



**Summary of Diabetes Canada
Diabetes 360°
British Columbia Roundtable**

October 8, 2019

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CONTEXT

On October 8, 2019 in Vancouver, British Columbia, Diabetes Canada convened a roundtable session of nearly 60 multi-sector stakeholders, including health-care professionals, representatives of the provincial health authorities, including the First Nations Health Authority, health agencies, researchers and representatives from the Provincial Health Services Authority (PHSA). Russell Williams, Senior Vice-President for Diabetes Canada acknowledged that a comprehensive strategy is necessary in order to truly address the overwhelming human and economic costs of diabetes and recommended Diabetes 360° as the framework to work with in British Columbia.

MINISTRY OF HEALTH AND PROVINCIAL HEALTH SERVICES AUTHORITY (PHSA)

PHSA is unique in Canada as it is the only health authority with a province-wide mandate for specialized health services. Dr. Maureen O'Donnell, Executive Vice-President, Clinical Policy, Planning and Partnerships, PHSA together with Mr. Brendon Abbott, Executive Director, Provincial Services Branch, B.C. Ministry of Health, reported that, "The Ministry of Health is moving forward on developing a new pathway to better address diabetes in B.C. and that the important enabler to the process will be clinical policy leadership via PHSA". PHSA has been tasked by the Ministry to develop a diabetes strategic plan by March 31, 2020.

DIABETES

Diabetes is a chronic disease in which the body has difficulty regulating the amount of glucose (or sugar) in the blood. Elevated blood sugar over time can lead to organ, blood vessel and nerve damage. Diabetes contributes to 30 per cent of strokes, 40 per cent of heart attacks, 50 per cent of kidney failure requiring dialysis, 70 per cent of non-traumatic limb amputations and is the leading cause of vision loss in Canada.

Type 1 diabetes is found in five to 10 per cent of Canadians with diabetes and occurs when the body is unable to produce insulin, a hormone that controls the level of glucose (sugar) in the blood. The cause of type 1 diabetes is unknown, and it is not preventable. It occurs when a person's immune system destroys the cells in the pancreas that make insulin.

Type 2 diabetes is the most common, where the pancreas either cannot effectively use or produce enough insulin. It is found in approximately 90-95 per cent of Canadians living with diabetes. Alarming, type 2 diabetes, which used to be a type of diabetes exclusively experienced by adults, is now increasingly developing in children. The causes of type 2 diabetes can be genetic, behavioural and/or environmental. When compared to Caucasians, Indigenous peoples of Canada are at higher risk of type 2 diabetes. In addition, people of South Asian, Hispanic, or African descent are also at higher risk of type 2 diabetes.

Prediabetes occurs when an individual's blood glucose levels are high, but not yet high enough to be diagnosed with type 2 diabetes. Approximately 50 per cent of those with prediabetes go on to develop type 2 diabetes.

Gestational diabetes is a temporary condition that develops during pregnancy. Blood glucose levels usually return to normal following delivery, however both mother and child are at higher risk of developing type 2 diabetes later in life.

DIABETES IN BRITISH COLUMBIA

The prevalence and cost of diabetes in British Columbia (and Canada) continues to rise and take its toll on individuals, families, health-care professionals and the healthcare system. Diabetes Canada estimates more than 1.5 million British Columbians live with diabetes or prediabetes in 2019 and prevalence is expected to grow to nearly 1.9 million by 2029, if nothing is done. Similarly, the estimated direct costs to the British Columbia healthcare system is \$509 million and \$685 million by 2029 with 80 per cent of these costs attributed to treating the complications of the disease.

There are several prevention and treatment initiatives in British Columbia, but they generally operate in isolation, as do health-care professionals struggling to find solutions for their patients with diabetes. While extensive effort is no doubt being made, it is not sufficiently coordinated or comprehensive to prevent, screen, treat, or actualize positive health outcomes and economic relief.

DIABETES 360° STRATEGY FRAMEWORK: A CANADIAN CALL TO ACTION

Kimberly Hanson, Executive Director, Federal Affairs for Diabetes Canada spoke to the origins of Diabetes 360°. Beginning in September 2017, Diabetes Canada convened 120 stakeholders from nearly 100 organizations from across Canada. Six working groups and an Advisory Board worked throughout 2018 to shape the [Diabetes 360° recommendations](#) for a measurable, outcome focused strategy for the prevention and management of diabetes. Nine provinces were at the table and more than 30 patient advocates. Diabetes 360° is a strategy framework based on a successful model implemented in the HIV/AIDS community, *90-90-90: An ambitious treatment target to help end the AIDS epidemic*.

Diabetes 360° is a bold action plan that responds to the urgent need for a national diabetes strategy to combat the diabetes epidemic in Canada. It includes addressing the stigma that often accompanies diabetes, the complacency that often accompanies a type 2 diagnosis, and tackles the complex societal challenges that contribute to the prevalence of type 2 diabetes, including unhealthy environments and barriers to treatment. The present approach, which sees the provinces and territories each working on diabetes independent of one another has not facilitated economies of scale or rapid knowledge-sharing that are the hallmarks of transformative change and has resulted in a patch-work approach and great health inequities for people living with diabetes across Canada.

Diabetes 360° is a coordinated strategy which will result in a significant reduction of human and economic costs. For example, the implementation of proven type 2 diabetes prevention programs across the country could prevent **770,000 cases** of diabetes and **save over \$9 billion** in healthcare costs over seven years.

The Diabetes 360° framework includes specific recommendations in the areas of prevention, screening, treatment and patient outcomes for all types of diabetes. It describes the unique considerations of people with type 1 diabetes and Indigenous peoples in Canada. This plan could deliver measurable results within seven years. All recommendations are based on extensive consultation and thorough review of the evidence. With this strategy:

- 90% of Canadians will live in an environment that reduces their risk of diabetes
- 90% of Canadians will be aware of their diabetes status

- 90% of Canadians with diabetes will be engaged in preventing complications
- 90% of all Canadians will achieve improved health outcomes

Canada needs a national diabetes strategy to coordinate the efforts underway in all provinces and territories to combat this epidemic, one which would bring Canada in line with global best practice, reduce the human burden of this disease significantly in a very short period of time, and achieve savings in health care costs.

Diabetes Canada urges British Columbia to adopt the Diabetes 360° framework as it proceeds with its commitment to develop a provincial diabetes strategy. Diabetes Canada is advocating to the Federal Government to support the implementation of Diabetes 360° nation-wide.

ROUNDTABLE GOAL AND OBJECTIVES

Goal:

To begin a conversation with influencers in the diabetes and public health space to explore key needs and practical solutions for diabetes in British Columbia and how to collaborate to implement them.

Objectives:

- To support the creation of a British Columbia Diabetes Strategy based upon Diabetes 360° by identifying practical solutions and next steps.
- To create a shared commitment and plan for implementing a British Columbia Diabetes Strategy.
- To develop strategies for engaging stakeholders with transformative solutions and new partnerships.

THEMES

Three themes emerged from the table recordings (flip-chart papers), plenary notes, and personal contributions (post-it-notes) in response to key questions: *What would a British Columbia Diabetes 360° strategy mean to you? How would its implementation improve diabetes outcomes in your respective area? What are the top 3-5 priority elements of a diabetes strategy for British Columbia?*

Theme 1: Collaboration, partnership and building consensus are important

Participants agreed on the need for action and clearly desire to collaborate with the Government of British Columbia to build and support the development of a diabetes strategy. “There should be consensus and a shared commitment.” The participants were passionate about finding solutions to reduce the overwhelming burden of diabetes in the province. It was added that for it to be successful, “It needs to also be a priority for the Ministry of Health”. A provincial strategy should build on the systems that currently exist and have demonstrated success but are currently “all over the place”. Health-care professionals, individuals living with type 1 and type 2 and other key stakeholders should be included in the process. Private sector participants expressed a desire to be “kept in the loop”.

Theme 2: There are numerous priority elements of a diabetes strategy, including:

- a. **Existing centres of excellence:** “Build on what is already working and successful.”
- b. **Prevention (type 2) and health promotion:** “Need to alter deep rooted beliefs (e.g. journey to reduce tobacco use); consideration for type 2 remission; begin in schools; screening and post pregnancy.”
- c. **Public awareness:** “Eliminate stigma; educate on the many risk factors for type 2; DKA awareness; differences between type 1 and type 2; look to success of stroke awareness; messaging, referencing condition vs. disease.”
- d. **Patient-centered treatment and support:** “Enhance self-management support and education; assess and support for mental health needs; transitional considerations (e.g. child to adult care); clear care targets from prevention to tertiary care; a focus on empowering the patient”
- e. **Clear care pathway(s):** “Standardized interdisciplinary care; enhanced coordination; tangible and meaningful structure.”
- f. **A diabetes registry:** “A [type 1] diabetes registry that collects anonymous data”
- g. **Clear targets and outcome tracking:** “Better systems to track outcomes and metrics”
- h. **Consideration of needs of specific populations:** “Indigenous communities”
- i. **Equal access to treatment for all people with type 1 diabetes.** Currently people with type 1 diabetes who do not have employer benefits are having to bear exorbitant financial costs to treat their disease, including having to pay out of

pocket for Continuous Glucose Monitors (CGMs) and Flash Glucose Monitors (FGMs), as well as the insulin used in insulin pumps, and other diabetes supplies. This “lack of affordability is creating inequity” in management and health outcomes.

Theme 3: International strategies should be examined

“No need to reinvent the wheel.” Most European Union countries have national diabetes strategies, and those strategies are paying dividends. Successful work has been accomplished in other countries, including Finland, Sweden, Denmark, India and Portugal which should be considered in strategy development.

NEXT STEPS

Provincial Health Services Authority (PHSA)

Maureen O'Donnell acknowledged the urgency to get on with doing something and that it is important work and hard work. PHSA needs to identify high priority initiatives in British Columbia because it all can't be tackled at once. PHSA will work with the Ministry and develop a plan by March 31, 2020.

Diabetes Canada

Russell Williams spoke to the need to grow the trust that was developed today. Diabetes Canada's commitment is to be a convener of stakeholders for good dialogue on how we work together to move Diabetes 360° forward in British Columbia. Diabetes Canada will continue to engage this group going forward, including delivery of a summary report of today's session.

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