Results of Patient & Caregiver Survey

June 2020
Executive Summary
The summary of these findings, which were generated through a public survey in June 2020 to which nearly 1000 Canadians responded, is presented in three parts. These data will be further analyzed and used to inform Diabetes Canada’s advocacy, policy and strategy going forward.

1. Respondents’ experiences of COVID (Q7-Q18)
Like for other Canadians, COVID-19 has been a stressor for respondents, many of whom report heightened concern about contracting the disease given the additional risk that is posed by living with diabetes and feelings of isolation or loneliness. Most have not had struggles with accessing medications or health care. Where they have struggled it has usually been at the level of the pharmacy or with suppliers of devices. A significant minority have added financial worries given COVID that affect their ability to manage their diabetes. Respondents are quite split on level of concern for personal physical, mental and emotional health, and on respondents’ experience of feelings of anxiety and isolation. Relatively few respondents said they are experiencing food or housing insecurity during the pandemic. A third of respondents have had medical appointments canceled or deferred, but luckily that has not affected the health of most of them adversely, though it has been stressful for many. About half of respondents have had virtual medical visits since the pandemic started, which they have overwhelmingly enjoyed. Most would prefer more virtual visits in future, even after COVID ends.

2. What respondents value from Diabetes Canada (Q19-Q24)
Responses show overwhelmingly that Diabetes Canada plays a critical role in patients’ lives by providing them with a trusted source of information, a sense of community and a “voice” through our advocacy. Our digital communications resources (website, social media channels, videos, newsletters and content like recipes) are the go-to source of information and advice for many. And conferences and D-Camps, which provide a sense of connection and community to many, are also highly valued by the smaller cohort they serve. When asked what they want more of from Diabetes Canada, respondents requested more advocacy for access to medications and devices, supports and financial assistance, more information or education on a range of issues, and more proactive communications about what we do for them. Most felt that if Diabetes Canada weren’t there, it would be a great loss to the community.

3. Demographics (Q1-Q6 and Q25-Q31)
Most respondents were women aged over 50 and identify as Caucasian. A majority are from Ontario, British Columbia and Alberta. Most respondents live with diabetes themselves, and were about equally split between T1D and T2D. While a bit more than half of respondents have no complications, the most commonly reported ones were neuropathy, retinopathy and heart disease. Most respondents use diet, blood glucose monitoring and exercise to manage their diabetes. Respondents are roughly split in terms of their use of oral medication vs. insulin. About 44% use advanced glucose monitoring systems. A majority of respondents share their diabetes data digitally with their clinics, while about a third still share their diabetes information manually.
Introduction
A survey was conducted in June 2020 to understand the pandemic’s impacts on people affected by diabetes (PAD) and their health, how they have managed and adapted, and their needs going forward. A total of 997 people responded. Below is a summary of their responses.

Methodology
This survey was conducted on SurveyMonkey and available to the public between June 13 and June 30, 2020. It was publicized on Diabetes Canada’s social media channels, through partners and via e-blast. 988 people responded to the English version, and 9 to the French. Responses to the English survey are provided below and have been rounded to the nearest decimal point.

Survey Responses

1. **Please select the answer that best describes you:** (n=973)
   Most respondents live with diabetes while 20% care for those who do. 80% (776) of respondents live with diabetes themselves; 17% (167) are a caregiver and 3% (30) are both.

2. **What form of diabetes do you or the person you care for live with?** (n=975)
   Respondents were nearly equally split among those who live with T1D and those who live with T2D or another form. 45% (443) of respondents live with T1D; 52% (506) with T2D and 1% (10) with another form (GDM, MODY, etc.). 2% (16) reported not knowing which type of diabetes they live with.

3. **How long have you or the person you care for lived with diabetes?** (n=972)
   There was a wide distribution in the number of years respondents had been affected by diabetes.

4. **Do you or the person you care for live with any complications of diabetes?** (n=948)
   While a bit more than half of respondents have no complications, the most commonly reported ones were neuropathy, retinopathy and heart disease. 58% (541) of respondents report no complications. The most common complications reported were: neuropathy [23% (217)], retinopathy [15% (146)], heart disease [11% (107)], nephropathy [7% (62)], gastroparesis [4% (40)] and foot ulcers or amputation [1% (11)]. 11% (101) of respondents listed other complications including lipid imbalances, thyroid disease, hypertension, mood disorders, celiac disease or other stomach/gut problems, osteoporosis, infections and difficulty healing.

5. **Which diabetes therapies do you/the person you care for currently use to manage your diabetes (please select all that apply)?**
   Most respondents use diet, blood glucose monitoring and exercise to manage their diabetes. Respondents are roughly split in terms of their use of oral medication vs. insulin. About 44% use advanced glucose monitoring systems. Therapies listed are provided below in order of prevalence (n=972):
• Diet 57% (557)
• Blood glucose monitor (finger stick style) 55% (531)
• Exercise 51% (498)
• Oral diabetes medication 46% (445)
• Insulin injection 44% (428)
• Insulin pump 28% (269)
• Flash glucose monitor system (e.g. Freestyle Libre) 25% (242)
• Continuous glucose monitor system (e.g. Dexcom, Guardian) 19% (189)
• Non-insulin injectable (e.g. GLP-1) 5% (47)

6. Please indicate how you share your diabetes information with your health care team? (n=952)
A majority of respondents share their diabetes data digitally with their clinics, while about a third still share their diabetes information manually. Approaches are provided below in order of prevalence.
• Manually (e.g. using a logbook) 34.24% (326)
• Upload or cloud-based sharing of insulin pump data (eg. Carelink, t:connect, Diasend, or Dexcom Clarity) 18.28% (174)
• Upload or cloud-based sharing of glucose monitor data (eg. Diasend, LibreLink or OneTouch Reveal) 13.87% (132)
• Upload finger stick glucose monitor results 11.45% (109)
• Other 22.16% (211) – note: responses under this category were a mix of options provided above.

7. How have you or the person you care for been managing with the medications you need during this time? [Select all responses that apply] (n=860)
For a little more than half of respondents, access to medications has not changed. The most common change reported is restrictions at the local pharmacy level. About 20% struggle with the costs of medications right now. Responses are listed in order of prevalence.
• Access to medications has not changed for me (us) 55.12% (474)
• My pharmacy restricts the amount of medication I can have at one time 43.95% (378)
• I am worried about being able to continue to afford my medications 13.84% (119)
• My pharmacy has a shortage of some of my medications 6.86% (59)
• I cannot afford all my medications now (e.g., because I lost income or insurance coverage) 5.58% (48)
• I do not take any medication 4.07% (35)
• I am worried about taking my medications because they may interact with the COVID-19 virus 1.86% (16)
8. How have you or the person you care for been managing with the medical devices (e.g. glucose test strips, insulin pumps, glucose monitors and supplies, etc.) you need during this time? [Select all responses that apply] (n=854)

Three quarters of respondents have had no change in their ability to access devices. The other quarter is worried about cost. Comments relating to difficulties accessing devices and supplies centered around the following themes: lack or lapses in insurance coverage; shipment delays or supply shortages due to the pandemic; and concerns visiting stores to purchase supplies. Responses in order of prevalence are as follows:

- Being able to access my medical devices and supplies has not changed for me 74.59% (637)
- I am worried about being able to continue to afford my medical devices and supplies 16.51% (141)
- I am worried about being able to continue to afford my medical devices and supplies 9.72% (83)
- It has been harder to access some of my medical devices and supplies (please elaborate) ______ 8.90% (76)
- I do not use any medical devices 5.04% (43)
- I cannot afford all my medical devices and supplies now (e.g., because I lost income or insurance coverage) so I have discontinued the use of some or all of my medical devices 4.33% (37)

9. To what extent do you agree with the following statements about your physical, emotional, or mental health currently? [Select one response only for each item] (n=860)

Most respondents are concerned about their risk to COVID-19. Most respondents report having access to mental health strategies and supports. Results are quite split on level of concern for personal physical, mental and emotional health, and on respondents’ experience of feelings of anxiety and isolation. Relatively few respondents said they are experiencing food or housing insecurity during the pandemic.

<table>
<thead>
<tr>
<th>Health Status</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Not sure</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am worried about catching COVID-19 (n=725)</td>
<td>30.48%</td>
<td>42.76%</td>
<td>12.55%</td>
<td>9.79%</td>
<td>3.86%</td>
<td>0.55%</td>
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<tr>
<td>Given the risks of COVID-19, I have concerns about going to the hospital if I have a health condition that needs medical attention (n=739)</td>
<td>29.23%</td>
<td>33.96%</td>
<td>9.88%</td>
<td>19.35%</td>
<td>6.50%</td>
<td>1.08%</td>
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<tr>
<td>I have concerns about my physical health at this time (n=736)</td>
<td>17.12%</td>
<td>29.08%</td>
<td>12.50%</td>
<td>28.67%</td>
<td>10.19%</td>
<td>2.45%</td>
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<tr>
<td>I have concerns about my mental health at this time (n=714)</td>
<td>14.57%</td>
<td>24.93%</td>
<td>15.69%</td>
<td>29.83%</td>
<td>11.90%</td>
<td>3.08%</td>
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<tr>
<td>Question</td>
<td>Yes (%)</td>
<td>No (%)</td>
<td>Don’t have (%)</td>
<td>Haven’t tried (%)</td>
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<tr>
<td>I have concerns about my emotional health at this time (n=739)</td>
<td>14.61%</td>
<td>28.55%</td>
<td>15.56%</td>
<td>28.69%</td>
<td>10.15%</td>
<td>2.44%</td>
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<tr>
<td>If needed, I have access to mental health support at this time (n=747)</td>
<td>12.58%</td>
<td>35.48%</td>
<td>28.92%</td>
<td>10.58%</td>
<td>4.28%</td>
<td>8.17%</td>
</tr>
<tr>
<td>I have mental health strategies and resources that I use on my own to help me cope (n=756)</td>
<td>10.58%</td>
<td>44.71%</td>
<td>18.92%</td>
<td>11.11%</td>
<td>2.65%</td>
<td>12.04%</td>
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<tr>
<td>I am feeling anxious or nervous (n=735)</td>
<td>12.93%</td>
<td>29.93%</td>
<td>17.41%</td>
<td>24.22%</td>
<td>10.34%</td>
<td>5.17%</td>
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<tr>
<td>I am feeling isolated and alone because of physical distancing (n=744)</td>
<td>10.48%</td>
<td>27.02%</td>
<td>10.48%</td>
<td>32.80%</td>
<td>14.65%</td>
<td>4.57%</td>
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<tr>
<td>I have been having more trouble getting enough sleep since COVID-19 started (n=742)</td>
<td>12.13%</td>
<td>23.85%</td>
<td>11.99%</td>
<td>32.35%</td>
<td>16.31%</td>
<td>3.37%</td>
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<tr>
<td>I am worried about my physical safety at this time (n=748)</td>
<td>7.49%</td>
<td>21.93%</td>
<td>15.91%</td>
<td>32.89%</td>
<td>18.85%</td>
<td>2.94%</td>
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<tr>
<td>I have concerns about my financial situation (n=758)</td>
<td>14.12%</td>
<td>25.20%</td>
<td>12.14%</td>
<td>25.07%</td>
<td>18.47%</td>
<td>5.01%</td>
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<tr>
<td>I have concerns about accessing enough food during this time (n=741)</td>
<td>3.51%</td>
<td>8.10%</td>
<td>10.53%</td>
<td>39.81%</td>
<td>31.98%</td>
<td>6.07%</td>
</tr>
<tr>
<td>I have concerns about my housing situation at this time (n=793)</td>
<td>3.03%</td>
<td>6.81%</td>
<td>7.69%</td>
<td>37.96%</td>
<td>34.80%</td>
<td>9.71%</td>
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10. Have you or the person you care for been able to access your primary health-care team (e.g. GP or nurse practitioner)? (n=853)
Access to primary health care has not been a problem for respondents. 73% (619) of respondents said yes, 7% (63) said no, 5% (46) said they don’t have one and 15% (125) haven’t tried.

11. Have you or the person you care for been able to access your diabetes specialist team (e.g. endocrinologist, diabetes nurse educator)? (n=853)
Most people have been able to access their diabetes team if desired, while 20% don’t have one. 54% (458) say yes, 8% (71) say no, 20% (167) don’t have one and 18% (157) haven’t tried.

12. Have you or the person you care for had any health-care appointments changed or cancelled due to COVID-19 and public health restrictions? [Select one response only] (n=852)
Nearly half of respondents have had a virtual medical visit, while a third have had their visit canceled or deferred. 21% (178) reported that yes, it was cancelled, I was not given a new booking date. 15% (132)
said yes, it was changed, and it was rebooked for a future date. 44% (374) had their visit rescheduled as a virtual appointment (by telephone and/or video) and 20% (168) have not had any changes to my medical appointments since COVID-19 started.

13. What was the purpose of the appointment(s) that was/were changed or cancelled? [Select one response only] (n=686)
Most of the canceled or deferred visits were for regular follow up, but some were for new or worsening symptoms or procedures.
- I was having new symptoms and needed to see my health-care provider 6% (42)
- I was having worsening symptoms and needed to see my health-care provider 5% (34)
- It was for my regular follow-up 71% (488)
- It was for a procedure or surgery (e.g., operation) 7% (49)
- Other 11% (73)

14. If your appointment was delayed or cancelled, how did that affect your health? [Select all responses that apply] (n=665)
Fortunately, for most people, appointment delays did not affect their health, although 22% reported that the change was stressful for them. For 10%, their symptoms became worse following the delay.
- My health was not affected by the delay or cancellation 77% (511)
- My symptoms became worse 9% (57)
- My symptoms became worse and I had to seek emergency healthcare 1% (9)
- My symptoms became better or resolved 2% (11)
- The change made me feel stressed or anxious 22% (143)
15. Have you had a virtual health-care appointment (by phone or video) in the last 3 months due to COVID-19 public health restrictions? [Select one response only]

Most who’ve had virtual visits had phone calls; video calls were comparatively rare.

- Yes, a **phone call** with a member of my health-care team (e.g., doctor, nurse, rehabilitation therapist, etc.) 64% (535)
- Yes, a **video call** (using a camera as well as talking to them) with a member of my health-care team (e.g., doctor, nurse, rehabilitation therapist, etc.) 8% (64)
- No 29% (240)

16. How much do you agree with each of the following statements about your virtual appointment? [Select one response only for each item] (n=591)

Respondents overwhelmingly enjoyed virtual visits. They found it convenient and felt heard, and able to ask questions. Most would prefer more virtual visits in future, even after COVID ends.

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<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Not sure</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>It was as good as if we were together in person (n=532)</td>
<td>11.65% 62</td>
<td>41.35% 220</td>
<td>11.09% 59</td>
<td>27.07% 144</td>
<td>5.08% 27</td>
<td>3.76% 20</td>
</tr>
<tr>
<td>It was convenient and saved me from having to go out (n=533)</td>
<td>29.64% 158</td>
<td>55.53% 296</td>
<td>3.56% 19</td>
<td>6.19% 33</td>
<td>2.63% 14</td>
<td>2.44% 13</td>
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<tr>
<td>I was nervous about using the technology (n=525)</td>
<td>1.14% 6</td>
<td>7.81% 41</td>
<td>5.71% 30</td>
<td>38.67% 203</td>
<td>33.14% 174</td>
<td>13.52% 71</td>
</tr>
<tr>
<td>The sound quality was good / I could hear the provider well (n=521)</td>
<td>30.13% 157</td>
<td>52.98% 276</td>
<td>2.88% 15</td>
<td>4.22% 22</td>
<td>1.73% 9</td>
<td>8.06% 42</td>
</tr>
<tr>
<td>The visual quality was good, I was able to see the provider and they could see me (n=510)</td>
<td>6.47% 33</td>
<td>10.98% 56</td>
<td>3.73% 19</td>
<td>6.27% 32</td>
<td>1.37% 7</td>
<td>71.18% 363</td>
</tr>
<tr>
<td>I was able to ask questions and get answers (n=519)</td>
<td>1.41% 163</td>
<td>58.57% 304</td>
<td>2.89% 15</td>
<td>1.93% 10</td>
<td>1.54% 8</td>
<td>3.66% 19</td>
</tr>
<tr>
<td>I felt that the health-care provider was listening to me (n=535)</td>
<td>35.51% 190</td>
<td>54.77% 293</td>
<td>3.55% 19</td>
<td>2.06% 11</td>
<td>0.75% 4</td>
<td>3.36% 18</td>
</tr>
<tr>
<td>I was able to have a family member or caregiver join the call from a different location than me (n=529)</td>
<td>2.65% 14</td>
<td>7.37% 39</td>
<td>3.78% 20</td>
<td>4.91% 26</td>
<td>2.08% 11</td>
<td>79.21% 419</td>
</tr>
<tr>
<td>I found it distracting and hard to focus (n=517)</td>
<td>1.93%</td>
<td>6.77%</td>
<td>6.38%</td>
<td>38.68%</td>
<td>29.21%</td>
<td>17.02%</td>
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<td></td>
<td>10</td>
<td>35</td>
<td>33</td>
<td>200</td>
<td>151</td>
<td>88</td>
</tr>
<tr>
<td>I had some concerns about my privacy during a virtual visit (n=534)</td>
<td>1.12%</td>
<td>3.56%</td>
<td>6.18%</td>
<td>32.77%</td>
<td>35.39%</td>
<td>20.97%</td>
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<td>6</td>
<td>19</td>
<td>33</td>
<td>175</td>
<td>189</td>
<td>112</td>
</tr>
<tr>
<td>I would prefer more virtual visits in the future even after COVID-19 restrictions are lifted (n=557)</td>
<td>15.62%</td>
<td>26.39%</td>
<td>24.78%</td>
<td>14.72%</td>
<td>11.67%</td>
<td>6.82%</td>
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<td></td>
<td>87</td>
<td>147</td>
<td>138</td>
<td>82</td>
<td>65</td>
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17. Thinking about COVID-19 and how it has impacted your health, what would you say is the most challenging or difficult aspect for you to cope with right now? (n=674)
The most commonly reported impact was on mental health, with 30% (197) reporting anxiety, stress, depression or anger. A further 23% (151) commented on feelings of isolation or loneliness. While 9% (56) said they were doing alright, an almost equal number reported fear of catching or spreading COVID-19 [8% (51)], financial concerns [8% (50)] or concerns about access to medications or care [8% (50)]. A smaller number expressed concerns about their nutrition [6% (37)], physical activity [5% (32)] or a decline in their general health [3% (17)]. A few reported burnout from caring for others [2% (9)].

18. I live with diabetes and experienced COVID-19. Here is my story: (n=301)
A number of the respondents commented on the added stress and anxiety associated with the pandemic and the need to be even more careful because of having diabetes, and fears about going back to work. Some commented on added financial stresses, and challenges accessing health care. Many mentioned feelings of isolation and sadness due to physical distancing. Several noted changes in their insulin needs, and a few mentioned struggling to maintain motivation to manage their diabetes. At the same time, many noted that the greater health awareness they have because of diabetes helps them to be more vigilant. And several commented on how much they valued time with and help from supportive family members. Some sample quotes of note include:

- I am more depressed at this time. I’m so isolated that I feel like I don’t want to live right now. But when I’m really depressed and in the gutter, I think of how my beautiful grandkids would react to me not being around.
- In the public debate over the need to re-open, I often felt that some segments of society dismissed the potential serious consequences of Covid to people like me with underlying conditions. Some people seemed willing to write off our lives as an acceptable cost of resuming normal activities. I dont think many people realize what a large portion of the population are diabetic, and that many of us live otherwise healthy normal lives and are valuable members of society. We do need to move out of lockdown and resume many normal activities, but the focus needs to be on how it should be done safely rather than dismissing the hazard and dismissing the disproportionate impact on diabetics, the aged etc.
• I thought being bi-polar with diabetes and other co-morbidities was bad enough. During COVID, every facet of my life is strapped into a fractious roller coaster that I have no control over. Can someone drown on dry land?
• I am safe at home with my parents....we are spending lots of time doing stuff together. I’m drawing and being creative to keep my mind busy...I’m FaceTiming my friends to stay in touch....we go on rides to change the scenery and sometimes drive by to say HI to some friends. I miss school a lot and my friends but I get to stay up late and watch movies and talk with my friends! I hope this all goes away before school starts again!!! We will all get through it together....one day at a time!
• As a diabetic, being careful and disciplined must be a way of life, and during this time, it’s more important than ever!
• I fear people. As a result I’ve not been to a public place since March. My employer wants me back at work full-time. But my co-workers don’t physical distance or follow work protocols for safety. I constantly wonder if I’m over reacting. The reality is-I get this there’s a good chance I die. It’s going to be a long year.

19. What Diabetes Canada products or services did you access before March 2020? [Select all that apply] (n=556)

Respondents most commonly access Diabetes Canada’s website and Facebook channel. Diabetes Communicator is used by a third of respondents. Moderately popular products include our recipes, webinars, videos and D-Camps (note: these are only accessible by a small cohort). Less frequently accessed products are our podcasts, Twitter and LinkedIn feeds, T1D conferences and family D-Camps.

- Diabetes Canada Website 65% (363)
- Facebook Posts 41% (229)
- Diabetes Communicator newsletter 31% (170)
- Recipes on website or YouTube Channel 17% (92)
- Diabetes Canada Webinars 15% (82)
- Videos on YouTube Channel 12% (69)
- D-Camps for kids with type 1 diabetes 11% (63)
- Twitter Posts 10% (57)
- No Limits with T1D Conferences 8% (43)
- Diabetes Canada Podcast 6% (32)
- LinkedIn Posts 4% (20)
- D-Camps for families of kids with type 1 diabetes 3% (17)

20. What Diabetes Canada products or services have you accessed since March 2020? [Select all that apply] (n=464)

While Diabetes Canada’s website and Facebook feed remained the most popular, the new COVID-19 website became the third most popular product. Participants also valued other new products (Ask the Experts, T2D Virtual Education and Multilingual COVID-19 webinars), but to a lesser degree.
21. Please rank Diabetes Canada products and services in terms of their value to you/the person with diabetes whom you are caring for. [Please rank from highest value to lowest value] (n=530)

Our most valued products are Facebook posts, our website, D-Camps and our T1D Conferences. There’s the greatest split in terms of how respondents value our D-Camps, Diabetes Communicator, Ask The Expert, the COVID-19 Website and our T2D Virtual Education program (which limits the number of participants).
22. Are there other ways you would like to see Diabetes Canada support you? (n=310)

Respondents predominantly [17% (54)] asked for more advocacy for access to medications and devices, supports and financial assistance. Many [13% (39)] want more information or education on a range of issues, and specifically asked for more meal plans or nutritional information [4% (12)], research updates [1% (4)] and Diabetes Dialogue to be reinstated [1% (3)]. A smaller number wanted more research [3% (8)], in-person events and other forms of connection [2% (7)] with the diabetes community and camps [1% (4)]. Interestingly, 3 respondents suggested we “brag” more about what we do.

23. Why is Diabetes Canada important to you? (n=401)

Diabetes Canada plays a very important role for most participants. Respondents most valued our information and educational resources [56% (225)]; the sense of connection and support we bring [22% (87)]; our advocacy [11% (45)]; the research we support [7% (28)] and D-Camps [5% (19)]. Some sample quotes include:

- Motivation to stay on track and not have to take any meds for as long as possible.
- It’s our voice and our resource when needed.
• Source of truth about T1D in Canada and provider of D-Camps, possibly the best medicine for kids with T1D (other than insulin).
• Reminds me I'm not the only one fighting this disease.
• You are the national umbrella for all diabetic senior voices in this country. You listen, collect data, evaluate and analyze and come up with resolutions and representations and advocacies that suit the needs of Canada’s Diabetic Senior Citizens. You navigate the bureaucracies and negotiate legislation for the benefit of diabetic seniors now and in the future. What more noble, compassionate and heroic gestures an association can offer to us diabetic seniors who have shared so much of their talent and resources for the better future of Canada! Your work is unprecedented and outright overwhelming.

24. If Diabetes Canada no longer existed, what impact would that have on you? (n=415)
While 18% (73) of those who responded to this question said it would not have much impact on them if Diabetes Canada no longer existed, the remainder noted significant impacts. Themes reported were: information and education [33% (135)], connection and support [16% (65)], feelings of loss or isolation without DC [12% (48)], advocacy [8% (36)], Research [4% (17)] and D-Camps [3% (14)]. Sample quotes include:
• “I’d feel lost.”
• “I feel that a main source of support would be gone.”
• “I would not have a reliable source of information and help. It would make it much more difficult managing my illness and obtaining helpful information.”
• “No D camps! These are so important for our community. And all the advocating Diabetes Canada does for our community.”
• “Who would be our voice?”
• “I think it would feel like the vast population that suffers from this horrid disease had been tossed aside as unfixable”
• “Your advocacy and research is also very important.”
• “They are a champion in saving lives and making living easier.”
• “I would have to search for information and feel it may not be good info. I trust info from Diabetes Canada”

25. Which category below includes your age? [Select one response only] (n=717)
Half of respondents were aged 60 years or older, and another third are over 40. Only 14% of respondents were less than 40 years old.
• 19 years or younger 1% (5)
• 20 – 29 years 4% (26)
• 30 – 39 years 9% (62)
• 40 – 49 years 16% (113)
• 50 – 59 years 19% (139)
• 60 – 69 years 22% (159)
26. What category below includes the age of the person/people with diabetes whom you care for? [select ALL that apply] (n=426)
Half of the people with diabetes that respondents care for are aged over 50 years; 18% are under 20.
- 19 years or younger 18% (77)
- 20 – 29 years 8% (35)
- 30 – 39 years 8% (34)
- 40 – 49 years 10% (43)
- 50 – 59 years 15% (65)
- 60 – 69 years 16% (70)
- 70 – 79 years 14% (58)
- 80 years or older 7% (30)
- Prefer not to answer 9% (39)

27. What was your sex at birth? (n=714)
Nearly two thirds of respondents were women; the rest were men other than 1% who preferred not to answer.
- Male 36% (255)
- Female 63% (450)
- Prefer not to answer 1% (9)

28. How do you describe yourself? [Select one response only] (n=717)
Most respondents identified as female or male, while one identified as gender non-conforming.
- Female 63% (454)
- Male 35% (253)
- Trans Male/Trans Man 0
- Trans Female/Trans Woman 0
- Genderqueer/Gender Non-conforming 1% (1)
- Two-Spirit 0
- Other identity 0
- Prefer not to answer 1% (9)

29. In which province/territory do you live? [Select one response only] (n=721)
Respondents live in every province and Yukon territory. Only Nunavut and Northwest Territories did not have any respondents. A majority are from Ontario, British Columbia and Alberta. Provinces are listed below in order of prevalence of respondents.
• Ontario 48% (348)
• British Columbia 18% (128)
• Alberta 13% (97)
• Nova Scotia 5% (36)
• Manitoba 5% (35)
• Saskatchewan 4% (29)
• New Brunswick 3% (19)
• Quebec 3% (19)
• Newfoundland and Labrador 1% (4)
• Prince Edward Island 1% (3)
• Outside of Canada 1% (2)
• Yukon 1% (1)
• Northwest Territories 0
• Nunavut 0

30. Please check the group or groups that you most see yourself as belonging to [Select ALL that apply] (n=707)

By far the most respondents selected Caucasian. Other more common groups include Indigenous, Black and South Asian. Groups are listed below in order of prevalence.

• White Caucasian (e.g., European, or British heritage) 85% (603)
• Indigenous North American (i.e., First Nations, Inuit, Métis) 3% (24)
• African heritage (e.g., Black Caribbean descent) 2% (17)
• South Asian (e.g., Indian, Pakistani, Sri Lankan, Bangladeshi) 2% (11)
• Chinese 1% (8)
• Filipino 1% (7)
• Arab 1% (5)
• Latin American/Hispanic 1% (5)
• Japanese 1% (2)
• Korean 1% (2)
• Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian) 1% (1)
• West Asian (e.g., Iranian, Afghan) 0
• Other 3% (21)
• Prefer not to answer 4% (31)

31. How would you classify the city, town, or Indigenous community in which you live? [Select one response only] (n=712)

Most respondents live in large or medium population centres, while 10% live in rural areas.

• Large urban population centre (i.e., population of 100,000 and over) 58% (411)
• Medium population centre (i.e., population of between 30,000 and 99,999) 18% (125)
• Small population centre (i.e., population of between 1,000 and 29,999) 15% (109)
• Rural area (i.e., population of less than 1,000) 9% (67)