



Diabetes Initiatives

Comparisons by Province

Atlantic Canada



New Brunswick

- **Provincial Comprehensive Diabetes Strategy (highlights)**

- Chronic disease prevention and management unit established within DOH
- Developed and implemented a public health nutrition strategy
- Implemented screening tool to identify pre-school children at risk for nutritional concerns and a process for addressing those with identified risk factors
- Implemented screening programs that target those at risk
- Provide provincial physician practice profiles
- Funded new diabetes outreach case manager positions across province
- Integrated depression screening tools and management skills within
- primary-care practices

New Brunswick (continued)

- **Provincial Comprehensive Diabetes Strategy (highlights)**

- Ongoing implementation of the chronic disease billing incentive for physicians
- Established a regional network of diabetes management committees
- Supported allied health-care providers to become certified diabetes educators
- Provided health coach based training in lifestyle and behaviour counseling
- Improved access to necessary and affordable medications through NB Drug Plan
- Improved access to blood glucose test strips
- Introduced a publicly funded, insulin pump program for children

Prince Edward Island

- **PEI Diabetes Strategy (highlights):**

- New Healthy Eating Officers and Health Promoter positions hired to support community development
- Provided wellness grants to support implementation of health promotion projects
- Nutristep screening program launched by Public Health Nursing to assist with early identification of overweight / obese children and implement early intervention strategies.
- Each primary care network in the province has established services for high risk individual
- Diabetes prevention program pilots completed, including group education classes for people with prediabetes within Primary Care Networks
- Promotion and implementation of the CanRisk tool including provincial Diabetes Risk Assessment clinics

Prince Edward Island (continued)

- **PEI Diabetes Strategy (highlights):**

- Education provided to health care professionals at various workshops, grand rounds and accredited educational events
- Implemented diabetes flow sheet and other clinical tools (e.g. diabetic foot assessment screen) to primary care providers
- Increased Pharmacare coverage to include new diabetes medications
- Insulin Pump Program for Children and Youth implemented
- Increased blood glucose test strip coverage for women during pregnancy
- Implementation of School Wellness Teams within various families of schools
- Provincial skin and wound care clinical nurse lead position, leading provincial initiative to standardize diabetic foot screening and a treatment algorithm
- Retinopathy screening program initiated
- Diabetes database initiated in the Provincial Diabetes Program
- Provincial medical directive to standardize treatment of hypoglycemia
- implementation of insulin pen usage across all PEI hospitals

Newfoundland & Labrador

- **Provincial Chronic Disease Action Plan (highlights):**

- Expansion of HealthLine to include the services of Registered Dietitians, “Dial a Dietitian” program.
- Recruited licensed practical nurses to work as Prevention Practitioners in select primary health care sites in each regional health authority
- Implemented the BETTER program to improve chronic disease prevention and screening in primary health care settings.
- Expand Remote Patient Monitoring program
- Increased home-based dialysis
- Integration of a chronic disease case management program in all regional health authorities

Newfoundland & Labrador (continued)

- **Provincial Chronic Disease Action Plan (highlights):**

- Professional development opportunities on Self-Management Support and Recovery Approaches to Care offered to regional health authority staff
- Telehealth system enhancements that will better service patients living with diabetes
- Launch of a new Chronic Disease Registry, with an initial focus on diabetes
- Established a provincial diabetes flow sheet, based on national diabetes management guidelines, which is integrated into the provincial Electronic Medical Record system
- New insulin dose adjustment certification and education program for HCP's
- Established new Family Practice Renewal Program, with new supports for physicians that manage complex and chronic conditions
- Development of a new provincial standard for delivering wound care, using and evidence based approach

Nova Scotia (continued)

- **Diabetes Care Program of Nova Scotia (highlights):**

- The DCPNS Registry allows for the collection of a number of data elements. Each year the DCPNS produces and distributes Provincial, District, and Diabetes Centre (DC)-specific statistical reports. These reports are generated from DC data submitted monthly.
- All onsite DCPNS Registry users are provided with annual/biannual reports that include information on specific populations seen in the Diabetes Centres. These reports include:
 - Newly Diagnosed Report for the Adult (≥ 19 years of age) Population with type 1 and 2 diabetes
 - Follow-up Report for the Adult (≥ 19 years of age) Population with type 1 and 2 diabetes
 - Newly Diagnosed and Follow-up Report for the Pediatric Population (< 19 years of age) with type 1 and 2 diabetes
- These reports provide a description of the population seen during the period indicated (mean age, duration of diabetes, diabetes treatment type, mean BMI, etc.). They also include information on utilization (average number of visits per treatment type, frequency of ordering reporting of laboratory and other assessments, etc.) as well as data specific to clinical and self-care outcomes or indicators.
- Statistical report packages are accompanied by an interpretation sheet and are comprised of tables and graphs to assist with local use (sharing) and interpretation.

Nova Scotia

- **Diabetes Care Program of Nova Scotia (highlights):**

- Several guidelines and resources are produced by the DCPNS as the result of an identified need in Nova Scotia and are designed to meet the needs of Nova Scotia health care providers.
 - Diabetes Centres
 - Documentation Forms
 - Diabetes and Long-Term Care
 - Foot Care
 - Inpatient Acute Care Resources
 - Insulin Dose Adjustment
 - Insulin Pump Initiation
 - Insulin Self-Adjustment
 - Management of Comorbidities
 - Patient Resources
 - Pregnancy
 - Self-Monitoring of Blood Glucose (SMBG)
 - Triage Criteria
 - Youth Transition

2018 Highlights Atlantic Canada

2018 Highlights in Atlantic

- New Brunswick insulin pump program expansion announced, now includes up to age 25
- New Brunswick new policy for School Nutrition adopted, which significantly enhances the existing policy and will offer healthier food choices in schools
- New Brunswick renewed investment in, and provincial expansion of, Live Well/Bien Vivre diabetes health coaching program
- PEI released and implemented new guidelines for diabetes management in schools
- PEI announced renewal of the provincial diabetes strategy and has launched patient consultations and organizational consultations, of which Diabetes Canada is taking part

2018 Highlights in Atlantic (continued)

- As part of Newfoundland and Labrador's provincial chronic disease action plan, NL Centre for Health Information has diabetes registry confirmed
- The 811 HealthLine expanded in Newfoundland and Labrador to include dietitian services and new dial-a-dietician program.
- The government of Newfoundland and Labrador announced an expansion to footcare services, to now include people over the age of 65.
- Nova Scotia made changes to the Pharmacare Special Authorization form, regarding access to T2 oral medications
- Nova Scotia renewed investment in Matter for Black Health diabetes health coaching program, serving the African Nova Scotian community

Ontario



Ontario

Government Assistance

- **Summary of assistance:**
 - Routine tests for diabetes
 - Diabetes Education Programs
 - Self-management workshops
 - Centre for Complex Diabetes Care
 - Financial aid for supplies

Ontario (continued)

Government Assistance

- **Routine tests for people with diabetes:**

- HbA1C blood test, LDL-C blood test, and retinal eye exam

- **Diabetes Education Programs:**

- The ministry funds group classes and individual counseling to:
 - teach people the skills they need to manage the disease
 - put together a personal health plan for individuals

- **Dietitian's advice**

- OHIP pays for visits to registered dietitians working in a Diabetes Education Program in acute care and community care settings
- Registered dietitians are also available through Telehealth Ontario

Ontario (continued)

Government Assistance

- **Self-management workshops:**
 - free of charge and designed to help people make lifestyle changes
- **Centres for Complex Diabetes Care**
 - For individuals with health concerns related to diabetes, such as high blood pressure, high cholesterol or vision problems
 - provide specialized diabetes education management and treatment
 - provide care from specialists when needed
 - monitor people's health to provide the best support and treatment possible

Ontario (continued)

Government Assistance Financial aid for eye care services

OHIP covers the following eye care services for select groups:

- individuals age 65 or older are covered for one routine eye examination every 12 months and any required follow-up
- individuals younger than age 20 are covered for one routine eye examination every 12 months and any required follow-up
- individuals with diabetes between age 20 and 64 are covered for a complete eye examination by an optometrist or doctor every 12 months, plus any required follow-up

Medically necessary eye care services provided by doctors are covered by OHIP for all diabetes patients.

Financial aid for prescription drugs and supplies 1/2

- If individuals are on a provincial social assistance program, or are age 65 or older, the Ontario Drug Benefit plan covers:
 - most types of insulin
 - oral medications (hypoglycemics)
 - blood testing strips (based on diabetes treatment)

Ontario (continued)

Government Assistance

Financial aid for prescription drugs and supplies 2/2

- If your drug costs are high compared to your income, the Trillium Drug Program covers:
 - most types of insulin
 - oral medications (hypoglycemics)
 - blood testing strips

Financial aid for insulin supplies

- Patients age **65 or older** who inject insulin every day receive up to \$170 each year to purchase needles and syringes to inject insulin
- Patients with **type 1 diabetes** who have been assessed by a diabetes education program registered with ADP can receive:
 - the full cost of an insulin pump listed with the program and sold to the patient at the ADP-approved price of \$6,300.00
 - 4 payments of up to \$600 each year to buy supplies needed to make the pump work

Ontario (continued)

Government Assistance

Financial aid for testing supplies

- **The Ontario Monitoring for Health Program covers the following testing supplies for select groups:**
 - Ontarian residents who use insulin or have diabetes while pregnant and have no other funding for these supplies can receive:
 - 75% reimbursement for the cost of blood glucose meters up to a maximum of \$75 once every 5 years
 - 75% reimbursement for the cost of lancets and testing strips up to a maximum of \$920 once every 5 years
 - 75% reimbursement for the cost of talking blood glucose meters up to a maximum of \$300 once every 5 years, if letter from doctor confirms visual impairment
 - Ontario residents who are visually impaired and use insulin or have gestational diabetes and have no other funding for these supplies can receive up to 75% of the cost of talking blood glucose meters (for a maximum payment of \$300)

Ontario (continued)

Government Assistance Financial aid for foot care

- OHIP covers foot assessments for all Ontario residents.
- OHIP does **not** pay for services such as the clipping or trimming of toenails.
- LHINs also provide access to offloading devices.

Western Canada



British Columbia

- **Healthy Families BC Policy framework**

- Province's health promotion strategy to encourage British Columbians to make healthier choices. This provincial strategy is aimed at improving the health and well being of British Columbians at every stage of life.
- Healthy Families BC helps British Columbians to better manage their own health and reduce chronic disease by focusing on four key areas:
 1. healthy eating
 2. healthy lifestyles
 3. resources for parents, and
 4. fostering healthy communities

British Columbia (continued)

Healthy Families BC

- Carrot Rewards - A free, healthy living app that lets you earn loyalty points for making healthy choices. Test your health knowledge through fun and informative quizzes on various health topics and get rewarded!
- Healthy Families BC Blog - Teaming up with HealthLink BC Registered Dietitians, Certified Exercise Physiologists from the Physical Activity Line (PAL) and other health experts, we are blogging daily about healthy eating, physical activity and more.
- Prescription for Health - Provides opportunities for British Columbians who smoke, are obese, inactive or have unhealthy eating habits to speak with their family physician about making healthier choices through incentives and support services.
- Informed Dining - Gives you the facts you need to help you and your family make informed choices when dining out. Working together with restaurants, this voluntary nutrition information program provides you with easy access to nutrition information for all standard menu items.
- Healthy Start - Offers valuable information about the many public health services available to ensure pregnant and parenting women and their families receive the best care required for their overall health.
- Healthy Communities - We recognize that getting and staying healthy is a team effort. That's why we have partnered with employers, schools and local governments to work on plans that will help British Columbians to live healthier lifestyles.

British Columbia (continued)

BC First Nations Health Authority

- The first province-wide health authority of its kind in Canada.
- In 2013, the FNHA assumed the programs, services, and responsibilities formerly handled by Health Canada's First Nations Inuit Health Branch – Pacific Region.
- Vision is to transform the health and well-being of BC's First Nations and Aboriginal people by dramatically changing healthcare for the better.

Alberta

Chronic Disease Prevention Action Plan 2015-2018: Adult Population (18+ Years)

- The Action Plan identifies gaps and priorities in chronic disease prevention, key actions to address the gaps and priorities, and strategies to improve the coordination and integration of chronic disease prevention across the province.
- The Action Plan focuses on the five key behavioural risk factors (nutrition, physical activity, alcohol, tobacco and stress), which are associated with major chronic diseases like cancer, cardiovascular disease, diabetes, respiratory diseases and obesity.
- Sedentary behaviour, which is increasingly identified as an emerging modifiable risk factor, is also included in the Action Plan.

Alberta (continued)

Alberta Strategic Clinical Networks (SCNs)

- To get the most out of our health care system, Alberta Health Services has developed networks of people who are passionate and knowledgeable about specific areas of health, challenging them to find new and innovative ways of delivering care that will provide better quality, better outcomes and better value for every Albertan.
- Strategic Clinical Networks (SCNs) are creating improvements within focused areas of health care, including diabetes.

Alberta (continued)

Diabetes Obesity and Nutrition Strategic Clinical Network (DON SCN)

- Good nutrition coupled with physical activity, can help prevent and manage obesity and diabetes, and other chronic diseases.
- The Diabetes, Obesity and Nutrition Strategic Clinical Network (DON SCN) strives to improve the health and well-being of individual Albertans and communities using expertise and insights into these interconnected areas of health. Priorities:
- Bariatric Friendly Hospital Initiative
- Diabetes Foot Care Standards and Clinical Pathway
- Diabetes Infrastructure for Surveillance, Evaluation and Research (DISER)
- Hospital Inpatient Diabetes Management
- Basal Bolus Insulin Therapy (BBIT) - Storyboard

Alberta (continued)

Alberta drug coverage and supplementary health benefits

The Alberta government provides supplementary health benefits for eligible Albertans.

- There are 18 drug and supplementary health benefits programs offered by different government of Alberta ministries which are being consolidated and streamlined. The goal is to have a comprehensive drug and supplementary health benefits program that serves the needs of Albertans and is financially sustainable.
- The government-sponsored supplementary health benefit plans include: coverage for prescription drugs, diabetic supplies, ambulance services, chiropractic care, clinical psychological services, dental, optical and hospital accommodation assistance. These supplementary health benefits also include programs that provide financial assistance to Albertans with a long-term disability to buy medical equipment and supplies.

Saskatchewan

The Provincial Diabetes Plan

- Addresses diabetes and its complications, while reducing barriers for optimal diabetes care and prevention. The Plan provides the framework for a comprehensive and coordinated team approach to diabetes management, recognizing that the person with diabetes is responsible for self-management.

The four program components of the Provincial Diabetes Plan are:

1. Primary Prevention of Type 2 Diabetes - focuses on primary prevention and health promotion to stop or delay the development of type 2 diabetes.
2. Optimum Care and Prevention of Diabetes Complications - focuses on diabetes self-management education and treatment for people with diabetes, their families and communities.
3. Education for Care Providers - focuses on care providers who interact with persons with diabetes, their families and communities so they are knowledgeable about self-management education strategies, diabetes care and diabetes prevention.
4. Diabetes Surveillance - focuses on continuous surveillance of diabetes and its complications to support planning, delivery and evaluation of programs and services.

Saskatchewan (continued)

Saskatchewan Diabetes Program Aim 4 Health: *LIVEWELL* Chronic Disease Management Program

For individuals and their families living with or at risk of developing diabetes; specific focus on working with First Nations, Métis and Immigrant peoples.

Goals: are to provide holistic, comprehensive and culturally appropriate services for the prevention, detection, treatment and self-management of diabetes.

- To enhance accessibility of services for diabetes care or prevention for First Nations, Métis and Immigrant peoples

Services:

- Individual Counselling and Education
- Group Education
- Diabetes Risk Assessment
- Group Exercise Assessment
- Community Education

Manitoba

Healthy Together Now

A community-led, regionally coordinated and government supported, grassroots program to help prevent chronic disease in Manitoba. Projects are planned and led by individual communities while the Manitoba government and regional health authorities provide funding, support and training. The program operates in five regional health authorities and targets Manitobans who are most at risk for chronic disease in rural, urban, First Nations and Métis communities.

Program goals include:

- supporting communities that lead prevention activities encouraging organizations, communities, regions and governments to work together to help prevent chronic disease
- building on and blending with existing prevention programs, and developing new ones
- increasing communities' knowledge and ability to run prevention programs for a variety of chronic diseases

Manitoba (continued)

Manitoba Food Security/Nutrition programs

- **Winnipeg Harvest**

- A not for profit food distribution and training centre. Winnipeg Harvest redistributes food with the ultimate goal of removing the need for food banks in the community.

- **Affordable Food in Remote Manitoba- (AFFIRM)**

- This program reduces the price of milk, fresh vegetables and fresh fruits in eligible northern remote communities through a subsidy.

- **Food Matters Manitoba**

- Food Matters Manitoba is a non-profit organization and a registered charity. They support initiatives that seek to make food accessible and affordable for communities across Manitoba.

- **Northern Healthy Foods Initiative**

- This initiative provides funding to local food sustainability programs in northern Manitoba.

- **Nutrition North Canada**

- A Government of Canada program that provides subsidies to remote northern communities to access perishable foods.

