Healthy Living News and Research Update

March 10, 2017

The materials provided in this document are intended to inform and support those groups that are implementing the SelectHealth Healthy Living product as part of their employee wellness program.

You will be receiving similar updates twice each month.

If you would prefer not to receive these regular updates please let me know.

We welcome your feedback and suggestions.

Best Regards,

Tim

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Workplace Wellness

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Workplace Wellness

Many Americans Stressed about Future of Our Nation, New APA Stress in America Survey Reveals

February 22, 2017
http://www.apaexcellence.org/resources/goodcompany/newsletter/article/786

Two-thirds of Americans say they are stressed about the future of our nation, including a majority of both Democrats and Republicans, according to the American Psychological Association’s report “Stress in America: Coping with Change.”

More than half of Americans (57 percent) say the current political climate is a very or somewhat significant source of stress, and nearly half (49 percent) say the same about the outcome of the election, according to an APA poll conducted in January.

Talk of politics can spillover into the workplace, as a survey released by APA’s Center for Organizational Excellence revealed this past September. More than a quarter of working Americans (27 percent) reported at least one negative outcome as a result of political discussions at work during the election season, according to the survey. The center plans to release a follow-up survey this spring that gauges the affect politics is having on U.S. workers since the presidential election.

“The stress we’re seeing around political issues is deeply concerning, because it’s hard for Americans to get away from it,” said Katherine C. Nordal, PhD, APA’s executive director for professional practice. “We’re surrounded by conversations, news and social media that constantly remind us of the issues that are stressing us the most.”

Nordal also noted that while APA is seeing continued stress around politics, the survey also showed an increased number of people reporting that acts of terrorism, police violence toward minorities and personal safety are adding to their stress levels.
Between August 2016 and January 2017, the overall average reported stress level of Americans rose from 4.8 to 5.1, on a scale where 1 means little or no stress and 10 means a great deal of stress, according to the APA survey. This represents the first significant increase in the 10 years since the Stress in America survey began. At the same time, more Americans said that they experienced physical and emotional symptoms of stress in the prior month, health symptoms that the APA warns could have long-term consequences.

APA’s January survey showed the percentage of Americans reporting acts of terrorism as a very or somewhat significant source of stress increased from 51 percent to 59 percent from August 2016 to January 2017. Additionally, the percentage reporting police violence toward minorities as a very or somewhat significant source of stress increased from 36 percent to 44 percent during the same period. Since August, the percentage of Americans saying personal safety is a very or somewhat significant source of stress increased from 29 percent to 34 percent—the highest percentage noted since the question was first asked in 2008.

Reported stress varied by education, with 53 percent of those with more than a high school education reporting very or somewhat significant stress related to the election outcome, compared to 38 percent of those with a high school education or less. Additionally, a greater percentage of Americans who reside in urban areas said the same (62 percent), compared with those who live in suburban (45 percent) and rural (33 percent) areas.

These additional stressors may be affecting Americans’ health. The percentage of people reporting at least one health symptom because of stress rose from 71 percent to 80 percent over five months. A third of Americans have reported specific symptoms such as headaches (34 percent), feeling overwhelmed (33 percent), feeling nervous or anxious (33 percent) or feeling depressed or sad (32 percent).

“While these common health symptoms might seem minor, they can lead to negative effects on daily life and overall physical health when they continue over a long period,” said Nordal.

APA encourages people to stay informed but know their own limits when it comes to taking in information as one way to diminish the constant exposure to potentially distressing information and the resulting physical symptoms.

“For many, the transition of power and the speed of change can cause uncertainty and feelings of stress, and that stress can have health consequences. If the 24-hour news cycle is causing you stress, limit your media consumption,” Nordal said. “Read enough to stay informed but then plan activities that give you a regular break from the issues and the stress they might cause. And remember to take care of yourself and pay attention to other areas of your life.”

Methodology

The Stress in America survey was conducted online within the United States by Harris Poll on behalf of APA between Aug. 5 and 31, 2016, among 3,511 adults ages 18+ who reside in the U.S. Surveys were conducted in English and Spanish. APA commissioned Harris Poll to conduct an additional survey online within the United States between Jan. 5 and 19, among 1,019 adults ages 18+ who reside in the U.S. Surveys were conducted in English and Spanish. Data were weighted to reflect their proportions in the population. Weighting variables included age, gender, race/ethnicity, education, region and household income. Propensity score weighting also was used to adjust for respondents’ propensity to be online. Hispanic respondents were weighted for acculturation, taking into account respondents’ household language as well as ability to read and speak in English and Spanish. Because the sample is based on those who were invited and agreed to participate in the Harris Poll online research panel, no estimates of theoretical sampling error can be calculated. A full methodology is available upon request.
Older workers may have to postpone retirement under GOP plan

Mar. 9, 2017, by Editorial Staff

Older Americans may have to postpone retirement under Republican health bill
Experts say that older workers might be forced to delay retirement to keep their employer-sponsored health insurance once the GOP bill that would replace the Affordable Care Act becomes law, according to this article on MarketWatch. That is because the bill could result in a significant increase in health insurance premiums for older workers. “It seems entirely plausible that the new rules would discourage older workers from retiring or going out on their own to start a new business — if it means giving up employer-sponsored health coverage,” says an expert with Kaiser Family Foundation.

Image: Bloomberg

Taxonomy of retirement income bond ladders
Investors who hold retirement income bond ladders usually have two types of ladders, one-time ladders and rolling ladders, according to this article on Forbes. One-time ladders are designed to be spent down over time, as they serve a temporary purpose, such as providing income until Social Security benefits start. In contrast, rolling ladders are extended over time because of factors, such as stock market valuations, current interest rates and recent market performance.

IRA taxes in 2017: What you need to know
Clients who want to contribute to an IRA for 2016 have until April 18 to make the contributions, according to this article on personal finance website Motley Fool. For 2016, they can contribute as much as $5,500 ($6,500 if they are 50 and older) to a traditional IRA, and they may deduct the entire contribution or a fraction of the amount if they contribute to a 401(k) or other similar retirement plans, as they are subject to income limit rules. Clients may not be allowed to also contribute to a Roth IRA if their earnings exceed the income threshold, but contributing to a Roth is better option for clients who expect to move to higher tax bracket in the future, as Roth distributions are exempt from taxes.

Best ways to invest a 401(k) surplus
A study has found that people are saving more money in 401(k) plans, and experts say that 401(k) participants with extra cash to save should consider a more aggressive approach to boost their return potential, according to this article from U.S. News & World Report. These 401(k) investors may want to pick riskier investments such as stocks, especially if they are...
between the ages 20 and 40, and they should set a long-term goal. Clients who have more money to save for retirement should also consider investing outside the plan, such as a Roth IRA, which is a good place to achieve tax diversification for their retirement income.

**How to improve your readiness for retirement**

People should increase their knowledge about personal finance to make themselves more prepared for retirement, according to this article on USA Today. They should also be more open to discuss money issues and aim to close the gap between what they want to save for retirement and what they are actually saving. It also helps to have a positive financial role model and to understand the language of finance so they can focus on their goals, develop a good retirement plan and execute it properly.

**Setting a good example: Supervisors as work-life-friendly role models within the context of boundary management**

[https://www.apaexcellence.org/resources/research/detail/5978](https://www.apaexcellence.org/resources/research/detail/5978)

Journal Article

This study focuses on employee boundary management and supervisors as work-life-friendly role models. The authors examined how supervisor work-home boundary management behavior acts as work-life-friendly role modeling for their subordinates. In addition, the relationship between work-life-friendly role modeling and employee work-home segmentation behavior is tested, as is the relationship between role modeling and employee well-being (decreased exhaustion and disengagement). Study findings suggest that those supervisors who exhibit more segmentation behavior were also more likely to be perceived as work-life-friendly role models. Further, employees with role models were found to be more likely to exhibit segmentation behaviors themselves, and to report better well-being.

**Work-life-friendly role models, supervisors, boundary management, work-life balance, segmentation behaviors, employee well-being, exhaustion, employee engagement**

This Is the Surprising Risk of Working for a Toxic Boss

People with narcissistic supervisors are not only more likely to be depressed, they tend to become bullies themselves.

Health
Jan. 6, 2017, by Amanda MacMillan

You probably don’t need a scientific study to tell you that working for a narcissistic boss can have negative effects on your performance and mental health. But that’s exactly what a new paper from the University of Manchester in the U.K. has determined—providing real evidence of what health experts (and pretty much anyone who’s ever had a job) have long suspected.

The new research found that people whose bosses display psychopathic and narcissistic traits not only feel more depressed, but they are also more likely to engage in undesirable behaviors at work—like being unproductive and acting rude themselves. The findings, which have not yet been published in a peer-reviewed journal, were presented today at the British Psychology Association’s annual conference for occupational psychology in Liverpool.

To reach these conclusions, the researchers at Alliance Manchester Business School performed a series of three studies, including 1,200 people from a number of different countries and occupations. In each study, participants completed questionnaires regarding their psychological wellbeing, prevalence of workplace bullying, and their manager’s personality.

Analysis showed that people working for managers with these “dark traits” (as they’re known in the psychology field) had lower job satisfaction and higher rates of depression. Incidents of counterproductive work behavior and workplace bullying were also higher under these types of managers.

The driving factor for these consequences seemed to be the way these bosses treated their employees. “Leaders high in dark traits can be bad news for organizations,” said lead researcher Abigail Phillips in a press release. “Those high in psychopathy and narcissism have a strong desire for power and often lack empathy. This toxic combination can result in these
individuals taking advantage of others, taking credit for their work, being overly critical, and generally behaving aggressively.”

And their mean or manipulative actions can spill over, to more than just a person’s direct reports. “Workplace bullying is obviously unpleasant for the target but also creates a toxic working environment for all involved,” Phillips said. “In short, bad bosses—those high in psychopathy and narcissism—have unhappy and dissatisfied employees who seek to ‘get their own back’ on the company.”

So what do you do if you find yourself reporting to one of these horrible head honchos? Psychologist Ben Dattner, PhD, a New York City-based executive coach and author of Credit and Blame at Work, has a few suggestions.

First, set your expectations reasonably, says Dattner, who was not involved in the new study. “You’re not going to get any sort of positive support or encouragement or reassurance from a narcissistic boss,” he says, “so make sure you’re getting that elsewhere—from people like family, friends, community mentors, and coaches.”

Then, try to frame the situation in a positive light. “Consider that perhaps, over the long sweep of your career, it will be beneficial to suffer through this job,” he says. (Think The Devil Wears Prada.) “It will be emotionally draining, but even bad bosses can be technically talented and knowledgeable, and you might learn something from the experience.”

Helping narcissistic people look good in front of others can help put you on their good side, says Dattner. You may be able to do that by serving as a calm and strategic counterbalance to your boss’s impulsivity and reactivity.

“If you can protect your boss from himself or herself and you don’t appear to pose a threat, they’ll come to value you—and you might get yourself to a better place,” he says. (And yes, sometimes that might mean doing the work and sharing the credit.)

Dattner says it’s no surprise that the new study found a link between narcissistic bosses and toxic environments. After all, it’s not the first research to find that rude behavior at work is contagious. And if you’re feeling bullied by your boss, it’s a good idea to watch out for your own conduct at work, too.

“People who feel disenfranchised or exploited are much less likely to engage in positive behavior to be a good organizational citizen,” he says. “But don’t take the bait; don’t sink to their level. As tempting as it may be, acting on those feelings will hurt your own career and your future prospects.”

Instead, he says to acknowledge your emotions and make sure you have an outlet for them, and to channel your energy into something positive.

“Try to make yourself indispensable, to learn new skills and keep your network strong,” he says. “That will hopefully leave you open to alternatives—because the hardest thing when you’re dealing with a narcissist is feeling trapped.”
The Top Three Factors Driving Employee Burnout

Feb 1, 2017, by Joyce Maroney, Joyce Maroney is the Director of The Workforce Institute at Kronos

Imagine a problem affecting 95 percent of all businesses. A universal problem, so pervasive, that nearly every organization is feeling the pinch. With so many diverse industries, it’s almost hard to fathom. But a crisis that’s been percolating in the American workforce for years has now reached epidemic proportion. You’ve probably heard of it, too: employee burnout.

According to the study in the Employee Engagement Series conducted by Kronos Incorporated and Future Workplace, 95 percent of human resource leaders say that employee burnout is sabotaging their workforce. It’s not just a few folks feeling overworked or run down either. The study – which included more than 600 Chief Human Resource Officers, VPs of HR, HR directors, and HR managers from organizations of all sizes – found that nearly half of HR leaders attribute up to half of their employee turnover to employee burnout.

Why Employees Feel the Burn

Some causes of burnout are obvious. You could probably guess compensation and workload are major culprits, and you’d be right. Unfair compensation (41 percent), an unreasonable workload (32 percent) and too much overtime / after-hours work (32 percent) are the top three contributors to employee burnout, according to HR leaders in this study.

There isn’t much that can be done about those issues. However, digging deeper into the data, the study shows there are key factors driving burnout that are entirely within organizational control. HR leaders said poor management (30 percent), employees seeing no clear connection between their role and corporate strategy (29 percent), and a negative workplace culture (26 percent) also fuel the problem.

“These secondary problems fall squarely into core HR competencies, like talent management, employee development, and leadership, and they’re the real problem,” according to Kevin Mulcahy, partner at Future Workplace, an HR executive networking and research firm which co-authored the study with Kronos. “Everyone wants to work less and get paid more, but having skilled managers and a rewarding culture that allows employees to see the importance of their contributions are the building blocks of an engaged workforce.”

Mulcahy, who recently published The Future Workplace Experience: 10 Rules for Mastering Disruption in Recruiting and Engaging Employees, says proactively tackling employee burnout will have a big impact on improving retention, which should be a top priority for organization’s in 2017.

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“As the economy continues to improve, the battle for talent will continue to heat up, requiring organizations to provide more compensation, expanded benefits, and a richer employee experience,” says Mulcahy. “Managers should pay close attention to make sure employees aren’t overworked while also promoting flexibility wherever possible.”

An Ironic Dilemma: Retention versus Recruitment

Per the Society for Human Resource Management, direct replacement costs for an employee can reach as high as 50 to 60 percent of an employee’s annual salary, while the total cost associated with turnover can vary from 60 to 200 percent of annual salary.

This begs the question: is it more important to retain your organization’s top talent or recruit new high performers? The answer is both are important, and there should be a balance to develop the most talented workforce possible.

However, HR leaders who participated in this study shared something revealing: while 97 percent – virtually everyone – will increase their investment in recruiting technology by the year 2020, budget also remains a prohibitive roadblock to programs that would ease burnout, boost engagement, and ultimately reduce costly employee churn.

For example, a lack of budget was cited as the primary obstacle to improving employee retention by 16 percent of HR leaders, while 15 percent said a lack of funding was the biggest challenge to improving employee engagement. When asked about the biggest hurdle to implementing new HR-related technology, such as tools that would automate time-consuming administrative work to allow HR to act more strategically, more than a quarter (27 percent) said they just didn’t have the funding.

Part of this problem may stem from the C-Suite. While many more HR leaders have a seat in the executive boardroom today than even ten years ago, 14 percent of them cited a lack of executive support and 13 percent cited a lack of organizational vision as additional obstacles to improving retention in 2017.

Organizations that want to ease the burden of burnout must be willing to invest in retaining their top performers just as aggressively as they are willing to invest in recruiting top performers. This will break the disruptive and costly cycle created by turnover. Instead of trying to keep ahead of churn, HR can focus their energies on building great teams and developing great leaders in an engaging environment.

Creating a Burnout Prevention Strategy

While many organizations take steps to manage employee fatigue in the workplace, there are far fewer efforts to proactively manage the issue of employee burnout.

“Like employee engagement, burnout is personal,” says Mollie Lombardi, co-founder and CEO of Aptitude Research Partners. “The threshold for fatigue and dissatisfaction can be very different from individual to individual, and often, high performers who expect a lot of themselves may be even more prone to its impact. Managers need to be aware and help their employees be aware of potential burnout before it’s too late.”

According to Lombardi, who has two decades of experience advising HR and business leaders, burnout will likely never be completely eradicated from the workforce, but it can be drastically mitigated so that it only touches the smallest portion of employees.

“Finding the right mix of consistency and flexibility when it comes to schedules and workload is the key. Technology and policy, as well as the example set by managers, can help individuals achieve a better balance,” Lombardi added. “There are also innovative and emerging tools and technologies, including some analytics, designed specifically to proactively monitor for and alert managers to burnout.”
Both Mulcahy and Lombardi agree the most important factor to combating burnout is a commitment to being proactive. Without this commitment, burnout will continue to spread like an epidemic, driving high turnover and undermining employee engagement initiatives for years to come.

About the Author:

Joyce Maroney is the director of The Workforce Institute at Kronos Incorporated and editor of “It’s All About Bob(bie): Strategies for Winning with Your Employees.”

Top employee stressors identified in study

Feb 28, 2017, by Marlene Y. Satter


Wellness programming, flexible schedules and more sensitive manager training can support employees so companies can reap the benefit of their years of experience and dependability. (Photo: iStock)

As companies are increasingly concerned with how employee well-being affects their bottom lines, a Humana Inc. study has identified top employee stressors it says take a toll on workers’ health.

In the 2017 Humana Wellness Trends Report five trends are identified that the study says are “making a significant impact in the world of wellness.” Although none are new, they are the target of increasing attention, as their prominence in impacting employee health grows.

Pointing out in the report that health care costs currently account for an average of 7.6 percent of an organization’s budget, Humana writes that “addressing these trends in the workplace can make a significant difference overall.”

An aging population, with attendant problems such as employees serving as caregivers to older relatives, is one trend affecting well-being. Rising health care costs can siphon away employees’ own funds as they struggle to help loved ones, and so can the physical and emotional stress of caregiving.

In fact, the report finds that, with approximately 20 percent of the U.S. workforce acting as caregivers, the cost to companies’ bottom lines is approximately $33 billion, with an additional $13 billion in related health care costs.

But there’s also the flip side, as employees themselves age and retire later. These employees, say the report, “may incur more health care costs due to having a higher likelihood of chronic conditions. Also, those who planned to retire later were ‘more likely to report stress, poor health, and feeling stuck in their jobs than people expecting to retire sooner.’”

Wellness programming, flexible schedules and more sensitive manager training can support such employees so that companies can reap the benefit of their years of experience and dependability.

Financial well-being is another big one, with 37 percent of full-time employees saying that they think about or deal with financial issues when they’re supposed to be working. Money, it adds, has been employees’ top stressor since 2007, and nearly half of employees have difficulty “paying household expenses on time.”
The report cites a survey of human resource professionals in which approximately 70 percent believe personal financial challenges had a “large or some impact” on employee performance; in addition, about half reported that employee stress (50 percent) and the ability to focus on work are two top concerns.

The third trend, that of mindfulness, can “help ease ‘the effects of stress, anxiety, and other negative emotions,’” the report says, adding that mindfulness can extend to helping with such health issues as quitting smoking and other beneficial lifestyle changes.

Sleep is the fourth trend, with employees suffering from sleep disorders — the study cites an estimate that a third of the U.S. workforce has at least one such disorder — and 74 percent of employees 30 years old or older reporting lack of sleep as affecting their performance at work. Lack of sleep can not only cause “presenteeism” and poor performance, but also result in errors and even accidents, and cause health problems including obesity, high blood pressure, cardiovascular disease and depression.

The fifth trend, described as “emerging,” is what Humana terms “the connected experience 2.0.” It cites as an example mobile device apps that capture data that can be analyzed to better understand the app user, such as Fitbits or other devices.

Such data can be analyzed by employers to better understand employees’ actions and motivations, it says, and help them to learn what is driving organizational costs and how to curb them.

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**Workforce shortage has companies offering creative wellness benefits to employees**

Feb. 19, 2017, by David Erickson

Several Missoula companies are rolling out new and unique incentives and wellness benefits to make their workers happier and healthier – not necessarily out of altruism, but necessity.

Missoula County’s unemployment rate is currently 3.7 percent, which is below the statewide average of 4 percent and an entire percentage point below the national average of 4.7 percent. When the unemployment rate is that low, it leads to a tight labor market that increasingly forces employers to compete to attract and retain skilled workers.

When the unemployment rate is high – as it was during the Great Recession – lots of workers scramble for a limited number of jobs, and companies can have their pick of the lot. But now the tables have turned, and companies are trying to avoid the costs of a high turnover rate, because constantly having to retrain new employees is expensive and time-consuming.

One of those firms, Allegiance Benefit Plan Management in Missoula, employs about 294 workers. They take calls and process claims for large insurance plans such as the state government’s insurance plan.

That means the company employs people who have to be at their desks for much of the day, and company President and CEO Dirk Visser decided he wanted to give his workers access to healthy food.

So, he partnered with Harry Ward, the owner of mobile food-delivery business Kayle. Using technology developed by Kayle, workers at Allegiance can go online in the morning to order healthy meals like salads, smoothies and, for example, a chicken bowl with green curry coconut lime sauce. Then, a Kayle delivery driver shows up with a special truck with hot and cold compartments to the Allegiance doorstep at 12:15 p.m. sharp and sets up a table.

Employees come outside, sign their name, and take their food inside with them. Visser said the company is paying half of the cost of the meals for each employee for up to two meals a week. He said it’s a win-win-win situation for his company, his employees and Kayle.

“I wouldn’t really call it an incentive, more as an adjunct to what we’re doing in our overall corporate wellness and benefit program,” Visser explained. “Part of the objective we have here is helping people make better decisions with food. We have people that sit a lot.”

Visser said they've added some standing desks so workers can get out of their seat and work standing up if they want to.
"But we have had quite an extensive wellness program for a number of years, and one thing that’s kind of come out of that is we have a lot of people struggling with the metabolic syndrome where they’re having difficulty losing weight and exercising enough.”

Visser said a lot of health problems stem from eating unhealthy food.

“So part of the initiative we have here with Kayle is to give people some healthy choices for lunch and kind of put our money where our mouth is, so to speak, and subsidize that to try to encourage them to make a better choice rather than just walk into a fast-food place or worse, get into their car and drive into a fast-food place,” he said.

The program is basically an experiment to see if it pays off long-term.

“It’s something that Kayle hasn’t done before and Allegiance hasn’t done before,” he explained. "It’s a beta program and hopefully it will take off and succeed. So far the feedback’s been very positive.”

On Wednesday of last week, more than a dozen Allegiance workers eagerly piled out of the office doors to collect their ready-made lunches. At the other Allegiance offices around town – the company has grown so much that one office isn’t enough – even more employees are signed up.

“IT really evolved out of some of our wellness projects,” Visser said. “We do a health-risk assessment every year at no cost to the employees where they can get labs done. We take aggregated information that’s given back to us and we say, how can we help people make a difference here? What can we do?”

Because food is the common denominator with a lot of issues, Visser said he became acquainted with what Kayle was doing.

“It seemed like maybe this could be something that could be mutually beneficial and it really just sort of evolved out of a discussion and an experiment. People were pleasantly surprised that we launched this,” he said.

Missoula is the site of the company’s pilot project, and they may try to launch it in other areas if it’s successful, although Visser said it will be a long time before there will be any measurable feedback from a health standpoint.

Kayle has a broad menu, and Allegiance subsidizes meals under a certain calorie count.

“Part of it’s just common sense,” Visser said. “If people are more active, if they eat better, if they understand what their own biometric issues are, if they can take appropriate action, they can get fit. We’re just trying to find a pathway to do that.”

Ward said some Allegiance employees who were not customers of Kayle before have decided to order beyond just the two meals per week.

“To Harry’s credit, they offer not only a healthy option, but a generous portion, so we’ve gotten feedback that some people are taking home half their lunch for dinner, which is great,” Visser said.

Visser said Allegiance also offers full health insurance to their employees at no extra cost – meaning they don’t contribute a part of their paychecks to the insurance.

“We do a lot for our employees,” Visser said. “I consider our employees the greatest asset to the company. And since we’re a service related company, we need motivated, happy employees. So, it’s kind of a win-win situation.”
Treatment Gaps Persist Between Low- And High-Income Workers, Even With Insurance

Feb. 17, 2017, by Michelle Andrews

Low wage workers are about four times more likely to have avoidable hospital admissions for conditions such as urinary tract infections. (Getty)

Low-wage workers with job-based health insurance were significantly more likely than their higher-income colleagues to wind up in the emergency department or be admitted to the hospital, in particular for conditions that with good primary care shouldn’t result in hospitalization, a new study found.

At the same time, low-wage workers were much less likely to get preventive care such as mammograms and colonoscopies, even though many of those services are available without cost-sharing under the 2010 health law.

There’s no single reason for the differences in health care use by workers at different wage levels, said Dr. Bruce Sherman, an assistant clinical professor at Case Western Reserve University in Cleveland and the study’s lead author, which was published in the February issue of Health Affairs.

Finances often play a role. Half of workers with employer-sponsored insurance are enrolled in plans with a deductible of at least $1,000 for single coverage. As deductibles and other out-of-pocket costs continue to rise, low-wage workers may opt to pay the rent and put food on the table rather than keep up-to-date with regular doctor visits and lab work to manage their diabetes, for example.

Likewise, convenient access to care can be problematic for workers at the lower end of the pay scale.

“Individuals are penalized if they leave work to seek care,” Sherman said. “So they go after hours and their access to care is limited to urgent care centers or emergency departments.”

The study examined the 2014 health care claims, wage and other data of nearly 43,000 workers at four self-funded companies that offered coverage through a private health insurance exchange. Workers were stratified into four categories based on annual maximum wages of $30,000, $44,000, $70,000 and more than $70,000.

Workers in the lowest wage category were three times more likely to visit the emergency department than top earners, and more than four times more likely to have avoidable hospital admissions for conditions such as bacterial pneumonia or urinary tract infections. But they used preventive services only half as often, the study found.

There are no easy solutions. Varying premiums or deductibles based on workers’ wages could take some of the bite out of low-wage workers’ out-of-pocket costs, but very few employers have adopted that strategy, Sherman said. Offering plans that pay for certain services, such as care related to chronic conditions, before the deductible is met could boost the use of care. But preventive services are available without cost-sharing in most plans and many low-wage workers aren’t getting recommended services.
“Health literacy concerns are important,” said Sherman, but it may not be the only barrier. “Some focus groups I’ve participated in, employees have said, ‘I understand the services are free, but if an abnormality is found that requires further services, I’ll have to [pay for it]. So because I feel fine, I’m not going to go.”

Motivating People Starts with Having the Right Attitude

March 01, 2017, by Monique Valcour
https://hbr.org/2017/03/motivating-people-starts-with-having-the-right-attitude

Most leaders know what strong motivation looks like. When I ask leadership development clients to describe the type of motivation they’d like to see in their teams, they mention qualities such as persistence, being a self-starter, having a sense of accountability for and commitment to achieving results, and being willing to go the extra mile on projects or to help other team members. But many leaders have little idea of how to boost or sustain that level of motivation.

Many leaders don’t understand that they are an integral part of the motivational ecosystem in their companies. The motivational qualities listed above appear most frequently when employees feel valued, trusted, challenged, and supported in their work — all things that leaders can influence. For better or worse, leaders’ attitudes and behaviors have a huge effect on employees’ drive and capacity to perform.

One problem that gets in the way is a mechanistic, instrumental view of the human beings who sit at our companies’ desks. Seeing compensation as the primary or only tool we can use to motivate high performance is like trying to build a house with only a hammer. What gets lost is that incentives, regardless of which ones are applied, filter through employees’ brains along with every other aspect of the employment experience. How employees experience work from day to day has a bigger influence on their motivation than their compensation and benefits package.

Related Video: 9 Employee Engagement Archetypes

You can’t engage employees if you don’t know what motivates them.

Another barrier to a leader’s capacity to motivate is the widespread, mistaken belief that motivation is an inherent property of the employee — “they either have it or they don’t.” In fact, motivation is a dynamic process, not a stable employee characteristic. When we judge an employee to be irredeemably unmotivated, we give up on trying to motivate them. A vicious cycle ensues, in which our attitude and behaviors elicit exactly those behaviors we expect from an unmotivated employee, which in turn reinforces and justifies our verdict and approach. Everybody loses: The organization is deprived of the employee’s full contribution, the leader acts unskillfully, and the employee grows increasingly disengaged.

Managers generally start out with the best of intentions. After all, whenever we hire someone new, we expect that they will be motivated. Later, if performance or engagement lags, we experience frustration at the “unmotivated, entitled” employee. It often goes something like this: “As a leader, I started out caring very much about the emotional needs of
staff. Unfortunately, all this brought about was overentitlement and making it OK to use your feelings to waste time and create a negative environment. I have evolved to care less about feelings and more about getting the work done, period. As long as my expectations are clear, people get paid, and they have a safe environment, there is no room for the rest of it in the workplace.” I found this comment on a leadership article posted on the HBR Facebook page, but it could have come from the mouths of the countless leaders I’ve met during my career. Even if a leader feels perfectly justified in taking this approach, giving the impression that employees’ subjective experience of work doesn’t matter will only serve to dampen employee motivation.

It is entirely possible for leaders to learn to motivate even those employees they’ve given up on. As an example, I recently coached a leader who’s responsible for a global organization’s operations in an Eastern European country. A man in his fifties with a military background, he complained of being saddled with an underperforming team member he couldn’t fire: “He’s basically useless. All I can do is contain him so he doesn’t screw anything up — and lean on my capable people to get our work done.” The leader gave the employee routine, low-value work to do, didn’t share important information with him, didn’t bother to meet with him, and never sought his input or contribution to important projects. “Why bother with him? I can’t change him, and I don’t have time to waste on someone who’s unmotivated,” he insisted at first. Through coaching, the leader came to appreciate that these choices, which he initially saw as rational responses to a motivational deficiency in the employee, actually worsened the problem. He realized that seeing his employee as useless was only one of many possible perspectives he could take — and that it limited his leadership effectiveness. After shifting his approach from containment to facilitation, he saw substantial gains in the employee’s outward motivation and performance, to the point where the employee became a valuable member of the team.

To make the shift that boosted his employee’s motivation, this leader had to be fearless in examining his own thinking and patterns of behavior. He recognized and admitted that he didn’t see his employee as a whole human being, but rather as an object and a problem. He had to develop curiosity about what the situation was like from the employee’s point of view. He had to experience that valuing his employee’s perspective opened up avenues for motivation. As he started talking more with his employee, giving him challenging work, seeking his input, and including him in important projects, the employee responded with increased enthusiasm and commitment. “I can’t believe what a difference it makes,” he told me after a few sessions.

I believe that most interpersonal problems that arise in the world, whether in relationships, companies, or nations, come down to the fundamental difficulty humans have in seeing things from others’ perspectives. When we make assumptions about what employees believe and value, interpreting their behaviors according to our assumptions, we reduce their humanity and their complexity. The very phrase “human resources” frames employees as material to be deployed for organizational objectives. While the essential nature of employment contracts involves trading labor for remuneration, if we fail to see and appreciate our employees as whole people, efforts to motivate them will meet with limited success. Instead of thinking about how we can control our employees, let’s focus on how we can motivate them. A good place to start is by reflecting on the best boss you’ve ever had. How did this boss make you feel? What did this boss do to earn your admiration? Try to harvest some of that boss’s motivational strategies and make them your own.

Monique Valcour is an executive coach, keynote speaker, and management professor. She helps clients create and sustain fulfilling and high-performance jobs, careers, workplaces, and lives. Follow her on Twitter @moniquevalcour.

The benefits of financial wellness counseling
Money Management International says 86 percent of the 150 employees it provided financial counseling to now report having less stress related to money as a result of the counseling. (Photo: iStock)

Money Management International, a nonprofit credit counseling organization, is touting the results of a recent survey it conducted as evidence that employers can significantly reduce stress among their employees by offering them financial counseling resources.

MMI announced recently 86 percent of the 150 employees it provided financial counseling to at an Oregon-based nonprofit health agency say they have less stress related to money as a result of the counseling.

In addition, most of the employees at Samaritan Health Services say the counseling led to them achieving certain financial goals, such as reducing debt (60 percent), setting aside more money for retirement (38 percent), boosting their credit score (30 percent) or buying a home (8 percent).

"At MMI, we know that financial coaching, counseling, and education work, but seeing the incredible, positive impact this program has made on the financial outlook of these clients is simply amazing,” says Julie Griffith, Mapping Your Future account manager, in a statement accompanying the study’s release.

Related

Wellness programs could cut workplace stress

A new survey from MediKeeper says employee stress could be curbed by engagement in employee wellness plans.

Other research has shown employers are increasingly viewing financial counseling as a key component of wellness initiatives due to the significant psychological and emotional toll money-related anxiety takes on employees.

In addition to causing depression, sleep deprivation and all sorts of health problems that reduce an employee’s productivity, financial stress often distracts employees from their work. A survey last year showed that 37 percent of U.S. employees report spending time on the job thinking about or dealing with personal finances.

The awakening to the importance of financial wellness coincides with a number of studies which shed light on young Americans’ lack of savings. One study found a solid majority of Americans have less than $500 in savings. Another found that the U.S. personal savings rate was just 5.7 percent, roughly half of what it was 50 years ago.
Diet Tied to Large Proportion of Cardiometabolic Deaths
Study explores which foods and nutrients may be helpful or harmful

HealthDay News, March 8, 2017
http://www.physiciansbriefing.com/Article.asp?AID=720446

Nearly half of all deaths from heart disease, stroke, and diabetes in the United States are associated with diets that lack certain foods and nutrients, such as vegetables, and exceed optimal levels of others, like salt, according to a study published in the March 7 issue of the Journal of the American Medical Association.

The researchers used data from multiple national sources to examine deaths from cardiometabolic diseases -- heart disease, stroke, and type 2 diabetes -- in 2012, and the role that diet may have played.

Too much salt in people's diets was the leading factor, accounting for 9.5 percent of cardiometabolic deaths, according to the researchers. Other key factors in cardiometabolic death included low intake of nuts and seeds, seafood omega-3 fats, vegetables, fruits, and whole grains, and high intake of processed meats and sugar-sweetened beverages. Each of these factors accounted for between 6 and 9 percent of deaths from heart disease, stroke, and diabetes. Low consumption of polyunsaturated fats accounted for 2.3 percent of cardiometabolic deaths. High consumption of unprocessed red meats was responsible for 0.4 percent of these deaths.

The study also found that poor diet was associated with a larger proportion of deaths at younger versus older ages, among people with lower versus higher levels of education, and among minorities versus whites.

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Editorial (subscription or payment may be required)
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Mediterranean Diet vs. Statins to Prevent Heart Attack and Stroke?

The New York Times
Ask Well, Well | Eat, March 10, 2017, by Sophie Egan
Q. How does the Mediterranean diet stack up against statins in preventing heart attacks and strokes?

A. Both the Mediterranean diet and statins can be effective in helping to lower the risk of potentially fatal complications of heart disease. A **large and rigorous study published in 2013**, for example, found that switching to a Mediterranean diet prevented about 30 percent of heart attacks, strokes and deaths from heart disease in people at high risk. Statin therapy, by comparison, resulted in a 44 percent reduction in these kinds of problems, a **2009 study found**.

The optimal choice, however, at least for those at high risk of cardiovascular disease, may be a combination of both diet and statins. For those at lower risk, lifestyle measures like the Mediterranean diet — high in olive oil, nuts, cereals, fruits and vegetables; with fish, poultry and wine (with meals) in moderation; and low in dairy, sweets and red and processed meats — may be sufficient.

“I don’t view these things as either-or,” said Dr. Meir Stampfer, a professor of epidemiology and nutrition at the Harvard T.H. Chan School of Public Health. “My advice is to start with the Mediterranean diet because it’s good for you in multiple ways — lowering risk of cognitive decline, reduction in some cancers, lower risk of diabetes — that go beyond what statins do. So, that’s a great starting point.”

If cholesterol numbers remain high despite a heart-healthy diet, statins or other medical treatments can be added, he said.

One of the most common pitfalls among individuals on statins is thinking they’re off the hook for worrying about diet and exercise. “That’s a colossal mistake,” Dr. Stampfer said. “Quantitatively, you get more mileage from optimal exercise and diet than statins, so it’s not one or the other: Everybody needs the diet and exercise, and some people, despite that, will still need statins. It’s not a failure; it’s not a character flaw — if you need it, you need it.”

The bottom line is that the Mediterranean diet helps even if you are taking statins and, along with other potential benefits, might help avoid the need for statins altogether.

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**"Strong Evidence": Obesity Tied to 11 Cancers**

Medscape

Feb. 28, 2017, by Nick Mulcahy


"Strong evidence" supports the association between obesity and 11 cancers, which mostly comprise digestive organ tumors and hormone-related malignancies in women, according to a new analysis **published online** February 28 in BMJ.
"Other associations could be genuine as well, but there is uncertainty about them," said lead author, Maria Kyrgiou, PhD, MSc, from the Department of Surgery and Cancer, Imperial College London, United Kingdom, in an email to Medscape Medical News.

The new study is known as an "umbrella review" or a "meta-review" because it looks at previous meta-analyses and systematic reviews.

The umbrella review's conclusion — that excess body fat increases most digestive system cancers as well as endometrial and postmenopausal breast cancer — agrees with last year's report from the International Agency for Research on Cancer (IARC), point out a pair of researchers in an accompanying editorial.

However, the IARC has found associations with additional cancers (such as those of the liver, thyroid, and ovary) that the current study did not, write the editorialists, Yikyung Park, ScD, and Graham Colditz, MD, DrPH, from the Division of Public Health Sciences, Washington University School of Medicine, St Louis, Missouri.

Nonetheless, the data are "clear," say the pair. "The unavoidable conclusion from these data is that preventing excess adult weight gain can reduce the risk of cancer."

Clinicians — especially primary care providers — "can be a powerful force to lower the burden of obesity related cancers," given their role in obesity screening and prevention, the editorialists assert.

Excess body fat is potentially the second most important modifiable cancer risk factor after smoking, they say.

Umbrella Review

The new umbrella study looked at 95 meta-analyses that reported an association between excess body fat (as measured on a continuous scale) and the risk of developing or dying of cancer. Obesity was defined as a body mass index (BMI) >30 kg/m2.

Dr Kyrgiou explained that a "continuous measure is when the effect of the exposure on the outcome is measured as per unit change, i.e. risk of endometrial cancer per 5 kg/m2 increase in BMI."

There were seven indices of excess body fat/adiposity, including BMI, waist circumference, weight, and waist-to-hip ratio.

The international team of investigators judged that only 13% (12 of 95) of the studies identified in the umbrella review were based on strong statistical evidence (and avoided biases that may have exaggerated the effect of obesity on cancer). In other words, most studies had methodological flaws.

In the end, after analyzing these 12 studies, the team determined that there was an association between body fat and 11 cancer sites: esophageal adenocarcinoma; multiple myeloma; and cancers of the gastric cardia, colon (in men), rectum (in men), biliary tract system, pancreas, breast (postmenopausal), endometrium (premenopausal), ovary, and kidney.

The degree of risk varied. For example, the increase in the risk of developing cancer for every 5-kg/m2 increase in BMI ranged from 9% (relative risk, 1.09; 95% confidence interval [CI], 1.06 - 1.13) for rectal cancer among men to 56% (relative risk, 1.56; 95% CI, 1.34 - 1.81) for biliary tract system cancer.

The authors determined that the other 83 studies had highly suggestive (18%), suggestive (25%), and weak (20%) evidence; also, 25% had no evidence of an association.
Prospective studies are needed to draw "firmer conclusions" about which cancers are caused by excess body fat, say the study authors. Who exactly is at high risk is unknown, they say. If that could be discerned, individuals could be selected for "personalised primary and secondary prevention strategies," the authors write.


The Saturated Fat Debate Continues - Eight nutrition experts give the skinny on fats

MEDPAGE TODAY
Primary Care, Feb.17, 2017, by Alexandria Bachert, Staff Writer
http://www.medpagetoday.com/PrimaryCare/DietNutrition/63227

In a recent interview with MedPage Today, Harvard T.H. Chan School of Public Health's Walter C. Willett, MD, DrPH, agreed that the occasional piece of buttered toast isn't going to kill anyone, but opting for poly- and mono-unsaturated fats like olive oil is likely the healthier choice.

But the optimal level of fats in the diet, and which kinds, remain a topic of heated debate, as does the process by which the government's official dietary guidelines have been developed. In particular, the role of the U.S. Department of Agriculture has been questioned, given its mission to promote food producers' interests.

Do you agree that it's still a good idea to avoid butter and other animal fats?

Christopher D. Gardner, PhD, Stanford University: I would be more comfortable with agreeing to the statement that, "I agree it is a good idea to avoid excessive amounts of butter and animal fats, just as it is in general a good idea to avoid excess of just about anything in our daily diet." When we focus on single foods or specific nutrients to avoid, it reinforces the idea that the mere absence of these will be virtuous and healthful.

Connie Diekman, MEd, RD, LD, FADA, Washington University in St. Louis: The goal for limiting animal fats is more of a moderation rather than a "must avoid." Just as important as limiting saturated fats is what do you replace these fats with? Boosting carbohydrates in place of fats is not a good step but choosing polyunsaturated fats instead of animal fats will help lower LDL-C.

Alice H. Lichtenstein, DSc, Tufts University: We should no longer be talking about saturated fat in isolation. The important factor is the relative amount of unsaturated to saturated fat, in favor of the former and limited in the latter. What should be avoided is the replacement of animal and dairy fat with refined carbohydrate, as we saw in the 1990's during the low-fat craze.

Dean Ornish, MD, Preventive Medicine Research Institute: I do think it's wise to avoid butter and animal fats. TIME magazine reported that "butter is not linked to a higher rate of heart disease" but neglected to mention that it IS directly linked with all-cause mortality, which is even more important. Telling people what they want to hear is a good way to sell magazines and books, but it isn't true.

Randomized trials are probably out of the question, so how can we ever determine for sure whether particular foods contribute to long-term adverse outcomes?
David L. Katz, MD, MPH, True Health Initiative: Randomized trials are not out of the question. They are part of it. Importantly though, they are only part of it. I think people sometimes use the idea of science as an excuse for abandoning sense. The only real problem with common sense is that it isn't nearly common enough. Science without sense is very prone to generating answers to all the wrong questions.

Diekman: Until we learn how to use the genetic map to identify what each one of us needs to stay healthy, diet advice will rely on RCT's that look at risk factors – which are not the same as RCT's that focus on disease outcomes – and then extrapolate those outcomes to diet guidelines. Diet guidelines provide just that, guidelines that offer information on how to structure eating plans that allow for variance but still will promote health.

Lichtenstein: It is unlikely any single food determines long-term health outcomes. Emphasis should be focused on the whole diet. The important point, sometimes missed, is balance -- more of some things and less of others.

Gardner: As far as I know, we still don't have any randomized trials that parachutes can be used effectively to save the lives of people jumping out of planes, and yet skydivers continue to use them! Some questions don't lend themselves to randomized trials, and that is particularly true of food and nutrition questions that involve how to prevent long-term chronic degenerative non-communicable diseases. Fortunately we have mechanistic studies, observational studies, and randomized trials of short-term outcomes involving risk factors for chronic diseases.

Lee M. Kaplan, MD, PhD, Massachusetts General Hospital: Even without randomized trials, there are good epidemiological studies demonstrating the adverse effects of different macro- and micronutrients. However, evidence is now accumulating that different people respond differently to different nutrients. We need more research on the medical effects of dietary manipulation. These studies need to be carefully controlled, and they need to be large enough to account for the wide variability among different people, but they don't necessarily need to be randomized, controlled trials.

Should the USDA be involved in developing dietary guidelines?

Kaplan: The USDA has resources that allow it to do a better job than most other groups in supporting the careful evaluation of nutritional research. Far better than excluding the USDA from the development of national dietary standards would be better transparency and conflict of interest rules that insulates USDA staff and investigators from outside influences.

Frank B. Hu, MD, MPH, PhD, Harvard T.H. Chan School of Public Health: To develop guidelines that can help people make healthy food and beverage choices, it is critical for the process to be evidence-based, transparent, and free of political and industry influences. Unfortunately this has not been the case. For example, the recommendation on reducing red meat intake and environmental sustainability by the 2015 Dietary Guidelines Advisory Committee (DGAC) was removed in the official 2015-2020 Dietary Guidelines for Americans due to pressure from the Congress and the meat industry.

Gardner: Given the obvious and inherent conflict of interest involved, it would be appropriate to lessen the role of the USDA in the development of the national dietary guidelines to that of an advisory role, rather than their current role in overseeing and releasing those updates every 5 years.

Robert Lustig, MD, University of California San Francisco: The USDA in charge of the Dietary Guidelines is like the fox in charge of the hen house. While the DGAC is made up of scientists who want to see science used for good, the USDA has for decades ignored the DGAC's advice, and promulgated that which benefitted the industry at the public's expense. One DGAC chairperson confided in me that the DGAC is ineffective because "it has no teeth."

Katz: No.
Eating loads of fruit and vegetables - 10 portions a day - may give us longer lives, say researchers.

The study, by Imperial College London, calculated such eating habits could prevent 7.8 million premature deaths each year.

The team also identified specific fruit and veg that reduced the risk of cancer and heart disease.

The analysis showed even small amounts had a health boon, but more is even better.

A portion counts as 80g (3oz) of fruit or veg - the equivalent of a small banana, a pear or three heaped tablespoons of spinach or peas.

**What counts as five-a-day?**

The conclusions were made by pooling data on 95 separate studies, involving two million people's eating habits.

Lower risks of cancer were linked to eating:

- green veg (eg spinach)
- yellow veg (eg peppers)
- cruciferous vegetables (eg cauliflower).

Lower risks of heart disease and strokes were linked to eating:

- apples
- pears
- citrus fruits
- salads
- green leafy vegetables (eg lettuce)
- cruciferous veg

Harriet Micallef, from Chippenham, says she often manages eight to 10 portions a day and has multiple portions of spinach every day.

She told the BBC: "I have a lot, I don't ever have a meal without veg or salad so eight to 10 portions is a regular thing."
She starts her day with a veg-packed omelette containing spinach and sometimes avocado or tomatoes.

Harriet's salad-based lunch is also packed with a mix of veg and her evening meals tend to be stir fries or stews.

Snacks during the day include blended fruit smoothies or peppers dipped in hummus.

She added: "It's definitely healthy, if you've got loads of colours on your plate then you're pretty much okay."

The results, published in the International Journal of Epidemiology, also assessed the risk of dying before your time.

Compared with eating no fruit or veg a day, it showed:

- 200g cut the risk of cardiovascular disease by 13% while 800g cut the risk by 28%
- 200g cut the risk of cancer by 4%, while 800g cut the risk by 13%
- 200g cut the risk of a premature death by 15%, while 800g cut the risk by 31%

The researchers do not know if eating even more fruit and veg would have even greater health benefits as there is little evidence out there to review.

Dr Dagfinn Aune, one of the researchers, said: "Fruit and vegetables have been shown to reduce cholesterol levels, blood pressure, and to boost the health of our blood vessels and immune system.

"This may be due to the complex network of nutrients they hold.

"For instance, they contain many antioxidants, which may reduce DNA damage and lead to a reduction in cancer risk."

However, many people struggle to even eat the five a day (400g) recommended by the World Health Organization.
In the UK, only about one in three people eats enough.

Heather Saunders, 24 and from Oxford, routinely manages nine or 10 portions a day since becoming vegan.

She has two pieces of fruit with breakfast, a "massive pot" of roasted vegetables at lunch and then at least four vegetables in curries or chillies in the evening.

She told the BBC: "It is about making a conscious decision, I feel fuelling myself with plant-based foods is a more healthy way to sustain myself."

Her tips for anyone trying to eat more is to do it gently: "Maybe decide to have one or two meat-free days a week and phase more veg in, I quite like a sweet potato curry with spinach and chickpeas."

Dr Aune said the findings did not mean the five-a-day message needed to change.

He told the BBC: "There are many different considerations if changing policy, it's not just the health effects - is it feasible?"

"But our findings are quite clear in that they do support five a day, but there are even some further benefits for higher intakes."

Dr Alison Tedstone, chief nutritionist at Public Health England, said: "The five-a-day target is the foundation of a healthy balanced diet and is an achievable way to help prevent a number of diseases."

"Whilst consuming more than five portions of fruit and vegetables a day may be desirable... adding pressure to consume more fruit and vegetables creates an unrealistic expectation."

There is no VAT on fruit and veg, but the British Medical Association has called for the government to go further and use the proceeds of a sugar tax to discount fruit and veg.

However, it is not clear how big a health impact there could be without knowing who it would be for (everyone or just the poor), how big the discount would be and then how that would change shopping habits.

Harriet, who started cooking family meals at the age of 12, thinks more should be done to get children eating more.

"I think it comes from schooling and the traditional British meat and two veg."

"I think if you teach children to always have something green on their plate in addition then they'll naturally start having more."

"There's just so many different veg that people don't have like bean sprouts and chard."}

Not all of the 95 studies that were analysed fully accounted for other aspects of lifestyle, such as exercise levels, that could also play a role in prolonging lives.

However, Dr Aune said the conclusions were "quite robust".

Greater functional, mobility declines in ‘healthy’ obesity vs. normal weight

AUTHORS: Bell JA, Sabia S, Singh-Manoux A, Hamer M, Kivimaki M.

BACKGROUND:

Some obese adults have a normal metabolic profile and are considered ‘healthy’, but whether they experience faster ageing than healthy normal-weight adults is unknown. We compared decline in physical function, worsening of bodily pain, and likelihood of future mobility limitation and disability between these groups. …

Adults with obesity considered to be metabolically healthy remain at increased risk for functional decline and disability vs. normal-weight adults, according to findings from a population-based study published in the International Journal of Obesity.

“Evidence so far on the outcomes of healthy obesity have been fairly narrow in scope, focusing mostly on cardiometabolic diseases,” Joshua A. Bell, PhD, a research associate in the MRC Integrative Epidemiology Unit at the University of Bristol, United Kingdom, told Endocrine Today. “Our findings suggest that healthy, obese adults tend to age faster than healthy, normal-weight adults by way of greater declines in functional status. Healthy obesity is not likely a protected state when it comes to risk for disability, and such outcomes that reflect day-to-day experience and quality of life need to be considered when advising healthy obese adults on weight loss.”

Bell and colleagues analyzed longitudinal data from 6,635 adults participating in the Whitehall II study, a group of London-based adults employed by the British government between 1985 and 1988 (mean age, 50 years; 70% men). Researchers assessed a combination of questionnaire and clinical data from eight repeated assessments during 2 decades (baseline in 1991-1994; follow-ups extending until 2012-2013). Participants were classified as normal weight (BMI, 18.5-24.9 kg/m²), overweight (BMI, 25-29.9 kg/m²) or obese (BMI 30 kg/m²), and were considered to be metabolically “healthy” if they had none or one of five metabolic risk factors: Low HDL cholesterol or use of lipid-lowering medication; high blood pressure or use of antihypertension medication; fasting plasma glucose of at least 5.6 mmol/L or use of antidiabetic medication; triglyceride level greater than 1.7 mmol/L or homeostatic model of insulin resistance (HOMA-IR) measurement greater than 3.2.

Assessment of physical function was based on a subdomain of the Short Form Health Survey, as was assessment of bodily pain; summary scores for each of the physical function and bodily pain measurements were used to estimate change over time. Mobility and disability assessment was assessed on three occasions via walking tests and questionnaires regarding activities of daily living.

Within the cohort, 3,339 were normal weight and 80.5% of those were considered metabolically healthy; 2,634 adults were overweight and 56.3% were considered metabolically healthy; 662 adults were obese and 34% were considered metabolically healthy.

After adjustment for demographic factors, occupational position and health behaviors, metabolically healthy adults with obesity experienced a decline in physical function of −3.48 score units per decade (95% CI, −4.88 to −2.08), which was nearly two times greater than that among healthy, normal-weight adults, according to the researchers. The greatest decline in physical function was observed in unhealthy adults with obesity, who experienced a decline of −5.02 score
units per decade (95% CI, –6.06 to –3.98) vs. healthy, normal-weight adults; however, this was not greater than for healthy adults with obesity (P = .068).

Researchers also observed a worsening of bodily pain score among all metabolic and obesity groups during follow-up, with the greatest increase in pain observed in healthy adults with obesity vs. healthy, normal-weight (difference in 10-year change, –2.23 units; 95% CI, –3.78 to –0.69), after adjustment for social and behavioral factors.

When assessing mobility limitation during a mean observation period of 8.3 years, researchers found that healthy adults with obesity had 3.39 higher odds of having a mobility limitation over follow-up vs. healthy, normal-weight adults (95% CI, 2.29-5.02), after adjustment for social and behavioral factors.

When assessing odds for disability, healthy adults with obesity were 3.75 times more likely to be disabled during a mean follow-up time of 5.6 years vs. healthy, normal-weight adults (95% CI, 1.94-7.24)

“Clinicians need evidence on a range of outcomes when deciding whether to advise patients who are obese, yet metabolically healthy, on weight loss,” Bell said. “Our findings suggest that when it comes to functional impairment, there is little reason to provide different advice to adults with obesity based on whether or not they appear metabolically healthy. Both groups carry high risk.”

Bell added that as more people with obesity live longer, such functional outcomes that threaten independence will become increasingly important.

“Future studies could make use of data on genetic variants associated with markers of adiposity and metabolic health, to compare the causal effects of these exposures on musculoskeletal conditions, like osteoarthritis,” Bell said. “This allows a sort of naturally occurring, randomized trial in population samples and can help identify the best targets for intervention. These studies are challenging, however, as they require robust genetic data on large numbers of people.” – by Regina Schaffer

For more information:

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Disclosure: The researchers report no relevant financial disclosures.

**Fewer Americans Actively Trying to Lose Weight**

More are overweight, obese than two decades ago, but fewer are trying to shed pounds

Physician's Briefing

HealthDay News, March 7, 2017
http://www.physiciansbriefing.com/Article.asp?AID=720438
One in every three people in the United States is now obese, compared with one in five 20 years ago, but many have given up on trying to lose the excess weight, according to a research letter published in the March 7 issue of the Journal of the American Medical Association.

Jian Zhang, M.D., Dr.P.H., an associate professor of epidemiology with Georgia Southern University in Statesboro, and colleagues analyzed data from the U.S. National Health and Nutrition Examination Survey, a federally funded ongoing survey that keeps track of Americans' health and diet habits.

The researchers found that participants surveyed between 2009 and 2014 were 17 percent less likely overall to say they'd tried to lose weight during the previous year than those surveyed between 1988 and 1994. All racial/ethnic groups across both genders reported decreased interest in weight loss, but women in particular were more likely to say they'd given up on it. By 2014, black women were 31 percent less likely to have tried to lose weight compared with two decades prior, and white women were 27 percent less likely to have made the attempt.

People who were overweight but not yet obese have experienced the greatest loss of interest in maintaining a healthy weight, Zhang told HealthDay. Zhang said that future efforts to improve public health should focus on lifestyle changes that promote healthy eating and exercise for everyone, rather than an emphasis on losing weight. "Motivation should come from family, friends, physicians, and the media in educating about the health risks of being overweight," he added.

Abstract/Full Text (subscription or payment may be required)
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Long-term stress might make you fat, study says

February 23, 2017, by Sandee LaMotte, CNN

Story highlights

- A study found the highest levels of cortisol in obese individuals under high stress
- Cortisol is released when the body is stressed; it also regulates metabolism

Could constant stress be making you fat?

To find out, English researchers compared stress levels and body weight of more than 2,500 men and women over age 54 who participated in the English Longitudinal Study of Ageing.

The study, published Thursday in the journal Obesity, looked at the levels of a stress hormone called cortisol in locks of hair gathered from participants.

"We found levels of cortisol in the hair to be positively and significantly correlated to larger waist circumference and higher body mass index or BMI," said lead author Sarah Jackson, a research associate at the Institute of Epidemiology
and Health at University College London. "These results provide consistent evidence that chronic stress is associated with higher levels of obesity."

Cortisol is a hormone produced in the adrenal glands that is released into the bloodstream in times of stress. In addition to suppressing inflammation and regulating blood pressure, cortisol helps maintain steady supplies of blood sugar and gives an energy boost to handle emergencies.

"It's providing glucose to the brain, keeping things going during a stressful event," Jackson said. "It also plays a huge role in metabolism, body composition and the accumulation of body fat."

The release of cortisol, she says, is triggered by receptors that are densely located in visceral fat tissue, the type that surrounds our organs, which may explain its association with weight gain and loss.

Cortisol is usually tested via blood, urine or saliva, but that captures only a snapshot in time.

"Cortisol levels fluctuate throughout the day depending on time of day, what you eat, sudden stressful situations, even illness," Jackson said. "That why blood, urine and saliva tests are not good measures for long-term stress."

Studies have shown that cortisol levels can also be detected in hair follicles. The new research harvested a 2-centimeter lock from each participant. That amount of hair correlates to two months of growth, said Jackson, providing a look at the levels of cortisol over that period of time.

The results suggest that "chronic high-level cortisol exposure may play a role in the maintenance of obesity," but Jackson adds that because the study was not longitudinal, researchers could not establish a true cause and effect.

"As indicated in the paper, measurements of hair cortisol reflect exposure over the past several months," Fried, who was not involved in the study, wrote in an email. "But the obesity in the people studied likely developed many years earlier. Thus, these high hair cortisol values may simply reflect social or biological stress associated with being obese.

"It is possible, for example, that the social stigma that people with obesity often endure may cause mental stress and hence high cortisol levels.

It is also possible that stress over the past few months may also be due to medical conditions caused by obesity, for example it may be difficult and painful for people with obesity to walk."

The researchers will "continue to weigh and measure our study participants every four years to determine the ways stress affects body mass over time," Jackson said.

In the meantime, she suggests that people under chronic stress look to ways other than eating to ease their tensions, such as meditation, yoga and mindfulness.

"There's a lot of evidence that cortisol influences appetite and even our preference for high-calorie comfort foods," Jackson said. "So I know that's tough. But it's best to look for better ways to manage stress and avoid using food as a crutch."
Seniors who want to give their hearts a healthy boost may want to focus on exercise first, a new study suggests.

The research found that getting active may do more for cardiovascular health in older adults than losing weight does.

"Any physical activity is positive for cardiovascular health, and in elderly people of all weights, walking, biking and housework are good ways to keep moving," study author Dr. Klodian Dhana said in a news release from the journal European Journal of Preventive Cardiology. The findings were published in the journal on March 1.

In the study, Dhana's team tracked 15-year outcomes for more than 5,300 people. Participants were between 55 and 97 years old, and free of heart disease when the study started.

Over the 15 years of follow-up, 16 percent of the participants developed heart problems.

In this group of older people, the researchers found no link between their body mass index (BMI) alone and heart disease. BMI is an estimate of body fat based on weight and height -- the higher the number, the more fat.

However, the study did find that physical activity was tied to a lower risk of heart disease, no matter what a person's BMI was.

"Overweight and obesity is associated with a higher risk of cardiovascular disease and it is recommended to lose weight," said Dhana, who is a postdoctoral researcher at Erasmus University Medical Centre in Rotterdam, the Netherlands.

However, "in the elderly this is slightly different because weight loss, especially unintentional, is associated with muscle loss and death," the researcher explained.

She said the study's authors aren't refuting the idea that overweight and obesity can raise heart risk in the general population.

But, "our results show that physical activity plays a crucial role in the health of middle age to elderly people," Dhana said. "Those who are overweight and obese without adequate physical activity are at higher risk of developing cardiovascular disease."

Expert guidelines currently recommend 150 minutes a week of moderate intensity physical activity to decrease the risk of heart disease, she said.


SOURCE: European Journal of Preventive Cardiology, news release, March 1, 2017

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LA JOLLA, California — Smoking rates and body mass index are higher than expected in the "wellderly" — a group of elderly Americans living past age 80 free of common chronic diseases — according to researchers from the Healthspan Project at the Scripps Translational Science Institute in La Jolla, California.

"Some tend to smoke more [than those in the general population], although their weights are lower," said Ali Torkamani, PhD, of Scripps Translational Science Institute.

"But if you look at the distribution of body mass index [BMI], they are not all thin," he reported here at the 10th Future of Genomic Medicine (FOGM) Conference.

Greater insight into what keeps the wellderly healthy, despite the presence of some genetic or lifestyle factors that tend to predispose others to considerable morbidity, is an ongoing aim of the Healthspan Project.

"It's about evaluating people who have genetic markers that should make them sick and, instead, they defy the odds," explained session moderator Kathy Hudson, PhD, former deputy director of science, outreach, and policy at the National Institutes of Health (NIH). A 90-year-old woman, for example, can test positive for a BRCA mutation, although she has never been symptomatic or diagnosed with breast cancer.

What makes the research interesting is that it looks at both positive and negative factors, Dr Hudson continued. "In addition to an absence of bad things, what are the positive things you might have — not just genetically, but also lifestyle and environment — that we can learn from?"

It's about evaluating people who have genetic markers that should make them sick and, instead, they defy the odds.

Previous research shows certain genetic allele frequencies are associated with longevity, such as FOXO3A, SIRT1, CETP, and TP53. In the current study, rs280229, a variant of FOXO3A, achieved borderline significance for longevity (P = .059). However, Dr Torkamani pointed out that longevity just reflects the number of years someone lives, whereas healthspan is how long a person lives in optimal health.

The researchers also looked at single gene (eg, BRCA) and polygenic disorders — gene combinations that increase disease risk — in their cohort.

In terms of single gene mutations associated with disease in the wellderly and general population, "there was no difference in rates of known pathogenic variants, which was surprising," said Dr Torkamani. "I thought we had a lot of false positives, but we then filtered for highly confident pathogenic variants, and still there was no difference."

In terms of polygenic mutations, which "are what most people are worried about, we found reduced risk for coronary artery disease and Alzheimer's disease, and no change in type 2 diabetes, stroke, and cancer, which is also pretty surprising," he said.

Healthy Behaviors Play a Part, But Not a Starring Role
Investigators also looked at healthy behaviors that could contribute to living free of common chronic conditions such as coronary artery disease or type 2 diabetes in the wellderly cohort.

More of the wellderly population exercised compared with the general population, 67% vs 44%, respectively; but surprisingly, 61% of men in the Healthspan wellderly cohort had smoked compared with 54% of men in the general population. For wellderly women, smoking rates were similar to the general population (42% vs 43).

The median body weight of wellderly women was lower than women in the general population (132 vs 160 pounds), as was the median weight of wellderly men (168 vs 190 pounds).

"There are some signals showing they have healthy behaviors overall, but it's not all behavior," said Dr Torkamani. "Some individuals are above a BMI of 30 kg/m2, but are still wellderly, and we also know that some nonobese, relatively healthy people in the United States still have worse health outcomes."

It's probably not just luck.

Some people may just be more fortunate to live to 80 years and beyond without any major chronic diseases, said Dr Torkamani.

To investigate this further, he and his team studied the wellderly's siblings. They found that although the siblings do not live significantly longer than most people, they do have a highly significant health benefit in middle age. And siblings likely share some advantageous factors with the wellderly, so "it's probably not just luck," said Dr Torkamani

Precision Medicine Initiative: Adding to the Evidence

Further insight into health and ageing will be provided by the NIH's Precision Medicine Initiative, said Dr Hudson. "It's the most meaningful project I've ever worked on," said Eric Dishman, MD, PhD, director of the All of Us research program, which is part of the Initiative.

After 17 years at Intel, Dr Dishman is bringing the thinking behind platform development to the NIH. "It's a national resource, the largest biologic and data repository to drive advanced breakthroughs in science and precision medicine forward," he said.

Scripps Translational Science Institute is also participating in the program, which has ambitious plans to longitudinally follow the health of one million Americans, said Dr Hudson, and could help find answers to Dr Torkamani’s questions about why the wellderly live so well for so long.

Dr Torkamani is a minor shareholder of Human Longevity, Inc, which is not related to the Healthspan Project. Dr Hudson has reported no relevant financial relationships.

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Life expectancy study shows many likely to live beyond 90 by 2030
LONDON Average life expectancy will rise in many countries by 2030, breaking through 90 years in some places, and policymakers need to make more efforts to plan for it, according to a large international study.

South Koreans are likely to have the highest life expectancy in the world by 2030 and the United States one of the lowest among developed countries, the study showed.

"The fact that we will continue to live longer means we need to think about strengthening the health and social care systems to support an ageing population with multiple health needs," said Majid Ezzati, the lead researcher and a professor at Imperial College London's school of public health.

Led by Imperial scientists in collaboration with the World Health Organization, the study found that among high-income countries, the United States is likely to have the lowest life expectancy in 2030, with men and women expecting to live 79.5 and 83.3 years respectively - similar to middle-income countries like Croatia and Mexico.

This was partly due to a lack of universal healthcare in the United States, and also due to factors such as relatively high child and maternal mortality rates, and high rates of homicides and obesity, the study said.

In Europe, French women and Swiss men were predicted to have the highest life expectancies, averaging 88.6 years for French women and nearly 84 years for Swiss men.

South Korea came out top of the predictions, with the researchers predicting a girl born in South Korea in 2030 should expect to live 90.8 years, while a boy could reach 84.1 years.

"Many people used to believe that 90 years is the upper limit for life expectancy, but this research suggests we will break the 90-year-barrier," Ezzati said.

"We repeatedly hear that improvements in human longevity are about to come to an end. (but) I don't believe we're anywhere near the upper limit of life expectancy - if there even is one."

The study, published in The Lancet medical journal on Wednesday, covered 35 developed and emerging countries, including the United States, Canada, Britain, Germany, Australia, Poland, Mexico and the Czech Republic.

South Korea's much greater average life expectancy would be due to several factors including good childhood nutrition, low blood pressure, low levels of smoking and good access to healthcare, new medical knowledge and technologies, the researchers said.

(Reporting by Kate Kelland, editing by Jeremy Gaunt)

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**Diabetes in pregnancy tied to altered fat cells in adult offspring**

Reuters Health News, Mar. 6, 2017, by Lisa Rapaport

http://www.reuters.com/article/us-health-pregnancy-diabetes-idUSKBN16D2NW
When pregnant mothers have diabetes, their children may have altered fat cells that make metabolic diseases in adulthood more likely, a small Danish study suggests.

Babies of mothers with diabetes may be exposed to high blood sugar levels in the womb, a condition known as fetal hyperglycemia.

“Fetal hyperglycemia affects fat stem cells and these defects can be detected several years later,” said lead study author Ninna Schioler Hansen of the University of Copenhagen in Denmark.

In lab tests, adult offspring of women who had diabetes during pregnancy appeared to have larger fat cells and more leptin, a protein made by fat cells that influences hunger.

“If (high blood sugar) or diabetes is present during pregnancy, our study supports the importance of aiming at normal blood glucose levels to reduce the negative impact on the cells of the unborn baby,” Hansen added by email.

“Women who are lean and fit before pregnancy have a reduced risk of developing gestational diabetes during pregnancy,” Hansen said.

Hansen’s team studied 206 adults, including some whose mothers had diabetes before pregnancy, others whose mothers developed a condition known as gestational diabetes during pregnancy, and a control group with mothers who didn’t have diabetes at all.

Adult offspring of women with diabetes in pregnancy showed “fundamental changes” in the size of their fat cells, their ability to store fat as well as the way their bodies produced the hormone leptin, which influences appetite regulation in the brain, Hansen said.

It’s possible that differences between adults with and without mothers who had diabetes during pregnancy might be explained by other factors that happened during fetal development, the authors note in the Journal of Clinical Endocrinology and Metabolism.

Even so, the results offer clues to explain the increased diabetes risk among children born to mothers with diabetes, said Dr. Joachim Dudenhausen, an obstetrics and gynecology researcher at Weill Cornell Medicine in New York who wasn’t involved in the study.

Changes induced by hyperglycemia in the mother “can be responsible for diabetes of the child in later life,” Dudenhausen said by email.

The best prevention is for women to start pregnancy at a normal weight and gain a healthy amount of weight while they’re growing their babies.

Women who start out at a normal healthy weight should gain 25 to 35 pounds during pregnancy, while women who are overweight to start should gain no more than 25 pounds, according to the U.S. Centers for Disease Control and Prevention.

“One of the highest risk factors for gestational diabetes is being overweight before and during pregnancy,” Dudenhausen said.

NHANES: HbA1c associated with mortality risk in older adults

February 27, 2017


AUTHORS: Palta P, Huang ES, Kalyani RR, Golden SH, Yeh HC.

BACKGROUND:

Hemoglobin A1c (HbA1c) level has been associated with increased mortality in middle-aged populations. The optimal intensity of glucose control in older adults with diabetes remains uncertain. We sought to estimate the risk of mortality by HbA1c levels among older adults with and without diabetes. ...

In older adults, an HbA1c greater than 8% was associated with increased risks for all-cause, cardiovascular and cancer-related deaths, according to an analysis of National Health and Nutrition Examination Survey data.

“Few studies have had sufficient data to assess the association between HbA1c and mortality in an exclusive sample of adults aged 65 years and older with and without diabetes, a population at potentially higher risk of adverse diabetes-related complications,” Priya Palta, PhD, associate professor in the department of epidemiology at the Johns Hopkins School of Public Health, and colleagues wrote. “Largely, data on the benefits and outcomes associated with HbA1c lowering remain heterogeneous, particularly among populations of older adults. Therefore, more studies of the HbA1c–mortality relationship are needed to affirm the current clinical practice recommendations and guidelines related to the care of diabetes for older adults.”

Palta and colleagues analyzed data from 7,333 adults aged at least 65 years participating in NHANES III (1988-1994) and continuous NHANES (1999-2004), as well as their linked mortality data through December 2011. Researchers used Cox proportional hazards models to calculate HRs for the association of HbA1c level with all-cause and cause-specific mortality (CVD, cancer and non-CVD/noncancer), separately for adults with and without diabetes.

During a mean of 8.9 years, 4,729 adults died (1,262 from CVD, 850 from cancer and 2,617 from non-CVD/noncancer causes). Compared with those with well-controlled diabetes (HbA1c < 6.5%), the HR for all-cause-related mortality was greatest for adults with diabetes with an HbA1c of at least 9% (HR = 1.8; 95% CI, 1.3-2.6), followed by those with an HbA1c of at least 8% (HR = 1.6; 95% CI, 1.02-2.6). All-cause mortality also was greater for those with undiagnosed diabetes with an HbA1c of at least 6.5% vs. those without diabetes (HR = 1.3; 95% CI, 1.03-1.8).

Researchers also found that elevated risk for CVD-related mortality was significant only among adults with diabetes and an HbA1c of at least 9% (HR = 3.2; 95% CI, 1.8-5.7) vs. adults without diabetes.

“In general, data on outcomes associated with glycemic control in older adults with diabetes are scant,” Jessica Yeh, PhD, associate director of the Welch Center for Prevention, Epidemiology and Clinical Research at Johns Hopkins University, Baltimore, told Endocrine Today. “In the setting of older adults, the decision to aggressively treat an individual patient’s glucose levels is variable and cannot be based solely on findings from studies of general populations like ours. However, most studies so far affirm what has been put forth by the ADA, AGS, AACE, and EASD: that glycemic goals be individualized depending on the patient goals, life expectancy, and overall health status.”
“With the advancement in diabetes treatment, we think future research should study the relationship between level of HbA1c control and quality of life, functionalities, geriatric syndrome, and health care utilizations (e.g. hospitalization due to complications) in older adults,” Yeh said. – by Regina Schaffer

For more information: Jessica Yeh, PhD, can be reached at the Welch Center for Prevention, Epidemiology, and Clinical Research at Johns Hopkins University, 2024 E. Monument St, Suite 2-500, Baltimore, Maryland 21205; email: hyeh1@jhmi.edu

Disclosure: The researchers report no relevant financial disclosures.

Heart Attack Survivors Don't Keep Up with Exercise
Fewer than one in six reach guideline targets for physical activity

MEDPAGETODAY
Cardiology, February 28, 2017, by Nicole Lou, Contributing Writer, MedPage Today
http://www.medpagetoday.com/cardiology/acutecoronarysyndrome/63451

Following an acute coronary syndrome (ACS), patients largely didn't exercise as directed, researchers found.

The PULSE study gave 620 patients hospitalized for an ACS an Actical accelerometer, a wristwatch-like device providing activity counts in 1-minute intervals throughout the day. Only 16% of patients met physical activity guidelines at 5 weeks post-discharge, according to Ian M. Kronish, MD, MPH, of Columbia University Medical Center in New York City, and colleagues.

The authors analyzed data from the 52.9% of the cohort that wore the device for at least 10 hours a day, at least 3 days a week during the first 35 days after discharge, they explained in the Journal of the American College of Cardiology.

However, patients grew more likely to meet the physical activity guidelines over time. Those recommendations call for at least 30 minutes of moderate aerobic activity at least 5 days per week within 2 weeks of discharge.

"Our data suggest that remarkably few patients are achieving targets for physical activity after ACS. Our estimates are substantially lower than those on the basis of self-report," the authors wrote.

Mean age of the study population was 62.9, and 31.2% were women. There were no differences found between those who did and didn't return accelerometers with sufficient data.

"Limitations of our findings include the moderate sample size, enrollment from a single center, accelerometer noncompliance, and inability to assess physical activity during non-wear time," according to Kronish's group.

They concluded that there is an "urgent need to implement interventions that increase physical activity after ACS." Exercise-based cardiac rehabilitation is one approach to counteracting traditional fears of exercise after heart attack, they suggested, though such programs don't get enough participation.
Alternatively, "objectively monitoring physical activity and providing real-time feedback to patients and clinicians may be a disseminable approach for increasing physical activity in ACS survivors," they stated.

The study was supported by the NIH and the National Heart, Lung and Blood Institute.

Kronish disclosed no relevant relationships with industry.

Primary Source: Journal of the American College of Cardiology

Source Reference: Kronish IM, et al "Objectively measured adherence to physical activity guidelines after acute coronary syndrome" J Am Coll Cardiol 2017; DOI: 10.10

Earlier and Later Adult BMI Associated With Multiple Myeloma Risk

OncologyNurseAdvisor
Feb. 23, 2017, Jason Hoffman, PharmD, RPh

Life-long maintenance of a healthy BMI may have a role in multiple myeloma prevention.

Younger and usual adult body mass index (BMI) were associated with an increased risk for developing multiple myeloma, a study published in the journal Cancer Epidemiology, Biomarkers & Prevention has shown.1

Previous research has demonstrated that higher adult BMI raises the risk of multiple myeloma and emerging evidence supports an association between young adult BMI and multiple myeloma.

Therefore, researchers further evaluated anthropometric myeloma risk factors, including young adult BMI, by conducting a pooled analysis of 2318 multiple myeloma cases and 9609 controls with usual adult anthropometric measurements and of 1164 cases and 3629 controls with young adult BMI measurements.

Investigators found that each 5-kg/m² increase in usual adult BMI increased the risk of multiple myeloma by 9% (odds ratio [OR], 1.09; 95% CI, 1.04-1.14; P =.007). In addition, each 5-kg/m² increase in young adult BMI was associated with a 20% increased risk for developing multiple myeloma (OR, 1.2; 95% CI, 1.1-1.3; P =.0002).

Investigators also observed statistically significant associations with multiple myeloma for persons who were overweight or obese in both younger and usual adulthood compared with persons with a consistent BMI less than 25 kg/m².

However, people who were overweight or obese at only 1 time period did not have a significantly higher risk of multiple myeloma than those with a consistently normal BMI, suggesting that those who were overweight or obese throughout adulthood have the highest risk of myeloma.

The findings suggest that maintenance of a healthy BMI throughout a person's life may confer an additional benefit with regard to multiple myeloma prevention.

Reference

**Obesity raises kids' heart risk**

**Clinical Advisor**

August 14, 2013


Every child and adolescent should be screened for overweight and obesity beginning at age 2 years an

HealthDay News -- Childhood obesity is often accompanied by cardiovascular abnormalities, not just an increased risk later in life, making early detection and prevention programs a priority, researchers suggest.

"Clinical evidence is accumulating to suggest that the cardiovascular damage, once only observed in adults, is also occurring in obese children," Anita T. Cote, PhD, of the University of British Columbia in Vancouver, Canada, and colleagues reported in the Journal of the American College of Cardiology.

They performed a literature review to summarize current research on cardiovascular abnormalities in children with obesity and made several recommendations for a comprehensive research program to identify effective prevention techniques.

Independent of other obesity-related comorbid conditions, such as dyslipidemia and insulin resistance, obese children may show early signs of cardiovascular dysfunction such as changes in ventricular mass, dimensions and function; changes in vascular structure and function; and changes in autonomic function, the researchers found.

Among the most alarming findings from clinical studies, obese children:

- Had diastolic and systolic dysfunction at rest and during exercise
- Had significantly greater left atrial and ventricular dimensions than those with healthy BMI
- Had higher levels of epicardial fat
- Had a vascular age similar to that of a 45-year-old adult when risk factors for atherosclerosis were present

Despite this evidence, many of the mechanisms are poorly understood in the absence of longitudinal studies, according to the researchers.

"The cascade of events leading to cardiovascular disease may vary in response to genetic and environmental factors as well as the presence or absence of other comorbidities such as hypertension or dyslipidemia," they wrote.

They called for more research to determine the effective interventions and therapies for obese children with cardiovascular abnormalities.

References

Yes, Your Sleep Schedule is Making You Sick

The New York Times


https://www.nytimes.com/2017/03/10/opinion/sunday/can-sleep-deprivation-cure-depression.html

Richard A. Friedman is a professor of clinical psychiatry and the director of the psychopharmacology clinic at the Weill Cornell Medical College, and a contributing opinion writer.

Jet lag makes everyone miserable. But it makes some people mentally ill.

There’s a psychiatric hospital not far from Heathrow Airport that is known for treating bipolar and schizophrenic travelers, some of whom are occasionally found wandering aimlessly through the terminals. A study from the 1980s of 186 of those patients found that those who’d traveled from the west had a higher incidence of mania, while those who’d traveled from the east had a higher incidence of depression.

I saw the same thing in one of my patients who suffered from manic depression. When he got depressed after a vacation to Europe, we assumed he was just disappointed about returning to work. But then he had a fun trip out West and returned home in what’s called a hypomanic state: He was expansive, a fount of creative ideas.

It was clear that his changes in mood weren’t caused by the vacation blues, but by something else. The problem turned out to be a disruption in his circadian rhythm. He didn’t need drugs; he needed the right doses of sleep and sunlight at the right time.

It turns out that that prescription could treat much of what ails us.

Clinicians have long known that there is a strong link between sleep, sunlight and mood. Problems sleeping are often a warning sign or a cause of impending depression, and can make people with bipolar disorder manic. Some 15 years ago, Dr. Francesco Benedetti, a psychiatrist in Milan, and colleagues noticed that hospitalized bipolar patients who were assigned to rooms with views of the east were discharged earlier than those with rooms facing the west — presumably because the early morning light had an antidepressant effect.

Mental health, addiction, human behavior and neuroscience.

The notion that we can manipulate sleep to treat mental illness has also been around for many years. Back in the late 1960s, a German psychiatrist heard about a woman in Tübingen who was hospitalized for depression and claimed that she normally kept her symptoms in check by taking all-night bike rides. He subsequently demonstrated in a group of depressed patients that a night of complete sleep deprivation produced an immediate, significant improvement in mood in about 60 percent of the group.

Of course, total sleep deprivation is impractical, to say nothing of the fact that you will crash back into depression as soon as you catch back up on sleep. It also just seems counterintuitive that taking sleep away can help someone feel better. After all, most of us think of sleep as comforting and desirable. So how does this work?

One theory is that depressed people have something wrong with their circadian rhythm. Their bodies tend to release melatonin — a hormone that regulates sleep — earlier in the evening than non-depressed people, and they tend to wake up earlier in the morning.
But even if you don’t have depression, your circadian rhythm may cause trouble. Most people’s natural cycle is somewhat longer than the 24-hour solar day, which means that, left to our own devices, we would get quickly get out of sync with the external world. That is exactly what happens when humans are isolated from external cues — say, in a lab setting or stuck in a mine.

The reason we don’t all walk around in a state of perpetual jet lag, waking and sleeping at random, is that our circadian rhythm evolved to be tied to the solar day. In other words, our internal clock is easily influenced and kept in check by the daylight cycle.

I started thinking about this a few years ago, on a red-eye flight from New York to Rome, when I was rudely awakened somewhere over the Atlantic by the familiar airline ritual of opening the shades to blinding early-morning sunlight. What, I wondered, was this light doing to my brain?

When you quickly cross several time zones, your circadian rhythm remains stuck in the city you left behind. Arriving in Rome with your New York City brain is what produces the unpleasant symptoms of jet lag: fatigue, malaise, poor concentration and mood changes.

When you leave New York at 6 p.m., the Italians are probably in bed asleep. But you won’t feel ready for sleep until around 11. To make the right adjustment, you need to shift your internal clock earlier by six hours.

Unfortunately, exposure to light in the middle of the night will do the opposite. Instead of shifting you earlier to Italian time, it makes you feel it’s even later — that the night is over and it’s already morning.

If you’re ever in that situation, close the shades and put on dark sunglasses. Keep the glasses on until lunchtime in Rome — or 7 a.m. back home. Then go out into the sun, have an espresso and enjoy the splendor of the ancient city. This will shift your clock closer to Roman time.

The clock in your brain doesn’t just take cues from light, but from the hormone melatonin as well. Every night, about two to three hours before you conk out, your brain starts to secrete melatonin in response to darkness. Taking a melatonin supplement in the evening will advance your internal clock and make it possible to fall asleep earlier; taking it in the morning will do the opposite. (You might assume this would make you even more tired during the day but it won’t; you could think of it as tricking your brain into believing you slept longer.)

So now you know the fix for jet lag: Travel east and you’ll need morning light and evening melatonin; go west and you’ll need evening light and morning melatonin.

The same principle tells us what to do for night owls, the 5 percent to 10 percent of adults who don’t start releasing melatonin until late. If they try to sleep at a normal hour, like 11 or midnight, they will have “insomnia,” because they don’t feel sleepy yet — their natural circadian rhythm is delayed.

Many will take sleeping pills, which cannot fix the underlying cause. It would be more effective to take a small dose of melatonin a few hours before the desired bedtime. They could also try a treatment called chronotherapy, which alters the circadian rhythm. This involves exposure to bright lights at progressively earlier times in the morning, which should make it easier to fall asleep earlier. Finally they should avoid too much light in the evening, especially the blue light that smartphones and computers emit. (Or they can wear glasses that block blue light.)

Most of us have an indirect sense of our internal clock time just by knowing when we prefer to go to bed. But you can get a more objective measure of your circadian rhythm — or chronotype — and advice on what to do about it by taking this simple quiz.
Those with more serious problems than jet lag and late nights may need to make more serious changes.

Researchers have developed a limited form of sleep deprivation that is euphemistically called wake therapy. It has been shown to have sustained antidepressant benefit in patients with bipolar disorder and major depression. The idea is to get up for the day halfway through the usual sleep period, which shifts the circadian clock to an earlier time. It’s thought that this works by realigning the sleep cycle with other circadian rhythms, like changes in levels of body temperature and the stress hormone cortisol, that are also out of sync with each other in depression.

Studies show that it is possible to make wake therapy even more powerful by incorporating two additional interventions: early morning light therapy and what’s called sleep phase advance, in which the patient goes to bed about five to six hours earlier than usual and sleeps for about seven hours. This combination of treatments is called triple chronotherapy, and the typical course involves one night of complete sleep deprivation followed by three nights of phase-advanced sleep and early morning light.

In one study of 60 hospitalized patients with bipolar depression who were taking antidepressants or lithium, 70 percent of those who did not have a history of drug resistance improved rapidly with sleep deprivation and early morning light, and 57 percent remained well after nine months. Encouragingly, 44 percent of patients who had failed to respond to at least one trial of anti-depressants also improved.

In another study, investigators combined chronotherapy with psychotropic medication and found that depressed patients got better within 48 hours — much faster than antidepressants, which typically take four to six weeks to work. A second study of 75 depressed patients who were taking an antidepressant randomly assigned half to also receive chronotherapy and the other half to daily physical exercise. It found that 62 percent of patients remained well at the end of 29 weeks in the chronotherapy group compared with only 38 percent assigned to exercise.

With the possible exception of ketamine, a drug under investigation for treating depression, this therapy is the most rapid antidepressant treatment that we have. About 60 percent of depressed patients feel markedly better within hours. And — with the exception of some fatigue — there are no side effects.

No doubt you are wondering why more depressed patients don’t receive chronotherapy. First, you cannot patent sleep deprivation or light, so there is little financial incentive to invest in this treatment or research.

That seems shortsighted to me. Research into altering the circadian clock to produce powerful antidepressant benefits could lead to the development of drugs that might mimic the effect of sleep deprivation, but without its obvious drawbacks.

Beyond that, doctors don’t learn much about chronobiology in medical school or residency. There are only a handful of doctors and medical centers that administer these treatments. But there is nothing to stop clinicians from incorporating chronotherapy into their practices right now. I already use light and melatonin to help my patients with jet lag and to readjust their circadian rhythm, but it won’t be long before I try triple chronotherapy for my depressed patients who don’t get better with antidepressants.

Whether chronotherapy will prove as widely effective as conventional antidepressants for serious depression is still unknown. But there is no question that we can relieve everyday problems like jet lag and insomnia simply by better aligning our circadian rhythms with the world around us. What could be more natural than that?
Depression Screening in Primary Care Still Rare

February 22, 2017, by Nancy A. Melville

Amid ongoing debate over universal depression screening, new research shows that only a small fraction of primary care practitioners provide it.

Primary care practitioners are the frontline providers of mental health care, often seeing depressed patients who may not otherwise be receiving care, first author Ayse Akincigil, PhD, the School of Social Work, Rutgers University, New Brunswick, New Jersey, told Medscape Medical News.

"Primary care settings are an opportune location for early identification of depression, as many depressed patients' contact with the healthcare system is through primary care," she said.

Despite recommendations from the US Preventive Services Task Force (USPSTF) that all adults be screened for depression, previous research has shown rates of screening in primary care in the United States to be as low as 1% to 2%.

Recent regulatory and policy changes, such as rules set forth in the 2010 Affordable Care Act (ACA) requiring private insurers to cover recommended depression screening, as well as a similar reimbursement policy announced in 2011 for Medicare beneficiaries, may have improved screening.

In an effort to assess rates of depression screening, the investigators evaluated data from the National Ambulatory Medical Care Survey of 2012 and 2013 regarding 33,653 encounters between physicians and patients.

The investigators found that the overall rate of depression screening in primary care was 4.2%. Screening was half as likely among African Americans (adjusted odds ratio [aOR] = .48), and screening of elderly patients was half as likely as screening of middle-aged patients.

Although the overall rate represents an improvement of more than twofold in screening in the past decade, "4% suggests many missed opportunities for depression screening," Dr Akincigil said.

The study was published online February 15 in Psychiatric Services.

Differences by Patient Population

Nearly half (47%) of visits that included screening resulted in a new diagnosis of depression, a finding that suggests screening is likely prompted by a suspicion of depression, the authors note.

However, screening patients only when there is a suggestion of depression may miss a significant proportion of individuals who do not display or disclose symptoms or who may have lesser-known depressive symptoms, they add.

Evidence shows that the clinical presentation of depression may differ in African Americans and the elderly, which may explain lower screening rates in these populations.

Research indicates that rather than expressing mood-related symptoms, such as sadness, African Americans and the elderly display somatic symptoms, including headaches, lethargy, or body pain, the authors add.
"Therefore, recognizing depression requires providers to accurately differentiate somatic symptoms stemming from depression from those caused by general medical ailments that may be a result of the normal aging process or other medical conditions," they write.

In addition, symptoms in men can differ from those in women and may more commonly include aggression or risk-taking behaviors, as well as substance abuse.

Because symptoms may not be apparent, current guidelines call for screening of patients regardless of symptoms.

Although the study was not designed to investigate the reasons for a lack of depression screening, previous research has shown that deterrents include inadequate reimbursement and difficulty in adding screening to existing clinical routines.

In addition to the recent improvements in insurance coverage of screening, the adoption of electronic health records (EHRs) has placed simplified, time-saving depression screening tools at clinicians' fingertips.

The findings from the current study did show that providers with fully adopted EHRs were more likely to screen for depression than those using paper charts (aOR = 1.81).

In addition, the literature suggests that depression screening can be performed even in the waiting room. Studies have found that validated screening tools that include as few as two questions can be effective in detecting depression, Dr Akincigil said.

A point of contention in the recommendations regarding screening for depression lies not in the screening itself but with respect to what should be done if a patient screens positive for possible depression.

The USPSTF recommendation, detailed in JAMA, recommends that screening be implemented with "adequate systems in place" to appropriately diagnose and treat depression with evidence-based care or referral to a setting that can provide appropriate care.

The USPSTF notes that such systems can vary widely. They can range from simply having a designated nurse give advice when patients screen positive and then follow a protocol of referring to treatment, to full, multidisciplinary training of staff and clinicians with ongoing support for medication adherence and arranging a visit with a trained therapist for cognitive-behavioral therapy.

Some have argued that there is a lack of evidence supporting the USPSTF depression screening recommendations.

In an analysis published in BMC Medicine in 2014, researchers reported that the guideline was not supported by evidence from any randomized controlled trials showing benefits from the screening.

The authors pointed to studies suggesting problems with overdiagnosis and overtreatment of depression in the primary care setting.

Lack of Evidence?

Commenting on the findings for Medscape Medical News, Brett D. Thombs, PhD, a senior author of that analysis and professor and William Dawson Scholar in the Faculty of Medicine at McGill University, Montreal, Canada, said the new findings on low screening rates may reflect continued concerns about the evidence.

"It is somewhat surprising that the rate is as low as 4%, but it is not surprising that relatively few doctors do regular screening," he said.
"There is not any evidence from well-conducted randomized controlled trials to support the idea that screening in itself would improve mental health, and practicing physicians likely realize that the resources involved would be potentially staggering and would impede their ability to do many other important healthcare activities adequately."

Dr Thombs, who is currently chair-elect of the Canadian Task Force on Preventive Health Care, noted that the Canadian Task Force and the UK National Screening Committee recommend against universal depression screening.

He said that although research shows that well-integrated care benefits patients with depression, problems may arise when those systems are inadequate.

"If primary care providers screen patients without proper procedures to adequately follow up with appropriate assessment and management, many patients would be inappropriately diagnosed and prescribed medications that may not help them but would certainly cause unwanted side effects for many patients," he said.

Andres Barkil-Oteo, MD, Department of Psychiatry, Yale School of Medicine, New Haven, Connecticut, commented that collaborative care models have had some success in helping primary care practices better address mental health needs, but that more widespread approaches are needed.

"The solution isn't to motivate physicians with monetary incentives or simply having them check a box indicating that a patient was screened," he told Medscape Medical News. "A system needs to be in place.

"A physician may only be with a patient for 10 minutes and has to prioritize that time, but shifting the task to someone on the staff is a start. Clinicians may need to spend some resources to help follow those cases, but it is doable."

The study was supported in part by the Agency for Healthcare Research and Quality. The authors, Dr Thombs, and Dr Barkil-Oteo have disclosed no relevant financial relationships.

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Belly Fat More Dangerous in Older Women Than Being Overweight
While a few extra pounds doesn't up death risk, weight around the middle does, study contends


In older women, it's not excess weight that's deadly, but where those extra pounds collect that can shorten life, a new study reports.

Among women 70 to 79, being overweight or obese didn't appear to cut years off life -- unless the weight was centered around the waist. But being underweight also appeared to shorten life span, researchers found.

"Abdominal fat is more deadly than carrying excess weight," said lead researcher Zhao Chen. She's chair of the University of Arizona's department of epidemiology and biostatistics in the College of Public Health.
While the study found that a large waist circumference is detrimental, Hispanic women were somewhat protected -- they had lower mortality rates at any waist measurement or BMI level than white or black women.

Chen added, "An older woman should be concerned when her body weight is below normal for her height, and less concerned when she is slightly heavier than normal."

The researchers found that the risk of mortality increased when waist circumference measured more than 31.5 inches (80 centimeters), and they classified anything above nearly 35 inches (88 centimeters) as an "extreme risk."

The study looked at weight by using body mass index (BMI) measurements. BMI is a rough estimate of a person's body fat based on height and weight measurements. A BMI of 18.5 to 24.9 is considered normal weight. Below 18.5 is underweight, while 25 to 29.9 is considered overweight.

Obesity is a BMI of 30 or more. But obesity can also be broken into three classes, as was done in this study. Class I or "slight" obesity is a BMI of 30 to 34.9. Class II is 35 to 39.9, and class III is a BMI of 40 or above.

Although being overweight is often considered generally bad for your health, how bad may depend on your age, race and ethnic background, Chen said.

"Some of these differences may be related to the fact that body weight does not capture mortality risk, as do measures such as waist circumference, which we find is consistently associated with higher mortality," Chen said.

In general, these findings suggest that being underweight is more detrimental in older women, and being slightly heavier in later life could be beneficial, she said.

Body weight can reflect several different aspects of body composition, each reflecting health and disease in its own way, Chen said.

"One's weight should be interpreted with caution with respect to age, ethnicity, race and other measures of health, such as waist circumference," she said.

For the study, Chen and her colleagues reviewed data on nearly 162,000 women aged 50 to 79 who took part in the Woman's Health Initiative, a major study on postmenopausal women by the U.S. National Institutes of Health.

At the start of the study, the researchers measured the height, weight and waist size of all the participants and recorded other lifestyle data.

During 11 years of follow-up, more than 18,000 women died.

The researchers found that being overweight or slightly obese didn't affect life span. Class II or class III obesity increased the odds of early death by around 10 percent.

Higher waist circumference was consistently tied to higher death rates during the study.

Dr. Jill Rabin is co-chief of the division of ambulatory care in Women's Health Programs-PCAP Services at Northwell Health in New Hyde Park, N.Y. She believes that these findings can be helpful to older women.

"It's reassuring, in that older women don't have to be skinny or try to maintain the same weight as when they were young," Rabin said. "It might be healthier to be a little bit heavier, except if the fat is around the waist.

"Women whose weight is centered in their waist should try through diet and exercise to lose that weight," Rabin said.

Another specialist agreed that fat at the waist is the most dangerous kind.
"Central adiposity will increase anyone's risk of death, said Sharon Zarabi, director of the bariatric program at Lenox Hill Hospital in New York City.

"As health practitioners, we are moving away from body mass index as an indicator to health risk and looking more at body composition, using waist circumference and body fat percentage," Zarabi said.

The study findings were published Feb. 23 in the Journal of the American Geriatrics Society.

More information

For more on maintaining a healthy weight, visit the U.S. Centers for Disease Control and Prevention.

SOURCES: Zhao Chen, Ph.D., M.P.H., professor and chair, department of epidemiology and biostatistics, College of Public Health, University of Arizona, Tucson; Sharon Zarabi, R.D., director, bariatric program, Lenox Hill Hospital, New York City; Jill Rabin, M.D., co-chief, division of ambulatory care, Women's Health Programs-PCAP Services, Northwell Health, New Hyde Park, N.Y.; Feb. 23, 2017, Journal of the American Geriatrics Society

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By the Numbers: Screening Rates Soar
Some screening rates have more than doubled over three years

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Public Health & Policy, March 09, 2017, by Matt Wynn, Staff Writer, MedPage Today
https://www.medpagetoday.com/PublicHealthPolicy/by-the-numbers/63729

The Affordable Care Act's efforts to increase preventive services appears to have paid off: More people received screenings to prevent cancer and heart disease in 2015 than in 2012, according to figures released Wednesday by the National Center for Health Statistics, drawing on data from the National Health Interview Survey series.

In some cases, the growth was dramatic. For instance, more than 60% of insured adults ages 50 to 75 reported having a colonoscopy, compared to just over 25% in 2011-12.

The ACA required insurance plans to cover such screenings without charging patients a copay. Increased publicity about screenings may also have contributed to the increase.

In addition, the survey found that the rate of colorectal screenings increases with age. More than 75% of men over 70 reported such screenings. That trend played out across many screenings. Just 70% of men under 40 had blood pressure tested, for example, but that number grew to over 95% for men over 80.

The NCHS attributed the age gap to lack of information about suggested screenings in younger patients. Young women were more likely than men to receive such screenings, which they tied to women’s earlier reliance on reproductive healthcare.
Strawberries remain at top of pesticide list, report says

March 8, 2017, by Johanzynn Gatewood

Story highlights

• The Environmental Working Group released its annual "Dirty Dozen" list
• Spinach had the second highest concentration of pesticide residue, up from eighth
• Pears and potatoes joined the list; cherry tomatoes and cucumbers are no longer on it

Every year, the Environmental Working Group publishes its Dirty Dozen list, naming the fruits and vegetables that rank highest in pesticide residue. This year, strawberries remained at the top of the list; a single sample of strawberries showed 20 pesticides.

An annual report by the Environmental Working Group found that nearly 70% of samples of 48 types of conventionally grown produce were contaminated with pesticide residues. That’s down 6.6 percentage points from last year.

The EWG Shopper’s Guide to Pesticides in Produce, released Wednesday, ranks pesticide contamination of popular fruits and vegetables based on more than 36,000 samples of produce tested by the US Department of Agriculture and the Food and Drug Administration.

This year, strawberries remained at the top of the list of produce with the highest concentration of pesticides, while sweet corn and avocados were ranked as having the lowest concentration.

What are pesticides?

Pesticides are widely used in producing food to control pests such as insects, rodents, weeds, bacteria, mold and fungus. In addition to their uses in agriculture, pesticides are used to protect public health by controlling organisms that carry tropical diseases, such as mosquitoes.
Pesticides are potentially toxic to humans, according to the World Health Organization. They may have negative effects on reproduction, immune or nervous systems, cause cancer and lead to other problems.

Pesticide residue can remain on fruits and vegetables even after they are washed and, in some cases, peeled, according to the report.

However, a report by the USDA in 2014 found that "overall pesticide chemical residues on foods tested were at levels below the tolerances established by the Environmental Protection Agency" and were not a safety concern to consumers.

**The Dirty Dozen**

Produce that tested positive for various pesticides and contained higher concentrations of pesticides than other produce is featured on the list, known as the "Dirty Dozen."

Starting with the highest amounts of pesticide residue, the list features strawberries, spinach, nectarines, apples, peaches, celery, grapes, pears, cherries, tomatoes, sweet bell peppers and potatoes.

Strawberries remained at the top of the list with at least 20 pesticides, while spinach jumped into the second spot with twice as much pesticide residue by weight than any other crop.

Americans eat nearly 8 pounds of fresh strawberries per person each year, and even when they are rinsed in the field and washed before eating, they are still most likely to be contaminated with pesticide residue, according to the Environmental Working Group.

In 2016, spinach was ranked eighth, but the latest numbers from the USDA showed a sharp increase in pesticide residues on non-organic spinach since the crop was last tested eight years ago.

The pesticides responsible for the residues included three fungicides and one insecticide called permethrin, which has been linked to tremors and seizures in the nervous systems of animals and insects.

The newest additions to the list were pears and potatoes, which replaced cherry tomatoes and cucumbers from last year.

**The Clean Fifteen**

Produce that had relatively fewer pesticides and lower total concentrations of pesticide residues was placed on the group’s "Clean Fifteen" list.

This list included, in order, sweet corn (including corn on the cob and frozen corn), avocados, pineapples, cabbage, onions, frozen sweet peas, papaya, asparagus, mangoes, eggplant, honeydew melon, kiwis, cantaloupe, cauliflower and grapefruit.

Only 1% of samples showed any detectable pesticides in avocados and sweet corn, which were deemed the cleanest produce.

More than 80% of pineapples, papaya, asparagus, onions and cabbage that were sampled showed no pesticide residue.

**Methodology**

The Environmental Working Group, a nonprofit advocacy group, analyzed more than 36,000 samples taken by personnel at the USDA and the FDA who mimicked consumer practices by first washing or peeling the produce.

To compare the fruits and vegetables, the group came up with a composite score for each type of produce based on six measures of contamination. Some of the measures include the percent of the sample tested with detectable pesticides and the average number of pesticides found on a single sample.

**Shopping smart**
Nutrition experts support the findings and even use the list to make recommendations to their own patients.

"I believe that this is an important source of information," said Corinne Bush, a clinical nutritionist who was not part of the research.

Bush warns that some pesticides that do not exceed thresholds established by the EPA can still be very harmful, since low-level exposure over time can have extremely damaging effects.

The Environmental Working Group recommends buying organic produce whenever possible to reduce exposure to pesticides.

"If you don't want to feed your family food contaminated with pesticides, the EWG Shopper's Guide helps you make smart choices, whether you're buying conventional or organic produce," Sonya Lunder, a senior analyst with the group, said in a news release.

"Eating plenty of fruits and vegetables is essential no matter how they're grown, but for the items with the heaviest pesticide loads, we urge shoppers to buy organic. If you can't buy organic, the Shopper's Guide will steer you to conventionally grown produce that is the lowest in pesticides."