DIABETES CANADA

DIABETES IN THE PRIVATE SECTOR SUMMIT

Conference Report

Acknowledgements

Report Author

Yucen Liu, MSc,
Ho Ching Nika Shiu, and
Allan Smofsky, Smofsky Strategic Planning

Sustaining Momentum in Implementing the Diabetes Framework (SMIDF) Team

Adria Cehovin, MSc (Project Manager),
Hiba Syed, BSc (Coordinator), and
Yucen Liu, MSc (Health Equity and Research Coordinator)

We would like to thank all presenters and attendees for their contributions to the Diabetes in the Private Sector Summit.

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 Executive Summary

On September 15th, 2025, Diabetes Canada, with support from the Public Health Agency of Canada, held the first ever Diabetes in the Private Sector Summit, in Winnipeg, Manitoba. With emphasis on supporting momentum for the Diabetes Framework in Canada, the event brought together 38 diverse leadership stakeholders for an all-day summit, discussing diabetes in Access, Innovation, Health Equity, and Workplace Health. Participants included:

Keynote speaker Bernard Lord, former Premier of New Brunswick and current Chief Executive Officer of Medavie, as well as,

- Employers;
- Health consulting organizations;
- Pharmaceutical companies;
- Medical device companies;
- National insurance companies;
- Diabetes researchers;
- Federal and provincial government bureaucratic staff and officials;
- Non-governmental organizations (NGOs);

The Summit united healthcare leaders, industry, and policymakers to discuss diabetes prevention and management, with a focus on the workplace environment. Key themes included equitable access, public–private collaboration, workplace and community interventions, the importance of prevention, and data-driven, technology-enabled care. The event highlighted that coordinated, patient-centered, and sustainable approaches are essential to improve outcomes, reduce chronic disease, and strengthen health across Canada.

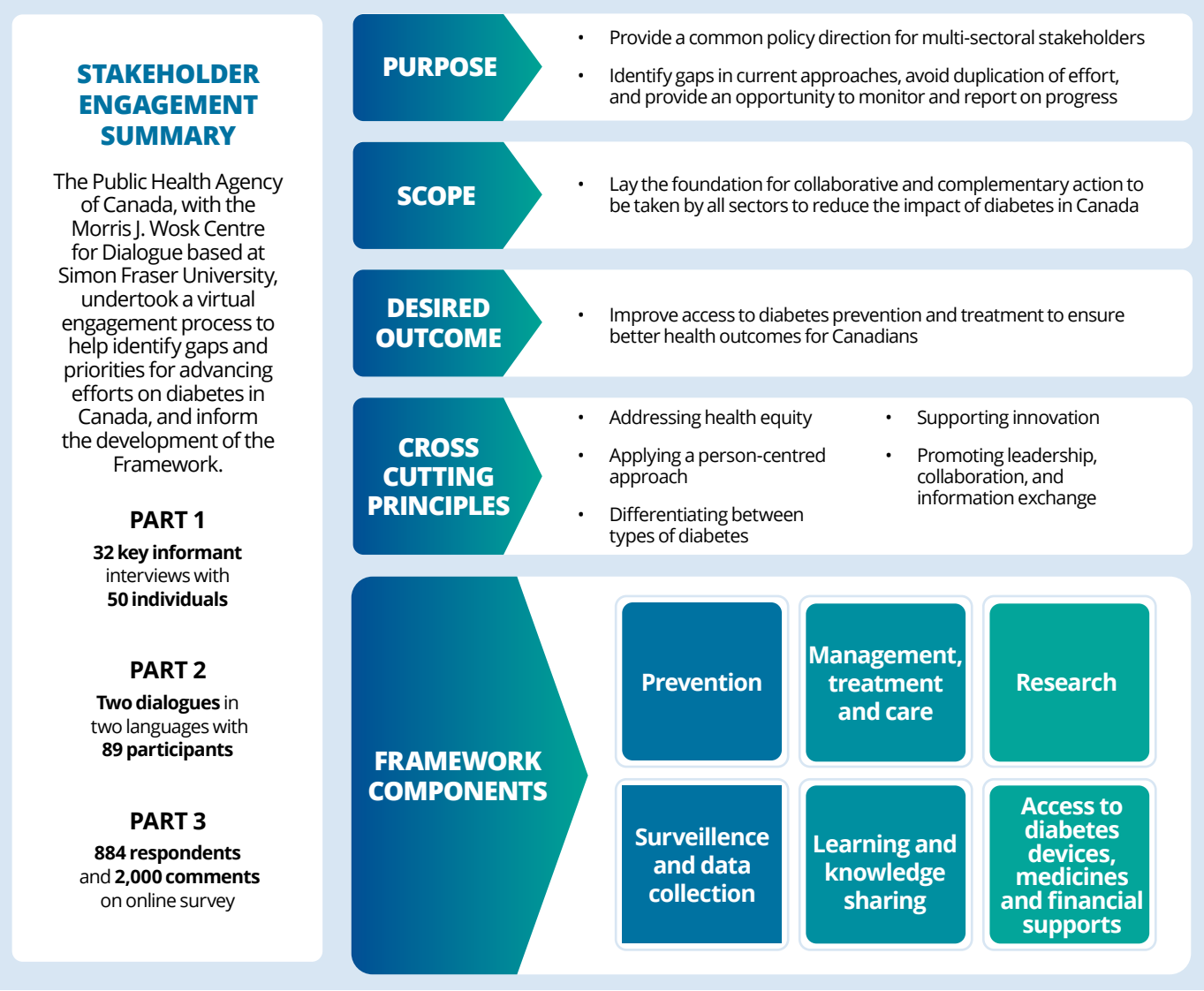
2.0 The Framework for Diabetes in Canada and SMIDF Overview

Diabetes Canada is a national health charity representing more than four million people in Canada diagnosed with diabetes. Diabetes Canada works to improve the quality of life of those living with diabetes by sharing knowledge and resources, supporting health-care professionals to improve patient care, advocating for change through policy, and funding research to advance treatments and discover a cure. 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 (PHAC, 2022). 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 (PHAC, 2022). 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)



The SMIDF teams foci relates to regional engagement initiatives with the Diabetes Framework and the creation of an inventory of successful diabetes programs, interventions, and projects across Canada. The creation of the inventory will also involve the dissemination of findings for adoption and scaling to identify and share best practices for addressing diabetes, including the identification of actions to reduce barriers to diabetes care in health-equity deserving communities.

3.0 About the Conference

The Diabetes in Private Sector Summit was held in Winnipeg, Manitoba, on September 15, 2025, to facilitate cross-sector and provincial engagement, knowledge exchange, and collaboratively explore the above Framework components through the lens of the workplace. Summit objectives included:

- Discuss opportunities to promote public-private collaboration
- Identify ways to further advance diabetes prevention and management
- Improve equitable access to care and technology
- Build sustainable partnership strategy

Informed by the objectives, presentations from the Summit explored diverse topics:

- Universality in access through leveraging hybrid models: drug coverage may be more efficient and less costly through leveraging the already robust level of private coverage rather than a single-payer system, advocating for public-private partnerships that expand access while preserving innovation and employer-funded health and wellness programs.
- Workplace diabetes management: Employers were encouraged to integrate physical and mental health support, recognize the diabetes-depression connection, focus more on type 2 diabetes prevention, establish stronger partnerships to better address diabetes comorbidities, and implement culturally responsive, inclusive programs that reduce absenteeism and presenteeism costs.
- Community-based prevention initiatives: accessible, locally delivered interventions can achieve sustained behavior change and diabetes risk reduction at scale.
- Equity and access barriers: identified gaps in coverage for prevention and management services, stigma reduction needs, and the importance of culturally tailored care for Indigenous peoples, newcomers, and underserved communities.

Following the presentations, summit participants engaged in group discussions in various themes, including:

- **Data**: Called for a universal, standardized, and interoperable health data strategy with strong leadership, AI integration, and patient partnership to create a connected ecosystem that improves policy, the patient journey, data tracking and evaluation, and outcomes.
- **Policy**: Advocated for greater emphasis on proactive prevention to balance the reactive treatment inherent in the system. To be achieved through sustainable long-term funding, cross-sector collaboration, workplace (and other private sector stakeholder) and government communication on the importance and benefits of diabetes prevention and embedding prevention metrics into policy performance.
- **Small and Medium-Sized Businesses**: Emphasized the need for equitable, collaborative health promotion strategies tailored to small and medium-sized businesses' more limited resources, supported by incentives, shared data access, and learning from private-sector success models.
- **Access**: Focused on achieving faster, fairer healthcare access through flexible care models, expanded provider roles, patient-centered planning and data mining, and treating healthcare as an investment with patients as active partners.
- **Partnerships**: Identified the lack of coordinated prevention partnerships and called for structured collaborations with clear roles, sustainable funding, aligned outcomes, and flexible models balancing immediate needs with long-term goals.
- **Interventions and Programs**: Stressed the need for more of a "whole person/patient" approach, action-oriented interventions that raise awareness of individual health risks and comorbidities of diabetes. Also emphasized the importance of promoting health literacy through both formal tools and informal community/workplace initiatives while maintaining accessibility and privacy.

4.0 Conference Presentations

Presentation Title	Presenter(s)
Welcome and Land Acknowledgement	Adria Cehovin, Diabetes Canada
Summit Overview and Diabetes Canada: Sustaining Momentum to Implement the Diabetes Framework	Adria Cehovin, Diabetes Canada
4.1 Fireside Chat	Bernard Lord, Medavie Blue Cross; Glenn Thibeault, Diabetes Canada
4.2 The Space Between Public and Private Funded Health Care	Kelly Bennett, Ciba Health
4.3 Diabetes and Comorbidities - What Employers Can Be Doing to Better Support Staff	Christina McNeill, Acclaim Ability Management Inc.; Allan Smofsky, Smofsky Strategic Planning
4.4 Improving Health Outcomes and Equity with Diabetes Connected Care Solutions	Chris Goguen, Dexcom Canada
4.5 A Device Strategy: Empowering Innovative Glucose Monitoring Technology to Advance Diabetes Strategy in the Workplace	Bessie Wang, Abbott Diabetes Care
4.6 Impact of 100% Universal CGM Coverage in Clinic	Dr. Heather Power, Newfoundland and Labrador Health Services/Memorial University
4.7 Small Steps for Big Changes: Examples and Opportunities for Partnership to Enhance Access to Evidence-Based Diabetes Prevention Interventions	Dr. Mary Jung, University of British Columbia
4.8 The Novo Nordisk Network for Healthy Populations, Cities for Better Health and Social impact	Andrew Robertson, Novo Nordisk Canada Inc; Tiffany Bartlett, University of Toronto Novo Nordisk Network for Healthy Populations; Dr. Ghazal Fazli, University of Toronto Mississauga

4.1 Bernard Lord – Medavie Blue Cross: Fireside Chat with Glenn Thibeault

The keynote speaker, Bernard Lord, is the Chief Executive Officer of Medavie. Prior to this role, he spent eight years on the Board of Medavie and was President and CEO of the Canadian Wireless Telecommunication Association of Canada. He sits on boards of several companies and organizations. Mr. Lord served as Premier of New Brunswick from 1999 to 2006.

Joined by Glenn Thibeault, Executive Director of Government Affairs, Advocacy and Policy for Diabetes Canada, the fireside chat discussed and focused on Pharmacare in Canada and the value of public–private collaboration.

Mr. Lord provided an overview of Medavie's not-for-profit model, which reinvests surplus funds into health benefits, emergency services, and community programs. As a national health solutions partner, Medavie believes collaboration is key to strengthening Canada's healthcare system, but that Canadians need assurance that expanding access through partnerships will strengthen the core values of care – by reducing wait times and improving outcomes. This requires all of us to be more deliberate in shifting the conversation from ideology to practical, patient-centred solutions.

Throughout the discussion, Mr. Lord further emphasized that **universal drug coverage does not need to mean a single-payer system**, citing Quebec's hybrid model as an example, and that **a cooperative public-private approach can expand access, preserve innovation, and protect existing coverage**. He noted that the Pharmacare Act unquestionably has a commendable goal: improving access to essential medications; but as with any major policy shift, the intent must be matched by thoughtful implementation.

Medavie's hope is that any pharmacare plan will prioritize expanded access and not disrupt existing coverage, while also harnessing the opportunity to leverage public funding with private sector expertise.

The discussion concluded that sustainable Pharmacare depends on partnership, flexibility, and real access for all Canadians.

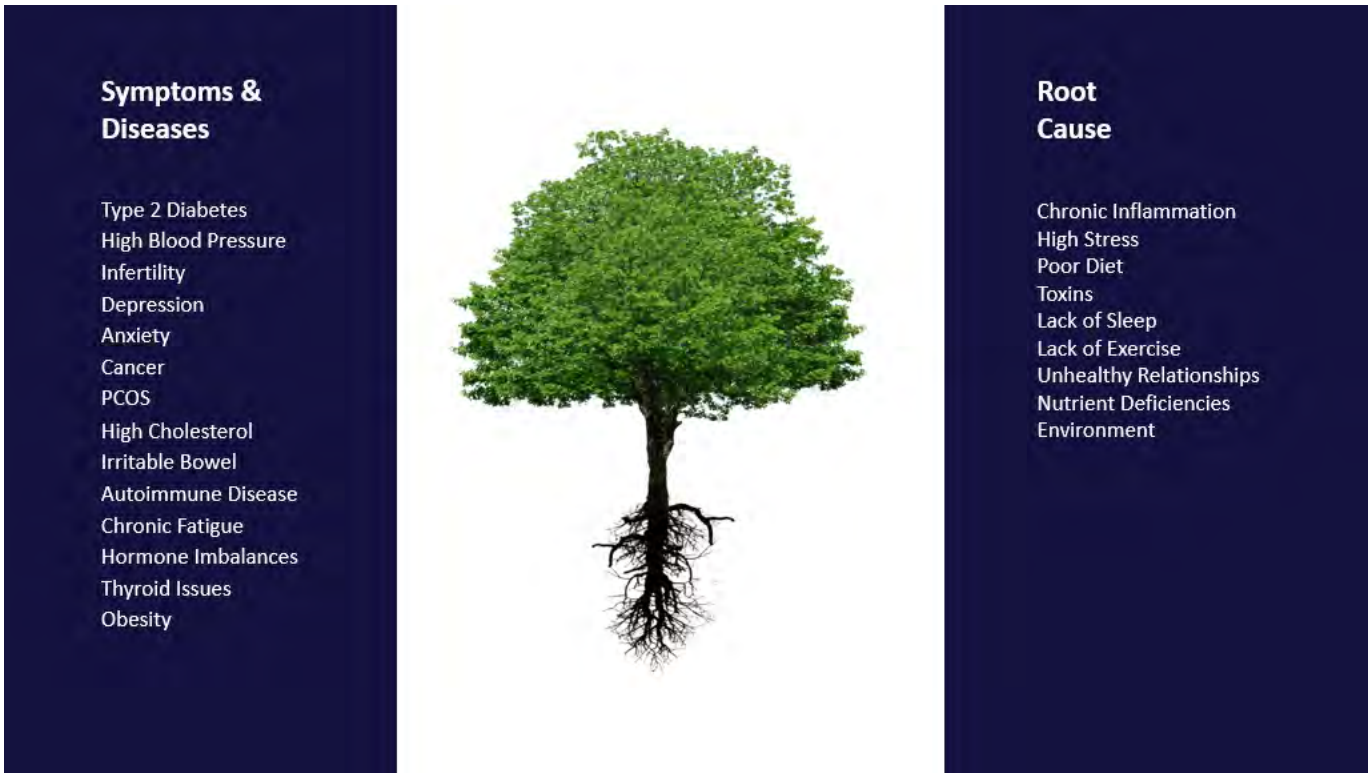
4.2 Kelly Bennett – Ciba Health: The Space Between Public and Private Funded Health Care

Kelly Bennett, the Head of Operations at Ciba Health, and a clinical pharmacist and certified diabetes educator, introduced a digital platform that uses root-cause, personalized care to manage and prevent type 2 diabetes. The platform integrates technology, lifestyle assessment, and multidisciplinary support to address factors like sleep, stress, and nutrition, promoting prevention and long-term health improvement.

Bennett described how current diabetes care is reactive and symptom-focused, with minimal attention to lifestyle, stress, sleep, or nutrition. Further, traditional health records don't collect or look at this data in a systematic way, missing key aspects of the social determinants of health. Patients often follow standardized care paths that overlook root causes. The platform reverses this model through personalized, multidisciplinary, technology-enabled care. Illustrating via a "tree analogy," Bennett explained that traditional care treats the "leaves" (disease symptoms), while Ciba targets the "roots" (sleep, stress, activity, and diet), to achieve lasting improvement. This approach looks not just at diabetes in isolation, but at all the coexisting factors impacting those who are at risk for diabetes or currently living with diabetes.

Bennett noted a major gap between public medical care and privately funded wellness services. Prevention tools (dietitian care, behavioral therapy, health coaching) remain majorly outside public coverage. Bennett questioned why prevention and wellness remains largely privately funded and how to ensure equitable access through public–private integration.

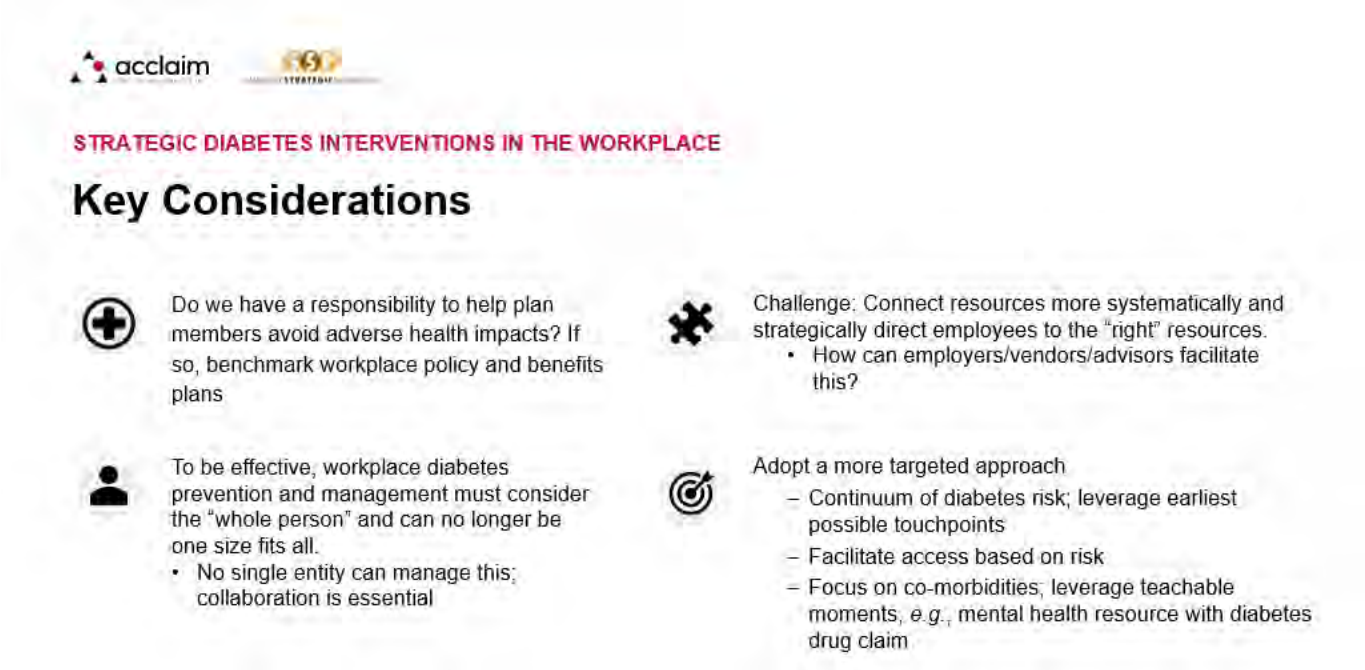
Bennett's presentation underscored this innovative model as a bridge between public and private healthcare, focused on root-cause, data-driven, and patient-empowered care. By integrating prevention, personalization, and technology, Bennett demonstrates how the company platform works to close systemic gaps, improve chronic disease outcomes, and make wellness a core part of healthcare, not an optional add-on.



4.3 Christina McNeill and Allan Smofsky – Diabetes and Comorbidities: What employers can be doing to better support staff

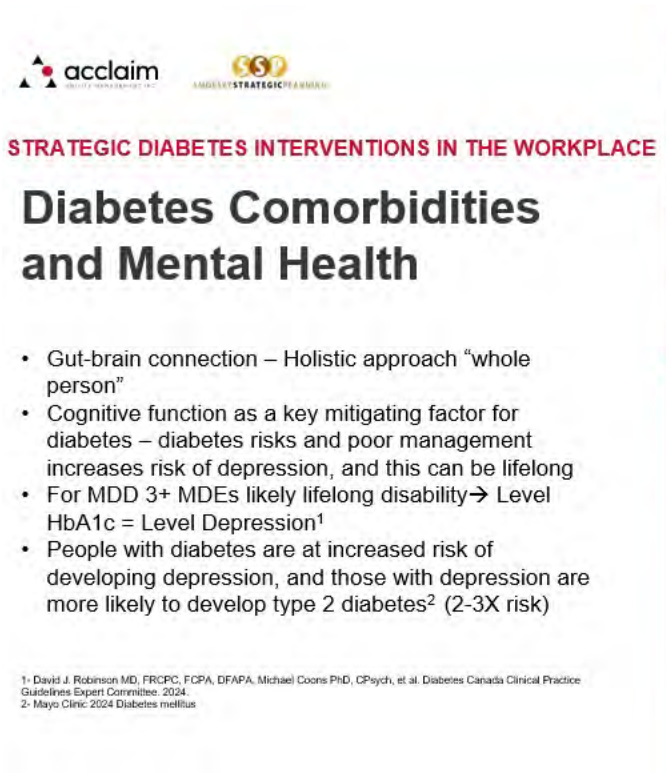
Presented by Christina McNeill from Acclaim Ability Management Inc, and Allan Smofsky from Smofsky Strategic Planning. Their presentation explored strategic approaches to managing and preventing type 2 diabetes within the workplace, emphasizing the link between diabetes, mental health, and workplace culture. McNeill and Smofsky highlighted how employers, advisors, and benefit providers can collaborate to create more targeted, holistic, and inclusive programs that address both physical and psychological needs of employees living with or at risk for diabetes.

In the presentation it was mentioned that employees with diabetes face higher absenteeism, presenteeism, and mental health issues. Despite existing support, services are often fragmented, often leaving employees to manage care alone. Smofsky called for a more integrated "ecosystem" of workplace health support that ensures timely and targeted access to appropriate tools and resources, based on the presenting needs.



McNeill outlined the two-way link between diabetes and depression, each condition heightening the other's risk and severity. She stressed that early, preventive mental health interventions can improve long-term outcomes. McNeill proposed redesigning workplace benefits and employee assistance programs to focus more on diabetes and depression high-risk employees while offering preventive supports for others. She recommended funding models combining employer, government, and private sector investment to sustain effective programs.

This presentation underscored that effective diabetes management in the workplace must address both physical and mental health needs through integrated, personalized, and inclusive strategies. McNeill and Smofsky called for collaboration among employers, insurers, healthcare providers, and policymakers to create seamless support systems and culturally responsive care models. Ultimately, fostering a health-promoting workplace culture, grounded in early intervention, prevention, and employee-centered design, benefits not only the workforce's wellbeing but also organizational performance and sustainability.



4.4 Chris Goguen – Dexcom Canada: Diabetes Connected Care Solutions

Presented by Chris Goguen, a National Leader of Access and Partnership Projects at Dexcom Canada, Chris Goguen discussed how digital diabetes management technologies, particularly Continuous Glucose Monitoring (CGM) systems, can transform diabetes care through innovation, access, and connected data systems. His talk focused on population health challenges, inequities in access, and the importance of integrating data to improve outcomes for individuals, employers, and health systems.

Goguen addressed the growing diabetes crisis in Canada, highlighting that rates are rising particularly among ethnic communities, with conditions worsening due to inadequate primary care access. Continuous glucose monitors (CGMs) were positioned as a transformative solution, offering real-time data that improves patient behavior and health outcomes while enabling AI-driven insights and personalized coaching through connected care ecosystems linking patients, apps, providers, and health systems. However, significant access barriers exist, as CGM coverage remains limited and inconsistent across provinces and benefit plans, with some federal employees restricted to a single brand. The presentation emphasized workplace safety implications, noting that high diabetes rates among truckers and shift workers create safety risks that predictive CGM technology could help mitigate through hypoglycemia alerts. To address these challenges, Goguen proposed practical implementation strategies including expanding pharmacy coverage of CGM systems, leveraging existing insurer platforms for simplified enrollment, connecting members with digital coaching tools, partnering with pharmacists and virtual care providers for education, and funding these initiatives by reallocating current benefit plan dollars rather than requiring new investment.

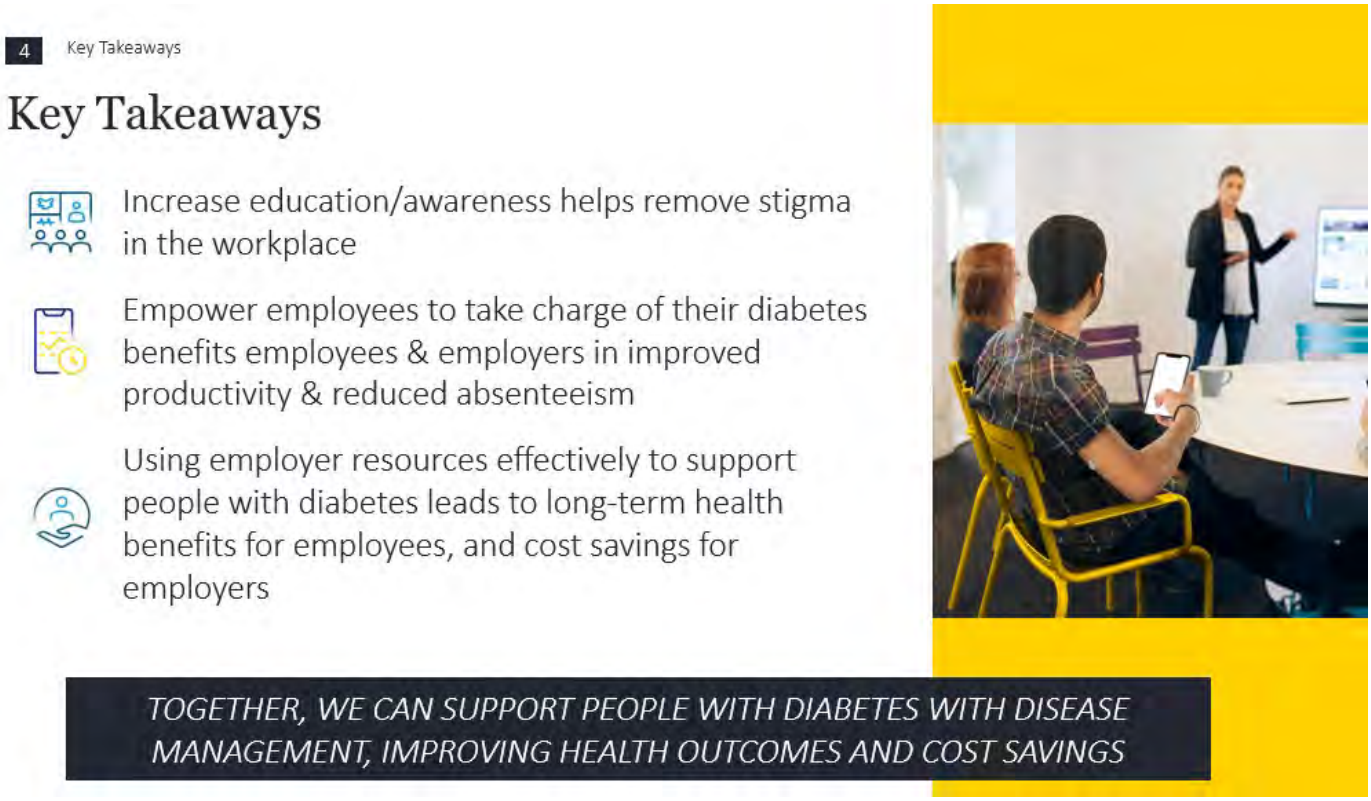
Goguen emphasized that diabetes care is evolving beyond individual management to a connected care model that integrates real-time data, digital tools, and workplace solutions. By expanding equitable access to CGM and integrating data across systems, it can improve both health and safety outcomes for people with diabetes. Dexcom's vision is to make connected, data-driven diabetes management the new standard, linking individuals, employers, and health systems in a shared ecosystem of care.

4.5 Bessie Wang – A Device Strategy: Empowering Innovative Glucose Monitoring Technology to Advance Diabetes Strategy in the Workplace

Bessie Wang, Private Payer Market Access Manager at Abbott Diabetes Care, presented on how sensor-based glucose monitoring, can help reduce stigma, promote proactive diabetes management, and improve workplace outcomes. Her talk emphasized education, early intervention, and access to the right tools for better health and productivity.

Wang examined the pervasive stigma surrounding diabetes, noting that up to 90% of people with type 1 diabetes and 70% with type 2 diabetes experience shame about their condition, leading to workplace non-disclosure and delayed treatment, emphasizing the critical importance of early intervention. A sensor-based monitoring technology was presented as a powerful solution, with evidence demonstrating over 50% reductions in absenteeism, improved HbA1c levels, fewer hypoglycemia episodes, and enhanced quality of life through real-time feedback that empowers users to make informed decisions about food, activity, and medication. A cost-effectiveness modeling revealed that the technology delivers positive health outcomes for both type 1 and type 2 diabetes patients while reducing costs through fewer acute events and long-term complications affecting nerves, kidneys, and cardiovascular health.

Wang concluded that empowering employees with diabetes through education, stigma reduction, and access to sensor-based glucose monitoring can transform workplace wellness. Early, proactive management benefits individuals' health and employers' performance, creating a sustainable, health-focused workplace culture where everyone can thrive.



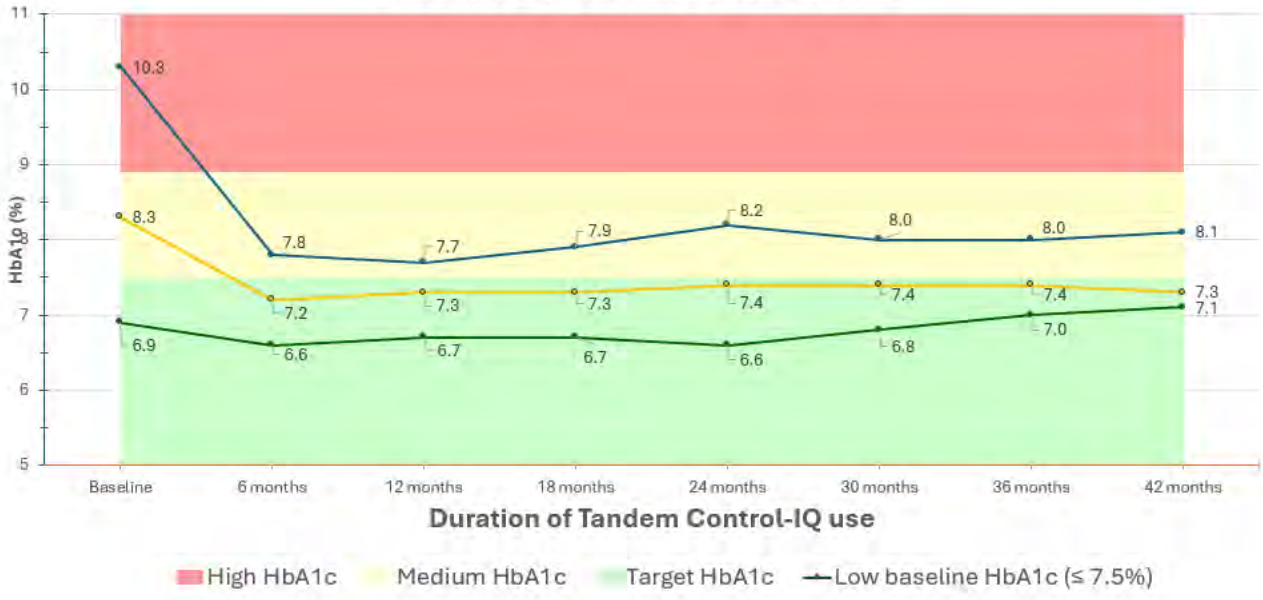
4.6 Dr. Heather Power – Janeway Children's Health & Rehabilitation Centre: Impact of 100% Universal CGM Coverage in Clinic

Dr. Heather Power, from Newfoundland and Labrador Health Services, shared the Janeway Centre's experience after achieving a provincial 100% universal Continuous Glucose Monitoring (CGM) coverage for children with type 1 diabetes. The initiative significantly improved clinical outcomes, equity, and quality of life, transforming diabetes care for pediatric patients and families.

Dr. Power presented that the pre-coverage landscape, a stark two-tiered system existed where only families with private insurance or financial means could access CGM technology, despite all patients having free insulin pump access, resulting in dramatic outcome disparities with hybrid closed-loop users. After presenting compelling clinical and economic data to policymakers, the province approved universal CGM coverage for all children with type 1 diabetes, establishing insurers as first payers with the province serving as the last resort.

The results were remarkable: within one year, 154 children now using hybrid closed-loop systems, a greater than 50% reduction in patients with dangerously high A1C levels; half of all children reaching the target A1C of 7.5% or below, accompanied by major quality-of-life improvements and reduced hospitalizations. Dr. Power demonstrating life-changing benefits even among low-resource families as powerful case examples. However, the presentation acknowledged remaining challenges, particularly equity barriers created by insurance verification delays and the continued inequity in adult care. For adults in NL, and in many regions across Canada, pump coverage remains income-tested and or limited, prompting advocacy calls for extending universal CGM and pump coverage to adults so they may benefit from similar clinical outcomes. This has a strong potential for being scaled up nationwide.

Figure 1. Mean HbA1c in Tandem Control-IQ users over time, stratified by baseline HbA1c group



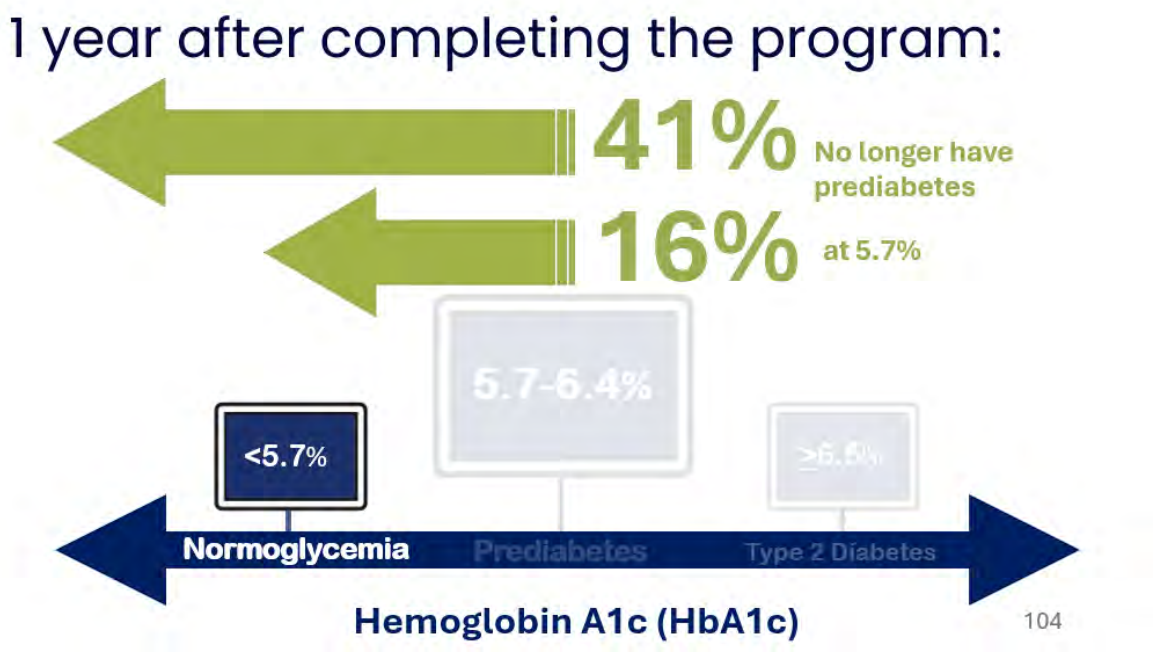
4.7 Dr. Mary Jung – Small Steps for Big Changes: Examples and Opportunities for Partnership to Enhance Access to Evidence-Based Diabetes Prevention Interventions

Dr. Mary Jung from the University of British Columbia presented on Small Steps for Big Changes, a community-based and evidence-driven diabetes prevention program designed to help people at risk for type 2 diabetes adopt and sustain healthy behaviors. The program emphasizes accessibility, inclusivity, and long-term maintenance through local delivery and motivational support.

Dr. Jung introduced the program that consists of six one-hour sessions delivered over four weeks by trained community members rather than healthcare professionals, utilizing evidence-based behavior change techniques rooted in psychology and self-regulation. The program demonstrated impressive, sustained outcomes, with participants maintaining significant reductions in HbA1c, waist circumference, and weight while improving cardiorespiratory fitness for 12 months after the four-week program without any follow-up contact.

The intervention prioritizes accessibility and inclusivity by offering the program free of charge to remove financial barriers, and requiring all coaches to complete cultural safety and inclusivity training proven to reduce racial and weight bias, with delivery available both in-person and virtually for maximum reach. The program's delivery model employs motivational interviewing for personalized counseling, meeting participants where they are ready to start and building local capacity through partnerships with community organizations that understand cultural and geographic contexts, empowering rather than prescribing behavior change. The initiative currently operates in 19 community sites nationwide and plans to expand to 52 sites by 2026 including international locations. However, Dr. Jung emphasized critical sustainability challenges, noting that reliance on grants and not-for-profit partnerships is not indefinitely viable, and issued a call for cross-sector collaboration among government, private industry, and academia, stressing that no single sector can solve diabetes prevention alone and that strategic partnerships are essential for long-term success and expansion.

Small Steps for Big Changes demonstrates that community-delivered interventions can produce lasting improvements in diabetes risk and behavior maintenance. Its success lies in its accessibility, evidence-based rigor, and empowerment approach, showing that with local engagement and sustained support, diabetes prevention can be both equitable and effective nationwide.

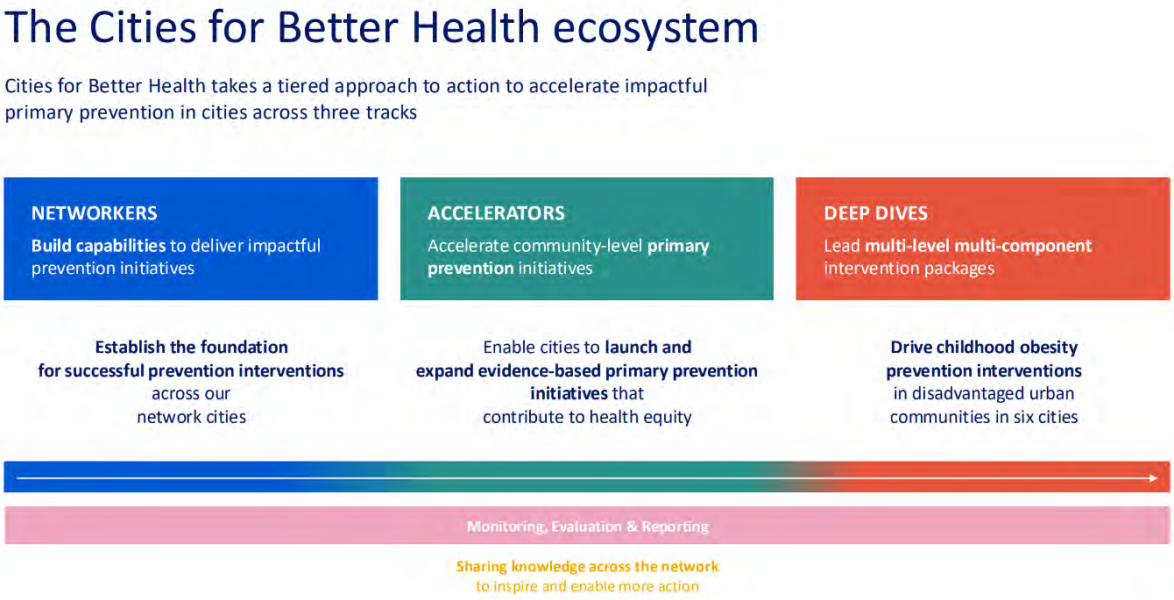


4.8 Andrew Robertson, Tiffany Bartlett, Dr. Ghazal Fazli – The Novo Nordisk Network for Healthy Populations, Cities for Better Health and Social impact

Presented by Andrew Robertson (Novo Nordisk Canada), Tiffany Bartlett (University of Toronto Network for Healthy Populations), and Dr. Ghazal Fazli (University of Toronto Mississauga), this session highlighted collaborative city-level initiatives aimed at preventing cardiometabolic diseases through equitable, community-based interventions. The focus was on Cities for Better Health (CBH) Mississauga and the Novo Nordisk Network for Healthy Populations (NHP), a partnership bridging research, public policy, and community engagement to reduce diabetes and related conditions.

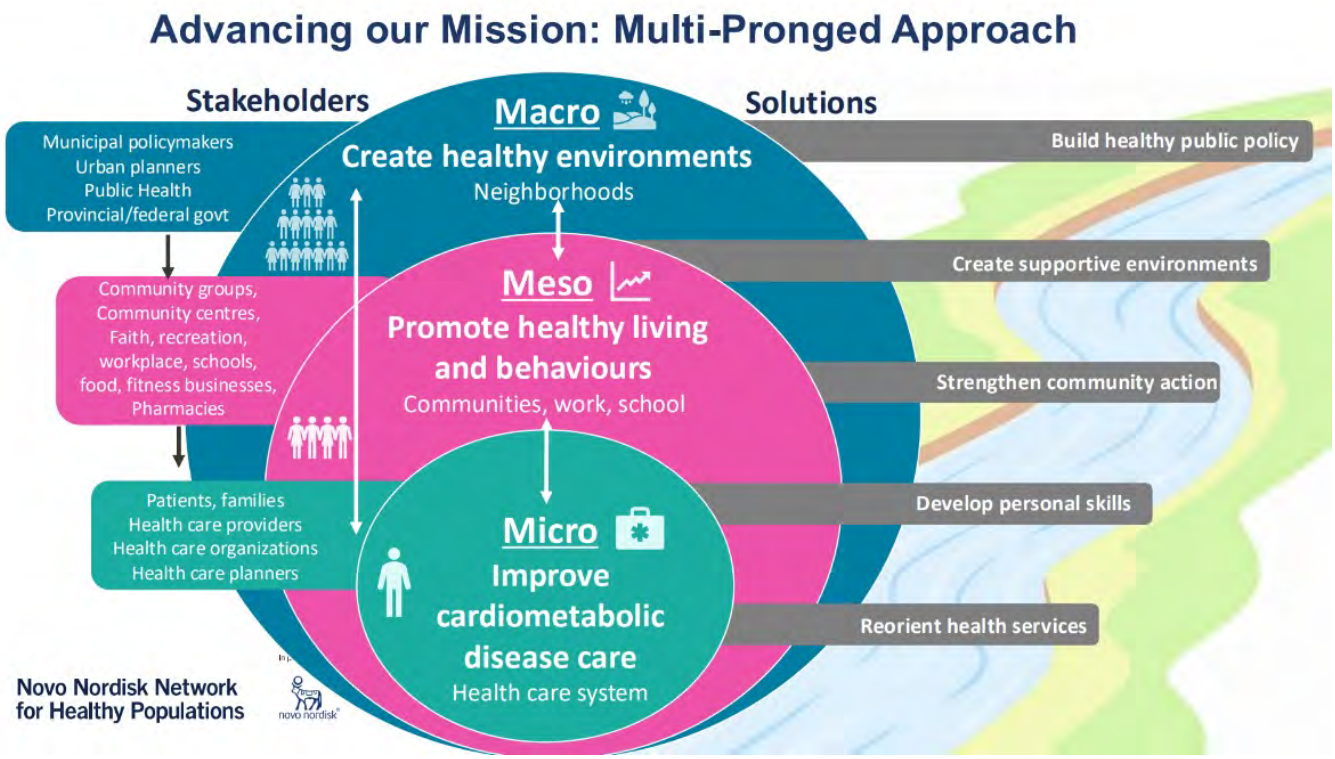
1. Cities for Better Health (CBH) Initiative – Andrew Robertson

Robertson presented Cities for Better Health (CBH), an initiative that addresses mental, social, cultural, and environmental health determinants beyond type 2 diabetes alone. With active programs in over 50 cities worldwide, in Canada, CBH currently focuses on Mississauga, a city experiencing high chronic disease prevalence, with the overarching goal of reducing type 2 diabetes, obesity, and other chronic diseases by shaping healthier urban environments and addressing systemic and structural inequities.



2. Novo Nordisk Network for Healthy Populations (NHP) – Tiffany Bartlett

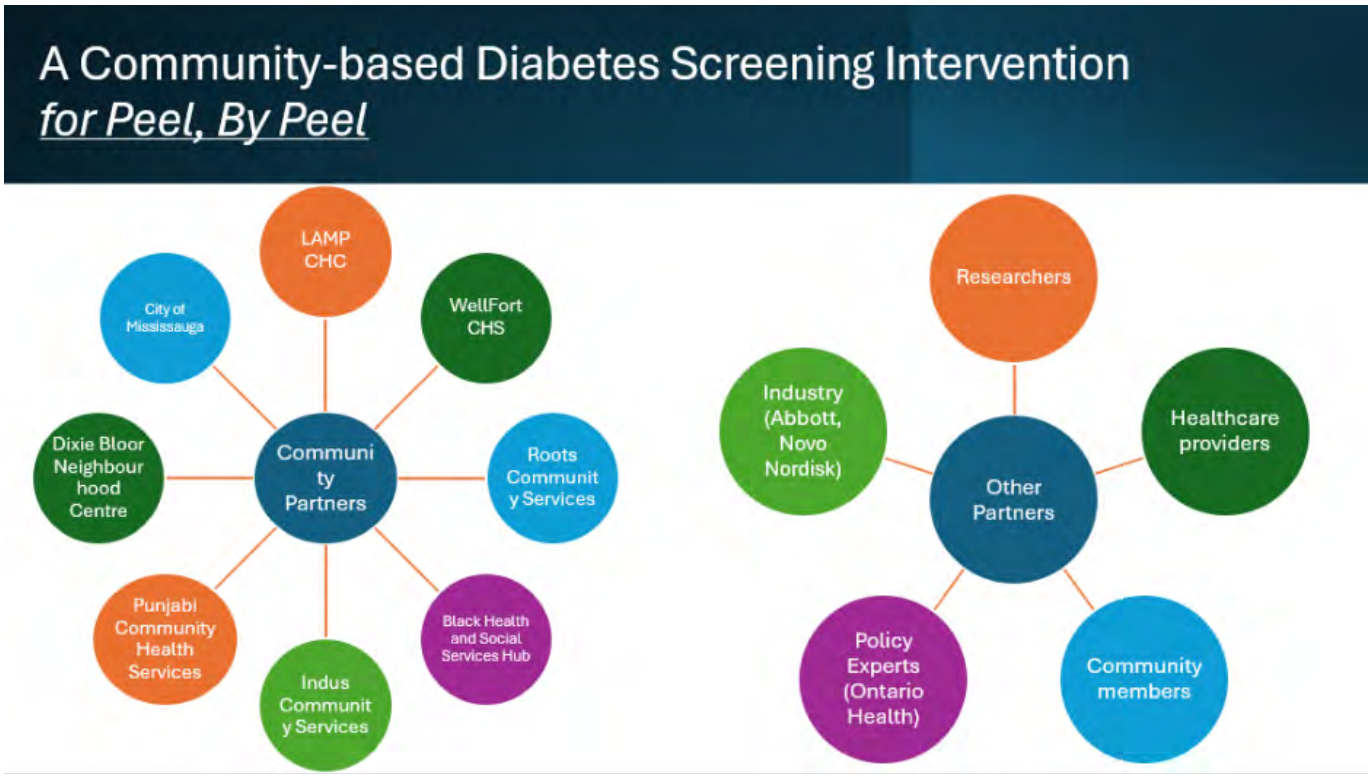
Bartlett introduced the University of Toronto's Novo Nordisk Network for Healthy Populations (NHP) initiative, which was founded in 2021 through a joint investment from Novo Nordisk Canada and the University of Toronto (U of T), based at U of T Mississauga in collaboration with the Dalla Lana School of Public Health and Temerty Faculty of Medicine. The network focuses on Peel Region with a vision to create scalable, equitable, and sustainable solutions to reduce diabetes risk and improve community health. The network operates through three core streams: micro-level work improving clinical cardiometabolic care, meso-level initiatives promoting community-based risk reduction, and macro-level efforts influencing policy and environments that support healthier living.



3. Community-Based Diabetes Screening Project – Dr. Ghazal Fazli

Dr. Fazli presented a community-based diabetes screening project which aimed to achieve early detection and prevention of type 2 diabetes among high-risk, underserved populations in Peel Region through a culturally sensitive and destigmatized approach co-designed with community partners. Rather than traditional screening, the project was piloted through "Wellness Fairs" featuring music, cultural food demonstrations, fitness activities, and point-of-care testing to create an inviting and accessible environment. The intervention model combined a community-tailored risk questionnaire with on-site A1C testing, and provided connections to primary care providers for participants who lacked regular healthcare access. Among those 195 individuals screened with complete data, results revealed that 25% had elevated glycemic risk, with 14% showing prediabetes and 11% showing possible diabetes. Dr. Fazli shared the next steps for the project include evaluating the pilot program, publishing findings, and seeking funding to scale the approach in other communities and settings.

Robertson, Bartlett and Dr. Fazli showcased interconnected initiatives addressing urban health inequities and diabetes prevention in Peel Region, Ontario. They exemplify how cross-sector collaboration, between academia, government, community, and industry, can drive equity-focused diabetes prevention. By empowering local partners, integrating research with real-world action, and addressing social determinants, these initiatives are reshaping how cities build healthier, more inclusive environments to reduce chronic disease risk.



5.0 Group Discussions

Following the summit presentations, participants were organized into smaller groups and discuss priority areas to enhance successful diabetes care and opportunities and challenges related to the successful provision of care, primarily in the workplace setting. There were two sets of discussions, in the morning and afternoon respectively, guided by different topics and followed by share backs with one representative from each group. The discussion process and their findings are described below.

5.1 Morning Group Discussions

Participants were organized into five groups where group composition represented a range of perspectives. Each group was given a topic (Data, Policy, Small and Medium-Sized Businesses), and was asked to reflect and answer the following questions through the lens of diabetes:

Question 1 Define: What is the current state of your topic in Canada? (i.e. trends, what's working? what's not working?);

Question 2 Discover: What initiatives, policies, programs, and/or interventions are you aware of that currently support your topic? (please be specific);

Question 3 Dream: What should your topic look like in the next 5 years in Canada? Consider key outcomes;

Question 4 Design: What policies, initiatives, programs and/or interventions are needed to realize that vision?;

Question 5 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, and how?

Health Topic: Data	
Define	• Current issues: fragmented systems in both public and private sectors, data gaps, poor interoperability between providers, across provinces, sectors, and organizations, and between providers and payers. Fax-based systems still exist in many instances. • Monitoring of health outcomes and impact of innovation and guidelines not possible at a provincial and national level in pediatric and adult diabetes
Discover	• International examples show success with national standards (UK), heat maps, and outcome-tracking tools. • Policy ideas include tax credits and incentives to promote healthy behaviors and support health data initiatives.
Dream	• Vision for a national standardized dataset enabling consistent data use for policymaking, system tracking, and health outcome analysis. • To eliminate fax-based systems and modernize digital infrastructure within five years. • Expected benefits: greater efficiency, higher-quality care, lower costs, and stronger public–private collaboration.
Design	• Strong consensus on creating a national coordinated data strategy with standardized definitions, collection, and sharing protocols. • Data sharing must balance accessibility with privacy, security, and patient ownership; building trust and a culture of safety is key. • Integration of AI and automation could streamline data capture, reduce workload, and improve accuracy. • Incentives and/or funding may be necessary to encourage adoption of standardized systems.
Deliver	• Active patient engagement and advocacy are critical for acceptance and momentum. • Coordinate private sector (workplace) and public data, to enable more comprehensive outcomes tracking • National and provincial leadership needed to mandate and enforce standards, supported by pilot projects to test feasibility and build confidence. • Need sustainable funding to support long-term registries supported by health outcomes evidence to continue to drive impactful policies

The two groups discussing the health topic in Data shared back by Pamela Borges and Bessie Wang highlighted a unified call for a national, standardized, and interoperable data strategy to modernize Canada's health information systems. Participants emphasized the need for consistent data collection within the public and private sectors as well as between the sectors, stronger leadership, and collaboration across government, private, and academic sectors. Building trust, protecting privacy, and involving patients as active partners were seen as essential steps. The integration of AI and digital solutions was viewed as a key enabler to streamline data capture and eliminate outdated practices like faxing. Ultimately, the vision is to create a connected, efficient, and equitable data ecosystem that drives better policy decisions, improved healthcare outcomes, and stronger public trust.

Health Topic: Policy	
Define	• Current healthcare policy remains reactive, prioritizing treatment over prevention. • Despite strong prevention research and successful pilot projects, scaling is limited by inconsistent, short-term funding and weak coordination. • Need for equitable access to care, addressing gaps in geography, cost, and allied health availability. • Patient-centered care remains an aspiration; policies must better reflect real needs and preferences.
Discover	• Employer-based programs were highlighted as effective prevention models that improve data sharing and health literacy; participants suggested scaling these through public policy.
Dream	• Shared vision: policies that empower individuals as active participants in their health, supported by strong public–private collaboration and sustainable prevention strategies. • Emphasis on "health in all policies", integrating health considerations across sectors.
Design	• Participants called for sustainable, cross-jurisdictional funding models that extend beyond political cycles and recognize prevention as a long-term investment. • Policies should incentivize prevention through measurable indicators and ROI/VOI-focused outcomes rather than short-term gains. • AI and digital tools could personalize preventive care and guide early intervention.
Deliver	• Collaboration across researchers, governments, and private sectors and centered around the "whole person" is essential to develop adaptable, evidence-driven, outcome-based programs.

Both Policy health topic groups representatives Laura O'Driscoll and Lyne Simoneau emphasized that Canadian healthcare policy must shift from a reactive, treatment-focused system to a proactive, prevention-centered one. They highlighted the need for sustainable, long-term funding beyond political cycles, stronger collaboration across sectors, and integration of prevention metrics into policy performance. Participants envisioned a system where prevention is viewed as a sound economic investment, supported by both public and private partners. They also stressed improving access to care, embedding health considerations into all policies, and leveraging technology like AI to deliver personalized, patient-centered care. Ultimately, the shared vision was a coordinated, forward-thinking policy framework that empowers prevention, promotes equity, and ensures long-term health and economic benefits for all Canadians.

Health Topic: Small and Medium-Sized Businesses	
Define	• Inequities in drug benefits and healthcare access for small and medium-sized businesses remain significant. • Small businesses often lack resources and expertise to design or implement strategic, data-driven health programs; many rely on minimal or one-off initiatives. • The owner-operator model limits capacity to manage benefits effectively, highlighting the need for external support and incentives to encourage participation. • The group discussed the cost of inaction, noting that failing to invest in prevention leads to higher long-term costs, absenteeism, and potential disability.
Discover	• An example cited was the Workplace Benefits Awards, which collect private-sector data on health initiatives and ROI
Dream	• Envisioning greater emphasis on early intervention and measurable outcomes within five years.
Design	• Participants emphasized individualized and scalable interventions tailored to business size, workforce needs, and available resources. • Using the same example - Workplace Benefits Awards, which collect private-sector data on health initiatives and ROI; participants suggested linking this information with public systems to share insights and scale effective models.
Deliver	• Success depends on collaboration among public, private, and employee sectors, with facilitated access to targeted health resources and active employee engagement in using health services.

Christina McNeill from the group on Small and Medium-Sized Businesses underscored the need for equitable, data-informed health promotion strategies that reflect the unique limitations of smaller organizations. Collaboration across public, private, and employee sectors was seen as key to success, supported by incentives and greater access to shared data. With limited resources and capacity, SMBs often struggle to offer comprehensive wellness programs, making targeted partnerships and learning from private-sector success stories, like the Workplace Benefits Awards, essential. The discussion highlighted that investing in prevention now will reduce future health costs, improve productivity, and strengthen the overall wellbeing of Canada's small business workforce.

Health Topic: Access	
Define	• Canada's large geography and fragmented systems create unequal access between rural and urban areas, with programs often politically driven and not fully addressing diverse patient needs. • Patients are frequently excluded from policy and planning. • Canada experiences long delays from therapy approval to patient access.
Discover	• Ontario's restructuring from 14 to 6 regions aims to improve coordination, prevention, and equity across the province.
Dream	• Health and healthcare innovation should be treated as investments in people rather than costs, emphasizing the value of broader access.
Design	• Flexible care delivery models, including virtual care and hybrid billing systems, are needed to allow providers to meet patient needs efficiently. • Expanding scopes of practice for pharmacists and allied health professionals can reduce specialist bottlenecks and improve access to care. • Canada experiences long delays from therapy approval to patient access; faster regulatory and adoption processes are needed to ensure timely access to innovations.
Deliver	• Patients are frequently excluded from policy and planning, highlighting the need for patient representation and more equitable access to both new and existing therapies. • True cross-sector collaboration is necessary among government, healthcare providers, industry, and patients to design and deliver equitable and effective healthcare solutions.

5.2 Afternoon Group Discussions

Participants were organized into five groups where group composition differed from the morning session, though still with a range of perspectives represented in each group. Each group was given a new topic (Access, Partnerships, Interventions and Programs) and was asked to reflect and answer the same questions as in the morning session.

Lyne Simoneau and Jared Unrau emphasized for the Access groups, that there's a need for faster, fairer, and more inclusive healthcare access in Canada. Solutions focus on flexible care models, expanded provider roles, patient-centered planning, faster adoption of therapies, and collaborative partnerships. Central to this vision is treating healthcare as an investment and ensuring patients are actively involved in shaping equitable access.

Health Topic: Partnerships	
Define	• Currently, no single entity owns or coordinates prevention-focused partnerships; responsibility is unclear and fragmented across public, private, and government levels. • Immediate needs ("putting out fires") dominate attention, leaving little focus or funding for long-term prevention initiatives. • Existing prevention projects are small-scale, piecemeal, and lack sustainability; funding is often short-term or tied to specific grants with unclear long-term plans.
Discover	• Examples of innovative partnerships include non-traditional settings, like truck stops, to reach populations with unique needs.
Dream	• Succinct, collaborative partnerships with clearly defined ownership, roles, and responsibilities that integrate both upstream (prevention) and downstream (immediate) care efforts.
Design	• Effective partnerships require early alignment on goals, outcomes, and success measures so all partners know what "success" looks like from the start. • Collaboration between public and private sectors could allow funding to cover both immediate needs and long-term prevention, leveraging the strengths and resources of both sectors and creating a complementary system. • Prevention initiatives should have dedicated funding streams, flexible guidelines, and measurable outcomes to attract and retain partners. • Flexibility and sustainability in partnerships are key, allowing multiple projects or funders to align under shared prevention goals.
Deliver	• Local champions or organizations can help manage partnerships, coordinate stakeholders, and act as accountable points of contact. • Creative communication and business cases can help build momentum, demonstrate impact, and attract additional partners.

Tiffany Bartlett and Laura O'Driscoll from the Partnership groups both highlighted that Canada currently lacks coordinated, sustainable prevention partnerships. Small-scale projects exist, but without clear ownership, long-term funding, or aligned outcomes. Participants emphasized the need for structured collaborations that define roles, measure success, and integrate public and private funding. Local champions, creative communication, and flexible, outcome-driven models can help build sustainable partnerships that balance immediate healthcare needs with long-term prevention goals.

Health Topic: Interventions and Programs	
Define	• Many people are unaware of their own health risk profiles, creating opportunities to leverage tools like validated health risk assessment questionnaires to raise awareness. • Individuals may or may not act on risk information, but providing awareness is a key first step.
Discover	• Existing initiatives include workplace health risk assessments and community-based programs that help people understand their risks and connect with primary care or other resources. Aggregate results of these initiatives are generally provided to the sponsoring workplaces, thereby serving to identify the key health issues in their workforces. • Some initiatives are effective even without formal data collection (e.g., walking clubs, step challenges), which still promote positive health outcomes.
Dream	• Prevention should be treated as an actionable, focused intervention rather than just a concept.
Design	• Health literacy is crucial: individuals need to understand that health exists both inside and outside the workplace, and personal responsibility is important for outcomes. • Minimizing reliance on data can reduce confidentiality concerns and make interventions more accessible and less bureaucratic.
Deliver	• The focus should be on engagement and empowering individuals to take actionable steps toward their own health outcomes.

Christina De Avila from the Interventions and Programs group emphasized that interventions must be action-oriented, focusing on raising awareness of individual risk and promoting health literacy. Both formal tools (like questionnaires) and informal community or workplace initiatives can drive positive outcomes, even without extensive data collection. Empowering individuals to understand and act on their own health risks is central, while keeping interventions accessible and mindful of privacy and engagement.

6.0 Conclusion & Recommendations

The SMIDF Project represents a significant collaborative initiative between Diabetes Canada and the Public Health Agency of Canada (PHAC). The Diabetes in the Private Sector Summit aimed to facilitate strategic dialogue and cross-sectoral partnerships within the diabetes community and related stakeholder groups. As the project's first private sector summit, this event established a framework for advancing innovation, facilitating knowledge exchange, strengthening partnerships, identifying systemic barriers, and promoting equitable approaches to diabetes care management, ultimately contributing to improved public health outcomes nationwide.

The summit featured presentations spanning diverse aspects of diabetes programming, service delivery, policy development, data management, and accessibility challenges. A fireside discussion between Bernard Lord and Glenn Thibeault examined critical issues in Pharmacare and insurance policy. Workplace diabetes management solutions were presented by Ciba Health, while Acclaim Ability Management Inc. and Smofsky Strategic Planning demonstrated integrated approaches to supporting employees with diabetes and mental health needs.

Continuous Glucose Monitoring (CGM) technology emerged as a theme across multiple presentations, including solutions from Dexcom Canada and Abbott Diabetes Care, as well as Newfoundland and Labrador's implementation of universal CGM coverage within their pediatric diabetes clinic. Diabetes care is now evolving towards a more connected care model that integrates real-time CGM data with other care resources, linking individuals, employers, and health systems in a shared ecosystem, with a view to improving health outcomes for people with diabetes. However, CGM coverage under both the public and private sector health plans is still fairly limited and inconsistent, and access to CGM will need to expand in order to fully realize this shared ecosystem.

The summit also showcased community-based prevention initiatives, with Small Steps for Big Changes, the Novo Nordisk Network for Healthy Populations, and Cities for Better Health demonstrating how accessible, locally delivered interventions can achieve sustained behavioral modifications and diabetes risk reduction. Workplaces can also represent an ideal venue for such initiatives, given the health plans that workplaces provide and employers' ability to communicate directory with workers, for example on the importance of prevention and management of diabetes and other chronic conditions.

Discussion sessions revealed strong consensus regarding the need to better address the comorbidities of diabetes and the "whole person." Employers and workplace health stakeholders were encouraged to integrate physical and mental health support and enhance efforts to promote prevention. A key theme in this regard was that this can only be achieved through enhanced cross-sectoral collaboration involving government agencies, healthcare providers, industry partners, research institutions,

employers, and patient representatives to develop and implement accessible, effective, and equitable healthcare solutions. Additionally, the importance of data was highlighted as a means of facilitating the patient journey and measuring program effectiveness and outcomes. Improving connectivity of disparate, disconnected data systems was cited as a key area of importance, as well as the establishment of more standardized data management and reporting.

Additional priority themes included the development of preventative and sustainable policy frameworks, improvement of equitable healthcare access, and implementation of awareness-raising and action-oriented interventions.

The Diabetes in the Private Sector Summit successfully brought together diverse stakeholders to advance meaningful dialogue on diabetes care innovation and equity in Canada, and the role workplaces play in this regard. Throughout the summit, participants demonstrated strong enthusiasm for translating discussion into concrete action, particularly regarding standardized data strategies, sustainable preventative policies, and improved access to diabetes technologies and services. As the momentum for the Diabetes Framework in Canada moves forward, the collaborative solutions established at this event will inform future cross-sectoral partnership and guide ongoing efforts to address systemic barriers to equitable diabetes care across Canada.

References

Public Health Agency of Canada. (2022). Framework for diabetes in Canada. https://www.canada.ca/en/public-health/services/publications/diseasesconditions/framework-diabetes-canada.html

DIABETES CANADA

diabetes.ca

National Office
1000-170 University Ave
Toronto, ON M5H 3B3
416-363-3373

Adria Cehovin
Project Manager,
Convening Project with PHAC
Diabetes Canada
Adria.Cehovin@diabetes.ca

Hiba Syed
Coordinator,
Convening Project with PHAC
Diabetes Canada
Hiba.Syed@diabetes.ca

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