



**Summary of Diabetes Canada and
Lawson Foundation
Diabetes 360° Roundtable/Symposium**

September 17 & 18, 2019

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CONTEXT

On September 17 and 18, 2019, Diabetes Canada together with the Lawson Foundation convened a meeting of multi-sector stakeholders, which included; patients, representatives of Indigenous communities, health agencies, health care professionals and government representatives. The Roundtable included roughly 40 participants representing various stakeholder organizations from across the country, who engaged in collaborative facilitated discussions.

OBJECTIVES

- To build upon the support of the All-Party Standing Committee on Health to implement Diabetes 360° by identifying practical solutions and next steps.
- To create a shared commitment and plan for addressing the diabetes epidemic in Canada.
- To develop strategies for engaging stakeholders with transformative solutions and new partnerships.
- To determine ways to make diabetes a burning platform issue for Canadians.

The session agenda also included presentations from Diabetes Canada, the patient community, a keynote address as well as various research updates. These presentations helped frame and inform the discussions over the two days.

KEY THEMES

Several key themes emerged over the course of the facilitated discussions and group activities during the two-day session. These key themes drove the conversation and often focused on a central question: how do we address the diabetes epidemic in Canada?

Patient-centric approach – “Help and hope. Don’t forget me. ”

When considering how to address the diabetes epidemic, delegates stated that patient perspectives should be the focal point of all initiatives. This means ensuring all endeavours empower those Canadians currently living with diabetes and their families, while simultaneously striving to raise awareness and increase prevention efforts across the country. Additional patient-centric sub-themes discussed were:

- Placing a focus on proper diagnosis, support services, and care
- Providing assistance for those navigating the healthcare system (e.g., adolescent diabetes patients entering the healthcare system for adults)
- Reducing the number of patients with diabetes in the future
- Educate the population and make prevention initiatives a priority

National strategy – “How do we catch up to diabetes?”

Delegates advocated for a national strategy (i.e., Diabetes 360°) to combat the diabetes epidemic. This initiative would require raising awareness among Canadians, educating citizens about the burden, and securing multiple sources of funding to support the cause. Participants noted that this type of collective action is one that Canadians could rally behind to effect change. A national strategy would work to address accessibility disparities across the country and strive for equity in healthcare to ensure all Canadians have access to the support services they require (e.g., include unique perspective of Indigenous, northern and remote communities, implement e-consultations, address social determinants of health, etc.) It was further advised that the national strategy should not be “one-size fits all” but instead empower communities to create their own initiatives that support Diabetes 360° at their core. The Canadian Partnership Against Cancer’s (CPAC) national strategy was specifically referenced as a model for Diabetes 360°.

Federal and provincial support – “Political gravity.”

Delegates stated that the endeavour to address the diabetes crisis requires “buy-in” from all levels of government starting with the provinces and territories. It was further noted that Diabetes 360° could work collaboratively with other major health organizations (i.e., the Canadian Cancer Society and, the Heart and Stroke foundation of Canada were specifically mentioned) to understand how they have instilled a sense of urgency that captures government’s attention and support.

Address lack of Canadian health data – “We need the data to drive better healthcare decisions. “

One recurring theme was the strong need for a Canadian data hub or health registry to overcome some of the barriers researchers and healthcare providers face. More specifically, delegates called for a tool that could increase linkage and access to data for “for predictions, surveillance, improved patient care, policy, standards for clinical care, program planning, resources allocation.” It was further noted that many researchers and healthcare providers rely heavily on health data from other countries due to a lack of Canadian data.

PARTICIPANT PRIORITIES

On the first day, delegates were asked to reflect on **“the most important thing you hope to get out of this meeting.”** Some high-level themes included:

- Create actionable next steps
- Understand my role for next steps
- Respect patient perspectives in the work we do
- Commitment from Diabetes Canada to work with Indigenous communities from the outset
- Agree on a shared vision and plan for Diabetes 360°
- Energized champions to implement comprehensive strategy
- Open channels of communication between researchers and stakeholders
- Collective commitment to effect real change
- Creating a sense of urgency in the room
- Evidence, informed, leadership for impact
- Effort to understand different perspectives
- Focus on “diabetes prevention at conception” for all Canadians

DISCUSSION QUESTIONS

On the second day, participants worked both independently and collaboratively in affinity groups to address discussion questions outlined by Diabetes Canada. Delegates were tasked with finding commonalities among their responses and reported back to the group at large. The following summary includes key highlights and guiding principles from these activities.

1. Delegates were placed in affinity groups and asked; “What would Diabetes 360° mean to me?”

- A set of standardized best practices recognized across the country
- National platform to implement tools and strategies
- Increased awareness and understanding to “demystify diabetes and improve the diabetes ecosystem”
- Focus, prioritize, and implement research areas meaningful for patients, partners, policy makers, and health professional leaders
- Living better with diabetes (or without)
- A tool to increase linkage and access to data – for predictions, surveillance, improved patient care, policy, standards for clinical care, program planning, resources allocation
- To understand jurisdictional issues and understand how different levels of government operate
- Federal leadership and commitments would be required

2. Working in groups, delegates were asked; “What guidance would you offer the federal government in setting up a Task Force?” The following guiding principles derived from the conversations:

- Clear purpose, standardized best practices, mandate, and accountability (ROIs)
- Inclusive and diverse representation at all levels (i.e. patients with lived experience, healthcare professionals, policy makers etc.)
- Members support and endorse Diabetes 360° to achieve targets
- A consortium of stakeholders co-design – with help from the provinces and territories – a collective impact framework to standardize regional deployment of actions

- Develop a coordinating body without it being an official Task Force
- Incremental implementation to ensure mandate and best practices are being met
- Model after existing structures (e.g., Canadian Partnership Against Cancer national strategy)
- National funding and buy-in from the federal government
- Spokesperson at the head of the body
- Bottom-up approach, supporting fewer, more manageable initiatives

3. Participants were individually asked; **“How can we create a sense of urgency among Canadians to ensure diabetes is acknowledged as a Canadian crisis?”**

Once split into two groups, participants clustered the actions to identify commonalities between their most pressing priorities. These priorities are outlined below.

Public awareness campaign: there was consensus among participants that the only way to elevate diabetes as a crisis and to create a true sense of urgency among stakeholders and the public is to develop and execute a broad and coordinated communications strategy. This public awareness campaign would be directed at the country at large while also specifically targeting communities who are more likely to be impacted by diabetes. The strategy could include multiple channels and means of reaching the public, including:

- Media campaign
- Social media campaign
- Spokesperson (e.g., a famous Canadian living with diabetes)
- Advertisements (e.g., commercials, bus ads, etc.)
- Branding (e.g., a slogan)

Deliberate messaging: clear and effective messaging that resonates with Canadians should be developed, reflecting important and memorable aspects of the diabetes crisis. Participants compared the public perception of diabetes versus that of other diseases (e.g., cancer, and heart and stroke were specifically mentioned) and noted there is little understanding of the true impact diabetes has on Canadian families. It was stated that messaging should not be uniformly intended to raise alarm and should also include language that speaks to hope and

optimism for the many Canadians living with diabetes and for the future. When discussing deliberate messaging, comments focused on the need for a uniformed national narrative.

To “sell the problem” to Canadians, messaging would include:

- The economic burden on patients, their families, the healthcare system and the country as a whole
- Putting a face to the issue by putting patients at the center of all messaging
- Statistics that speak to many other unaddressed realities of the diabetes crisis
- Link messaging to other national crisis’ (e.g., climate change, mental health)

Coordinated approach with government: participants noted that support from governments across the country is critical to ensuring Canadians view diabetes as a truly national crisis. As part of a cross-country effort to bring governments onside, participants highlighted the importance of aligning with interest groups and conducting cooperative advocacy efforts.

- Support from all levels
- Approach province/territories first
- Make diabetes a burning election issue
- Build relationships with government representatives
- Funding and other means of support for Diabetes 360°
- Have diabetes patients and families call on the government for action

Developing health policy: it was stated that effective “health policy is at the root of making substantial impact” on the diabetes epidemic. Policies could also focus on addressing social determinants of health, speaking directly to communities more likely to be impacted by diabetes (e.g., Southeast Asian Canadians, Indigenous communities, rural, remote and northern communities).

- Targeted messaging such as visual warning labels on food and beverages with high sugar contents (e.g., cigarette cartons)
- Address standard of care for diabetes patients

Education: many participants identified the importance of public education and more specifically, educating youth about diabetes. These education efforts should seek to destigmatize diabetes by providing citizens with more information on the realities of those living with diabetes.

- Working with school boards, beginning in elementary
- Involve youth as advocates (e.g., youth climate change activists)

NEXT STEPS

The session concluded with a reflective exercise based on the learnings each delegate gleaned over the two-day Roundtable. Participants were asked the following questions:

1. **What** – What have you learned over the last two days?
2. **So, what** – What is the significance of the learning?
3. **Now what** – Based on the above answers, what next steps can you commit to?

The “what” and “so what” questions were asked for personal learnings. Participants generally identified the following as key takeaways from the workshop:

- There is a need for better diabetes diagnosis and care in Canada
- The extremely high number of diabetes cases in the country need to be addressed
- There are communities who are more likely to be impacted by diabetes (e.g., Southeast Asian Canadians, Indigenous communities etc.) who need to be better informed of the risk
- Lack of Canadian health data is a real barrier
- There is appetite for cross-sectoral engagement in production of a national strategy
- Diabetes should be a national priority

The purpose of the “now what” exercise was to ensure a continued focus on collaboration and coordination among the many stakeholders in the room after the session and sought to capture some next steps, including:

- Ensure that existing provincial and territorial diabetes strategies across the country are consistent with Diabetes 360°
- Provide more support to patients with a patient-centric focus at the heart of all

efforts

- Continue to promote and advocate for Diabetes 360°
- Engaging community – putting them at the center – talking about diabetes through existing tools and mechanisms
- Bring knowledge to respective governments and ask the right questions on Diabetes Canada’s behalf
- Contribute to media campaign – Diabetes 360° should be at the heart of any campaign
- Personal ownership of Diabetes 360° with this group and other committees
- Commitment to communicate the opportunity and bring this to respective organizations
- Commitment to explore through environmental scans of current efforts
- Bringing key learnings back to respective organizations to effect change
- Link provinces in their work toward common Diabetes 360° goals

ROUNDTABLE PARTICIPANTS

Delegates to September 17-18, 2019 Diabetes Symposium – As of August 28, 2019		
First Name	Last Name	Title
Chief Irvin	Bull	Louis Bull Tribe, Kisipatnahk, Chief and member of Chiefs' Committee on Health
Brenda	Bull	Health Analyst for Confederacy of Treaty 6 & technician (Chief's Committee on Health)
Sonia	Butalia	Physician Researcher (University of Calgary)
Dean	Screpnek	Assistant Deputy Minister, Health Standards Quality and Performance (Health Alberta)
Ian	Rongve	Assistant Deputy Minister (Health, British Columbia)
Avis	Gray	Assistant Deputy Minister, Population Health (Health, Seniors and Active Living, Manitoba)
Dustin	Thorsten	Patient Advocate
Jake	Reid	National Director, Government Relations (Diabetes Canada)
Cassie	Chisholm	Director (A) of Primary Health Care (Department of Health and Community Services)

Denise	MacDonald-Billard	Deputy Minister's delegate, project executive, health and wellness (Health Nova Scotia)
Bruce	Cooper	Deputy Minister (Health, Northwest Territories)
Ruby	Brown	Deputy Minister (Health, Nunavut)
Gerry	Gallagher	Executive Director, of the Centre for Chronic Disease Prevention Health Equity (Public Health Agency of Canada)
Minda	Richardson	Senior Policy Advisor (Assembly of First Nations)
Jen	Hanson	Executive Director (Connected in Motion)
Ananya	Banerjee	Researcher (Dalla Lana School of Public Health)
Laura	Rosella	Researcher (Dalla Lana School of Public Health)
Cathy	Whiteside	Executive Director (Diabetes Action Canada)
Kimberley	Hanson	Executive Director (Diabetes Canada)
Jan	Hux	President & CEO (Diabetes Canada)
Russell	Williams	Senior Vice-President, Mission (Diabetes Canada)
Seema	Nagpal	Vice-President, Science and Policy (Diabetes Canada)
Dave	Prowten	President & CEO (JDRF Canada)
Karen	Shelstad	Director, Social Finance (Lawson Foundation)
Marcel	Lauziere	President & CEO (Lawson Foundation)
Charlene	Lavergne	Patient – T2D
Erin	Keely	Physician Researcher (Ottawa Hospital)
Michelle	McLean	Senior Vice-President, Health (Hill+Knowlton Strategies)
Heather	Smith Fowler	Research Director (Social Research and Demonstration Corporation)
Michael	Pimento	Consultant and Facilitator (Pimento Group)
Catherine	Freeze	Med RD CDE, Deputy Minister's delegate (Health and Wellness, PEI)
Elizabeth	Arpin	Deputy Minister's delegate

		(Ministry of Health)
Sylvie	Lauzon	President & CEO (Diabete Quebec)
Kaberi	Dasgupta	Physician Researcher (McGill University)
Jody	Giesbrecht	Manager of Extended Benefits and Pharmaceutical Programs (Health and Social Services, Yukon)
Allison	Tse	Convening & Social Finance Coordinator (The Lawson Foundation)
Susan	Blackmer	Administrative Assistant, Public Affairs and Advocacy, Science and Policy (Diabetes Canada)
Matilda Rose	Atleo	NTC Health Promotion Worker, Vancouver Island Region (First Nations Health Authority)
Gina	Gaspard	RN, MN, GNC (c), Clinical Nurse Specialist, Nursing Services, Healthy Living, Chronic Disease and End of Life (First Nations Health Authority)
Dallas	Alderson	Manager, Policy and Research, Policy and Public Affairs (Federation of Canadian Municipalities)

AGENDA

Diabetes Canada and Lawson Foundation Diabetes Roundtable/Symposium

September 17-18, 2019
Brookstreet Hotel
525 Legget Drive, Kanata, ON K2K 2W2

September 17, 2019

- 1:00 Arrival and registration
- 1:30 Welcome and introductions
- 2:30 Keynote address –Dr. Philippe Couillard, Former Premier of Quebec and Minister of Health and Social Services
- 3:10 Overview of the diabetes burden in Canada and Diabetes 360°
- 5:30 Break
- 6:00 Cocktail reception
- 6:30 Dinner
- 8:30 Adjourn for the day

September 18, 2019

- 8:00 Breakfast served
- 8:15 Recap of Day 1 and confirmation of goals for Day 2 – Facilitator
- 8:35 Patient testimonials
- 10:00 Breakout discussions
- 12:00 Lunch
- 12:30 Plenary discussions
- 3:00 Wrap up
- 3:30 Session adjourns