DIABETES CANADA

SUSTAINING MOMENTUM TO IMPLEMENT THE DIABETES FRAMEWORK (SMIDF):

MANITOBA DIABETES ROUNDTABLE

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Acknowledgements

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We would like to thank all presenters and attendees for their contributions to the Manitoba Diabetes Roundtable.

Note on Indigenous Engagement and a National Diabetes Framework

In respect to Reconciliation and in recognition of Indigenous autonomy, self-determination, and sovereignty, the Public Health Agency of Canada has provided independent funding to the National Indigenous Diabetes Association (NIDA). NIDA is engaging with various Indigenous peoples, nations and organizations across Canada to develop an Indigenous Diabetes Framework. Through supporting open dialogue, NIDA sits on the Diabetes Canada/SMIDF's Pan-Canadian Action for Diabetes committee to promote mutual knowledge exchange and collaboration. For more information about NIDA, please visit www.nada.ca

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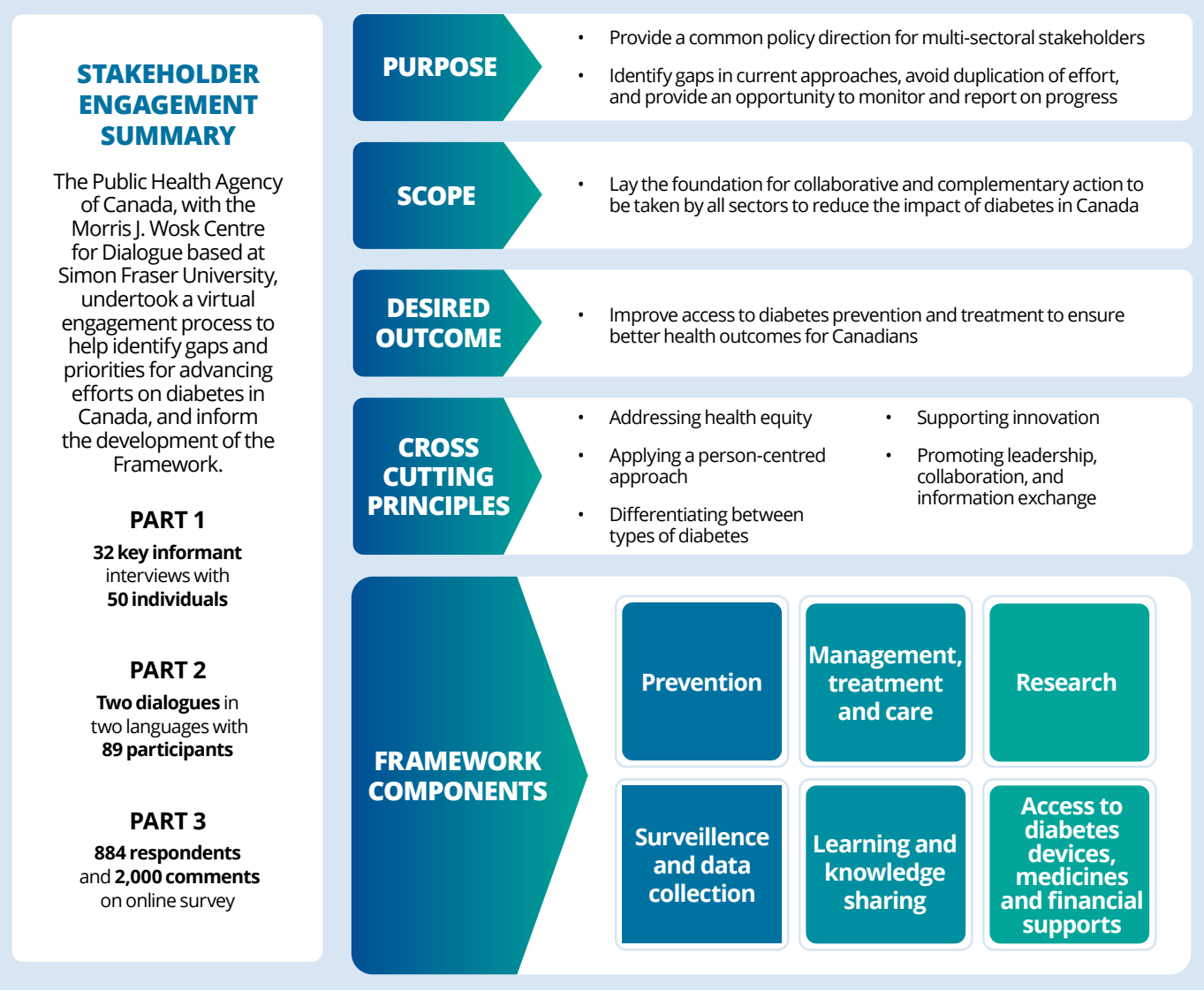
1.0 The Framework for Diabetes in Canada and SMIDF Overview

Diabetes Canada is a national health charity representing more than four million people in Canada diagnosed with diabetes. Diabetes Canada leads the fight by helping those affected by diabetes live healthy lives and addressing the onset and consequences of diabetes. In partnership with the Public Health Agency of Canada (PHAC), Diabetes Canada is engaging in a three-year project, Sustaining Momentum to Implement the Diabetes Framework (SMIDF). The Diabetes Framework, officially referred to as the Framework for Diabetes in Canada, was presented by the Government of Canada in 2022. The Diabetes Framework aims to support prevention and treatment for all types of diabetes and provides a common policy direction to address diabetes in Canada [1]. The Diabetes Framework also supports the identification of gaps in current diabetes care approaches, promotes reducing duplication of effort, and provides the federal government an opportunity to monitor and report on progress [1]. The Diabetes Framework is comprised of six interdependent and interconnected components of diabetes efforts, including:

- Prevention;
- Management, treatment, and care;
- Research;
- Surveillance and data collection;
- Learning and knowledge sharing; and;
- Access to diabetes devices, medicines, and financial support.

A summary of the Framework for Diabetes in Canada is provided in Figure 1.

Figure 1: Visual of the Framework for Diabetes in Canada (PHAC, 2022)



2.0 About the Manitoba Diabetes Roundtable

On September 16, 2025, Diabetes Canada, with funding from the Public Health Agency of Canada (PHAC), organized the Manitoba Diabetes Roundtable in Winnipeg as part of the SMIDF project. The event brought together 36 participants including MB government agencies, non-governmental organizations (NGOs), First Nations and Métis organizations, national Indigenous organizations, healthcare professionals, and researchers.

The roundtable provided a forum for participants to share knowledge and discuss current diabetes trends in Manitoba, as well as ongoing initiatives at national, provincial, regional, and community levels. Participants shared initiatives that focus on enhancing diabetes surveillance and data collection, as well as improving prevention, care, and treatment outcomes.

The proceedings featured eight presentations that highlighted diabetes trends and innovative programs, research, and community-led initiatives in Manitoba. Presentation topics included data sovereignty, community-based care (e.g., mobile clinics), and prevention (e.g., land-based youth programs) strategies. Roundtable attendees also participated in two discussion sessions structured around the five Ds of appreciative inquiry: Define, Discover, Dream, Design, and Deliver. These discussions promoted a strengths-based and forward-looking approach to identifying opportunities for change.

The morning roundtable discussion focused on diabetes surveillance and data collection, while the afternoon discussion addressed topics such as access to primary care, screening, breastfeeding programs, youth involvement and empowerment, and holistic approaches to diabetes care. Through these discussions, participants collaboratively developed actionable ideas to advance diabetes-related initiatives in Manitoba.

3.0 Conference Presentations

Presentation Topic	Presenter(s)
Welcome and Overview of the Framework for Diabetes in Canada	Céleste Thériault, MBA Adria Cehovin, MSc
3.1 Diabetes in Manitoba: Prevalence and Health Care Utilization	Marc Silva, MSc
3.2 Diabetes Prevention: A Population/Public Health Approach	Eileen Burnett, MD, BN, MPH, CCFP, FRCPC
3.3 Prevention and Collaboration on Data Collection for Reduction of Type 2 Diabetes in Northern Manitoba Indigenous Communities	Myles King, BSc
3.4 First Nations Data Sovereignty: Implications for Diabetes Research and Care	Taylor Morriseau, PhD
3.5 Enhancing Diabetes Care in Red River Métis Communities: Mobilizing Point-of-Care Testing and Self-Management Initiatives	Ainsley Balkwill, RN, BN Solaine Laroche, RN, BN
3.6 Small Steps for Big Changes Program	Stacey Schmidt-Mehmel, BSc Lindsey Lee, BA
3.7 Diabetes Integration Project - SAGE Initiative	Tannyce Cook, RN, BN
3.8 The National Indigenous Diabetes Association	Céleste Thériault, MBA

3.1 Marc Silva—Diabetes in Manitoba: Prevalence and Health Care Utilization

Marc Silva, Director of Performance and Monitoring at Shared Health Manitoba, opened the presentation segment of the roundtable by sharing data on diabetes in the population and healthcare system. He discussed how diabetes prevalence and the sequalae of diabetes are distributed across Manitoba and how affected individuals interact with the healthcare system.

Key facts about diabetes prevalence and comorbidities in Manitoba include:

- The prevalence of diabetes among individuals aged 20 years and older has increased over the past five years, rising from 12.7% to 13.8%, representing an increase from approximately 129, 800 to 148,300 people.
- Diabetes rates vary across the province, ranging from as low as 10.4% for the residents of the Southern Region to as high as 20% for the residents of the Northern Region.
- Among Manitoba residents with diabetes, many also have other chronic conditions: 75% have hypertension, 21% have ischemic heart disease, 10% have heart failure, 9.4% have experienced a stroke, and 8.1% have experienced acute myocardial infarction (i.e., heart attack).

Note: All data shown in this table is from the Canadian Chronic Disease Surveillance System for the reporting year 2022-2023 [2].

Diabetes significantly impacts healthcare use in Manitoba. Individuals living with diabetes are more likely to use emergency and hospital services compared to those without diabetes. For example, in 2022-2023, adults (ages 20+) with diabetes were 1.6 times more likely to visit the emergency room and over four times more likely to be hospitalized [3]. Overall, 7% of adults with diabetes were hospitalized at least once, compared to 1.6% of adults without diabetes [3]. Youth (ages 1 to 19) with diabetes were over five times more likely to be hospitalized than their peers without diabetes [3].

This data illustrates the significant burden diabetes places on individuals, communities, and the healthcare system. Silva's presentation showed how data can deepen insight into population health and guide system planning to direct resources where they are most needed.

To learn more about the work being done at Shared Health Manitoba visit their website.

3.2 Dr. Eileen Burnett—Diabetes Prevention: A Population/Public Health Approach

Dr. Eileen Burnett, Medical Officer of Health and a Public Health and Preventive Medicine Specialist, presented a population-level approach to diabetes prevention. She explained provincial strategies by citing the 2022 Framework for Diabetes in Canada [1] and the 2023 Manitoba Diabetes Action Plan, with four pillars: prevention, detection, management, and surveillance [4]. She also acknowledged the Truth and Reconciliation Commission's Calls to Action (TRC) [5] and the National Inquiry into Missing and Murdered Indigenous Women and Girls (MMIWG) [6], emphasizing the importance of Indigenous communities' leadership in culturally grounded, community-led health and social services, as highlighted in the TRC and MMIWG reports.

Diabetes is a significant issue in Manitoba. About 1 in 10 people in the province has diabetes, with the burden higher in certain regions and communities. In the Northern region, nearly 19% of people, or 1 in 5, have diabetes. In the Southern region, the rate is about 1 in 10. Even within Winnipeg, Manitoba's urban centre, data demonstrates variations in prevalence rates. Some local communities report as low as 6% diabetes prevalence, while others report up to 17%. The ongoing effects of colonization continue to shape Indigenous health outcomes. This is clear in diabetes, where prevalence is significantly higher among First Nations, Métis, and Inuit adults compared to non-Indigenous adults.

To address the burden of diabetes in the province, along with disparities in health outcomes, the government of Manitoba has taken several actions:

Key Government of Manitoba Actions:

- Expanded pharmacare coverage for advanced glucose monitors for all people with type 1 and type 2 diabetes along with insulin pumps for all people with type 1 diabetes.
- Enhanced pharmacare program to broaden coverage for most type 2 diabetes medications that are protective against diabetes-related complications.
- Universal school nutrition program and Healthy Schools initiative to support youth health.
- Renewing Healthy Together Now, a community-led chronic disease prevention program run by public health.
- Ongoing funding for community organizations promoting health and wellness.

Prevention is central to all diabetes-related frameworks and is a core public health function. Traditional health promotion strategies have emphasized individual behaviour change, such as making healthier dietary choices. However, this alone is not enough to address the scale of the problem. Prevention also requires structural and environmental changes that support healthy choices. Burnett highlighted that our systems, environments, and societal structures must enable behaviour change. Advancing this work requires community engagement, cross-sector collaboration, and advocacy for health-promoting policies. This approach shifts public health practice from focusing on individual behaviour to acting at the community and population levels.

To advance a public health approach to diabetes prevention, Burnett suggested some next steps including:

- Strengthening healthy public policies in schools, workplaces, and community settings.
- Enhancing regional public health involvement in community-led prevention.
- Improving diabetes screening and access to primary care with a focus on lifestyle interventions.
- Expanding data collection to better understand diabetes types, demographics, and outcomes.
- Closing health gaps between Indigenous and non-Indigenous residents by addressing social determinants of health and supporting Indigenous-led prevention efforts.

Dr. Burnett closed the presentation by emphasizing the importance of working together to prevent and respond collectively to the population health impacts of diabetes in Manitoba. To learn more about the Government of Manitoba's strategy for addressing diabetes prevention and care, you can read the Manitoba Diabetes Action Plan.

3.3 Myles King—Prevention and Collaboration on Data Collection for Reduction of Type 2 Diabetes in Northern Manitoba Indigenous Communities

Myles King, Northern Program Manager with Food Matters Manitoba (FMM), provided an overview of collaborative, prevention-focused food security initiatives that aim to reduce type 2 diabetes among Indigenous communities in Northern Manitoba. FMM is a non-governmental organization that works to address food insecurity in the province by supporting local food systems through sustainable and long-term solutions. The organization is committed to fostering Indigenous food sovereignty and security and building trust-based partnerships with communities.

FMM takes a multilayered approach to food security and diabetes reduction in Northern Indigenous communities. Their approach focuses on the "five A's" of food security: availability, accessibility, adequacy, acceptability, and agency. They build on community assets such as traditional harvesting practices and land-based activities. FMM collaborates with communities to build on their assets, leading to key program development, such as youth involvement in land-based activities like fishing and hunting trips, and in community gardens. They also create employment opportunities within the food system for community leaders. FMM's approach integrates traditional knowledge, cultural practices, and language into food security initiatives which helps fosters a sense of belonging and community ownership over food systems.

During the presentation, King highlighted how these food security and sovereignty initiatives are connected to diabetes reduction because communities are supported in building long-term change by advancing their local and traditional food systems. Individual-level behavioural or lifestyle changes are possible when structural and social determinants of health, such as access to traditional food, are addressed through community-led prevention and health promotion strategies. For example, King highlighted that being on the land means youth are engaging in physical activity, eating traditional foods, and growing food in the garden. By improving access to traditional foods and connection to the land, these programs not only foster connection to cultural practices and community belonging but also create opportunities for access to healthy foods and physical activity, supporting youth in skills development and long-term change.

FMM continues to assess and monitor the impacts of these initiatives. A key approach to understanding and evaluating the impacts is through the collection of qualitative data, such as storytelling and pictures, that convey the direct effects of community-led initiatives on program participants and on communities that receive food generated through programs. These qualitative insights offer a powerful lens for understanding not only the measurable outcomes of community-led food initiatives but also the deeper, often overlooked social and relational impacts.

FMM's goal is to continue supporting Northern Indigenous communities in building local and traditional food systems and fostering community involvement in land-based activities. By reinvesting in communities, FMM programs are supporting capacity building and creating opportunities for local economies to thrive through community ownership.

To learn more about community-let initiatives to address food insecurity and support Indigenous food sovereignty in Manitoba, visit the Food Matters Manitoba website.

3.4 Taylor Morriseau—First Nations Data Sovereignty: Implications for Diabetes Research and Care

Dr. Taylor Morriseau is a Health Systems Impact Postdoctoral Fellow with the First Nations Health and Social Secretariat of Manitoba (FNHSSM). FNHSSM's mandate is to serve all 63 First Nations in Manitoba and promote well-being through social and health-related initiatives. Morriseau's presentation outlined problems with existing data collection and management and described initiatives promoting data sovereignty for First Nations.

Existing datasets often exclude or misclassify First Nations people, reinforcing erasure and assimilation. Data is often generated based on Western understandings of health and wellbeing, which ignore Indigenous strengths, language, and culture. Furthermore, research practices that uphold Western standards of science and data also fail to acknowledge unique histories and colonial impacts. As a result, existing research practices largely measure the assimilation of First Nations into broader Canadian society and culture. Expanding the definition of data is needed to address and change the ways that colonization continues to operate through research and data. In order to expand definitions of data, including in the context of diabetes research and data collection, Morriseau spoke about engaging communities to expand the meaning of data to encompass more than just statistical data to include features like archival material, biological samples, First Nations knowledges and cultural practices, ancestral remains, ancient DNA, and community stories and histories.

First Nations stories and traditional knowledges are valid and essential forms of data that must be governed by First Nations communities to ensure accurate representation and that the data is used to foster meaningful impact. Morriseau highlighted a number of strategies that support First Nations oversight of data in how their stories are told, including: First Nations Research Ethics Boards [the Health Information Research Governance Committee (HIRGC)], First Nations research centres, strength-based surveys (e.g., regional health survey), regional and Nation-based indicators of wellbeing, repatriating existing datasets, and creating surveillance initiatives.

Additionally, stewardship of data is important, and several ways in which First Nations in Manitoba are advancing data sovereignty include community-led initiatives such as the development of the First Nations Data Governance Strategy. This is a national strategy with 10 regional centres that focus on building data governance at a grassroots (community) level to ensure that each centre meets local needs. The centres work together to develop tailored plans for Regional Information Governance Centres, with shared objectives of storing and managing data, promoting interregional collaboration, and implementing best practices for data sovereignty.

Over the past year and a half, the Manitoba team has focused on understanding regional needs through extensive engagement with First Nations communities, Tribal Councils, and underrepresented groups, including Elders and Knowledge Keepers, youth, and 2SLGBTQQIA+ members. Key initiatives include demonstration projects to support community-led data sovereignty, training programs on data governance and data safety, and efforts to build capacity through a human resource campaign connecting youth to careers in data and research. Additionally, the team is addressing archival and historical collections for repatriation, including identifying data gaps.

As Morriseau and her colleagues at FNHSMM continue to work towards establishing the Regional Information Governance Centre, they are laying the foundation for First Nations-led control of health data through strong governance, repatriation of information, and culturally grounded research and data practices. To learn more about their work, visit the FNHSMM website.

3.5 Ainsley Balkwill and Solaine Laroche—Enhancing Diabetes Care in Red River Métis Communities: Mobilizing Point-of-Care Testing and Self-Management Initiatives

Ainsley Balkwill and Solaine Laroche from the Manitoba Métis Federation (MMF), Health and Wellness Department, presented at the roundtable on diabetes care initiatives for Red River Métis communities. MMF was established in 1967 and serves as the government of the Red River Métis across Manitoba, and also offers services tailored to Métis needs in areas such as family services, health, education, and housing. The Health and Wellness Department, established in 2005, offers culturally tailored health and wellness services to the community across five overarching areas: clinical services, community health programming, policy and health information, health research, and Michif Manor.

MMF's clinical services focus on bridging healthcare gaps for Red River Métis citizens by offering a mobile clinic that visits communities and provides general health and wellness services, including screening for chronic conditions such as diabetes. Red River Métis experience disproportionally higher rates of diabetes and related complications, such as below-knee amputation, in comparison to the general population in Manitoba. To address this health disparity, MMF launched a Diabetes Point-of-Care Testing Study through its mobile clinic to implement and evaluate a culturally sensitive program to address the urgent issue of diabetes among the Red River Métis.

The initiative involves two mobile clinics visiting Red River Métis communities, each staffed by a registered nurse, a foot care nurse, and support staff, all of whom provide culturally appropriate care. The clinic offers diabetes risk assessment and point-of-care testing (e.g., hemoglobin A1c and lipid panel) along with health check-ins, foot care, and diabetes education sessions. The study had an original outreach goal of serving 1,200 citizens, and it has exceeded that goal, reaching over 3,330 citizens to date across 31 communities. In addition to increasing access to diabetes care in remote areas, this initiative has strengthened connections with Red River Métis communities, enhanced education and awareness through tailored materials, and generated Métis-specific evidence to inform health policy aimed at improving health and wellbeing.

Along with the Diabetes Point-of-Care Testing Study, MMF is also engaged in an Age Well at Home pilot project that takes a holistic approach to diabetes management, food security, and aging in place for Red River Métis older adults. The pilot project launched in July 2024 and serves Red River Métis who are 55 years of age or older, have a diagnosis of type 2 diabetes, and have an income of $35,000 or less per year. The overarching aims of the project are to reduce health disparities related to type 2 diabetes and food insecurity while empowering Citizens to maintain their well-being and independence through culturally informed supports. The goals of the project are to broaden understanding of type 2 diabetes, enhance learning about the importance of nutrition for type 2 diabetes, and motivate and equip Citizens with resources to support their adoption of healthier lifestyles.

Citizens participating in the Age Well at Home program receive an initial assessment from a nurse that includes testing (e.g., hemoglobin A1C and lipid panels), dietary history, and an overall health check-in. Their ongoing participation in the program involves receiving monthly food baskets and regular wellness check-ins. The program also works with a registered dietician who develops culturally appropriate recipes that participants can use, with a focus on locally available foods. Additionally, through participation in the program, participants' social connections are enhanced through their regular contact with program staff who, in addition to providing health visits and food baskets, offer psychosocial support that promotes overall well-being.

The Age Well at Home initiative continues to expand its reach beyond Winnipeg to include Red River Métis Citizens in more northern regions, such as Thompson.

Initial data showed that program participants had an average A1C level of 7.12%, indicating diabetes, but follow-up assessments show that, on average, participants are experiencing stable or slightly improved A1C levels. This is an achievement given the progressive nature of the disease. Beyond physical health data, participants expressed feeling cared for and more confident in managing their health, highlighting the program's holistic and compassionate approach.

Both the Diabetes Point-of-Care Testing initiative and the Age Well at Home program adopt a holistic, person-centered approach that emphasizes prevention, care, and equity while fostering strong community relationships and addressing that social determinants of health, such as access to care. To learn more about the work being done at the Health and Wellness Department, visit the MMF website.

3.6 Stacey Schmidt-Mehmel and Lindsey Lee—Small Steps for Big Changes Program

Stacey Schmidt-Mehmel, Group Fitness Leader and Small Steps for Big Changes Coach, and Lindsey Lee, Program Specialist, from the YMCA-YWCA Winnipeg, joined the roundtable to share information about a program called Small Steps for Big Change, a lifestyle intervention aimed at preventing type 2 diabetes by supporting behavioural changes through diet and exercise counselling. Individuals who are assessed as having prediabetes are eligible to participate in the program, which aims to reduce their risk of developing type 2 diabetes. Small Steps for Big Changes is an evidence-based program that was developed and evaluated by the Diabetes Prevention Research Group, led by Dr. Mary Jung, at the University of British Columbia.

The program is 4 weeks long, and participants meet with a trained coach over six in-person or virtual sessions. The coach uses motivational interviewing techniques to assess participants' readiness for change, works with participants to set goals for change, and offers support through diet and exercise counselling, information exchange, and advice on applying different physical training techniques. Coaches take a person-centered approach to counselling, informed by the C.A.P.E. acronym, which stands for: compassion, acceptance, partnership, and evocation. In addition to coaching, participants have free access to YMCA-YWCA facilities throughout the 4-week program, reducing barriers to physical activity and supporting their completion of the program.

To help participants monitor change and assess the impact of the program, at the beginning of the program, participants' measurements are taken, such as resting heart rate, waist circumference, and weight. These measurements are taken again at the end of the program and during 12- and 24-month follow-ups. Currently, the program is available to adults and is being offered through participating YMCA-YWCA locations in Canada at no cost to participants.

To learn more about diabetes prevention initiatives, visits the YMCA-YWCA Winnipeg website. And, visit the Small Steps for Big Changes website to learn more about the broader project developed by the Diabetes Prevention Research Group at the University of British Columbia.

3.7 Tannyce Cook—Diabetes Integration Project: Screening, Awareness, Guidance, and Empowerment (SAGE) Initiative

Tannyce Cook is the Director of the Diabetes Integration Project (DIP) with the First Nations Health and Social Secretariat of Manitoba. Cook provided a historical overview of DIP and how this project, aimed at delivering diabetes care and treatment services to remote First Nations communities in Manitoba, has evolved into a screening initiative called Screening, Awareness, Guidance, and Empowerment (SAGE).

DIP was established to support a "Manitoba Diabetes Strategy" developed in 1999 by the Manitoba First Nations Diabetes Leadership Council (MFNDLC), at a time when First Nations leaders were seeing a trend of increasing diabetes in their communities. The Manitoba Diabetes Strategy is a call to action that identifies five priority areas for addressing diabetes in First Nations communities:

- prevention and promotion
- care and treatment
- gestational diabetes
- research, surveillance, and evaluation
- policy and infrastructure [7]

To advance the strategy, DIP was developed in August 2006 to provide diabetes care and treatment services to First Nations communities across the South, North, and Dauphin regions of Manitoba. From 2006 to 2025, the DIP initiative consisted of three teams traveling quarterly to each of the 18 to 20 First Nations communities participating in the program. The teams, consisting of two diabetes educators, would spend one to three days in the community providing mobile clinical services, including point-of-care testing, diabetes management education, medication review, basic foot assessment, nutrition education and counselling, and specialist referrals. Their approach to delivering services in the community is rooted in holistic, strengths-based, client-centered, harm-reduction, and non-judgmental principles.

A core aspect of DIP's clinical service delivery is its point-of-care testing, which provides on-the-spot results and includes the following tests: AC1 to assess average blood sugar over three months, eGFR to assess kidney function, and ACR to detect protein in urine. DIP also became involved in other testing initiatives, such as the Kidney Check project, which currently brings kidney, diabetes, and blood pressure testing to remote First Nations communities in Alberta, British Columbia, and Manitoba. Kidney Check's approach is to perform testing, provide immediate on-the-spot results, and, depending on the results, develop a kidney care plan, including follow-up arrangements and referrals as needed.

Since 2025, DIP has been transitioning to become a screening initiative and expand services beyond individuals already diagnosed with diabetes. By integrating the Kidney Check model with existing DIP services and equipment and established referral pathways, the screening initiative aims to identify and support individuals at risk for diabetes. This shift is driven by data showing that type 2 diabetes rates among First Nations children are up to 25 times higher than in non-Indigenous populations, with significantly higher rates of mental health challenges and hospitalizations. In response, the DIP team, with approval from community leadership, is broadening its mandate to provide diabetes screening and support for all First Nations members aged ten years and older and to explore ways to expand services from 18 First Nations communities to 63. The transition has involved collaborating with First Nations communities, including consultations with youth, Knowledge Keepers, and Tribal Diabetes Coordinators, in order to plan screening services that meet community needs.

The screening initiative's mission is to support First Nations in Manitoba in preventing chronic disease and promoting diabetes wellness through community-led screening, education, culturally grounded practices, and pathways to self-determined care. To learn more about DIP, please visit their webpage on the First Nations Health and Social Secretariat of Manitoba website.

3.8 Céleste Thériault—The National Indigenous Diabetes Association

Céleste Thériault, Executive Director of the National Indigenous Diabetes Association (NIDA), concluded the presentation segment of the roundtable by discussing how NIDA is leading a national community engagement initiative to ensure that Indigenous voices shape the Framework for Diabetes in Canada and guide each distinction-based pathway. NIDA is a charitable, Indigenous, and member-led organization that was established in 1995 in response to the rising rates of diabetes among First Nations, Inuit, and Métis Peoples. The organization is committed to promoting health, wellness, and diabetes prevention among Indigenous communities.

Thériault provided an overview of the national project that is fostering Indigenous engagement in the Framework for Diabetes in Canada. The project aims to ensure that the framework is tailored to the diverse needs of First Nations, Inuit, and Métis communities. The project consists of three phases:

- **Phase 1**: Strategy and Literature Review
- **Phase 2**: Community Engagements
- **Phase 3**: Delivering action-oriented pathways with budget requirements and key outcomes.

Phase 1 was completed in September 2024, and the Community Engagement phase (Phase 2) was initiated in the Fall of 2024. At the time of the roundtable, Phase 2 was still underway, with the intention of extending the engagements to collect further data. Plans are to deliver the final phase (Phase 3) in March 2026. To support the completion of engagements across Canada in Phase 2, NIDA has partnered with three contractors: narratives, NVision Insight Group Inc., and waapihk Research. The engagement strategy is informed by a commitment to genuinely building relationships and meeting people where they are. The strategy also aims to be adaptable and responsive to community needs, while fostering collaboration by aligning with existing efforts. The principle of reciprocity is also central to the strategy, ensuring that engagement is mutually beneficial and contributes to the communities involved.

The engagement methods are predominantly one-on-one interviews, small focus groups, and an online survey. So far, 221 participants have completed interviews (mostly one-on-one), and 710 people have completed the survey. Despite budget constraints, the strategy remains flexible and community-centered, with efforts to ensure equitable participation. Virtual options and other opportunities are being explored to honor each community's preferred engagement methods and pace.

Advocating for community-driven and culturally relevant diabetes care is central to NIDA's work, as exemplified by this national project that engages First Nations, Inuit, and Métis communities to ensure their voices shape the Framework for Diabetes in Canada. To learn more about the work that NIDA is doing, visit the organization's website.

4.0 Roundtable Discussions

Roundtable discussions occurred twice during the roundtable proceedings, once in the morning after presentations 4.1 through 4.4 and again in the afternoon after the remaining presentations. For each discussion, roundtable participants were given topics related to components of the Framework for Diabetes in Canada and asked a set of questions that encouraged consideration of how to cultivate change within the topic areas. The set of questions guiding the discussion was informed by the five Ds of appreciative inquiry: Define, Discover, Dream, Design, and Deliver [8]. Appreciative inquiry is a strengths-based framework for change that encourages participants to take a constructive, future-oriented approach to implementing change [8].

The morning roundtable discussion centered around the Surveillance and Data Collection component of the Framework for Diabetes in Canada, and roundtable participants were organized into smaller groups (e.g., 4 to 5 people) and asked to engage in the following exercise:

Morning Roundtable Discussion: ***Consider Manitoba diabetes-based data, surveillance, and reporting of diabetes and address the following questions.***	
Define	What is the current state of diabetes-based data, surveillance, and reporting in Manitoba?
Discover	What initiatives, policies, programs, and/or interventions are you aware of that currently support diabetes-based data, surveillance, and reporting in Manitoba? (please be specific)
Dream	What should diabetes-based data, surveillance, and reporting look like in the next five years in Manitoba? Consider key outcomes.
Design	What policies, initiatives, programs and/or interventions are needed to create that vision?
Deliver	How can we deliver on this vision? Consider: Who will or needs to champion this work? What conversations need to be had? What groups need to form, or be further supported? What organizations need to collaborate?

For the afternoon discussion, roundtable participants were asked to individually reflect on a few of the following topics: access to primary care; screening for diabetes; public education and awareness; health equity considerations; group and individual behaviour change programming; healthy nutrition and food systems; Indigenous cultural programming and healing; youth life skills building; breastfeeding; mental health supports; etc. Following independent reflection, participants were organized into smaller groups and asked to choose one topic and engage in the following exercise:

Afternoon Roundtable Discussion: ***With your chosen topic, please reflect and answer the following questions through the lens of diabetes.***	
Define	What is the current state of your chosen area/aspect of improvement in Manitoba?
Discover	What initiatives, policies, programs, and/or interventions are you aware of that currently support your area/aspect of improvement? (please be specific)
Dream	What should your area/aspect of improvement look like in the next five years in Manitoba? Consider key outcomes.
Design	What policies, initiatives, programs and/or interventions are needed to create that vision?
Deliver	How can we deliver on this vision? Consider: Who will or needs to champion this work? What conversations need to be had? What groups need to form, or be further supported? What organizations need to collaborate?

4.1 Morning Roundtable Discussion Findings

The morning roundtable discussion on surveillance and data collection was reviewed, and the key points raised by participants were organized into thematic categories: *data access, infrastructure, and integration; data use, evaluation, and impact; community-led and strength-based approaches; collaboration in policy and program design; upstream intervention and prevention; and technology and innovation*. This approach helped to identify recurring ideas and priorities, providing a clearer understanding of shared challenges and opportunities.

Data Access, Infrastructure, and Integration

- Indigenous health initiatives face challenges with data use and access due to inconsistent system access, such as electronic medical records (EMR), and fragmented reporting. While several screening programs exist, such as SAGE and Kidney Check, there is a need for more streamlined, accessible, and coordinated data systems.
- Participants acknowledged that Manitoba has rich data to support diabetes research and prevention, but there remain gaps, for example, in integrating Dynacare lab data into broader systems. Additionally, data systems can be fragmented, hindering data accessibility and use. Individual patients should also have easier access to their own health records.
- Improvements could be made to ensure data platforms are more accessible to researchers and communities, enabling them to view anonymized data, assess health trends, and plan programming with the most up-to-date information. Advancing data infrastructure and access will support the development of health strategies that are responsive to community needs.

Data Use, Evaluation, and Impact

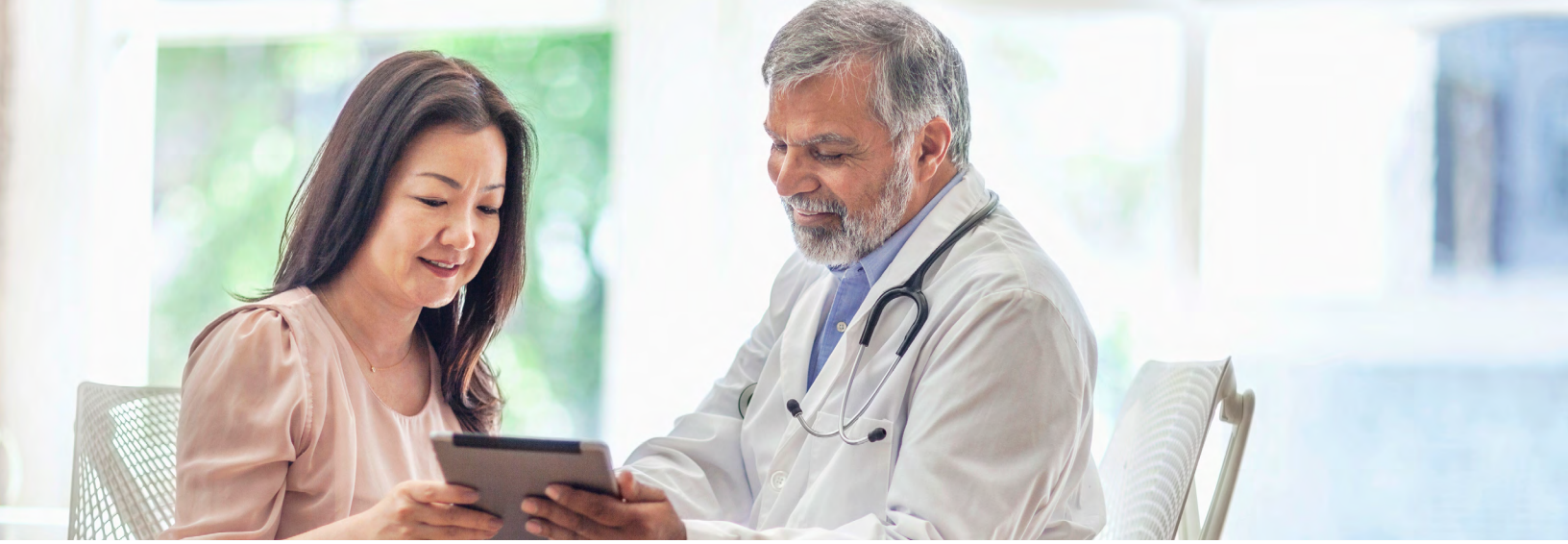
- Data on its own does not advance change. Any surveillance and reporting projects ought to include actionable insights and be translated into formats that are accessible and useful to communities.
- When assessing the impact of interventions on the quality of life and health of communities, there is increasing recognition of the need for qualitative data and follow-up metrics. Additionally, there is a need for culturally relevant evaluation tools for assessing community-based interventions. These interventions can be difficult to measure when using traditional, often quantitative-centric, research and evaluation approaches.
- There is a need to develop a clear pathway for using collected data to improve outcomes, including access to care, diagnosis, and support systems. Additionally, health records could be used to better communicate individual data, enabling teams to work more effectively to support care rather than placing the burden on individuals.

Community-led and Strength-based Approaches

- Participants expressed interest in making data more strength-based, contextualized, and solutions-oriented. This can be achieved by better integrating insights into the social determinants of health and by incorporating qualitative approaches to data collection and analysis. Alongside expanding the type of data collected, participants highlighted the importance of community-driven data designs that are supported at a grassroots level, while investment comes from the top down.

Collaboration in Policy and Program Design

- Participants called for strengthened collaboration across government, communities, and sectors to design policies and programs, and for the prioritization of prevention and Indigenous-led initiatives, such as land-based programs that support Indigenous food security.
- Data sovereignty and community-led design are essential. This requires collaboration across regions and the reduction of barriers to participation to ensure all communities are engaged.
- Additionally, participants described fragmentation in the health system across different levels of government that hinders how data is shared and used. Better coordination between different levels of government and across jurisdictions can improve access to data and support decision-making and planning.



Upstream Interventions and Prevention

- Participants observed that there is increasing hopefulness in diabetes care for interventions that address upstream determinants of health, such as food security and prevention initiatives, with the potential to improve health outcomes and reduce long-term costs. It is important to build momentum when optimism is high.
- Generally, there is a lack of indicators for interventions addressing upstream determinants of health, so there is a need to improve monitoring of policies and community-based programs to understand how they work. There also needs to be better investment in primary care and collaboration with community-based programs that support care and prevention.
- Participants shared that, with the exception of cancer screening, screening for chronic diseases is inconsistent, highlighting the need for more proactive, standardized approaches to diabetes screening. Additionally, there needs to be increased investment in prevention, primary care, and community-led programs to sustain local initiatives.

Technology and Innovation

- Participants discussed how technology can strengthen the systems that support data collection, management, and analysis. For example, artificial intelligence (AI) tools can make data analysis more accessible by reducing the need for coding skills.
- Participants shared that some recording-keeping systems and practices remain outdated, such as reliance on paper copies and fax machines, underscoring the need to invest in infrastructure upgrades.

4.2 Afternoon Roundtable Discussion Findings

For the afternoon roundtable discussion, participants organized into five groups, each selecting a specific diabetes-related topic for discussion. The chosen topics included: *supporting breastfeeding and health programming for new parents and infants; standardizing and coordinating screening; youth involvement and empowerment; access to primary care; and holistic approaches to diabetes care*. The following summary presents key insights and reflections from each group on their respective topics.

Supporting breastfeeding and health programming for new parents and infants

- Participants discussed exploring the development of policies and programs that support greater uptake of breastfeeding practices.
- Consider developing food security initiatives to support new parents with access to nourishing food, or providing basic income support to reduce the economic burden on new families. These initiatives are connected to similar issues other groups face, such as access to affordable food for seniors.
- Explore culturally relevant public education and social media campaigns to normalize and promote breastfeeding.
- Investigate ways to identify individuals who may need breastfeeding support.
- Create stronger supports for breastfeeding across settings, including primary care, nutrition, and community-based care.
- Explore ways to enhance physical activity and recreation for new parents and infants, creating opportunities for community participation.

Standardizing and coordinating screening

- Participants described a disconnect between where testing is being conducted and where patients can access their test results, highlighting specific issues with Dynacare and the lack of an integrated system.
- Assumption that all communities have the same access to testing, but there are inconsistencies in how testing is conducted. This underscores the need for standardized, province-wide screening, similar to cancer screening programs like ColonCheck and CervicalCheck.
- Coordination and collaboration across regions and sectors could help scale promising pilot programs and ensure knowledge is shared. For example, participants described a promising provincial program in Newfoundland for foot care. Connecting across regions and sharing knowledge is important.
- Building capacity within communities, such as training local individuals to maintain programs and conduct screening, can help sustain community-based screening programs. This kind of capacity building can foster community empowerment, but it requires sustained funding.

Youth involvement and empowerment

- Participants discussed the need for youth to be actively involved in health service and program planning, not simply consulted after the fact. Health initiatives can be co-designed with youth, ensuring they play a leadership role in the process.
- Schools, youth centres, and recreational spaces play a role in promoting health literacy by providing education on diabetes, physical activity, food security, mental health, and family planning. It is important not to overlook topics like gestational diabetes in youth education strategies.
- Family systems may lack the capacity to support youth due to financial challenges. Community programs, such as youth camps, are valuable sites for supporting youth and building community capacity.

Access to primary care

- Participants discussed how primary care is not accessible to everyone and the pathway to care is often unclear, with confusion around roles and responsibilities. Navigating the care system can be difficult as services and programs operate in silos.
- Broader health system challenges that impede effective diabetes care include staffing shortages and long wait times. Gaps in services are also creating inadequate health assessments.
- There is a need to streamline the healthcare referral process and connect individuals to primary care, especially across band and regional programs. To promote continuity of care, it would be a dream to have a care team that supports individuals from pre-diabetes through disease progression.
- More work is needed to promote cultural safety and Indigenous representation in healthcare practices and settings. Incorporating Indigenous ways of knowing is essential to fostering safer and culturally appropriate spaces. Additionally, honest conversations about discrimination and racism in healthcare are needed to support cultural safety work.
- Community engagement in healthcare service and program delivery is needed, along with incentives to encourage participation in the healthcare system. Interventions ought to be person-centered, recognizing that each person's experience with diabetes is different.
- With regards to monitoring, constructive progress should be documented, not just negative outcomes.

Holistic approaches to diabetes care

- Participants encouraged a holistic understanding and approach to health that encompasses access to primary care, food systems, mental health supports, education, and justice, acknowledging that diabetes is more than a biomedical issue.
- Person-centered care is needed to support healing. This involves meeting individuals where they are in their journals and supporting access to a diversity of healing modalities, including dieticians, diabetes educators, mental health professionals, and traditional healers.
- Participants advocated for the community to be at the centre of designing and delivering initiatives that are culturally relevant and reflect their values.
- There was a call to shift from a reactive approach to care towards a preventative model that considers the social determinants of health in all policies and across levels of government. Cross-sector collaboration and knowledge sharing are needed.

5.0 Conclusion

The Manitoba Diabetes Roundtable brought together government representatives, researchers, Indigenous community leaders, NGO leaders, and healthcare professionals. The discussion focused on diabetes data and trends in the province, with participants sharing community-based strategies for prevention, management, care, and treatment. The roundtable also addressed ways to advance Indigenous data sovereignty in research, surveillance, and data collection. Through presentations, participants shared knowledge and explored challenges and opportunities present in their communities. They emphasized the disproportionate burden and varied impacts of diabetes across Manitoba. To improve outcomes, the group identified a strong need for culturally relevant, community-led initiatives, especially those organized by Indigenous communities.

The roundtable generated several key insights:

- Reducing the long-term burden of diabetes requires increased investment and capacity-building for interventions that address upstream determinants, including food security and culturally safe diabetes care initiatives.
- Persistent gaps in access to primary care were acknowledged. Recommendations included expanding team-based community clinics, integrating culturally relevant health professionals, and enhancing care coordination to support continuity and culturally relevant services.
- Improved coordination and standardization in diabetes screening were recommended, with participants suggesting cancer screening as a potential model.
- The need to enhance cross-sector collaboration and invest in community prevention and care initiatives was recognized, with particular emphasis on those led by Indigenous communities.
- The roundtable underscored the importance of Indigenous data sovereignty, calling for community collaboration and leadership in all research and data-related activities, including governance, research ethics, development of data tools, and knowledge translation.
- A call was made to improve data systems, with participants emphasizing the need for enhanced data accessibility and integration across systems to support diabetes care planning and decision-making.

Collectively, the insights generated by the roundtable establish a foundation for future diabetes actions. These insights can inform efforts to center community voices, strengthen partnerships, and advance health equity.

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