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health matters

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Osteoporosis

November is Osteoporosis Month: Reduce YOUR Fracture Risk!

Osteoporosis is a condition that causes bones to become thin and porous, decreasing bone strength and leading to an increased risk of breaking (fracturing) a bone. It is often termed the 'silent thief' as bone loss occurs without symptoms.

The risk of a major osteoporotic fracture in Canada is among the highest in the world (in the top quarter). Each year 30,000 Canadians break their hip. Did you know that over 90% of these fractures occur in people over age 60? This is just the tip of the iceberg. Many more Canadians suffer osteoporotic fractures, often the result of a simple slip, trip or fall, affecting the spine, wrist, shoulder, and pelvis. In fact, over 80% of all fractures after age 50 are caused by osteoporosis. The long-lasting effects of a broken bone can be devastating. Chronic pain, loss of mobility, lowered self-esteem and disability are just some of the overwhelming consequences that can result from a fracture.

At least one in three women and one in five men will suffer from an osteoporotic fracture during their lifetime. Despite this high prevalence, over 80% of fracture patients are never offered assessment and/or treatment for osteoporosis. Translated, fewer than 20% of women and 10% of men who experience a fracture are diagnosed and then treated for osteoporosis. This news is staggering if you consider that a fracture is one of the most significant risk factors for predicting a future fracture. Alarmingly, there is a 20% risk of suffering a second spine fracture within the year following the first one and a 5-10% risk of experiencing a second fracture in the year following a hip fracture.



Fractures: Are you at risk?

If you are over age 50, speak with your doctor or nurse practitioner for your 'fracture risk assessment'. A fracture may be your **FIRST** and **ONLY** sign of osteoporosis and can lead to **MORE** fractures. To reduce your risk of fracture:

Tell your doctor about: any bones you have broken as an adult; any loss of height; any previous falls.

Ask your doctor for: a height measurement; a spine X-ray if you have lost height; a falls assessment; a fracture risk assessment using FRAX or CAROC; a bone density test (simple and painless)

A risk factor assessment is an important first step in alerting you to your risk for osteoporosis, falls and fractures. For a complete list of Risk Factors for Fracture, please visit Osteoporosis Canada's website at www.osteoporosis.ca

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This publication is intended to keep RTO/ERO Health Plans participants current with matters considered at Health Services & Insurance Committee (HSIC) meetings and to share items of interest pertaining to Health and Wellness. Districts are encouraged to use any of this information in its communications with members at meetings or via local newsletters.

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Message from the Committee Chair

As I sit at the computer on this bright, cool autumn day to write my last message for Health Matters as chair I contemplate on the past six years on the Health Services and Insurance Committee.

This has truly been an interesting and challenging six years as we, as a committee saw improvements to the Health Plans, wrote a Governance Document to form a plan for the committee to do its fiduciary duty, and a new Benefit Entitlement Review Process was developed.

The highly, respected and hard working people that I met as committee members became friends. I appreciate the large connection of District/Unit Health Representatives who constantly kept me on my toes when I became chair of the committee. I trust that you will continue to keep the HSIC informed of any concerns in your District; without you the Committee is unaware of what is happening at the grass roots of the organization.

Thank you to all HSIC committee members both past and present, Provincial Executive, Provincial Office staff and Johnson Inc. for their constant and continued support while I was a member of this committee. A special thank you to Clara, Administrative Assistant who answered all my queries and kept me informed of all telephone calls and emails on members' concerns. The Committee will be well served with Mark Tinkess as the new chair.

May you enjoy the fall and the holiday season of Christmas as it quickly approaches. I trust that you will travel safely on all your journeys whether near or far. ●

Daisie Gregory





HSIC Meeting Highlights

September 2011 Committee Meeting

- A successful training session was held on Monday, September 26 with Don Brooks and Lori MacDonald-Blundon.
- Two new members, David Kendall and Brian Kenny, were welcomed as observers to the meeting.
- Farewell and appreciation was expressed to Roger Pitt and Joan Murphy who attended their last Health Services and Insurance Committee meeting for their term.
- Congratulations to Mark Tinkess as the new chair beginning November 1, 2011 for the next three years. As well Gerald Brochu has been granted a one year extension to his term on the committee.
- It was confirmed that the renewal rate for the Supplementary Travel Plan has been increased by 10% effective, September 1, 2011. Members currently in the plan will have already received this communication and it is important to remember that if you do not wish to continue this coverage then you need to let Johnson Inc. our administrator, know of this decision.
- The Draft Fall Senate Report was received by the committee.
- The sub-committee for the June, 2012 D/UHR workshop was struck with the following members: Gayle Manley as chair, Brian Kenny, Bill Bird, Gordon Near and Leo Normandeau. Mark Tinkess, Tony Sawinski and Clara Rodriquez are automatic members of the committee.
- The Draft 2012 Committee Priorities were received and will be finalized at the December 2011 meeting.
- Drafts of *Going Places* and *Group Benefits Update* were received for input.
- The Committee received the Johnson Inc. Second Quarter Consulting Remuneration Update.
- The Committee received the Quarterly Financial Report to June 30, 2011.
- We received a seven month report on the financial position of the Health Plans for 2011. It appears at this point in time that we may have a healthy surplus at the end of the calendar year.
- The RTO/ERO plan members need to be congratulated on the fact that many of them are accessing generic drugs when filling a prescription. This has increased over 2010 and is a savings to the member as well as to the plan. On the other hand, we do realize that not all members are able to use generic drugs and therefore the plan has and will continue to pay either brand or generic.
- The Committee discussed the possible plan enhancements and premium changes, if any, that may be implemented January 1, 2012. Plan members will receive notice in November as to any plan changes or premium changes for 2012.

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A Message from Johnson Inc.

Did you know that certain claims require the pre-approval of Johnson Inc. Plan Benefits Claims before they may be submitted for reimbursement under the RTO/ERO Health Plans?

Aids and Appliances benefit

Under the Aids and Appliances benefit, please call Johnson Inc. Plan Benefits Claims for pre-approval of your item, before making your purchase. Plan Benefits Claims will request a written prescription, including diagnosis, from a physician and/or the completion of an authorization form. Additional information may be requested to assess the eligibility of the aid or appliance. This process ensures that you know the amount eligible for reimbursement prior to making your purchase.

There may be financial assistance for your aid and/or appliance available through your provincial Assistive Devices Program (ADP). An application must first be submitted through the ADP for all eligible equipment prior to submitting your claim to Johnson Inc. Reimbursements under the RTO/ERO Aids and Appliances benefit are **only** offset by the amount eligible for payment through the ADP, whether or not application is made. Please note that if an application for funding is not made to the ADP prior to the purchase, the ADP may decline the item.

Dental Plan

Certain procedures under the RTO/ERO Dental Plan require pre-approval. If the cost of proposed dental work is expected to exceed \$600, you should submit a detailed pre-treatment plan to Johnson Inc. Plan Benefits Claims. For major restorative work, the pre-treatment radiograph will be requested. This pre-approval is not intended to limit you in your choice of dentist, to tell you or your dentist what treatment should be performed, to tell the dentist what fee to charge, or to guarantee reimbursement after coverage ceases. This process advises you of the amount eligible for reimbursement under the plan, before the work begins, for the proposed procedure.

For further information about these benefits, please contact Johnson Inc. Plan Benefits Claims at 1.800.638.4753. ●

Osteoporosis

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About Bone Mineral Density (BMD) testing

Rather than relying solely on the results of a bone mineral density (BMD) test to make treatment decisions for osteoporosis, Osteoporosis Canada recommends combining the results of BMD testing with some very important clinical risk factors. Your physician will do this using one of the fracture risk assessment tools, CAROC or FRAX. This leads to a much better and more accurate method of predicting a person's risk of fracture. As a result, the treatment of osteoporosis has now shifted from treating low BMD to treating people with a high fracture risk.

Who should get a BMD test?

- All women and men 65 years or older
- Postmenopausal women and men 50 – 64 with risk factors for fracture
- Those younger than 50 who have had a fragility fracture since age 40 or who have a medical condition or are on a medication that contributes to bone loss

How can you adopt a bone healthy lifestyle?

Assessing your risk factors can help you identify those that you can change. Some of these factors are a result of heredity; others are lifestyle factors. By making changes in your lifestyle through nutrition and physical activity, you are doing something to improve your bone health and lower your risk of developing osteoporosis and having an osteoporotic fracture.

Healthy Eating for Healthy Bones!

A well balanced diet, made up of all the four food groups in Canada's Food Guide, is the secret to healthy bones. There is no doubt of the importance of calcium and vitamin D, but adequate protein also contributes to bone health. Protein gives bone its strength and flexibility. Protein is also the big component of muscles, which are, of course, crucial for mobility and in preventing falls.

Are you getting enough calcium?

Calcium is found throughout the body...in the cells, blood, teeth and skeleton (our bones!). The body stores calcium in the bones but carefully regulates the supply of calcium to ensure that there is enough available for the body to function properly. If we do not consume enough calcium, it will be taken from our bones leaving them more fragile.

Osteoporosis Canada strongly recommends that everyone obtain their calcium through nutrition whenever possible. However, some individuals just can't seem to get enough calcium in their diet. These persons may need to take a calcium supplement, but this should be discussed with a physician as calcium supplements can have some side effects and have been associated with some risks.



Osteoporosis Canada's Daily Recommended Calcium Intake

Age	Daily Calcium Requirement (includes diet and supplements)
19 to 50	1000 mg
50+	1200 mg

Calculate your calcium intake by visiting Osteoporosis Canada's website at www.osteoporosis.ca

The importance of vitamin D!

Vitamin D is very important for bone health. It helps build stronger bones, partly by increasing the absorption of calcium. Vitamin D also improves the function of muscles, which in turn improves your balance and decreases the likelihood of falling. Vitamin D is therefore doubly essential in helping protect you against fractures!

Osteoporosis Canada's Daily Recommended vitamin D Intake

Age	Daily Vitamin D Intake
19 to 50	400 - 1000 IU*
50+	800 - 2000 IU*

*IU = International Units

While vitamin D is produced on our skin from the sun, our northern climate limits our ability to get as much sun as we need to produce the vitamin D that we require. Along with this, there are very few food sources of vitamin D – it is almost impossible for adults to get sufficient vitamin D from diet alone!

Osteoporosis Canada recommends routine vitamin D supplementation for all Canadian adults year round.

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Let's get physical!

In conjunction with a healthy diet, physical activity helps to build strong bones and improve coordination and balance. In turn, this helps to reduce the risk of falling and, most importantly, reduce the risk of fracturing!

The best type of activity for building bone mass is a weight-bearing activity – one where our feet and legs carry our weight. Activities like walking, running or dancing are good examples of weight-bearing activities.

Resistance training uses your own body weight or tools such as free weights, bands or exercise machines to build muscle mass. Did you know that these types of activities also help to build bone mass at the same time?

Physical activity needs to be appropriate to one's general health and bone health status. If you have health complications or have been diagnosed with low bone mass or osteoporosis, consult an expert before starting any exercise program.

Remember to choose an activity you enjoy. Bring along a friend to increase the fun!

Additional resources

Osteoporosis Canada, a registered charity, is the only national organization serving people who have, or are at risk for, osteoporosis. For more information on improving your bone health and reducing your risk of fractures, falls and osteoporosis, please contact **Osteoporosis Canada at 1-800-463-6842 or visit the website at www.osteoporosis.ca.** ●

Farewell from the President

The expression “A steep learning curve is one that is often heard”, but it is not one that is always experienced. Joining the Health Services and Insurance Committee is an excellent way to actually learn what that expression really means. The first thing that happens is that you are obligated to take a 19 module on-line course from the International Foundation. It is offered through Dalhousie University and a minimum mark of 70% is required in order to pass. Once enrolled in the course the task of learning the meaning of each of the dozens of acronyms begins. These are critical if one is to attempt to understand the language of Health Insurance and Benefits. Over the course of the year the Committee examines the three core Health Plan Issues – plan design, funding (financial aspects such as how the risk is identified and managed), and administration including claims payment and reporting.



Joan Murphy, President

Because RTO/ERO owns the Health plans it is imperative that the members of the committee understand all aspects of the three core Health Plan Issues. As an active educator and employee this was something that was not a major concern for me. This changed when I joined the committee. I began looking at the Health plans from a different perspective. I also realized that we must attempt to provide the best coverage possible at affordable prices for the majority of our members.

The past three years on the Health Services and Insurance Committee have been interesting and informative. I have learned a tremendous amount about all three core Health Plan issues and I know that there is much more to learn. I enjoyed my time on the committee and have a great deal of respect for those who volunteer to serve on this committee. Thank you.

Ontario Public Drug Programs – Exceptional Access Program

EFFECTIVE November 27, 2008, the Ontario Public Drug Programs introduced a Telephone Request Service (TRS) for the Exceptional Access Program (EAP). You can obtain the new 2011 version by clicking on the following link:

http://www.health.gov.on.ca/english/public/pub/drugs/trs/trs_guide.pdf

HSIC - GUARDIAN OF THE PLANS

You only have one chance to make a first impression. My first impression of the Health Services and Insurance Committee in November 2007 was one of awe, and during the past four years those who sat on the HSIC continued to genuinely amaze me.



Roger Pitt, HSI Committee member

Whether the people were regular RTO/ERO members, someone from the Provincial Executive, a specialist from Johnson Inc., or a staff member from the provincial office, they all offered innovative and responsible leadership in their role as a committee member.

Our health plans are unique and quite remarkable. They are the standard to which other retirement benefit plans are measured. And, because the plans are member-owned and operated, and not a share-holder and profit-oriented business, ours is a member- focused venture. The HSIC endeavours to offer plans which will benefit the majority of our RTO/ERO members in a cost-efficient manner. The committee looks ahead and anticipates the long term impact of future benefits, (hence, additional premium costs to members), and various trends within the industry. It's not a simple task.

However, to prepare ourselves, committee members take an intense course followed by regular updates, which enable us to understand the complexities of the health insurance industry. With assistance from outside agencies and guidance from Johnson Inc., we confidently strive to make informed decisions to protect our plans and its members.

My four years on the HSIC have been extremely rewarding and exciting. During my tenure, I have shared friendships with, while working closely alongside of, all committee members. As well, it has also been a tremendous pleasure getting to know many health representatives from various Districts. I consider myself very fortunate to have been part of this dynamic and dedicated group and I thank them all for this opportunity.

Knowing how this committee functions, I can assure you that the challenges presented to our health plans in the years to come will be carefully and prudently addressed by our current and future HSIC members. Our plans are in good hands. ●

Know your RTO/ERO health plans

Travel coverage

Mondial Assistance

Members participating in the RTO/ERO Extended Health Care Plan, travelling to other countries, enjoy the peace of mind and security offered through the services of Mondial Assistance (Mondial). While you are no doubt aware that the travel provisions of the Out-of-Province/Canada coverage include emergency medical expenses, trip cancellation, interruption or delay, a few of the lesser-known travel services available to you are:

Pre-trip assistance

Mondial can help provide you with pertinent travel information prior to leaving on your vacation; information such as travel advisories for the regions you will be visiting, required inoculations and visa requirements.

Emergency assistance to RTO/ERO members

Mondial emergency message centre can provide emergency communications assistance to help you keep in contact with family or friends in Canada. Mondial can facilitate communication between those stranded in a disaster area with their friends and families in North America.

Emergency translation

Travelling in countries where you do not speak the language can be a challenge in the best of situations, but doubly so when you are faced with a medical emergency. Mondial provides multilingual response in 17 languages. In addition, Mondial's strong global network of providers includes local affiliates worldwide. Their affiliates are on the ground in time of need, and available to liaise with health care professionals to ensure that your care is managed appropriately. For more details, please contact Mondial Assistance directly at 1.800.249.6556.

Your RTO/ERO Health Plans booklet contains contact information for MONDIAL ASSISTANCE. If you are travelling to a country that is not included in one of the listed telephone areas, you should use the collect telephone number. If you are not able to make a collect call from the hotel or a public pay phone, please call direct and you will be reimbursed. ●



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As an end note, this will be my final Highlights of HSIC meetings as my term ends as of October 31, 2011. It has been a privilege and an honour to serve three years on the committee with a three year extension as Chair. Thank you to all the District and Unit Health Representatives who have worked diligently to keep their members informed as well as a big thank you to the Provincial Executive, Staff and Johnson Inc., as well as the Committee members who have worked and supported me over the last six years. Even though I will no longer be involved at the Provincial level, I will continue to be active at our District and Unit level. ●



Daisie M. Gregory, HSI Committee Chair

Farewell to Daisie

It is always very difficult to say goodbye to a person whom you have known for several years who has had such an impact on your life and on the lives of those you have worked with. Leadership has been defined in many ways, but one of the most simple, (Northouse 2007), is “the process whereby an individual influences a group of people to achieve a common goal.” A boss drags, pushes, or commands people in order to reach a goal. Daisie was a leader, not a boss. Daisie was a leader because she was able, consistently, to demonstrate that she was worthy of being followed. Through her understanding of human nature, and her clear sense of direction, she was able to motivate all members of the committee, regardless of their backgrounds. Daisie sought the chair of HSIC and served as an example for the committee through her effective skills in communication. She helped the committee carry out their professional duties by ensuring that tasks were understood, supervised, and accomplished. Over the years she developed a team spirit second to none. No committee member has left the committee without sensing a loss of family.

Lines from “My Fair Lady” contain the phrases “I’ve become accustomed to her face. She makes my day begin and end”. How true. Daisie: thanks for the memories.

Mark Linkess



media corner

Your RTO/ERO Health Services and Insurance Committee shares as part of five meetings per annum, general health and wellness information items in the form of articles, PDFs, podcasts and websites.

Guide to Advance Care Planning - The government of Ontario has produced the Guide to Advance Care Planning as part of Ontario's Strategy for Alzheimer Disease and Related Dementias. It provides valuable information for seniors on making choices about personal care including health care (treatment and services), food, living arrangements and housing, clothing, hygiene and safety. You can order your guide or PDF copy at the following link: <http://www.seniors.gov.on.ca/en/advancedcare/index.php>

A Guide to Programs and Services for Seniors in Ontario

The Secretariat has developed A Guide to Programs and Services for Seniors in Ontario to bring together in one document the wealth of programs and services provided to Ontario seniors by the government, as well as by community organizations and service providers. You can order your guide or PDF copy at the following link:

<http://www.seniors.gov.on.ca/en/seniorsguide/index.php>

Travel Health Notices - For current information regarding world travel health warnings check the Public Health Agency of Canada <http://www.phac-aspc.gc.ca/tmp-pmv/pub-eng.php>

Osteoporosis Canada - Programs and resources

http://www.osteoporosis.ca/index.php/ci_id/5337/la_id/1.htm

Exceptional Access Program (EAP) - The Exceptional Access Program (EAP) facilitates patient access in exceptional circumstances to drugs not funded on the Ontario Drug Benefit (ODB) Formulary, or where no listed alternative was available. Inquiries regarding the Exceptional Access Program should be directed to: e-mail: EAPFeedback.MOH@ontario.ca; phone: 416-327-8109 or 1-866-811-9893; fax: 416-327-7526 or 1-866-811-9908; Exceptional Access Program, 3rd Floor, 5700 Yonge St., North York, ON M2M 4K5 http://www.health.gov.on.ca/english/providers/program/drugs/eap_mn.html ●



Vaccination

When travelling, you may be at risk for a number of illnesses that can be prevented by vaccination. As you age, your vaccine-acquired protection against many illnesses may decrease. Your risk of getting certain diseases may also increase.

You should see a doctor, nurse or health care provider for a health assessment before you travel abroad. This provides an opportunity to:

- review your vaccination history,
- make sure you are up-to-date according to your provincial/territorial vaccination program,
- discuss any health concerns you may have related to your trip, and
- assess your needs based on where you plan to travel and what you plan to do.

Additional shots may be recommended depending on your age, anticipated travel activities and local conditions. Remember that preventing infection through vaccination is a lifelong process.

List of Vaccines Recommended for Travel

The following diseases can be prevented by vaccination. Your health care provider may recommend that you get vaccinated against one or more of these diseases prior to travel: chicken pox; cholera; diphtheria; European tick-borne encephalitis; German measles (rubella); Haemophilus influenzae type b disease (Hib); Hepatitis A and B; HPV (human papillomavirus); influenza; Japanese encephalitis; measles; meningitis (meningococcal disease); mumps; pneumonia (pneumococcal disease); polio; rabies; tetanus; typhoid; whooping cough (pertussis); yellow fever.

Required Vaccinations

Some countries require that you have received a Yellow fever vaccination within the past 10 years and have an International Certificate of Vaccination or Prophylaxis before you can enter the country.

Many countries require this proof of yellow fever vaccination if you've passed through an area where yellow fever may occur. Without such proof, you may be refused entry, quarantined or vaccinated. The Yellow fever vaccination is only given at designated yellow fever vaccination centres. Some countries require that you receive specific vaccinations before you arrive. For example, Saudi Arabia requires proof of meningococcal vaccination for all pilgrims and proof of polio vaccination for all children going to Mecca during the Hajj.

Vaccination Records

Keep your family's vaccination records in a safe and accessible place and carry copies when you travel.

If your destination country requires proof of yellow fever vaccination, you must carry the original International Certificate of Vaccination or Prophylaxis. Keep a copy of this certificate at home.

Other Related Information

See the Canadian Immunization Guide, Seventh Edition, 2006 for Recommended Immunization Schedules and more information about Immunization of Travellers or visit the Public Health Agency of Canada website at http://www.phac-aspc.gc.ca/tmp-pmv/reason_raison4-eng.php

Source: Public Health Agency of Canada

