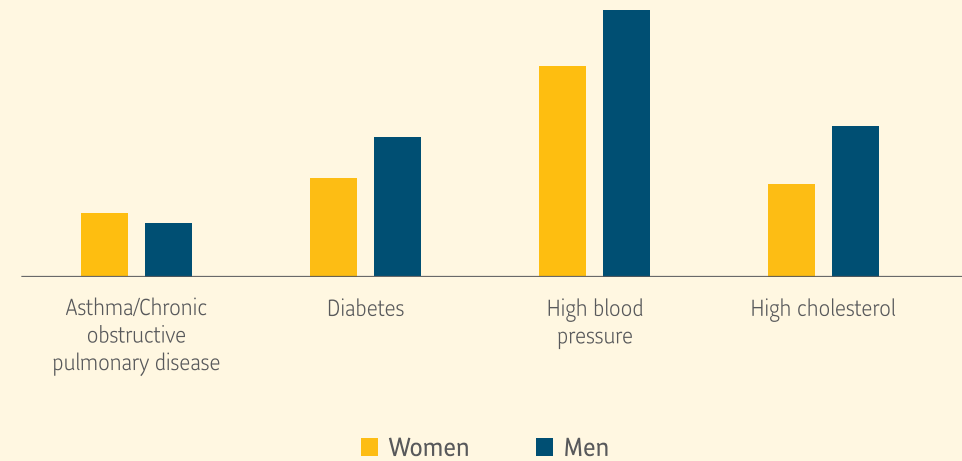
However, an important trend we see in our data is that growth of claims was significantly higher among women. This was true for every category except high blood pressure. Women's claims growth for diabetes drugs in particular was significantly greater – growing 40% faster than men's (Figure 4).

Obesity is a clear driver of rising diabetes cases. The link between excess weight and diabetes is clear. People living with obesity are at much higher risk of developing the condition. Obesity rates have risen dramatically in recent decades for men and women. However, research indicates that having a higher body mass index (BMI) leads to a higher risk of developing type 2 diabetes in women than in men.<sup>5</sup> Women with diabetes also have a higher risk of complications like heart disease, vision loss, kidney disease and depression.<sup>6</sup>



FIGURE 3

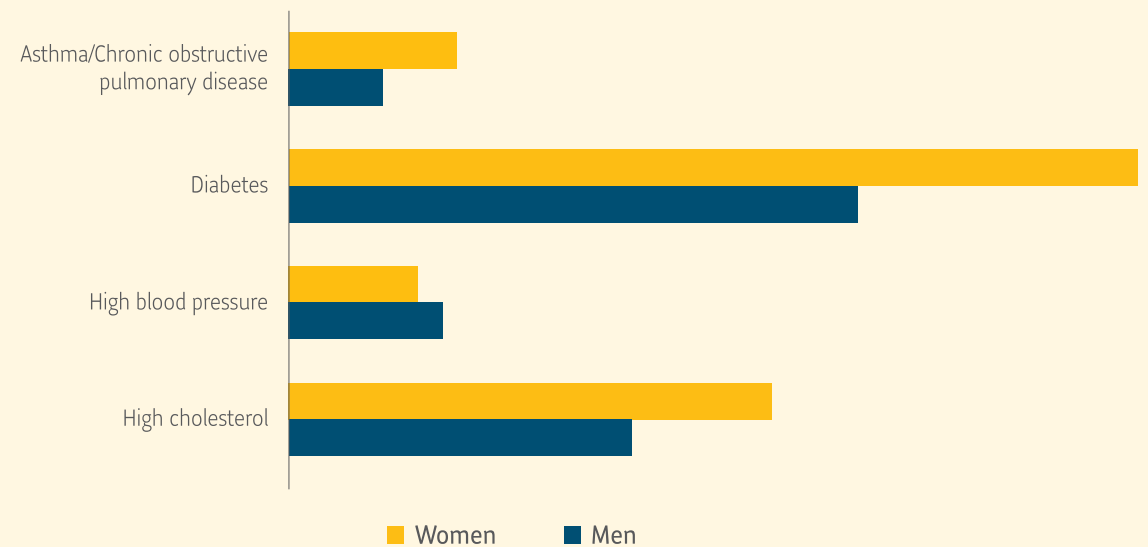
### Number of claims per covered plan member (2023)



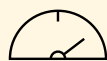
Sun Life data

FIGURE 4

### Percentage of growth in claims per covered plan member (2019–2023)



Sun Life data



## The effects of rising obesity rates

Health professionals no longer consider obesity a lifestyle choice. It's a complex chronic disease requiring individualized treatment and long-term support like any other complex condition.

Obesity is also a significant risk factor for many other chronic diseases. These include diabetes, high blood pressure, heart disease, asthma, arthritis, and several types of cancer. For example:

- Type 2 diabetes rates are three to seven times higher for individuals living with obesity<sup>7</sup>
- 78% of high blood pressure in men and 65% in women can be attributed to being overweight or living with obesity<sup>8</sup>
- Adults living with obesity are over 50% more likely to have asthma than adults who are not overweight<sup>9</sup>

Obesity rates in Canada continue to increase. Among adults aged 18 and older, nearly 30% were living with obesity in 2022.<sup>10</sup> This compares with just 22.5% of adults in 2005. Medical researchers expect these rising rates of obesity to continue.<sup>11</sup>



## Plan members are being impacted at earlier ages

Not surprisingly, claims for chronic disease drugs among younger plan members were much lower than their older cohorts (Figure 5). This reflects the well-established fact that chronic disease rates increase significantly with age.

However, if we look at growth rates across age groups, we see a concerning trend. Growth among younger plan members was much higher compared with older age groups in our data set (Figure 6).

This is consistent with public health data points that are beginning to emerge. Canadians are getting chronic conditions at younger ages. Our data shows a clear, detailed view of this worrying trend. By the time today's younger plan members reach middle age, chronic disease incidence could be significantly greater than today for those aged 40 to 59 and their health could be significantly worse.



### What's driving the rise in chronic disease at younger ages?

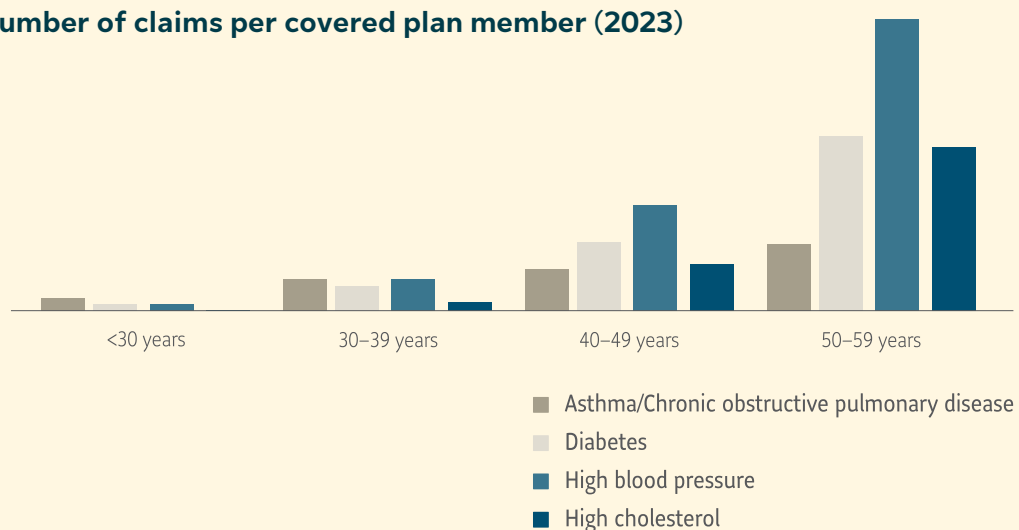
The increase in chronic disease at younger ages is due to a number of factors. These include:

- Rising rates of obesity
- Sedentary lifestyles
- Unhealthy diets
- Poor mental health and higher stress levels



FIGURE 5

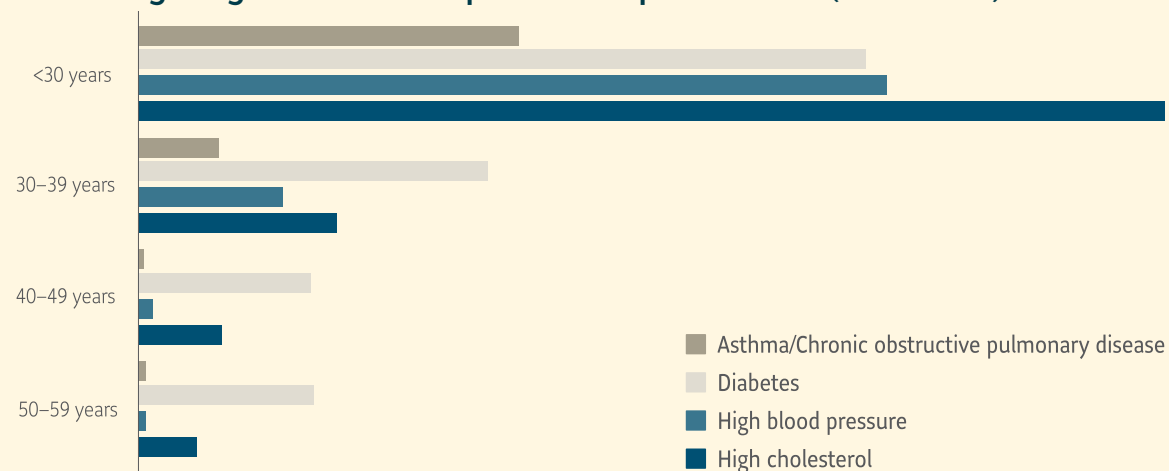
#### Number of claims per covered plan member (2023)



Sun Life data

FIGURE 6

#### Percentage of growth in claims per covered plan member (2019–2023)



Sun Life data



## Spotlight on heart disease

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One in 12 Canadians over the age of 20 lives with diagnosed heart disease. This includes both high blood pressure and high cholesterol.

It's the second leading cause of death in Canada after cancer. It's also one of the costliest diseases. Heart disease in Canada costs \$21.2 billion in direct (medical) and indirect (lost productivity and earnings) costs each year.

- On average, employees with heart disease cost their employers over a week in absences each year per employee. They also cost \$1,100 more in lost productivity each year than employees without heart disease.
- Heart disease is on the rise among younger adults. Heart attacks have been on the rise among people in their 30s and 40s.

### Sources:

Government of Canada, Heart Disease in Canada.  
Centers for Disease Control, Workplace Health Promotion.  
American College of Cardiology, Heart Attacks Increasingly Common in Young Adults.



## Rising risk among younger women

When we analyzed both age and gender together, another important trend emerged. Both younger men and women showed significant claims growth across chronic disease drug classes. But the growth among younger women was notably greater in our data.

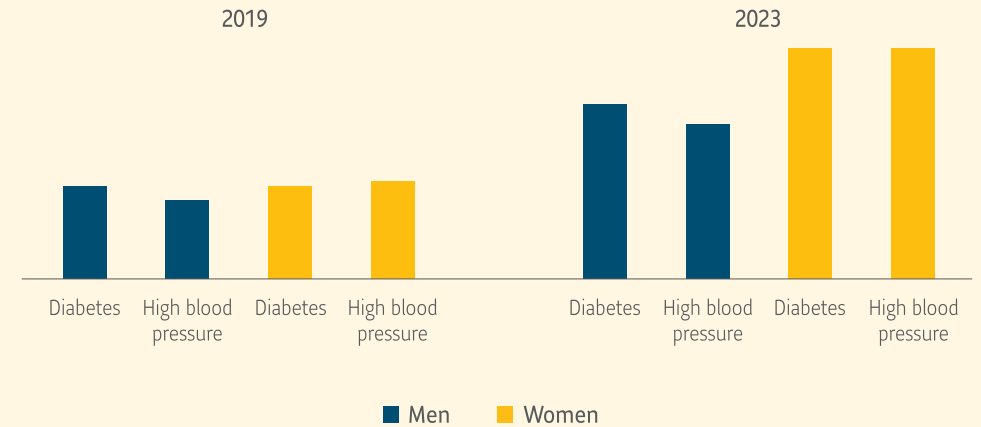
Diabetes and high blood pressure were two clear examples. Drug claims for men and women under age 30 were at similar levels in 2019. But the number of drug claims among younger women began to significantly outpace that of younger men by 2023 (Figure 7). We also found a similar, but less pronounced trend among women and men aged 30 to 39.

This trend is consistent with emerging reports of some chronic diseases affecting women at increasingly younger ages. The incidence of heart attacks is one alarming example. Over the past decade, the growth in the incidence of heart attacks in women between 35 and 54 years old was significantly higher than that of men. Indeed, younger women now have the highest growth rate in heart attacks across gender and age cohorts.<sup>12</sup>

The growing incidence of diabetes in women of child-bearing age is of additional concern. Exposure to maternal diabetes in utero is associated with greater risk of obesity and type 2 diabetes in offspring.<sup>13</sup> This can create a cycle of chronic disease growth over time.

FIGURE 7

### Number of claims per covered plan member <30 years old



Sun Life data





## Spotlight on asthma

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Asthma is the third most common chronic condition, affecting one out of 10 Canadians.

- Employees with asthma have been found to have 1.5–2 times more absences from work.
- Adherence to optimal asthma treatment is low (estimated at 50%).
- Asthma triggers are on the rise. Poor air quality (smog, wildfires) and more intense pollen seasons are making asthma more challenging to manage for many.

Read our report [Asthma and the workplace](#) to learn more about asthma and supporting employees with this disease.

Sources:

Asthma Canada.

Jacob L, Shin J, López-Sánchez GF, et al. Association between asthma and work absence in working adults in the United States. *J Asthma*. 2023;60(6):1115-1122.

Beauchesne M-F, Lemiere C. Global Initiative for Asthma report: how will new recommendations affect practice in Canada? *CMAJ*. 2020;192(17):E456-E458.



# Chronic disease and women's health

## The gender health gap

Our data indicates that growth in chronic disease among women appears to be outpacing that of men in some cases. This is especially true among younger women. Yet there remains a gender health gap in terms of treating many chronic conditions. This makes the upward trend in chronic disease among women that much more concerning.

Heart health is one example. According to the Heart and Stroke Foundation, half of women who experience heart attacks have their symptoms go unrecognized. They are also less likely than men to receive the timely treatments and medications they need.

*There remains a gender health gap in terms of treating many chronic conditions. This makes the upward trend in chronic disease among women that much more concerning.*

There are many reasons for this health gap:

- A historical and continuing lack of research on women's health
- Low awareness and understanding of how some conditions and symptoms can manifest differently in women than men
- The stigma in discussing and dealing with women-specific health issues, such as reproductive and gynecological health





While progress has been made to help close the gender health gap, we still need more women-specific research and women-focussed diagnostic and treatment protocols. Our recent research, [The gender health gap: its impact on working women in Canada](#), discusses this issue in greater detail.

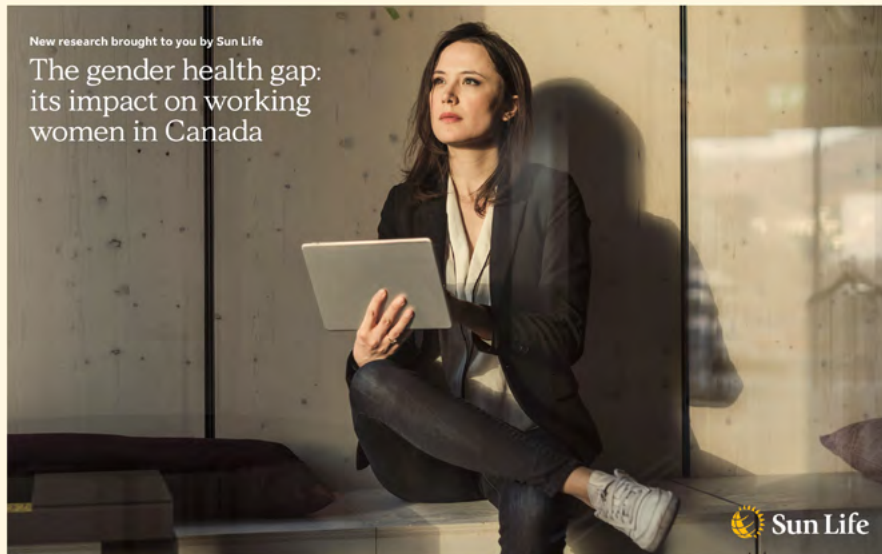
## Chronic disease and younger women

It's not entirely clear why the incidence of some chronic diseases may be growing faster in younger women than younger men. One possibility is that childhood obesity causes girls to reach puberty at an earlier age. This can lead to greater than expected weight gain as they reach young adulthood. This can in turn lead to more young women developing chronic diseases such as diabetes.<sup>14</sup>

Diabetes in particular can often take a greater toll on a woman's health. There are many potential reasons for this, including:

- **A lack of research and treatment development focussed on women and diabetes.** For example, cyclical hormonal changes can make diabetes control more difficult in pre-menopausal women.<sup>15</sup>
- **Pre-menopausal women with diabetes losing the protection of estrogen against heart disease.** They are 50% more likely to die from heart disease than men with diabetes in the same age group.<sup>16</sup>
- **The greater incidence of women with type 2 diabetes experiencing depression than men.** Depression can affect the frequency and severity of type 2 diabetes complications.<sup>17</sup>
- **Women receiving less intensive treatment for diabetes.** For example, researchers found that young women had a lower probability than men of getting lipid-lowering therapy.<sup>18</sup>

Although gender differences may impact type 2 diabetes, treatment guidelines remain the same for both men and women. Future research may focus on understanding if and how treatments should be gender-specific.



## The relationship between menopause and chronic disease

Our recent research on the gender health gap also highlighted the significant health challenges women face during menopause. New research is uncovering the potential effect of menopause on chronic disease – including heart disease and diabetes.

*New research is uncovering the potential effect of menopause on chronic disease – including heart disease and diabetes.*

The link to heart disease is becoming particularly clear. Hormonal changes are a key factor. Before menopause, women produce the hormone estrogen, which has a protective effect against heart health risks. During menopause, women's ovaries stop producing as much estrogen. As estrogen declines, risks to heart health rise.<sup>19</sup> The American Heart Association notes that some common menopause symptoms have been linked with heart disease. These include hot flashes, night sweats, depression and sleep problems.

Whether menopause increases diabetes hasn't been an easy question for researchers to answer. It's hard to separate the effects of menopause from the effects of age and age-related weight gain. But research is beginning to point to hormonal changes putting women at greater risk during and after menopause.<sup>20</sup> These changes can affect body weight, fat distribution, and insulin sensitivity. These appear to raise a woman's risk of diabetes. They may also make it more difficult for those with the condition to manage it.<sup>21</sup>

We found evidence of increased chronic disease risk when analyzing our own claims data. We analyzed the drug claiming data of more than 13,000 women over age 40 who began menopause hormone therapy. We followed the journey of these individuals to understand the trends in their medication history. We analyzed drug claiming patterns for the period three years before to three years after starting menopause treatment.

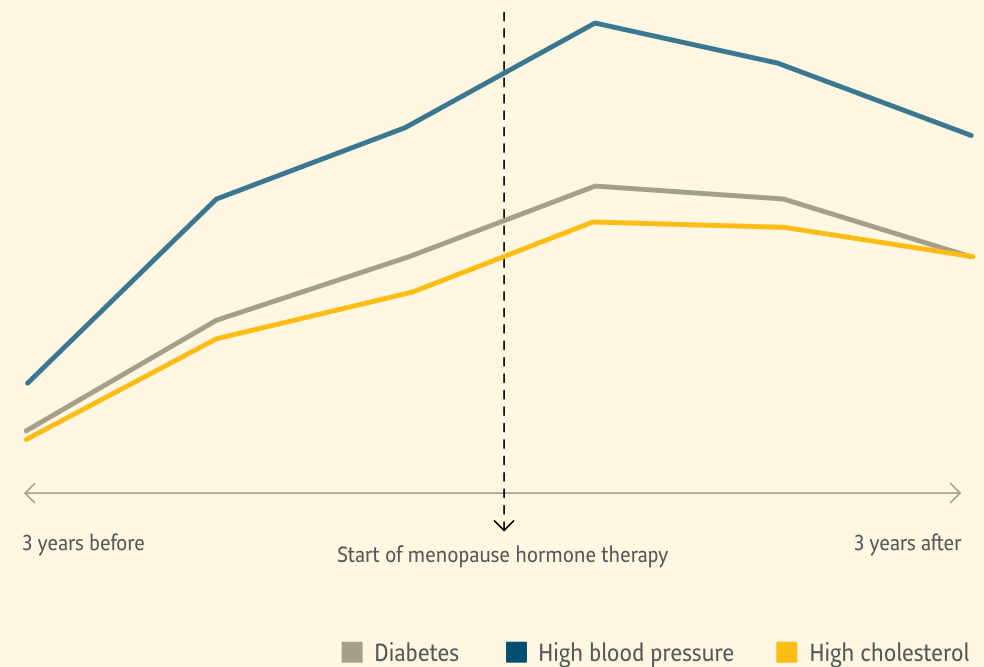
Claims for heart disease and diabetes increased significantly during the three years before the women began menopause hormone therapy. Blood pressure drugs showed the strongest growth. And the count for drugs to treat these conditions remained significantly higher after three years compared with the initial level six years earlier (Figure 8).

This analysis supports the growing evidence that chronic disease-related health risks increase substantially in the years before and after women begin experiencing menopause.

Medical knowledge of effective treatments for menopause-related health risks continues to evolve. And at Sun Life, we continue to develop solutions to better support the health of women in the workplace.

FIGURE 8

### Women's drug claims before and after starting menopause hormone therapy Number of claims per covered plan member (2018–2023)



Sun Life data



# The complications of multi-morbidity

A concern with chronic diseases that can be overlooked is multi-morbidity – the occurrence of two or more health conditions in one person.

Diabetes is a clear example. As the data shows, those with diabetes also have significant multi-morbidity risks (Figure 9).

Multi-morbidity can complicate disease management and treatment, leading to poor health outcomes. The potential for multi-morbidity underlines the importance of having access to personalized disease management support and coaching. This can help ensure plan members understand their conditions and have the support to adhere to their treatment plans.

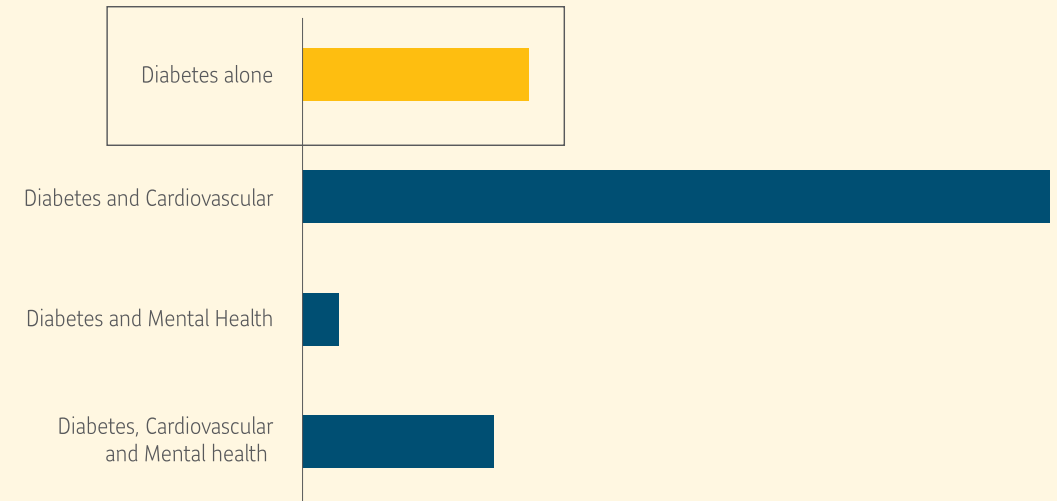
## The link between mental health and chronic physical diseases

A common multi-morbidity is a mental disorder linked with a chronic physical disease. People with depression experience three times as many chronic physical conditions as the general population. And those with chronic physical conditions have twice the rate of mood or anxiety disorders.<sup>22</sup>

*Multi-morbidity can complicate disease management and treatment, leading to poor health outcomes. The potential for multi-morbidity underlines the importance of having access to personalized disease management support and coaching.*

FIGURE 9

### Plan members claiming for diabetes medications (2023)



Sun Life data

Studies have found workers with combined mental health and physical health conditions have two to five times the likelihood of functional disability and absence from work.<sup>23</sup>

For these reasons, support for mental health in the workplace can be invaluable. In addition to drug and paramedical coverages for mental health therapy, Sun Life offers several other mental health supports. See our [Mental health strategy and solutions](#) webpage to learn more.

# 05

## Prevention: steps to improve workplace health

The best method of minimizing workplace chronic disease impacts is to reduce the chances of disease occurring. Employers can do a great deal to help employees adopt and maintain healthier lifestyles.

Prevention of chronic disease may sound like an individual employee matter. After all, only employees can take action on

their own health. But from an organizational standpoint, you can encourage those actions and make them easier to take.

This involves the early identification of the health challenges that are affecting your organization. You can then develop a targeted action plan to close the gaps. A three-step process can help you maximize benefits for both your organization and your employees.

### Step 1 Organizational health assessment

#### Assess your risks

Evaluation can uncover the specific health and chronic disease risks faced by your workplace. You can access much of this by looking at your group plan health metrics. Your provider can give you information about disability cases, drug and paramedical claim trends, as well as employee assistance program (EAP) usage.

Employee health risk assessments and screenings can also play a key role, providing important baseline data. This has the added advantage of raising awareness of chronic disease for individual employees.

### Step 2 Strategy and action planning

#### Develop your strategy

Armed with the analysis of data from existing program use and any health assessments, you can move on to step two. This involves developing your strategy to prevent chronic illness.

### Step 3 Targeted programming

#### Put targeted programs in place

Your group benefits provider can help you both develop a strategy and put it into action.

For example, if your organization faces risks for certain chronic conditions, your provider may offer a targeted prevention program. Depending on the condition, these programs might include health screening clinics or health challenges. Education sessions on topics such as nutrition, exercise, musculoskeletal health, and stress can also raise awareness and prompt actions.

### SUN LIFE SOLUTIONS



#### Consulting on strategies – plus free online resources

Our Organizational Health Consultants (OHCs) can help you develop workplace strategies to improve employee health. They bring years of experience from across the health and disability spectrum.

We've developed a suite of **free online resources**. These are great starting points for moving the needle on chronic disease prevention. They include:

- **A short-form Organizational Health assessment that helps you evaluate the overall health of your organization.** It can give you an understanding of your organization's strengths and areas that may need improvement.
- **A series of tipsheets for supporting a healthy workplace.** These provide actionable strategies, best practices, and practical advice.

While we've tailored these resources to small to medium-sized organizations, they can help businesses of all sizes. You can access these [here](#).

# 06

## A greater focus on managing chronic disease

Although prevention is ideal, the reality is that many employees will inevitably develop one or more chronic conditions. And they'll need support to live healthier lives. Prevention and management are not mutually exclusive. Many of the policies, practices and resources to support a healthy workplace apply to both.

*Research indicates that adherence to optimal disease management practices is less than 50% across many chronic conditions. Many people living with chronic disease clearly need more support to optimally manage their conditions.*

With the right supports, most chronic conditions can be managed, with the effects and risk to health significantly minimized. However, getting access to these supports can be a challenge for many people with chronic disease. Research indicates that adherence to optimal disease management practices is less than 50% across many chronic conditions.<sup>24</sup> Many people living with chronic disease clearly need more support to optimally manage their conditions.

Here are several ways that we can help you support employees in better managing their chronic conditions.

### Help navigating care

Health care for many Canadians is a blend of public and private care through insurance or group benefits coverage. It can be challenging for many employees with a chronic condition to navigate the maze of supports and treatments.

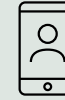
Family doctors have often quarterbacked the path to treatment. But family doctors are in short supply – and millions of Canadians don't have one. For those who do, many face long wait times to see them.

As a result, many employees are looking for help in navigating the system. Navigation support now tops the list of new or lesser-known benefits that employees would use if available.<sup>25</sup> And the desire for this support is high among employees living with chronic conditions. For example, 38% of those with diabetes and 35% of those living with obesity said they would use these navigational services.<sup>26</sup>

Employers can lead the way in helping employees with chronic conditions get access to appropriate care. And group plan providers like Sun Life can help.



### SUN LIFE SOLUTIONS



### LUMINO HEALTH CENTRE

Lumino Health Centre is our free health and wellness platform. Employees can access this resource using [mysunlife.ca](https://mysunlife.ca) and the **my Sun Life mobile app**. It includes Lumino Provider Search, Lumino Resources & Offers, and Lumino Health Content.

- **Lumino Provider Search.** This platform has over 210,000 health providers from across Canada. It's a highly used resource. In 2022 alone, there were 7.1 million Lumino Provider Search searches. Employees can find providers near them by searching provider name, condition treated, service provided or provider specialty. The platform includes provider ratings (by employees who have made a claim for their services) as well as cost indicators (\$, \$\$, \$\$\$), based on submitted claims. And they can find providers who offer online appointments by looking for the **"virtual visits"** icon.
- **Lumino Resources & Offers\*\*.** Employees can discover health products and services to support physical and mental health. Employees also get access to discounts on products and services.  
\*\* This section will only be visible if Lumino Resources & Offers are part of your plan.
- **Lumino Health Content.** Through articles, podcasts and videos, employees get advice on topics that can help them achieve their health goals.

## SUN LIFE SOLUTIONS



### Using data to proactively engage employees

Proactive and personalized messaging can be an important tool for engaging employees in the management of their health. It can raise awareness of health issues that may be affecting them. It can also point to relevant resources and supports that may be available to them through their group benefits plans.

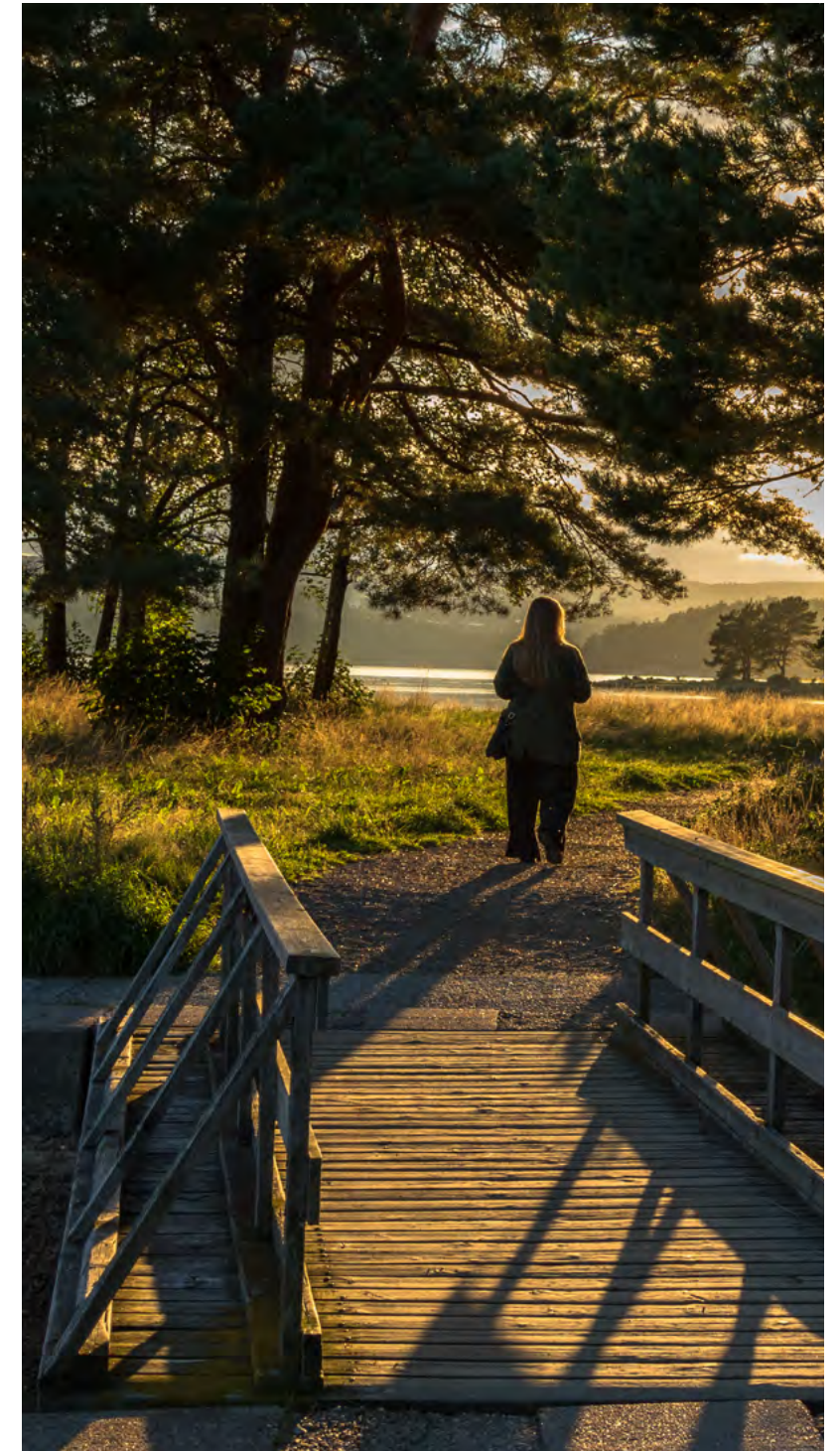
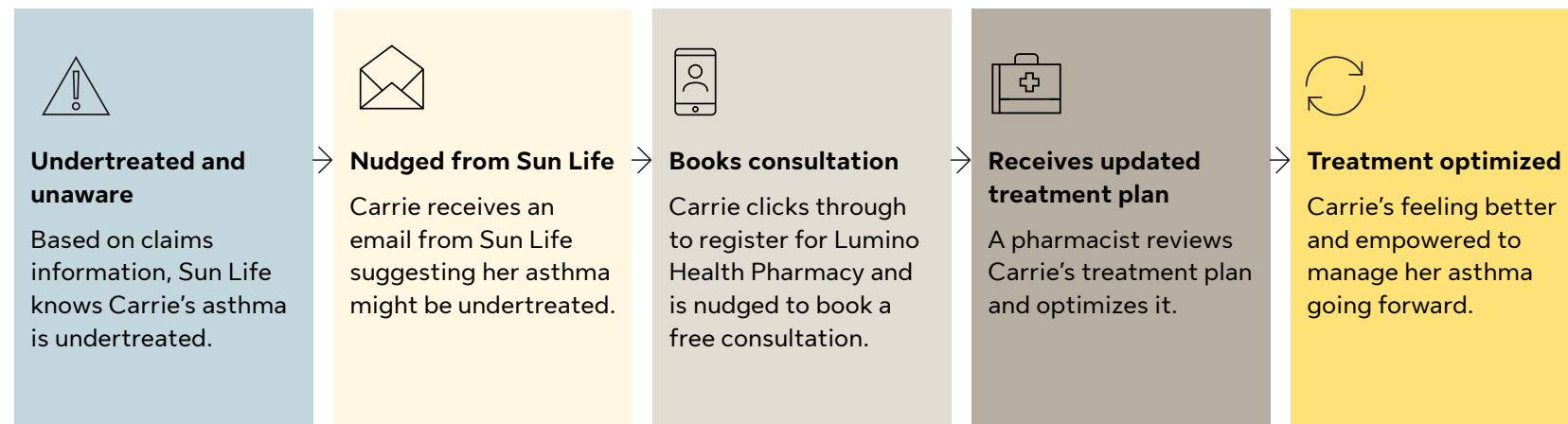
Many employees see the value in their group benefits provider proactively surfacing personalized information for them. This is especially true for plan members with chronic conditions. A recent Benefits Canada survey found that 51% of plan members living with obesity – and 47% of those living with diabetes – would value recommendations for health-care resources based on their personal claims data.<sup>27</sup>

Since 2016, we've been leveraging data analytics and AI through our digital coach, Ella. She provides proactive nudges to help plan members live healthier lives. The data speaks for itself. In 2023, Ella sent 67 million nudges to plan members and achieved an engagement rate of 47%.<sup>28</sup>

We're now using proactive data analytic nudges to offer coaching support for certain chronic diseases (see page 22 for more details).

### How data and a digital experience can improve health outcomes

Example of a plan member journey: supporting Carrie to optimally treat her asthma



# 07

## New chronic disease management supports

Treatments for chronic conditions can have many facets, including medication, diet and lifestyle changes. Adhering to these treatments can be challenging. The World Health Organization found only 50% of people with chronic conditions living in developed countries strictly adhere to their treatment recommendations.<sup>29</sup>

Non-adherence matters. Suboptimal drug adherence and discontinuations of therapies remain the most frequent reasons why several diseases are poorly controlled. Non-adherence is complex – there can be many factors involved. These include:

- The high cost of treatment
- Not understanding why adherence is important
- Not understanding how to properly use treatment devices
- A stigma associated with some treatments
- Concerns about side effects
- A denial that they have the disease, or a perception that they don't need treatment

Employers who offer a group benefits plan already help by providing coverage to reduce or eliminate costs. That in itself is a huge support for treatment adherence. But there are other barriers to optimal disease management – such as health literacy, stigma, side effects – that may remain.

Breaking down barriers like these can greatly improve an employee's self-management of their disease. Depending on the condition, self-management can involve any or all of the following:



Taking prescribed medications as directed



Making informed food choices



Engaging in exercises and activities that can help manage their condition



Participating in treatment decisions and collaborating with health-care providers

Effective self-management requires education, support, and ongoing communication with health-care providers.

### SUN LIFE SOLUTIONS

Two new solutions are here to help employees manage their chronic disease:



• Lumino Health Pharmacy



• Chronic disease coaching

We offer these in addition to our benefits plans. There is no additional cost to employers or to employees who choose to use them.



## SUN LIFE SOLUTIONS



### Lumino Health™ Pharmacy: easier, comprehensive medication support

Medication is a key part of treatment plans for most chronic diseases. So, pharmacy support can be critical. [Lumino Health™ Pharmacy\\*](#), provided by Pillway\*\*, offers pharmacy services for employees. But it's particularly ideal for those taking maintenance medications to treat chronic conditions.

There's no additional cost for using the service. It's available to employees automatically whenever they choose to use it. It gives employees easy online access to pharmacists for medication and coaching to better manage their health. They get:

- **Easy ordering** – employees just upload their prescription for validation and place the order online
- **Easy refills** – the auto-renewal feature reduces the risk of running out
- **Home delivery** – medications are delivered to their door anywhere in Canada – at no extra cost
- **Multiple medication management** – compliance packaging groups multiple medications into convenient packages, making it safer and improving adherence
- **Professional advice** – they can chat with, or call, a trusted and knowledgeable pharmacy support team 24/7

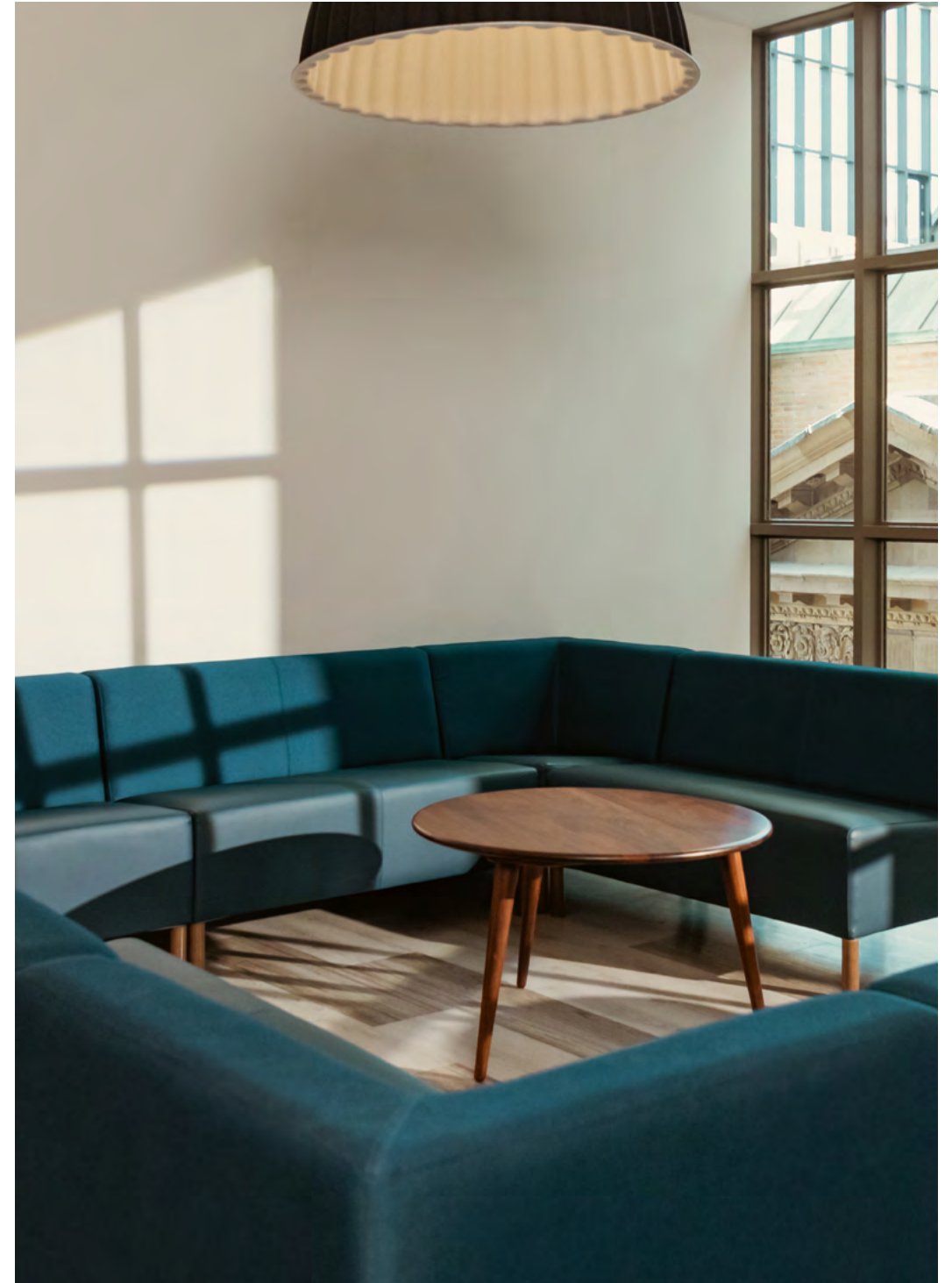
Lumino Health Pharmacy contributes to closing the non-adherence gap and reducing health-care costs. It is available to plan members residing outside of Québec. Employees residing in the province of Québec have access to an online platform with pharmacy services provided by [Pharmacie Abd-El-Monem Osman, Inc.](#)\*\*\* There is no additional cost for employees to use the service. It includes home delivery at no extra cost as well as the ability to chat with a trusted and knowledgeable pharmacy support team.

<sup>™</sup> Used under license by Simpill Health Group Inc.

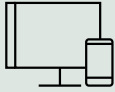
\* Pharmacy services are provided by Pillway.

\*\* SHG Pharmacy Inc. and SHG West Pharmacy Inc., doing business as Pillway pharmacies, are partially owned by Simpill Health Group Inc. For your information, and as a point of disclosure, Sun Life Assurance Company of Canada has partial ownership in Simpill Health Group Inc.

\*\*\* The pharmacist owner, Abd-El-Monem Osman, is solely responsible for the operation of the pharmacy and all services offered by the pharmacy.



## SUN LIFE SOLUTIONS



### Chronic disease coaching – through Lumino Health™ Pharmacy, provided by Pillway

More Canadians are turning to pharmacists for health-care advice and coaching. It's a service that's greatly needed given the issues with treatment adherence for chronic conditions.

In 2024, Lumino Health Pharmacy launched a specialized care program. So far, there are programs to support employees with [diabetes](#) and with [asthma and chronic obstructive pulmonary disease](#) (COPD).\*\*\* Employers and employees don't have to pay for this service.

Those who enrol receive a focussed assessment. They then receive one-to-one coaching and follow-ups with a trusted health-care provider such as a pharmacist and develop a personalized action

plan to support ongoing self-management. The action plan includes treatment optimization, proper use of medication and comorbidity education.

These coaching programs help provide employees with the support needed to follow their treatment programs and adopt healthier lifestyles. In turn, that support can also decrease health-related absences and improve employee health and productivity at work. It can furthermore help to lower drug plan costs. These programs build on Sun Life's many other supports for employees with chronic diseases.

\*\*\*At this time, coaching for Québec-based plan members is not available. We are currently exploring opportunities to provide coaching services in the province of Québec.



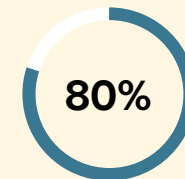
### Coaching in action – diabetes intensive program shows impressive results

Diabetes is a disease that needs significant self-management to be managed successfully. Coaching is one of the most effective ways to build healthy habits and drive positive outcomes.

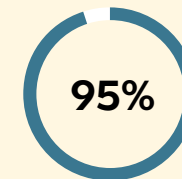
We offer a robust diabetes program that brings together a continuum of health-care providers. These include pharmacists, dietitians and doctors who specialize in lifestyle management for members who choose to enrol. For those who are interested, there is an intensive 12-week program focussed on lifestyle support. The program combines one-to-one coaching with educational group sessions. Additionally, there is less intensive programming through Lumino Health Pharmacy which focuses on:

- Lifestyle management
- Medication management
- Comorbidity support
- Diet and nutrition counselling
- Health-literacy improvements

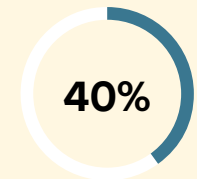
The preliminary results of the program have been very positive.



- Over **80%** of employees who have an initial consult return for follow-up appointments. This shows that members find the coaching services valuable and continue to come back after each session.



- Over **95%** of employees who have participated in the program for a minimum of 12 weeks have seen their A1Cs (the average sugar in their blood over several months) stabilize in a healthy and normal range.



- Almost **40%** of employees who have participated in the program for a minimum of 12 weeks have achieved A1Cs in a range where deprescribing could be discussed.

Sun Life data, 2024.

Preliminary results are based on 100 employees who participated in the coaching program between February 2024 and July 2024.

## Gain a healthier workplace: encourage supports for managing chronic disease

The incidence of chronic disease in Canada is rising – and so are the effects on employee health and the workplace. When employees are able to effectively manage their conditions, these effects can be greatly minimized. Many employees will need support to develop the right action plan for them – one that can support sustained, effective self-management of their disease.

Workplace supports for managing chronic disease are evolving, and many involve no cost to your organization. But awareness of these supports is critical. You can help by encouraging employees to use the supports available for managing their conditions. And we'll continue to help by nudging employees towards these supports and introducing new solutions to better support them.



For more information, talk to your Sun Life  
Group Benefits representative.



*This report provides general information only. It does not provide employment, legal, health, or financial advice. Consult with the appropriate professional advisor to meet your organization's needs.*

<sup>1</sup> Statistics Canada, Health of Canadians, 2023.

<sup>2</sup> Government of Canada. Evaluation of the Healthy Living and Chronic Disease Prevention – Multi-Sectoral Partnerships (MSP) Program 2014-15 to 2018-19.

<sup>3</sup> Diabetes Canada Clinical Practice Guidelines Expert Committee. Diabetes Canada 2018 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada. *Can J Diabetes*. 2018;42(Suppl 1):S1-S325.

<sup>4</sup> Statistics Canada, Health of Canadians, 2023.

<sup>5</sup> Censin JC, Peters SAE, Bovijn J, et al. Causal relationships between obesity and the leading causes of death in women and men. *PLoS Genet*. 2019;15(10):e1008405.

<sup>6</sup> Centers for Disease Control (CDC), Diabetes and Women, 2024.

<https://www.cdc.gov/diabetes/risk-factors/diabetes-and-women-1.html>

<sup>7</sup> Obesity Action Coalition. Obesity and Type 2 Diabetes.

<https://www.obesityaction.org/resources/obesity-and-type-2-diabetes/>

<sup>8</sup> American Heart Association. Global Public Health Crises of Obesity and Hypertension: Importance of Prevention and Treatment of Obesity. 2024. <https://professional.heart.org/en/science-news/weight-loss-strategies-for-prevention-and-treatment-of-hypertension/Commentary>

<sup>9</sup> American Lung Association. The link between asthma and weight. 2016.

<https://www.lung.org/blog/the-link-between-asthma-weight>

<sup>10</sup> Statistics Canada. *An overview of weight and height measurements on World Obesity Day*. 2024. <https://www.statcan.gc.ca/o1/en/plus/5742-overview-weight-and-height-measurements-world-obesity-day>

<sup>11</sup> Lytyyak E, Straube S, Modi R, Lee KK. Trends in obesity across Canada from 2005 to 2018: a consecutive cross-sectional population-based study. *CMAJ Open*. 2022;10(2):E439-E449.

<sup>12</sup> Johns Hopkins Medicine. Heart Attacks Striking Younger Women.

<https://www.hopkinsmedicine.org/health/conditions-and-diseases/heart-attack/heart-attacks-striking-younger-women>

<sup>13</sup> Blotsky AL, Rahme E, Dahhou M, Nakhla M, Dasgupta K. Gestational diabetes associated with incident diabetes in childhood and youth: a retrospective cohort study. *CMAJ* 2019;191(15):E410-E417.

<sup>14</sup> Omada Health. *Why Diabetes Hits Women Harder than Men*, Proof Points.

<https://resourcecenter.omadahealth.com/proof-points/why-diabetes-hits-women-harder-than-men>

<sup>15</sup> Ibid.

<sup>16</sup> Kalyani RR, Everett BM, Perreault L, Michos ED. *Heart Disease and Diabetes*.

Lawrence JM, Casagrande SS, Herman WH, et al., editors. Bethesda (MD): National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK); 2023. <https://www.ncbi.nlm.nih.gov/books/NBK597416/>

<sup>17</sup> Fernández de Alba IG, Gimeno-Miguel A, Poblador-Plou B, et al. Association between mental health comorbidity and health outcomes in type 2 diabetes mellitus patients. *Sci Rep*. 2020;10(1):19583.

<sup>18</sup> Mayo Clinic Proceedings, Cardiovascular Disease in Type 2 Diabetes: A Review of Sex-Related Differences in Predisposition and Prevention.

<sup>19</sup> American College of Cardiology. Heart Health Declines Rapidly After Menopause, 2024.

<sup>20</sup> North American Menopause Society. Diabetes Hits Women Hard at Menopause: Beat it Back.

<sup>21</sup> Diabetes Québec, Menopause. <https://www.diabete.qc.ca/en/diabetes/living-with-diabetes/pregnancy-and-hormonal-changes/menopause/>

<sup>22</sup> Canadian Mental Health Association. The Relationship between Mental Health, Mental Illness and Chronic Physical Conditions.

<sup>23</sup> Das-Munshi J, Stewart R, Ismail K, Bebbington PE, Jenkins R, Prince MJ. Diabetes, common mental disorders, and disability; findings from the UK National Psychiatric Morbidity Survey. *Psychosom Med*. 2007;69(6):543-550.

<sup>24</sup> World Health Organization. Adherence to long-term therapies: evidence for action. 2003.

<sup>25</sup> 2023 Benefits Canada Healthcare Survey.

<sup>26</sup> Ibid.

<sup>27</sup> Ibid.

<sup>28</sup> Sun Life data, 2023.

<sup>29</sup> World Health Organization. Adherence to long-term therapies: evidence for action. 2003.

