National Diabetes Framework Engagement Report

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INTRODUCTION

From April 24 to May 25, 2022, the SFU Morris J. Wosk Centre for Dialogue held a virtual engagement survey on behalf of The Public Health Agency of Canada (PHAC) to support Bill C-237 – An Act to Establish a National Diabetes Framework, which received Royal Assent in June 2021.

The aim of the engagement process was to gain a deeper understanding of our collective priorities for a national diabetes framework. The virtual engagement gave participants the opportunity to review themes that arose during the first phase of the engagement process–a series of key informant interviews with a range of individuals and organizations.

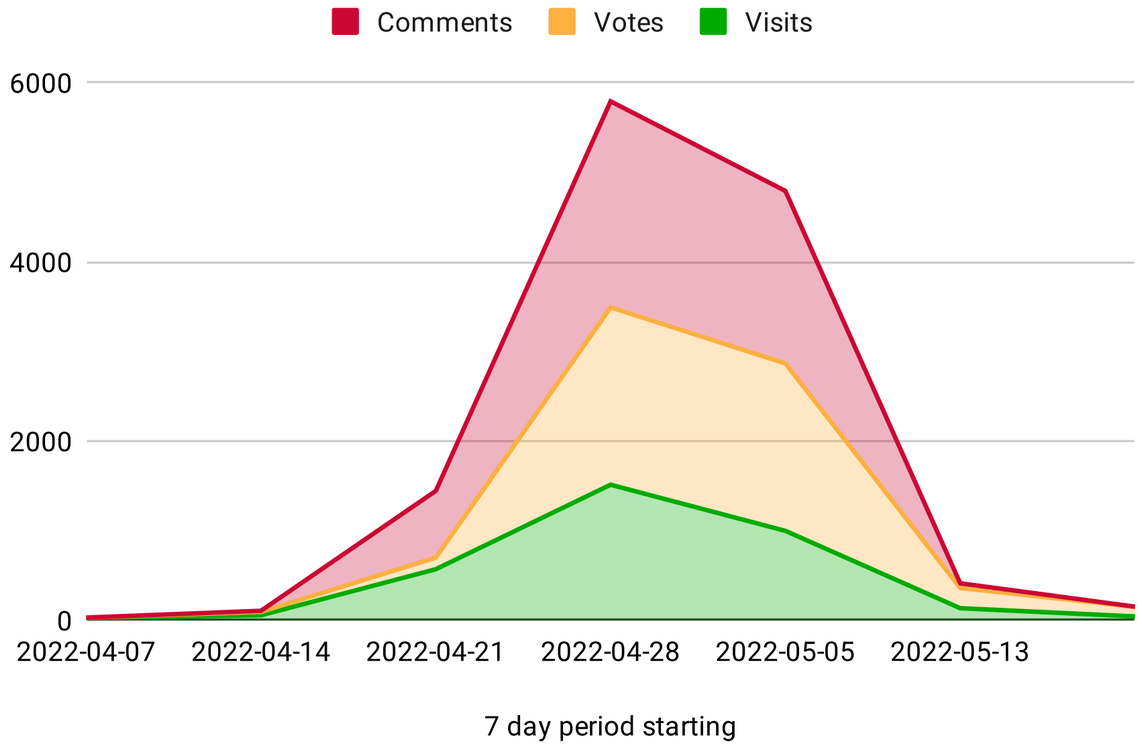
The findings from the virtual engagement survey will go towards informing the development of the National Diabetes Framework. The results of the virtual engagement survey are presented here.

PARTICIPATION

Over the five weeks that the engagement was live, the online platform garnered...

- 2911 people visited the engagement
- 884 people participated in the engagement *
  - 692 people (78%) answered > 25% of the questions
  - 601 people (68%) answered > 50% of the questions
  - 460 people (52%) answered > 75% of the questions

*All participants were authenticated following the closure of the engagement based on their IP address, device ID, and voting patterns, to ensure respondents were local and singular in their votes.



PARTICIPATION

OBSERVATIONS

OBSERVATIONS

- 880 people participated, roughly 30% of the total number of visitors. The majority (81%) of activity was from the 28th of April through to the 10th of May.
- The participation commenting rate was high. Just under half of the participants commented, and of those who did, 11 comments were generated with a total of 4,850.
- The majority (60%) of the participants were in the age group 36 to 55, with similar numbers for comment activity. There was significant overrepresentation in the mid-life and older age categories compared to the general population. An 80% majority self-identified as white/caucasian.
- Females were a significant majority (73%) of participants, and 79% of commenting activity.
- Ontario and BC-based participants accounted for 50% of the total. The regional split was similar to the overall population.
- Those with personal experience or caring for those with diabetes constituted 55% of the participants.
- Around 10% of participants were either physicians, endocrinologists or researchers.

DEFINITION OF TERMS

SUPPORT

Support is the average value of the votes, where the value of a totally opposing vote is 0 and a totally supportive vote is 100.

CONFLICT

Conflict is a measure of the level of disagreement in a group. Higher conflict scores represent internal resistance and risk of failure.

CONSENSUS

Consensus (Ethelo score) is a measure of the overall strength of the decision, considering both support (higher is better) and conflict (lower is better).

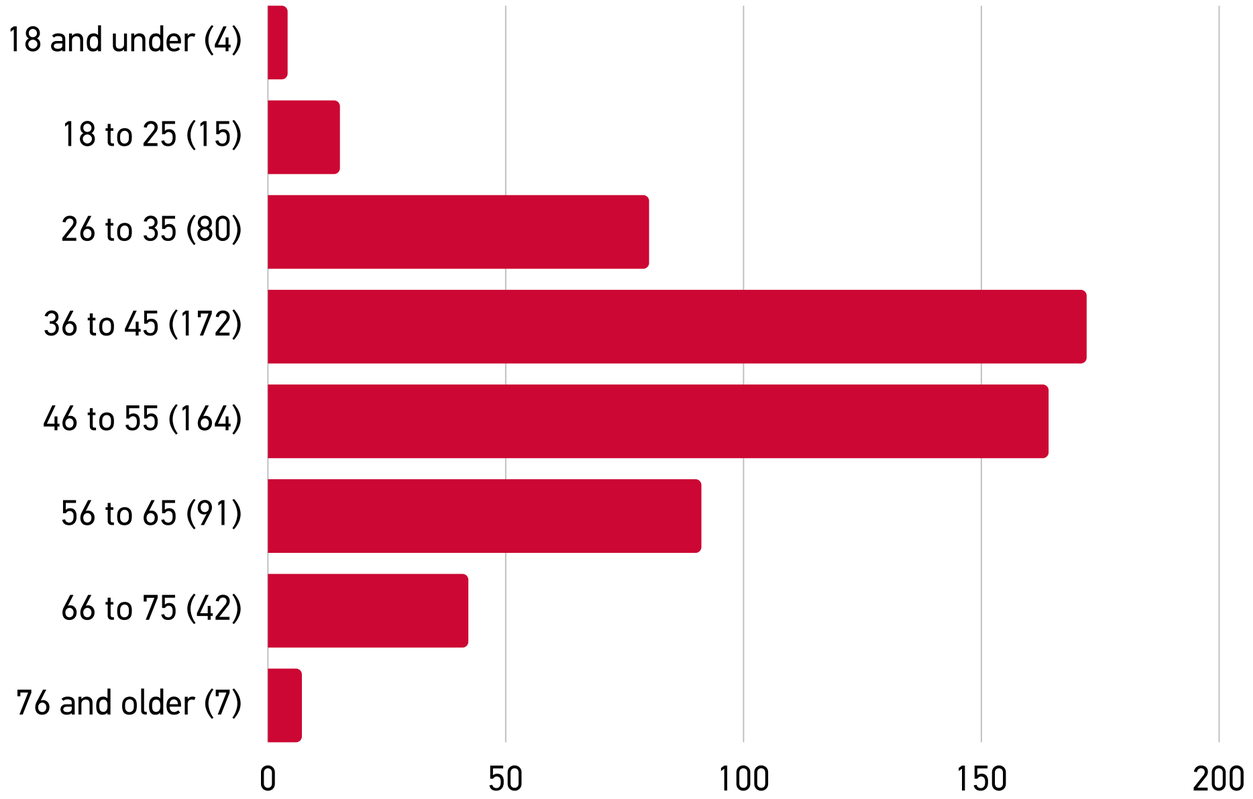
APPROVAL

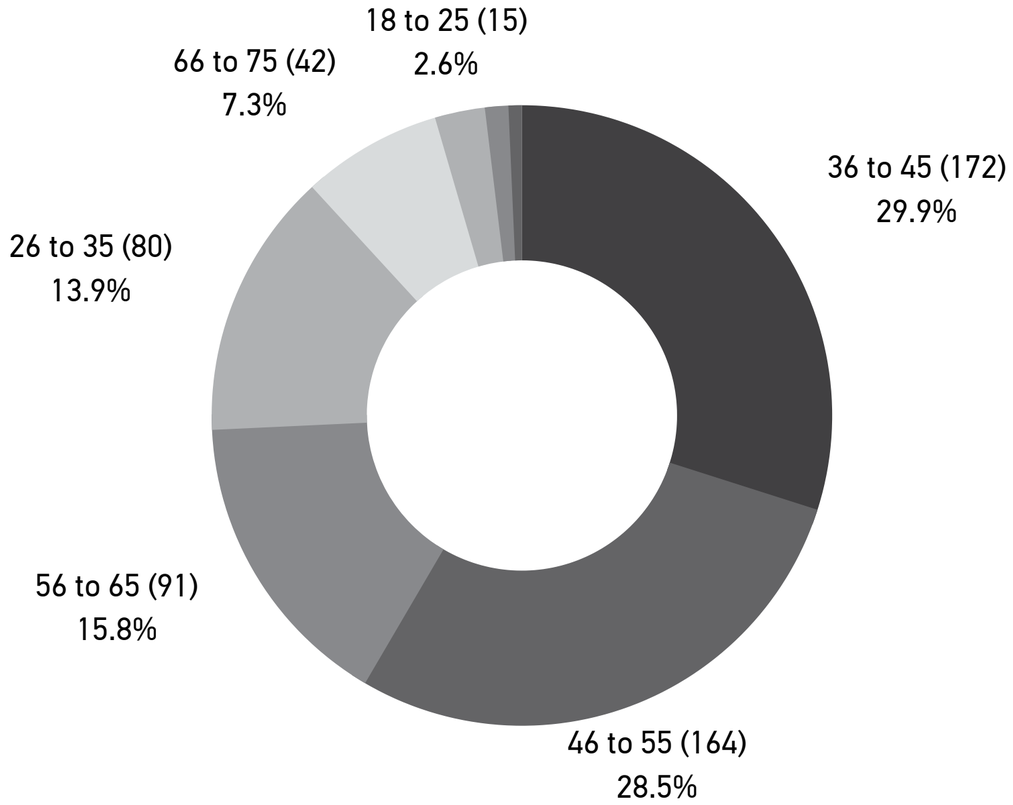
Approval is the percentage of people who gave a positive vote rather than a neutral or negative vote. Approval above 50% is a traditional "majority".

PARTICIPANT

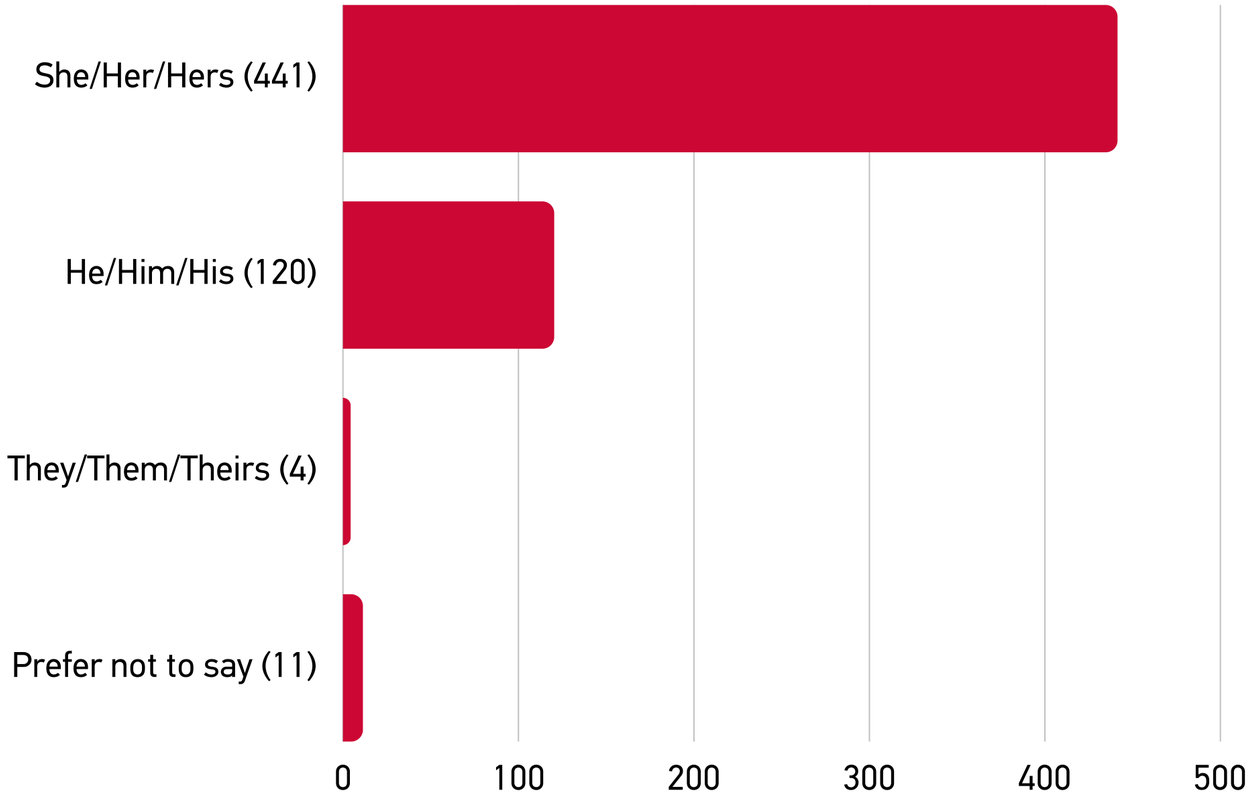
DEMOGRAPHICS

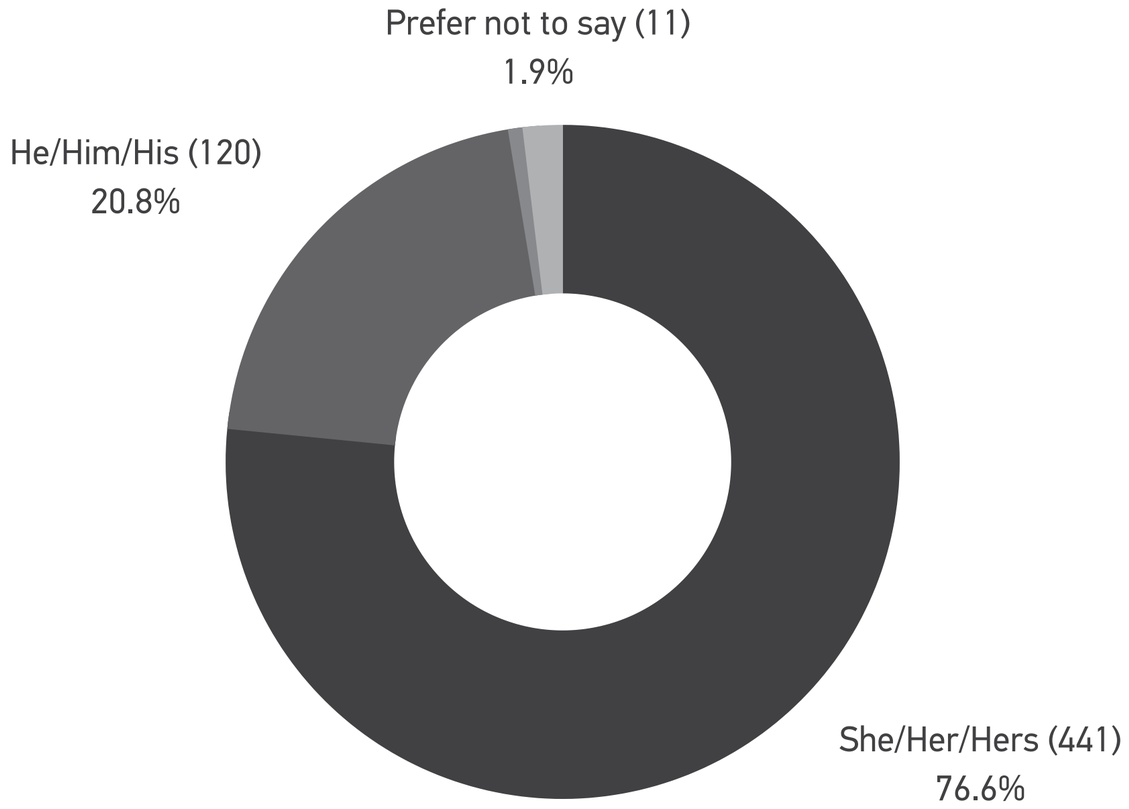
AGE


18 and under (4)
18 to 25 (15)
26 to 35 (80)
36 to 45 (172)
46 to 55 (164)
56 to 65 (91)
66 to 75 (42)
76 and older (7)
0
50
100
150
200

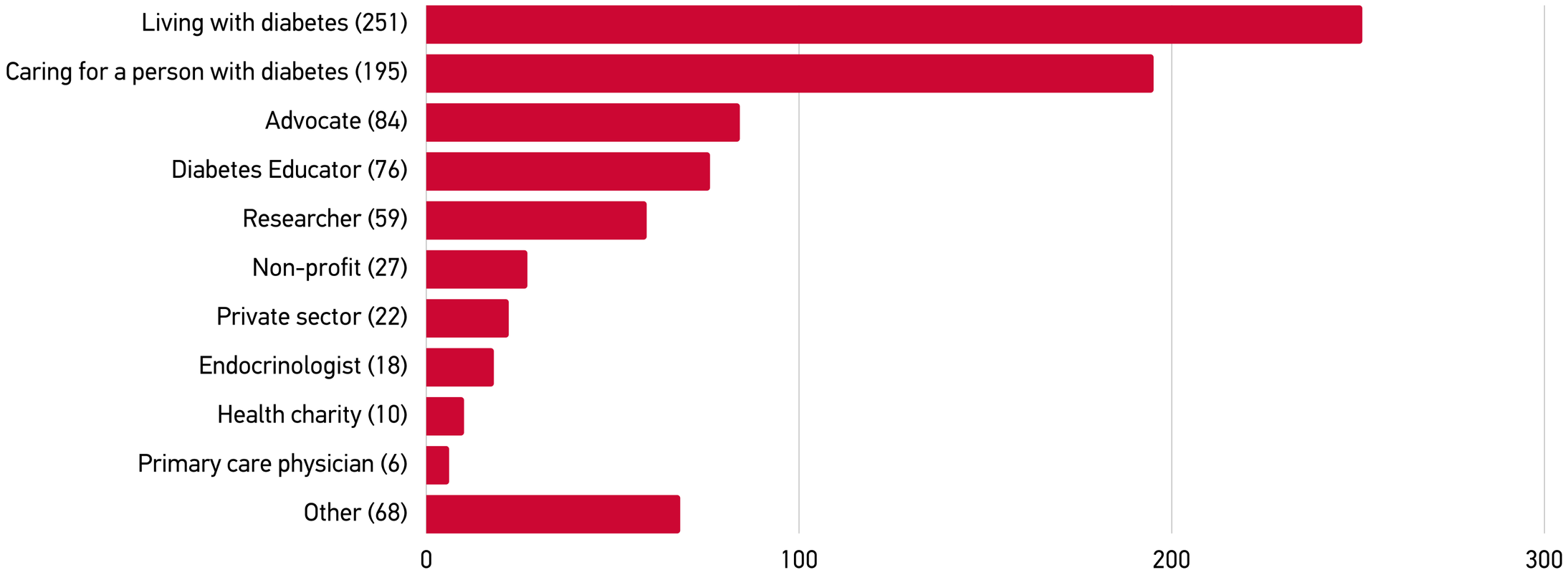

18 to 25 (15)
2.6%
66 to 75 (42)
7.3%
36 to 45 (172)
29.9%
26 to 35 (80)
13.9%
56 to 65 (91)
15.8%
46 to 55 (164)
28.5%

GENDER/PRONOUNS

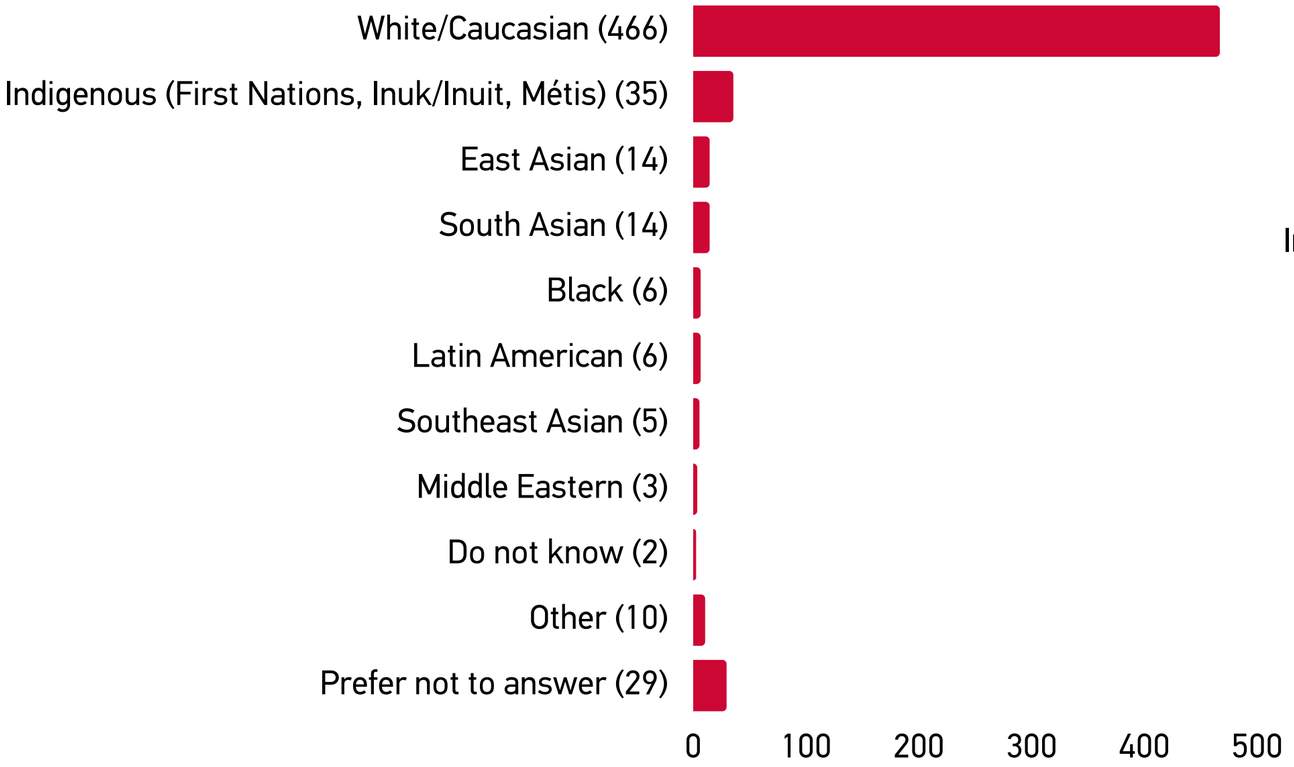


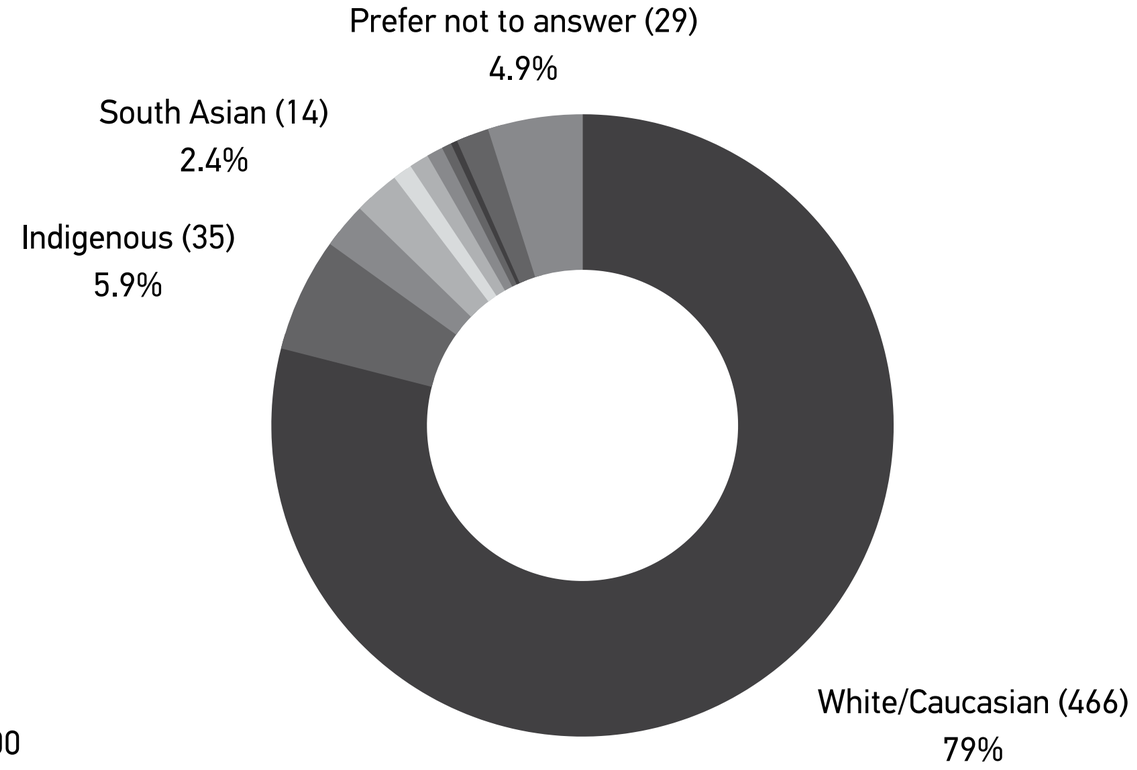


CONNECTION TO DIABETES

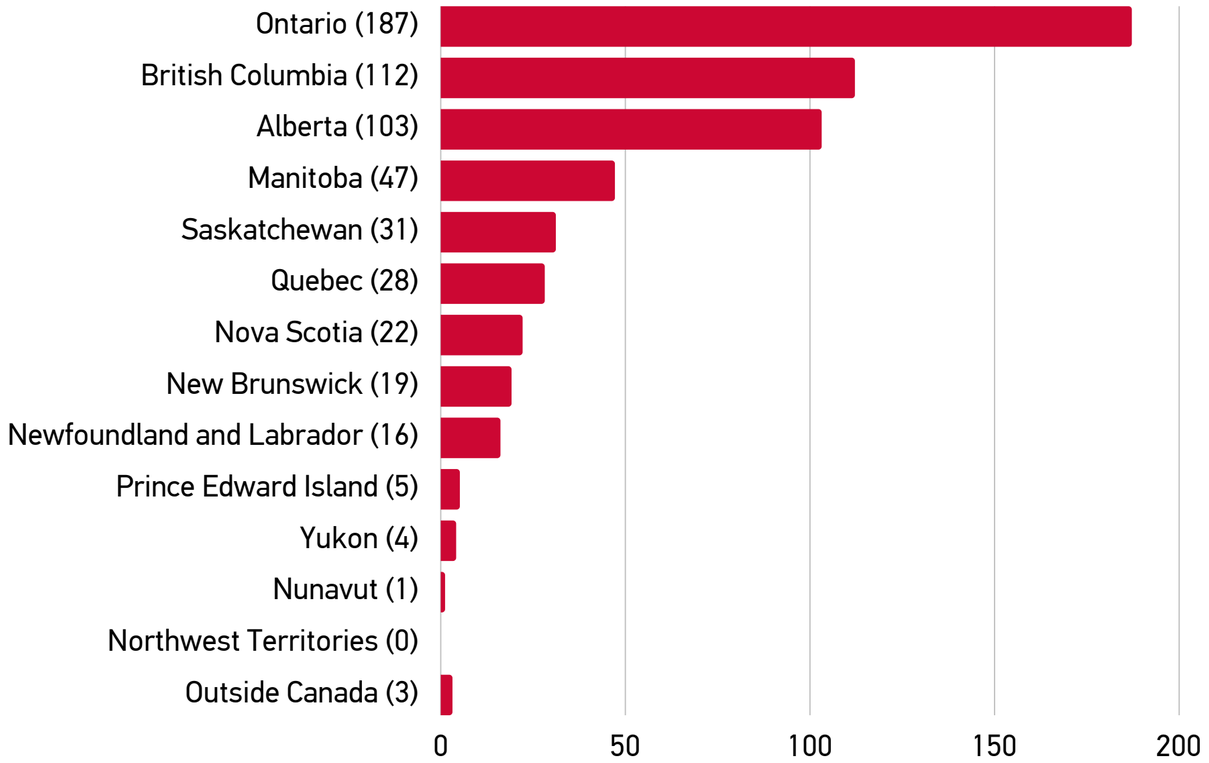


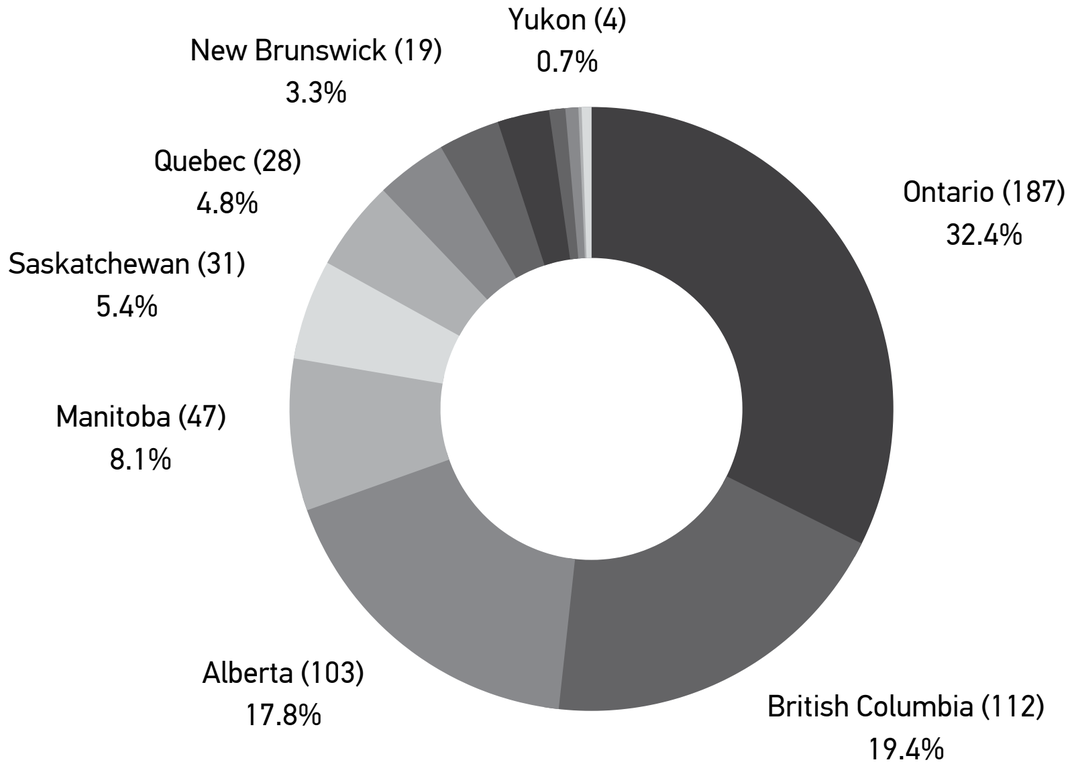
CULTURAL/RACIAL BACKGROUND





LOCATION





Note

A further 38 people participated in the French language version of the platform. they had a slightly younger overall demographic

COMMENT ANALYSIS

DEMOGRAPHICS

NUMBER OF COMMENTS

Category	Count	
Participants	943	
that commented	431	46%
Comments	4859	
per participant	5.2	
per commenter	11.3	

COMMENTS BY AGE & GENDER

Number of comments by age

Age	Total comments	Percentage of all comments	Total commenters	Comment : commenter ratio
18 & under	23	0%	2	11.5
18 - 25	70	1%	7	10.0
26 - 35	616	13%	53	11.6
36 - 45	1,507	31%	118	12.8
46 - 55	1,457	30%	109	13.4
56 - 65	685	14%	49	14.0
66 - 75	408	8%	24	17.0
75 and older	93	2%	5	18.6
Grand Total	4,859	100%	431	11.3

Number of comments by gender

Gender/Pronouns	Total comments	Percentage of all comments	Total commenters	Comment : commenter ratio
She/Her/Hers	3,898	80%	287	13.6
He/Him/His	784	16%	70	11.2
Prefer not to say	127	3%	7	18.1
They/Them/Theirs	60	1%	3	20.0
Grand Total	4,869	100%	431	11.3

LOCATION

Location	Total comments	Percentage of all comments	Total commenters	Comment : commenter ratio
Alberta	908	19%	72	12.6
British Columbia	949	19%	63	15.1
Manitoba	277	6%	27	10.3
New Brunswick	153	3%	12	12.8
Newfoundland and Labrador	93	2%	8	11.6
Nova Scotia	167	3%	12	13.9
Nunavut	16	0%	1	16.0
Ontario	1,723	35%	126	13.7
Prince Edward Island	16	0%	1	16.0
Quebec	240	0%	18	13.3
Saskatchewan	237	5%	22	10.8
Yukon	87	5%	4	21.8
Grand Total	**4,874**	**2%**	**431**	**11.3**

COMMENT ANALYSIS

OBSERVATIONS

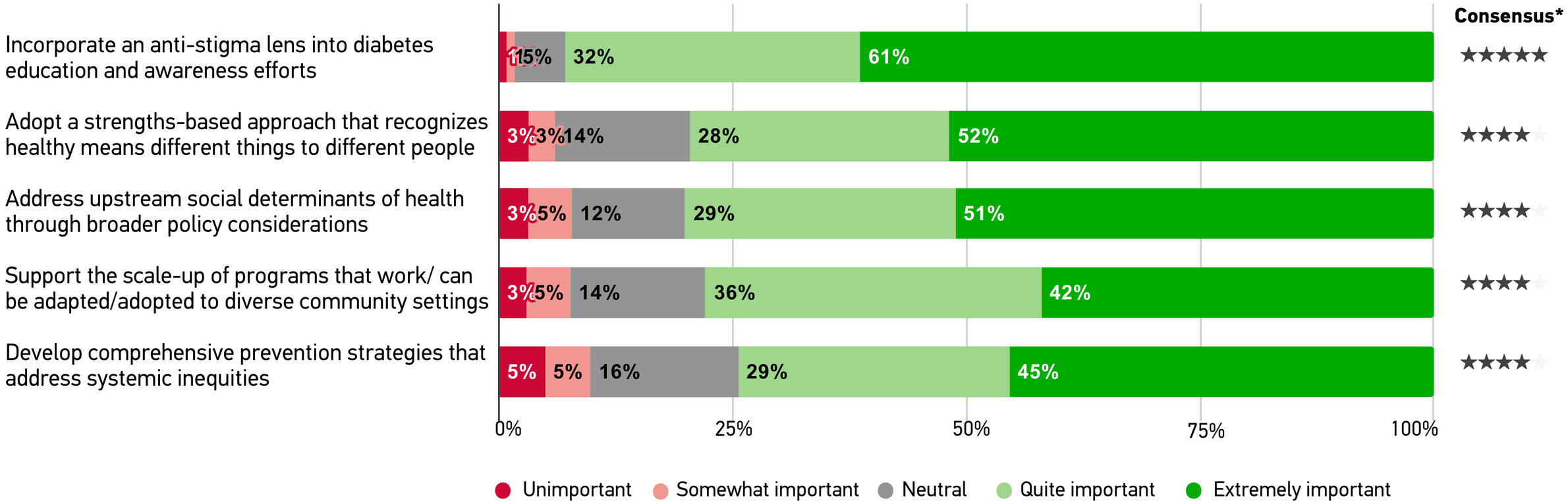
OBSERVATIONS

- The comments were made in 5 main topic areas, with around 7 subtopics for each topic on average.
- An analysis of 2000 comments was made, forming a representative subset of the total.
- For each subtopic, themes were analyzed and coded.
- The top five themes were Access to Interprofessional health care, diabetes awareness, education, lifestyle blaming and Type 1/2 differentiation.
- In total, there were 1022 themes. The ideation questions ("How can we") have revealed several areas that will be worth exploring further. Further comment analysis may reveal new clusters of ideas.

VOTING RESULTS

PRIORITIES FOR ACTION

PREVENTION



*Consensus (Ethelo score) is a measure of the overall strength of the decision, considering both support (higher is better) and conflict (lower is better).

PREVENTION

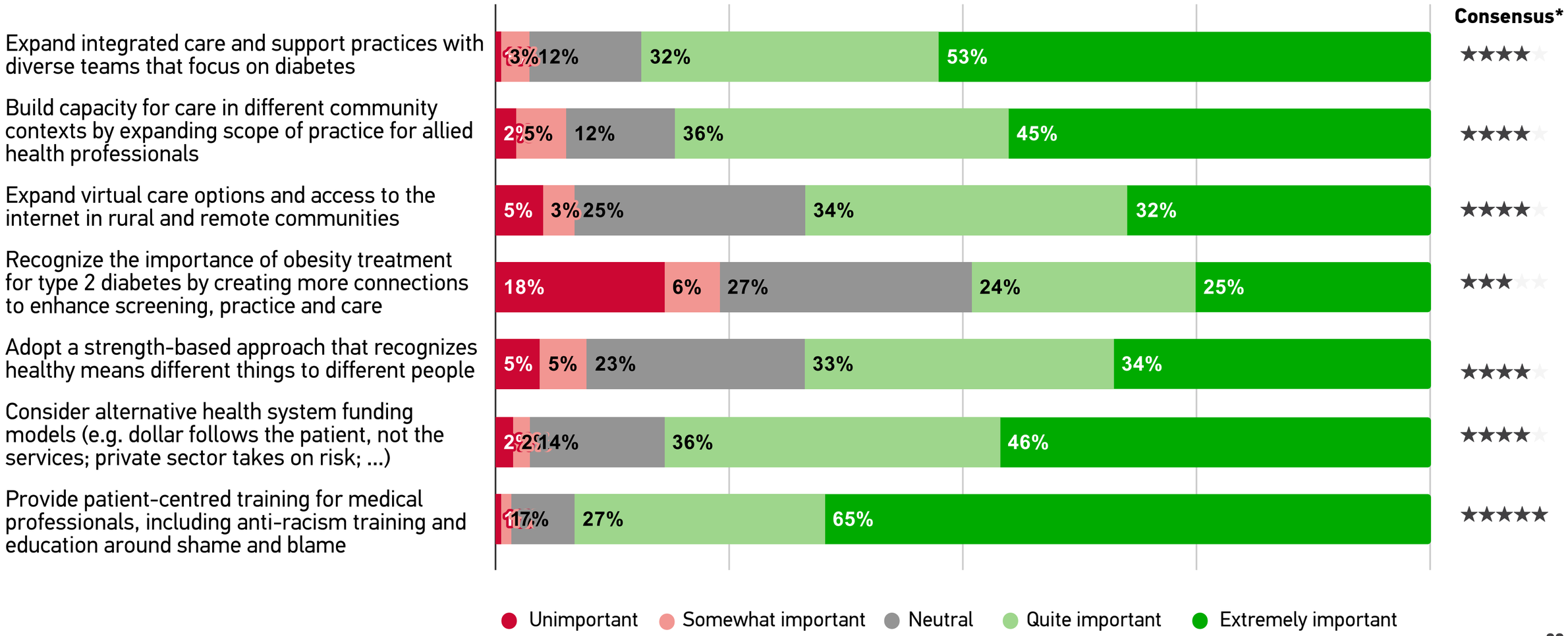
● Support ≥ 10% higher than among all voters ● Support ≥ 10% lower than among all voters

Support levels by segment	All votes	BC	ON/QC [EN]	Atlantic	Prairies	North*	Non-public	Public	35 and under	36 to 55	56 and over	FR**
Incorporate an anti-stigma lens into diabetes education and awareness efforts	93%	95%	93%	91%	90%	50%	96%	91%	92%	91%	97%	89%
Adopt a strength-based approach that recognizes healthy means different things to different people	80%	80%	83%	80%	77%	25%	85%	78%	83%	62%	81%	80%
Address upstream social determinants of health through broader policy considerations (e.g. food security/healthy eating, internet access, ...)	80%	83%	82%	84%	74%	50%	98%	72%	82%	77%	83%	85%
Support the scale-up of programs that work/ can be adapted/adopted to diverse community settings	78%	74%	79%	82%	76%	25%	89%	72%	77%	73%	88%	86%
Develop comprehensive prevention strategies that address systemic inequities	74%	82%	78%	89%	63%	25%	92%	67%	78%	72%	81%	88%

* Differences in support levels among participants from the North and FR are not highlighted due to small sample size

** French language version of engagement

CARE DELIVERY



CARE DELIVERY

● Support ≥ 10% higher than among all voters ● Support ≥ 10% lower than among all voters

Support levels by segment	All votes	BC	ON/QC [EN]	Atlantic	Prairies	North*	Non-public	Public	35 and under	36 to 55	56 and over	FR**
Expand integrated care and support practices with diverse teams that focus on diabetes	84%	84%	85%	88%	86%	50%	88%	84%	86%	82%	90%	96%
Build capacity for care in different community contexts by expanding scope of practice for allied health professionals	81%	79%	87%	81%	76%	25%	90%	77%	88%	79%	82%	85%
Expand virtual care options and access to the internet in rural and remote communities	67%	73%	68%	68%	62%	25%	74%	63%	70%	62%	74%	89%
Recognize the importance of obesity treatment for type 2 diabetes by creating more connections to enhance screening, practice and care	49%	52%	46%	66%	44%	67%	42%	51%	44%	47%	54%	85%
Adopt a strength-based approach that recognizes healthy means different things to different people	67%	71%	65%	70%	67%	50%	78%	62%	71%	78%	75%	83%
Consider alternative health system funding models (e.g. dollar follows the patient, not the services; private sector takes on risk; private insurers running public programs; ...)	82%	78%	81%	86%	83%	33%	83%	81%	78%	80%	87%	76%
Provide patient-centred training for medical professionals, including anti-racism training and education around shame and blame	92%	90%	92%	93%	95%	100%	88%	94%	89%	93%	92%	87%

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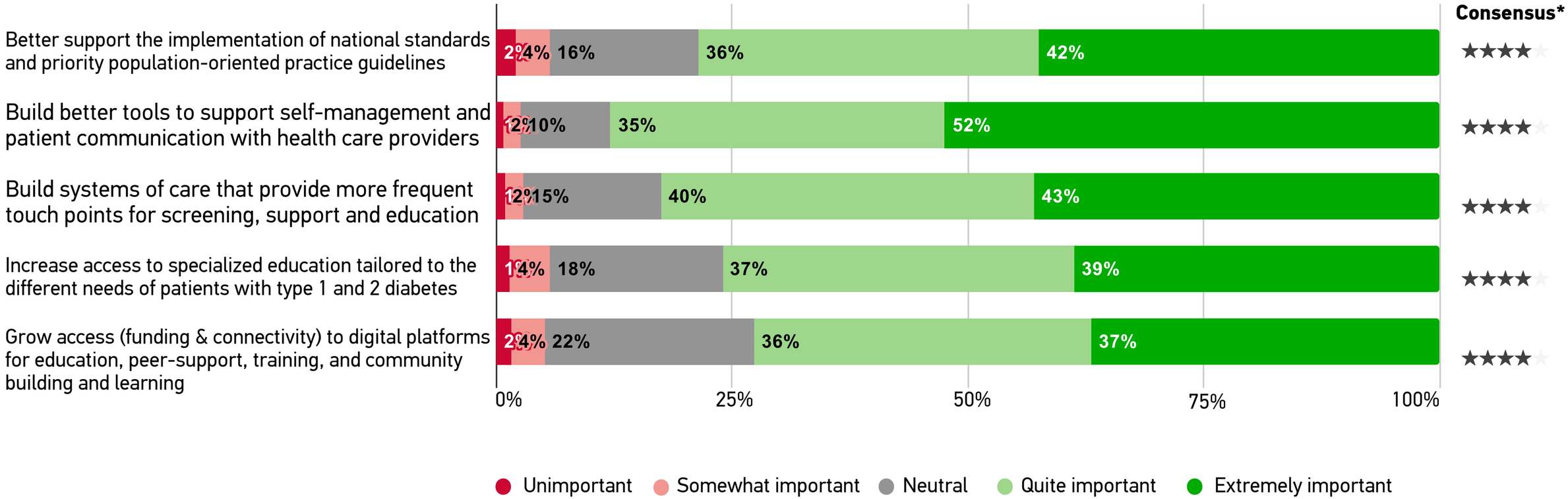
** French language version of engagement

SELF-MANAGEMENT



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SELF-MANAGEMENT

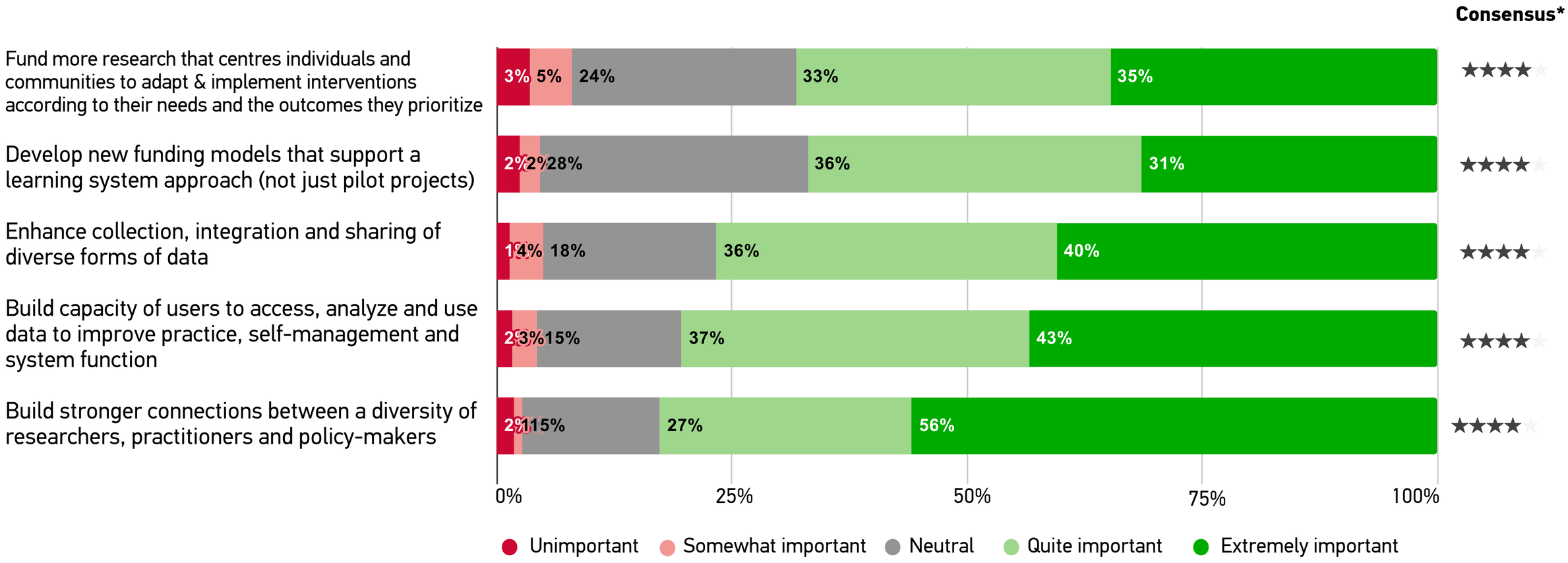
● Support ≥ 10% higher than among all voters ● Support ≥ 10% lower than among all voters

Support levels by segment	All votes	BC	ON/QC [EN]	Atlantic	Prairies	North*	Non-public	Public	35 and under	36 to 55	56 and over	FR**
Better support the implementation of national standards and priority population-oriented practice guidelines	79%	72%	78%	83%	82%	75%	79%	79%	70%	77%	88%	81%
Build better tools to support self-management and patient communication with health care providers	88%	81%	90%	91%	88%	100%	85%	89%	83%	89%	88%	82%
Build systems of care that provide more frequent touch points for screening, support and education	83%	82%	84%	88%	79%	25%	86%	81%	84%	79%	88%	86%
Increase access to specialized education tailored to the different needs of patients with type 1 and 2 diabetes	76%	76%	79%	83%	72%	25%	77%	76%	76%	74%	82%	93%
Grow access (funding & connectivity) to digital platforms for education, peer-support, training, and community building and learning	73%	70%	80%	67%	68%	33%	78%	70%	72%	71%	76%	87%

* Differences in support levels among participants from the North and FR are not highlighted due to small sample size

** French language version of engagement

RESEARCH & DATA



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RESEARCH & DATA

● Support ≥ 10% higher than among all voters ● Support ≥ 10% lower than among all voters

Support levels by segment	All votes	BC	ON/QC [EN]	Atlantic	Prairies	North*	Non-public	Public	35 and under	36 to 55	56 and over	FR**
Fund more research that centres individuals and communities to adapt & implement interventions according to their needs and the outcomes they prioritize	68%	71%	68%	76%	66%		74%	66%	71%	64%	76%	79%
Develop new funding models that support a learning system approach (not just pilot projects)	67%	68%	67%	65%	67%		76%	63%	69%	65%	68%	79%
Enhance collection, integration and sharing of diverse forms of data	77%	72%	76%	80%	79%		75%	77%	75%	78%	74%	81%
Build capacity of users to access, analyze and use data to improve practice, self-management and system function	80%	84%	81%	80%	79%	33%	82%	80%	77%	79%	86%	84%
Build stronger connections between a diversity of researchers, practitioners and policy-makers	83%	73%	83%	81%	86%	33%	80%	83%	84%	82%	80%	82%

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** French language version of engagement

ACCESS TO MEDICINES, DEVICES & FINANCIAL SUPPORTS

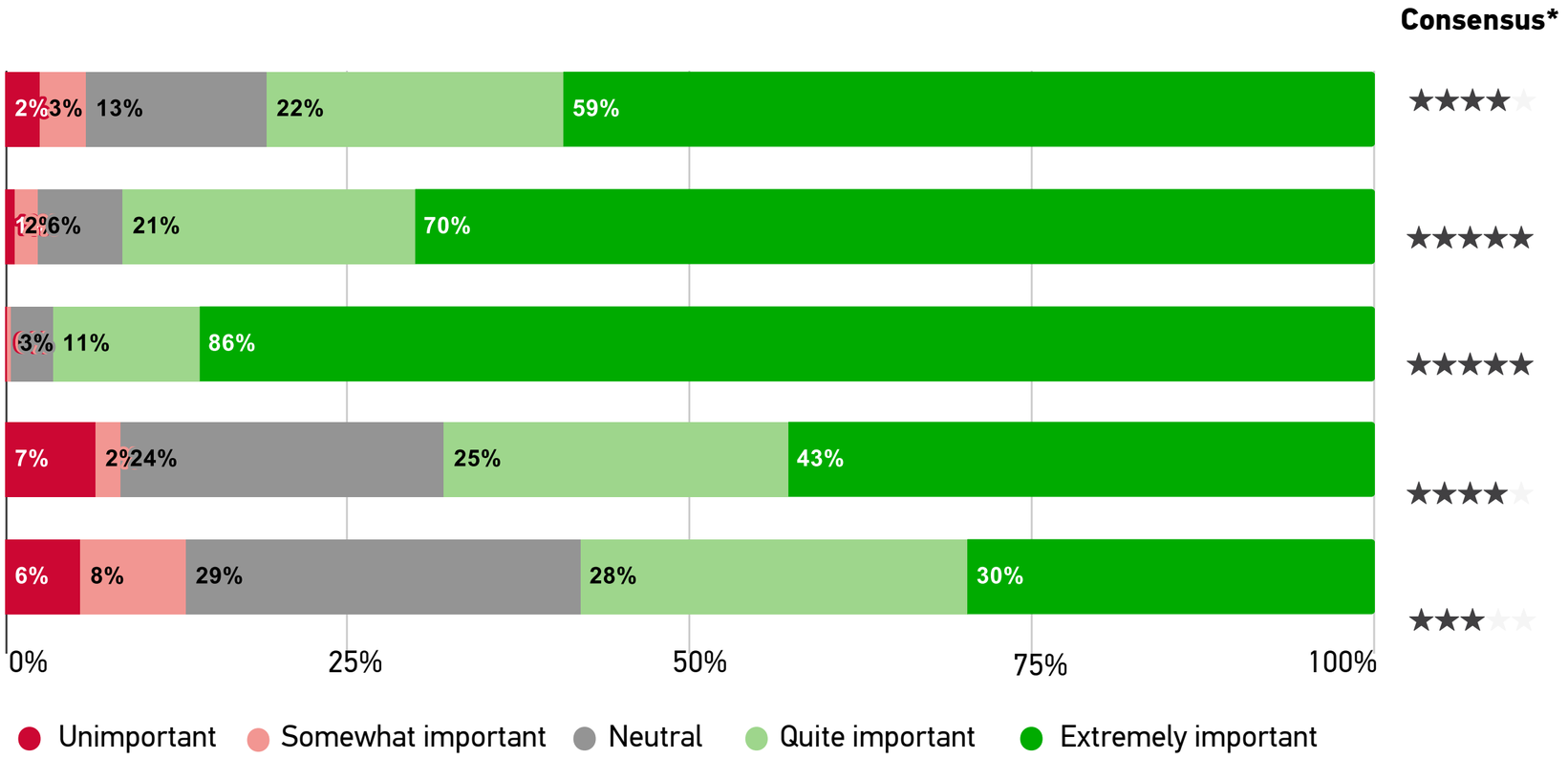
Apply a holistic approach to financial supports and engage patients in their design

Explore tax measures to improve accessibility to financial support for people with diabetes and their care providers

Create more equitable access to coverage for Medicines and devices across the country

Foster adoption of new technologies and medications

Adopt new business models incentivized by outcomes and value instead of cost



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ACCESS TO MEDICINES, DEVICES & FINANCIAL SUPPORTS

● Support ≥ 10% higher than among all voters ● Support ≥ 10% lower than among all voters

Support levels by segment	All votes	BC	ON/QC [EN]	Atlantic	Prairies	North*	Non-public	Public	35 and under	36 to 55	56 and over	FR**
Apply a holistic approach to financial supports and engage patients in their design	81%	78%	81%	84%	81%	75%	68%	86%	77%	81%	82%	84%
Explore tax measures to improve accessibility to financial support for people with diabetes and their care providers	91%	87%	90%	95%	93%	100%	82%	95%	92%	91%	90%	91%
Create more equitable access to coverage for Medicines and devices across the country	97%	90%	97%	98%	98%	100%	94%	97%	97%	97%	94%	98%
Foster adoption of new technologies and medications	68%	66%	65%	68%	72%	33%	59%	71%	71%	68%	64%	84%
81%Adopt new business models incentivized by outcomes and value instead of cost	58%	59%	63%	57%	50%		70%	52%	46%	52%	78%	81%

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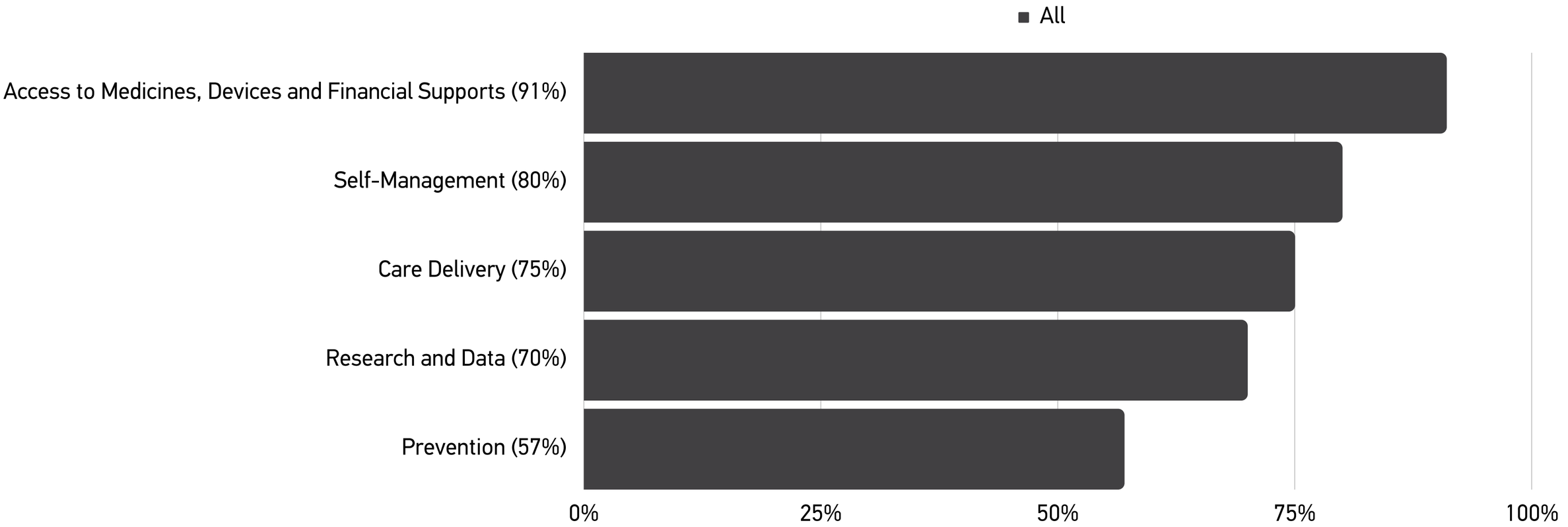
** French language version of engagement

WEIGHTING AREAS OF FOCUS

PRIORITIES FOR ACTION

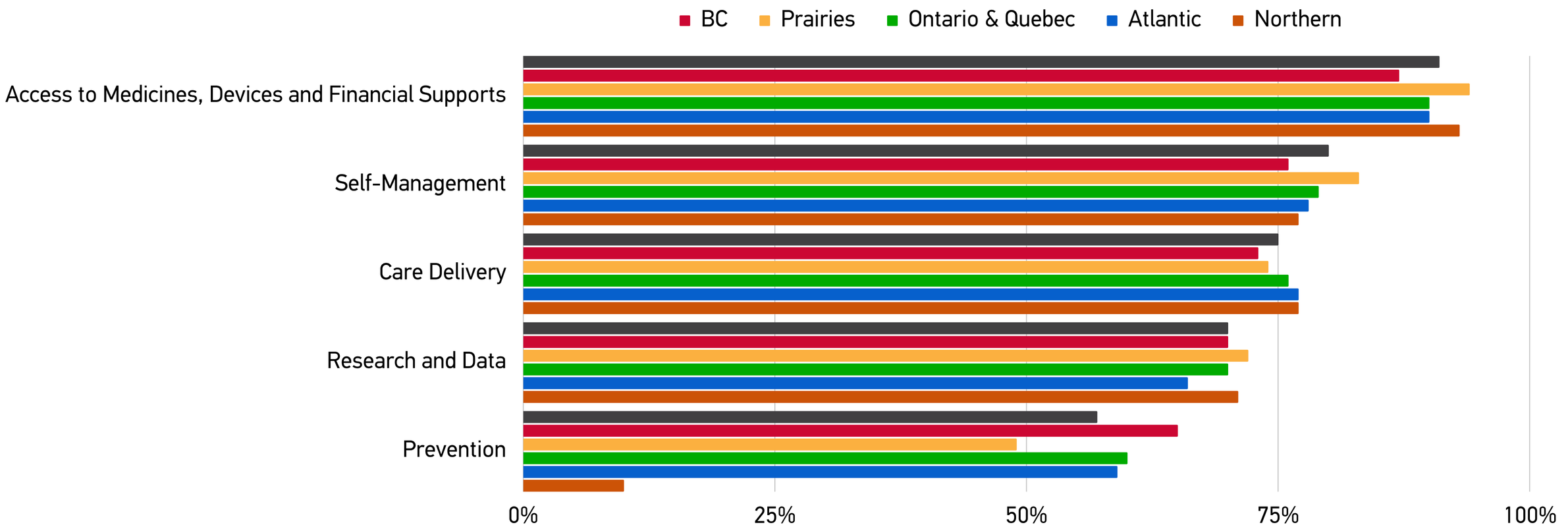
WEIGHT AREAS OF FOCUS

Fine-tune the relative importance of the different Areas of Focus.



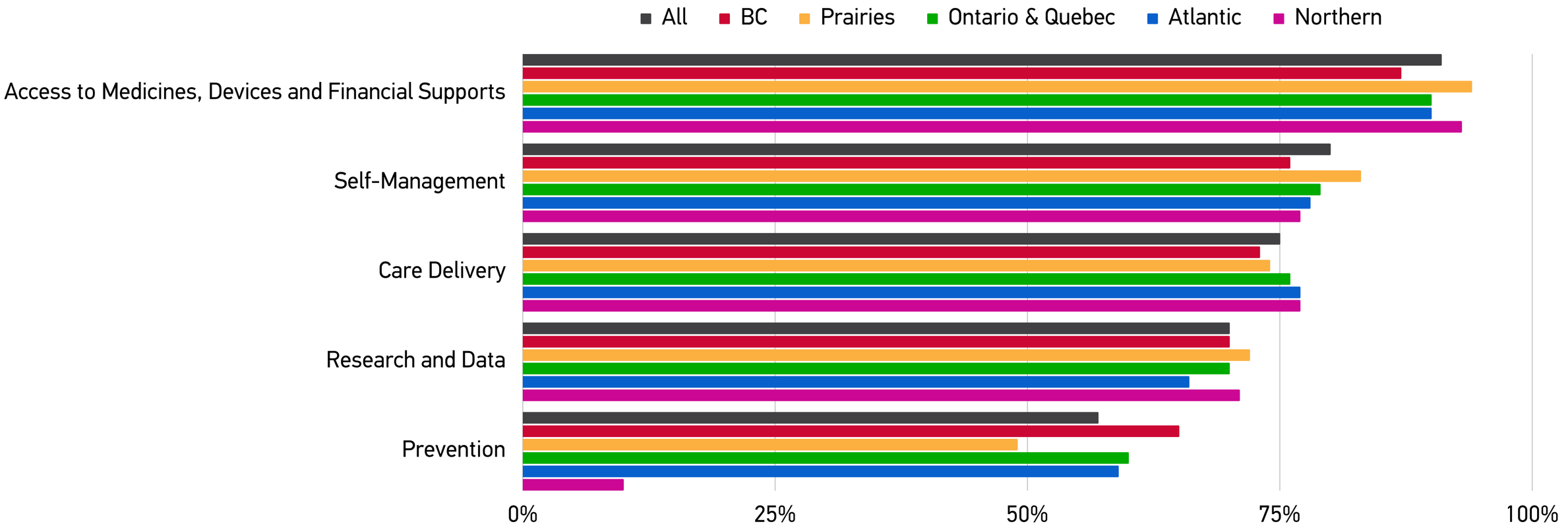
WEIGHT AREAS OF FOCUS: BY LOCATION

Fine-tune the relative importance of the different Areas of Focus.



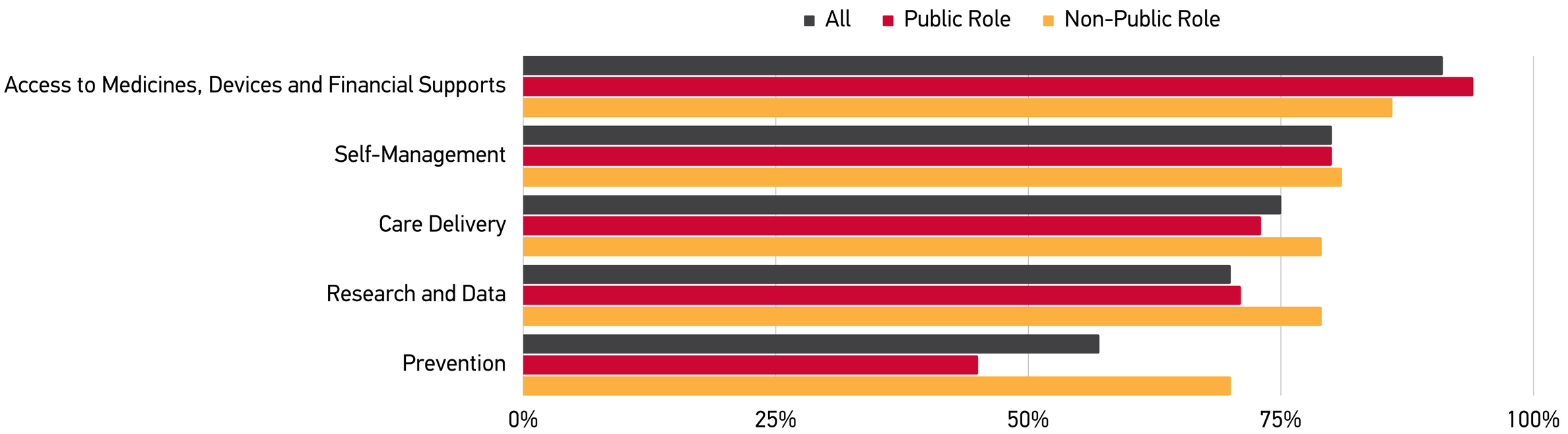
WEIGHT AREAS OF FOCUS: BY LOCATION

Fine-tune the relative importance of the different Areas of Focus.



WEIGHT AREAS OF FOCUS: BY ROLE

Fine-tune the relative importance of the different Areas of Focus.



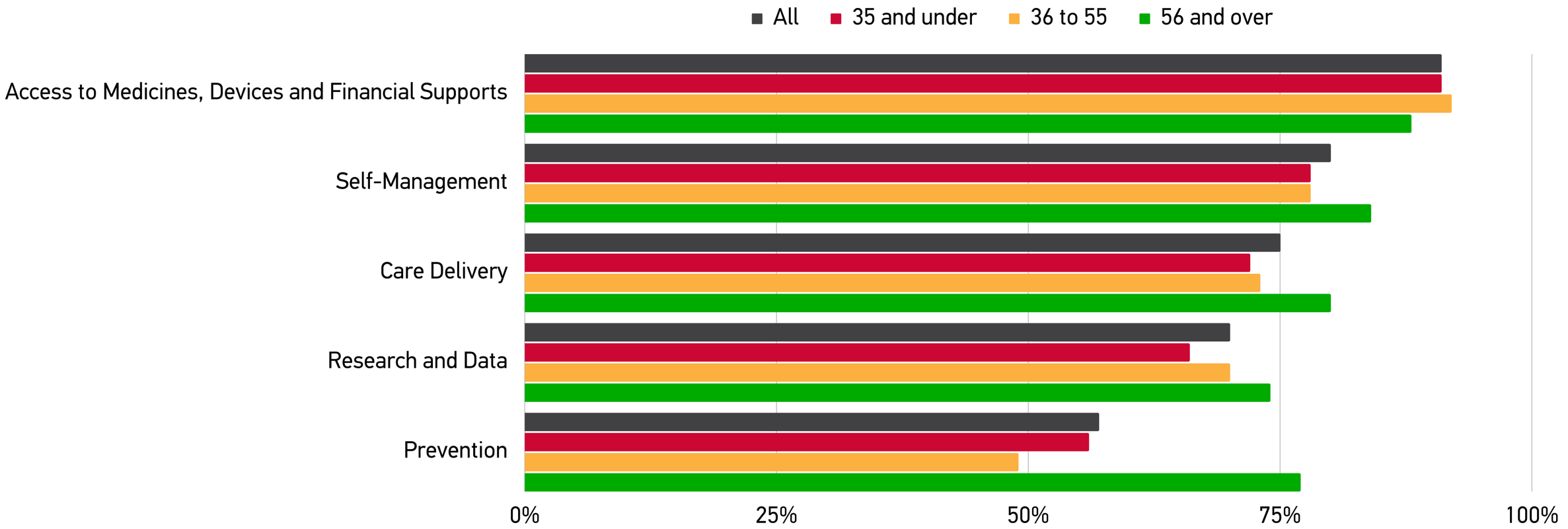
Note

"Public role" includes all participants who selected "Living with diabetes" or "Caring for a person with diabetes", regardless of other choices made.

"Non-public role" includes all participants who selected neither "Living with diabetes" nor "Caring for a person with diabetes".

WEIGHT AREAS OF FOCUS: BY AGE

Fine-tune the relative importance of the different Areas of Focus.



PRIORITIES FOR ACTION

OBSERVATIONS

OBSERVATIONS

- There was high approval for anti-stigma education, patient-centred training for medical professionals, better support of self-management tools, tax reforms and medicine/device access equity. This was with little variation between regions, roles or age groups.
- Those in mid-life (36 to 55) deprioritized strength-based care delivery and were more strongly supportive of strength-based prevention.
- The older participants (over 55) prioritized a number of items within the Care Delivery topic.
- Those who were not living with or caring for someone with diabetes prioritized a number of items within Prevention and Care Delivery. They deprioritized three measures in access and financial support.
- Most regions had consistency between voting items. However, system equities in prevention were prioritized by the Atlantic region and deprioritized by the Prairies. A similar pattern emerged for obesity treatment. The Atlantic region was more supportive of research centre funding.

COMMENT ANALYSIS: TOP THEMES

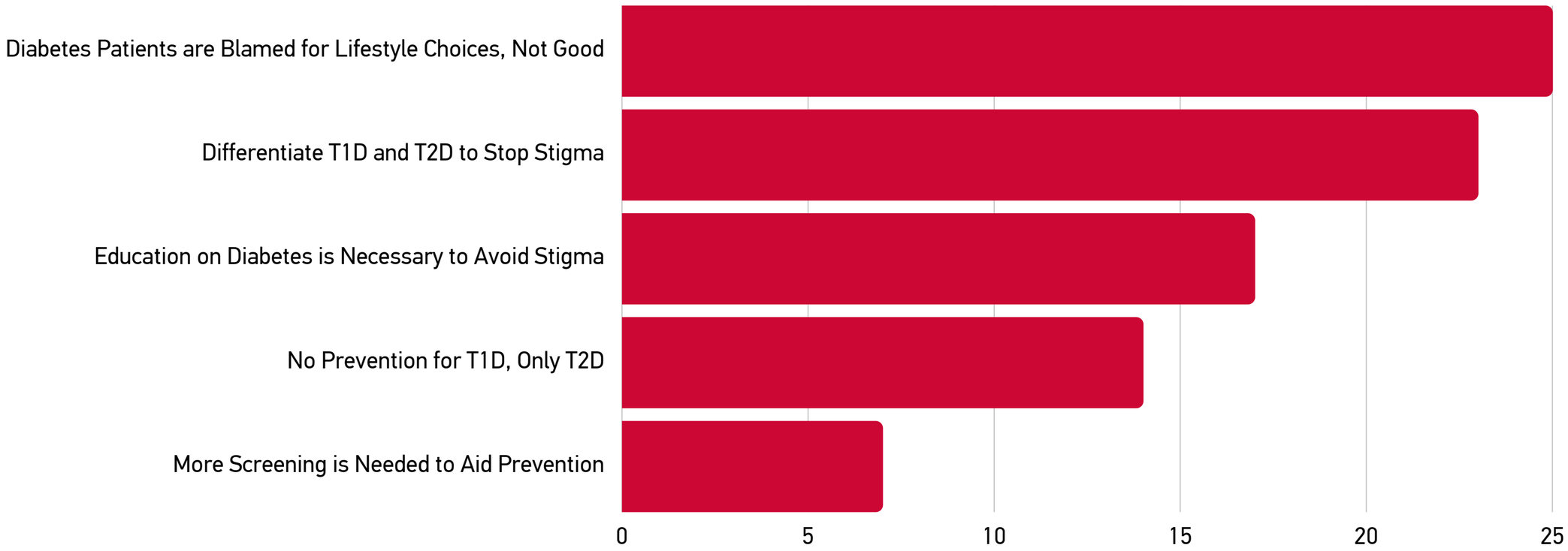
PRIORITIES FOR ACTION

"A theme is the synthesis of ideas, proposals, questions or observations distilled from a comment. As more comments are analyzed, recurring themes are identified and quantified to give a detailed view of participants input

PREVENTION

TOP 5 THEMES

Incorporate an anti-stigma lens into diabetes education and awareness efforts



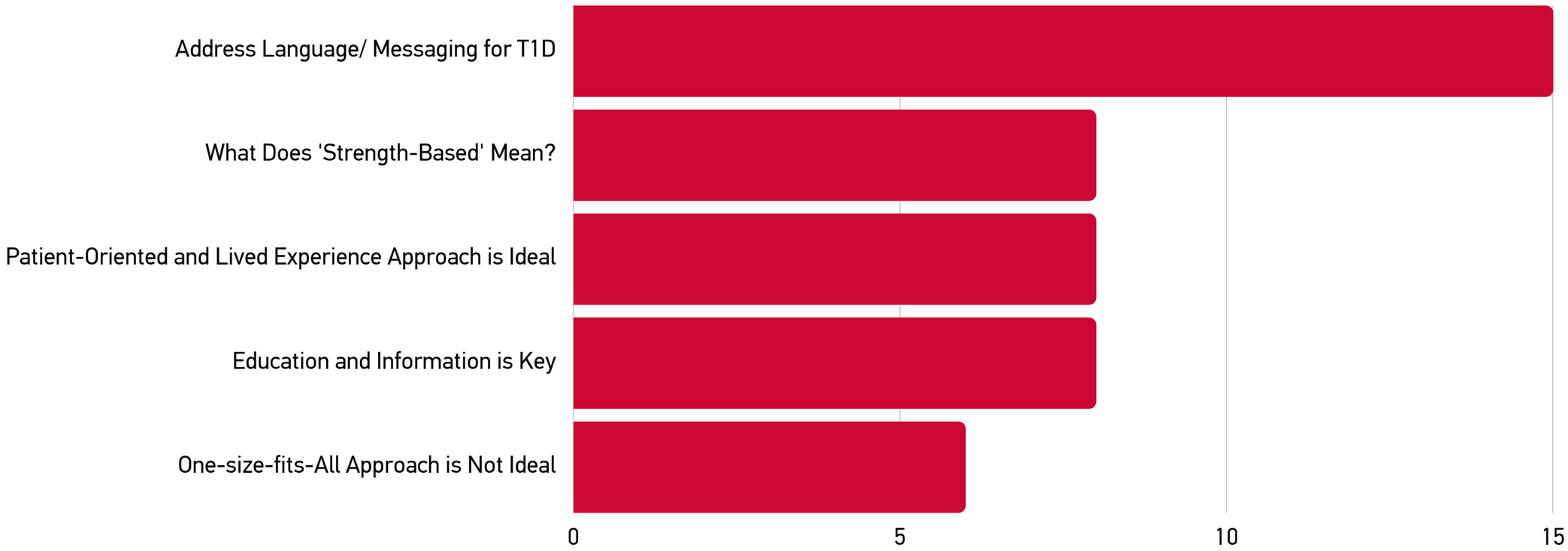
264
COMMENTS

39
THEMES

PREVENTION

TOP 5 THEMES

Adopt a strength-based approach that recognizes healthy means different things to different people



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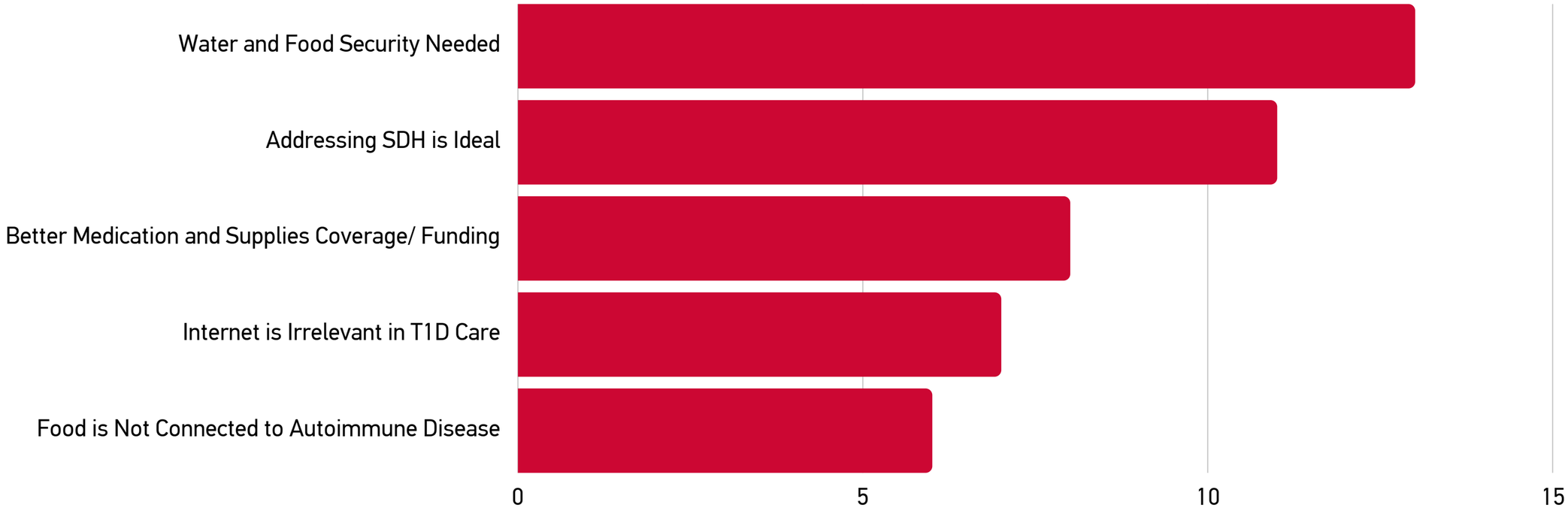
COMMENTS

27
THEMES

PREVENTION

TOP 5 THEMES

Address upstream social determinants of health through broader policy considerations (e.g. food security/ healthy eating, internet access, built environment)



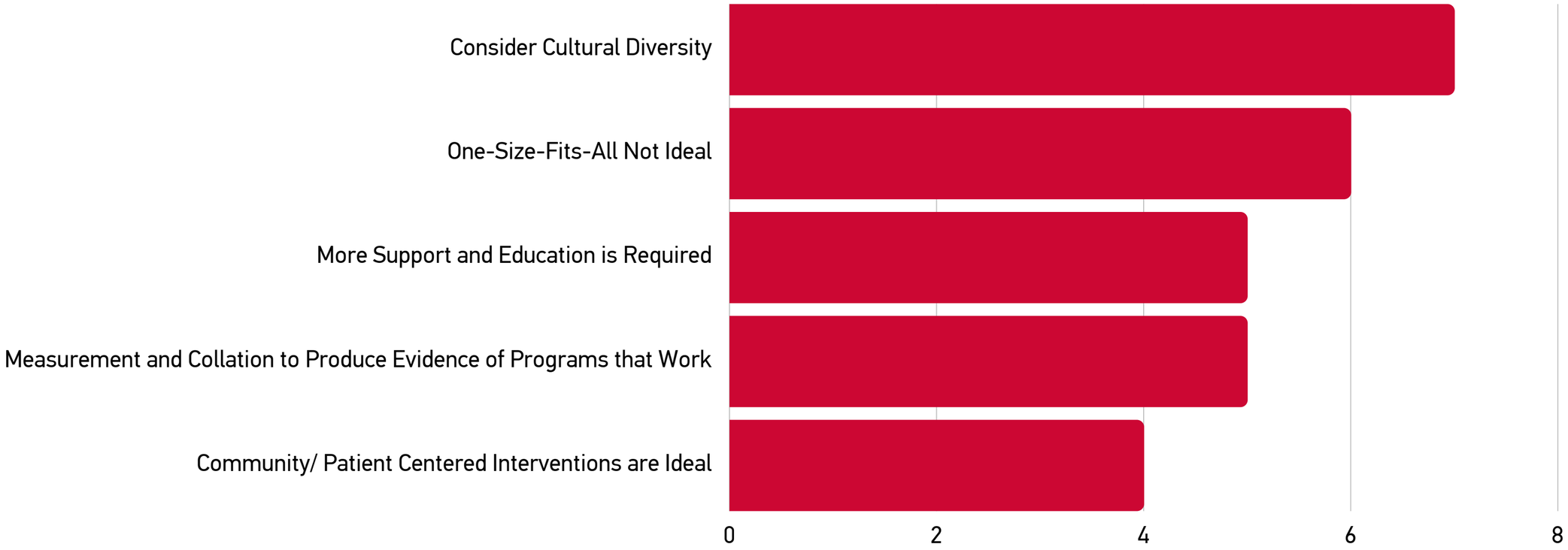
152
COMMENTS

30
THEMES

PREVENTION

TOP 5 THEMES

Support the scale-up of programs that work/ can be adapted/adopted to diverse community settings



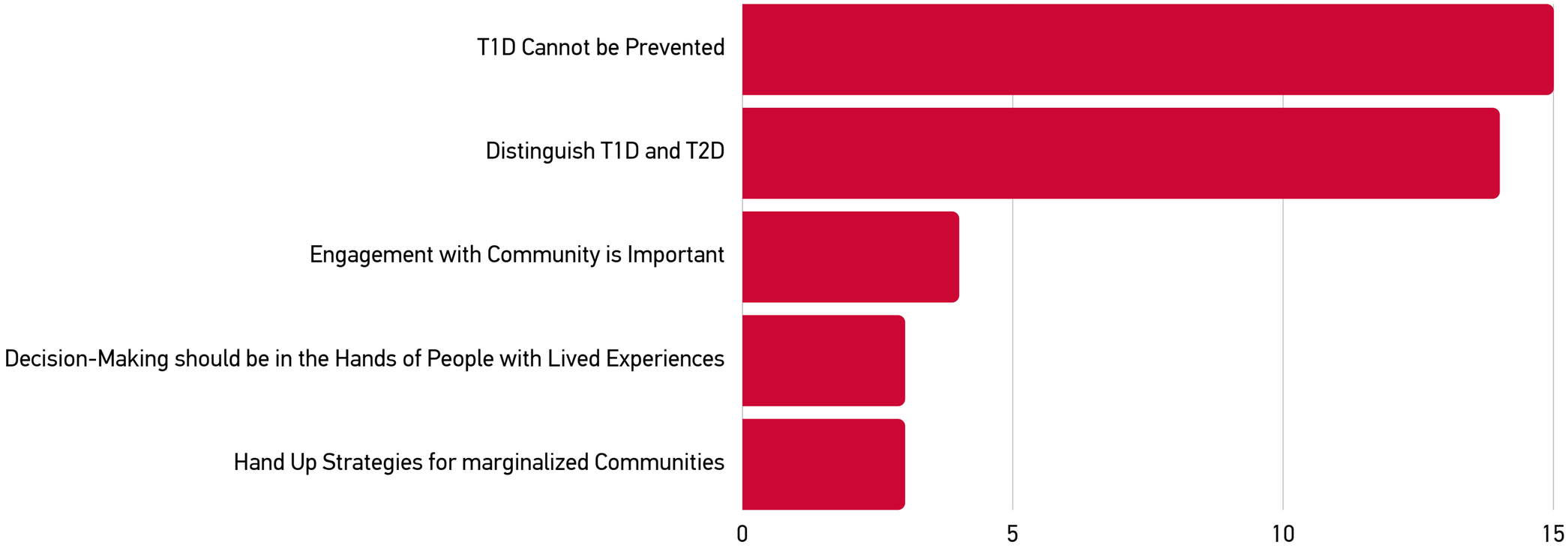
109
COMMENTS

25
THEMES

PREVENTION

TOP 5 THEMES

Develop comprehensive prevention strategies that address systemic inequities



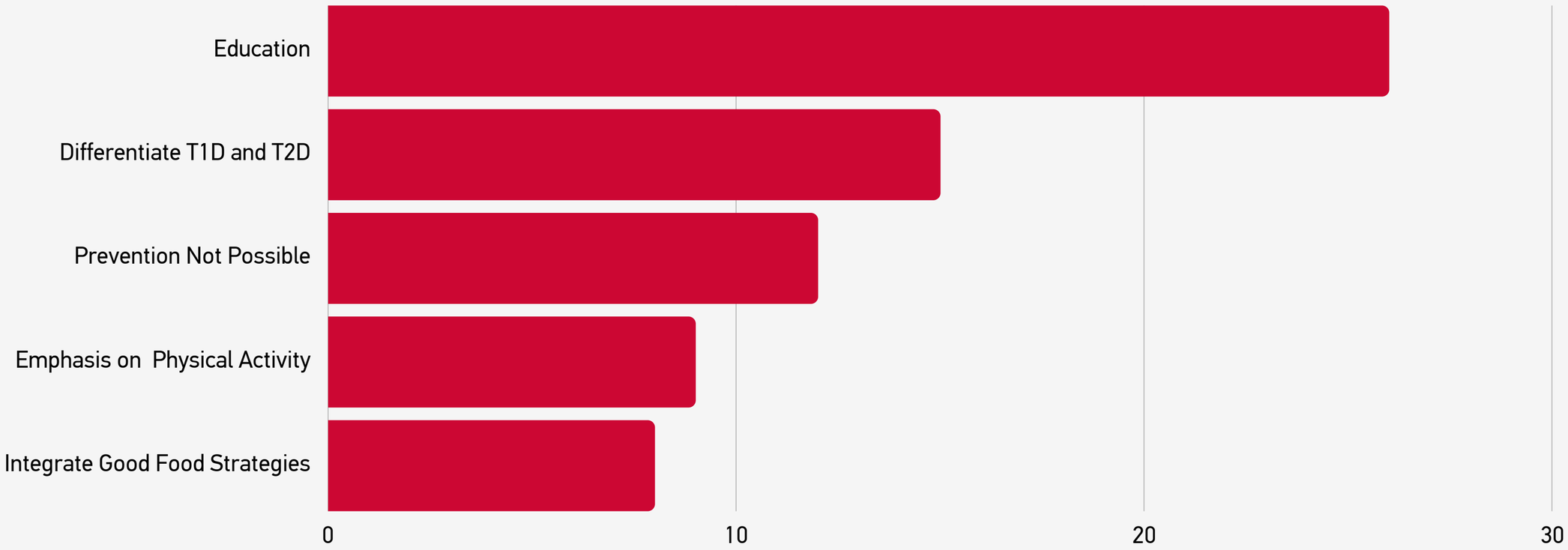
163
COMMENTS

27
THEMES

PREVENTION

TOP 5 THEMES

What other opportunities do you think we need to consider in relation to Prevention?



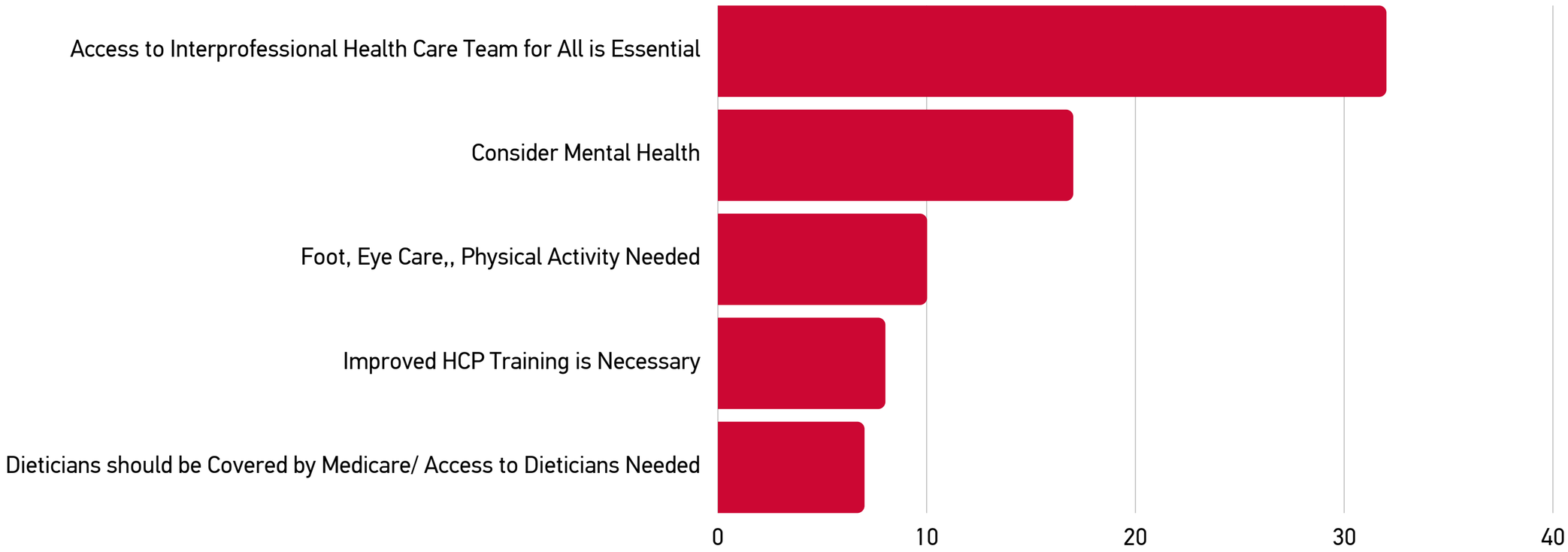
322
COMMENTS

61
THEMES

CARE DELIVERY

TOP 5 THEMES

Expand integrated care and support practices with diverse teams that focus on diabetes



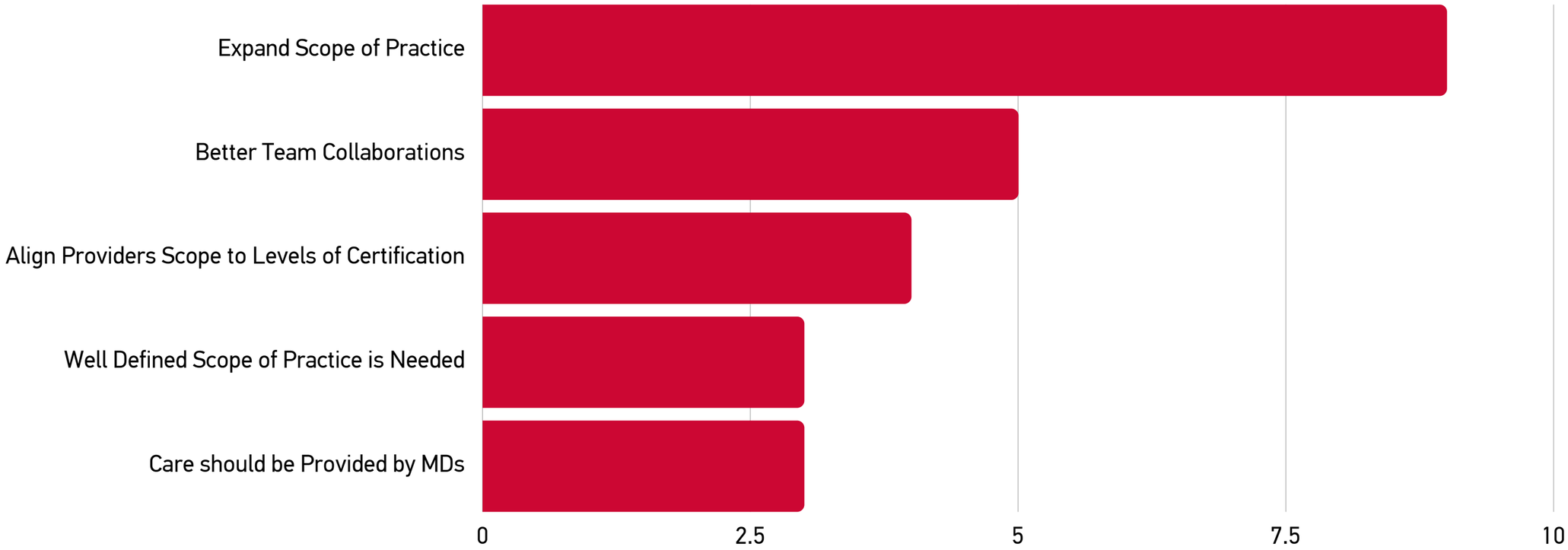
163
COMMENTS

28
THEMES

CARE DELIVERY

TOP 5 THEMES

Build capacity for care in different community contexts by expanding scope of practice for allied health professionals



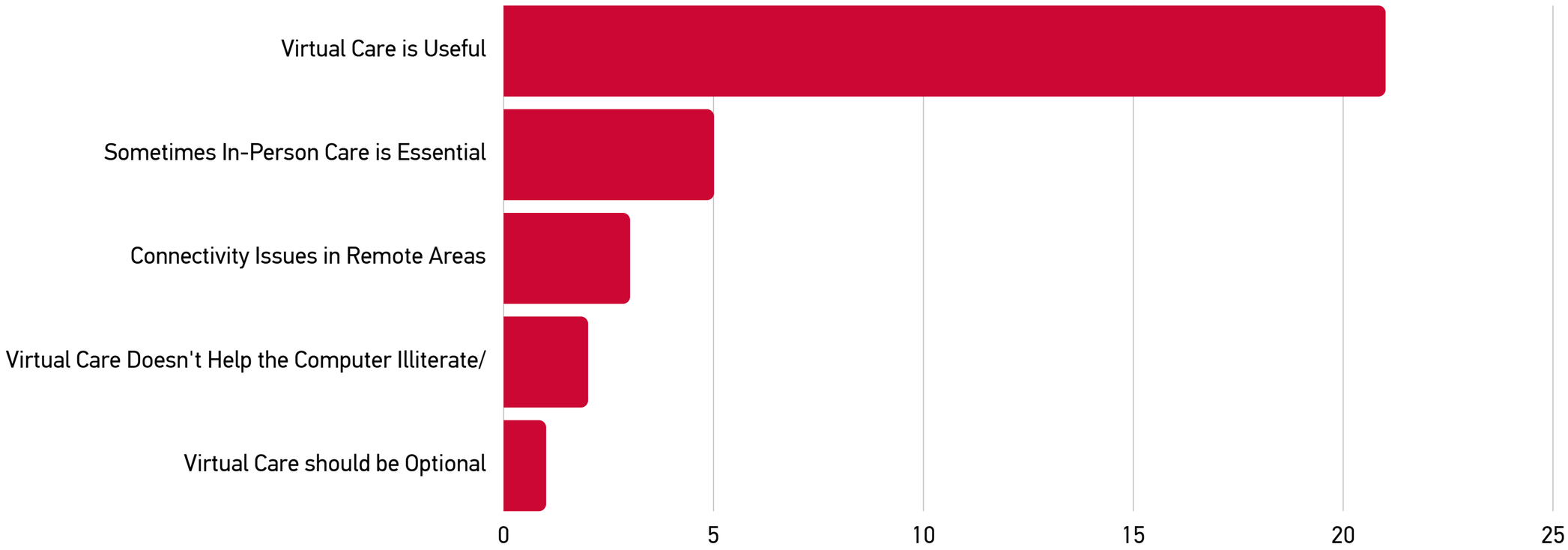
101
COMMENTS

28
THEMES

CARE DELIVERY

TOP 5 THEMES

Expand virtual care options and access to the internet in rural and remote communities



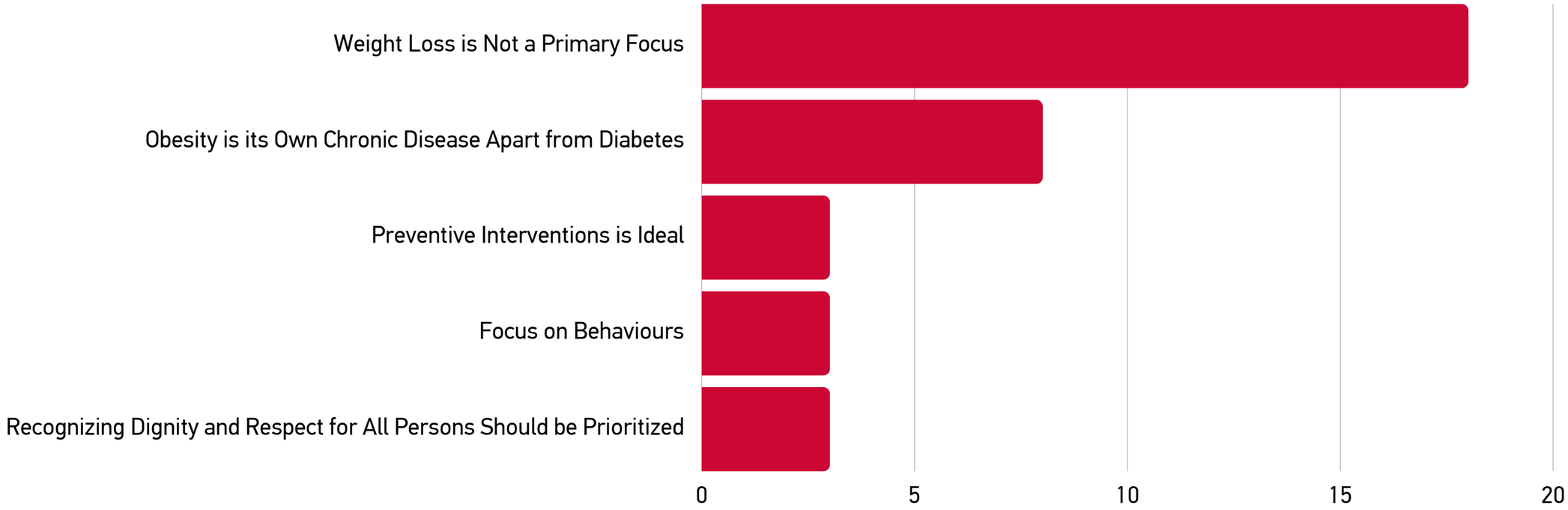
113
COMMENTS

10
THEMES

CARE DELIVERY

TOP 5 THEMES

Recognize the importance of obesity treatment for type 2 diabetes by creating more connections to enhance screening, practice and care



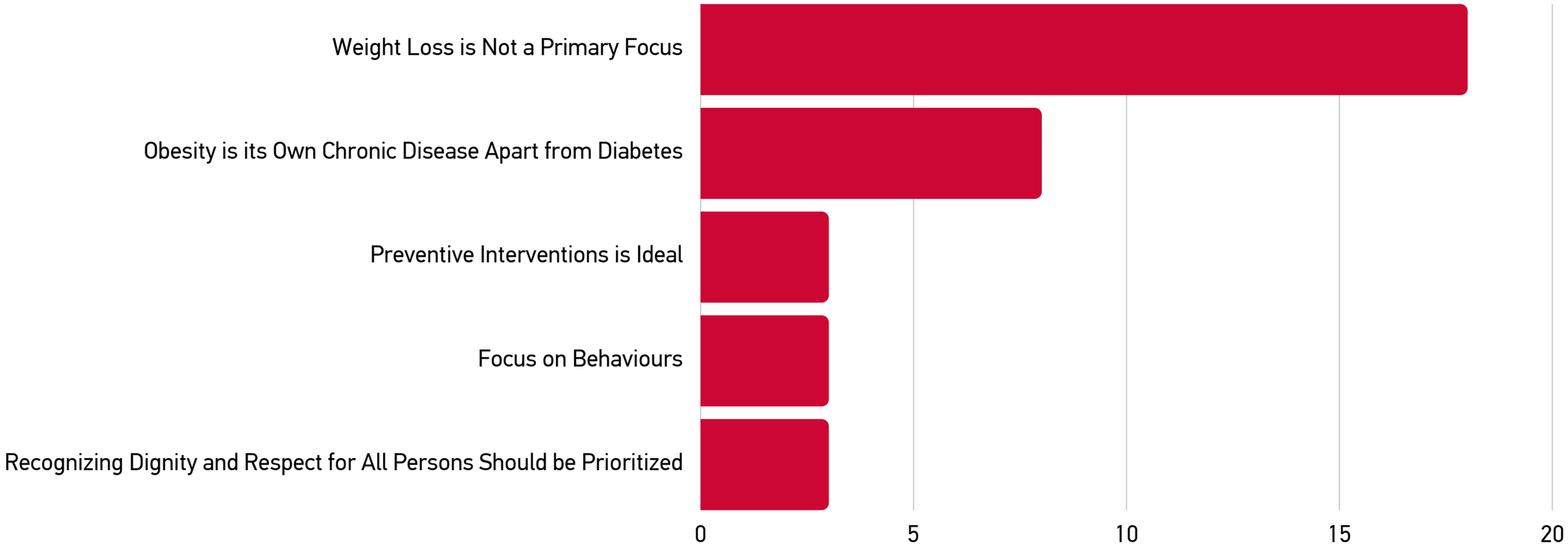
103
COMMENTS

25
THEMES

CARE DELIVERY

TOP 5 THEMES

Adopt a strength-based approach that recognizes healthy means different things to different people



49
COMMENTS

27
THEMES

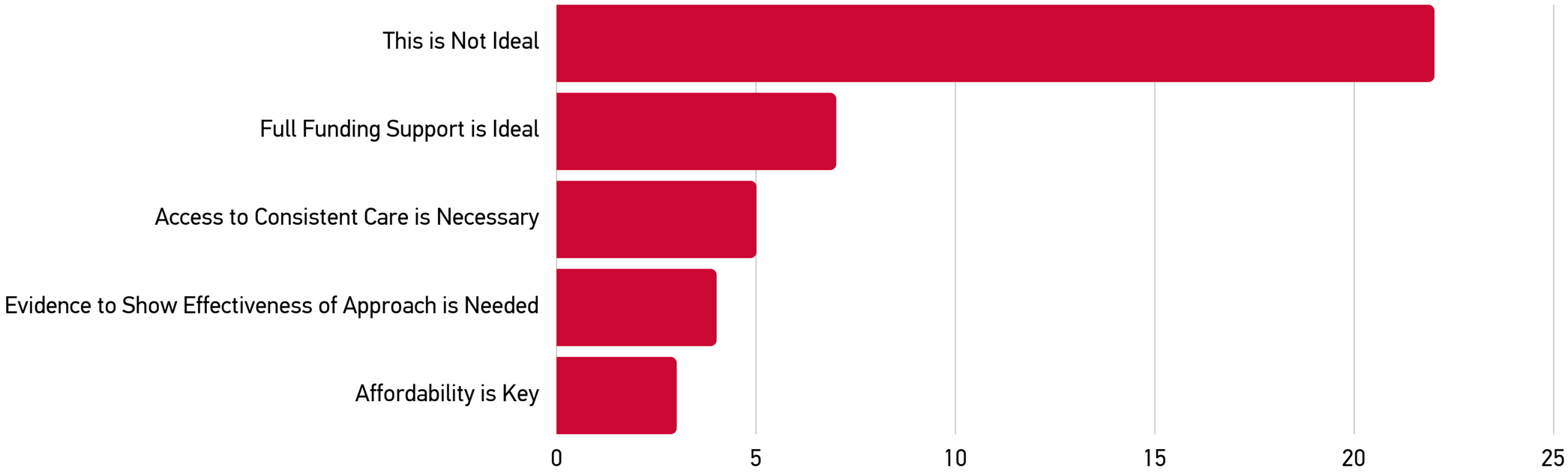
CARE DELIVERY

TOP 5 THEMES

Consider alternative health system funding models (e.g. dollar follows the patient, not the services; private sector takes on risk; private insurers running public programs; social impact bonds; outcomes- based payment programs)

168
COMMENTS

29
THEMES



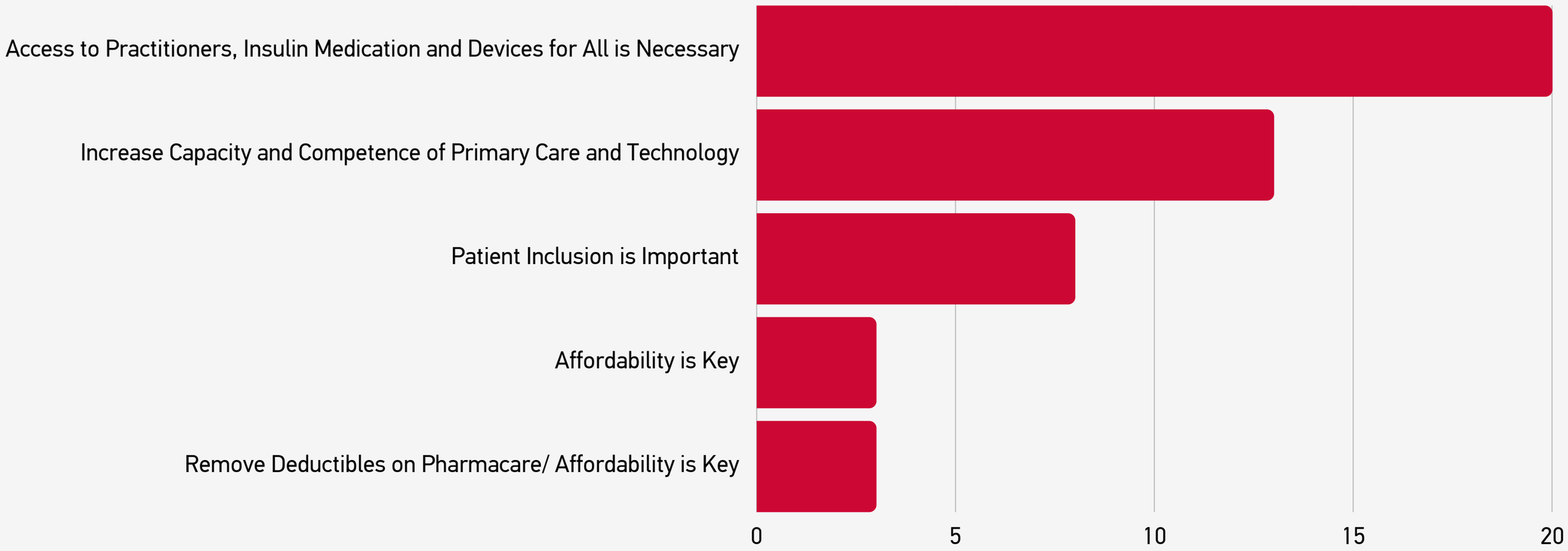
CARE DELIVERY

TOP 5 THEMES

What other opportunities do you think we need to consider in relation to Care Delivery?

223
COMMENTS

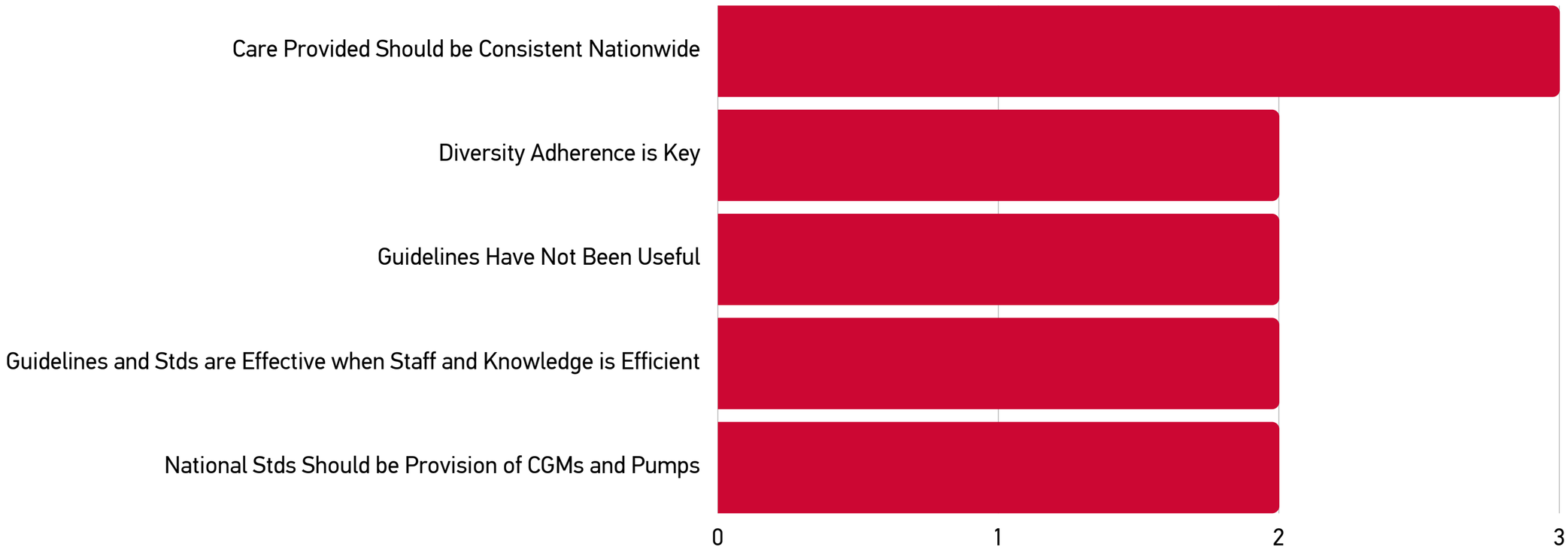
32
THEMES



SELF-MANAGEMENT

TOP 5 THEMES

Better support the implementation of national standards and priority population-oriented practice guidelines



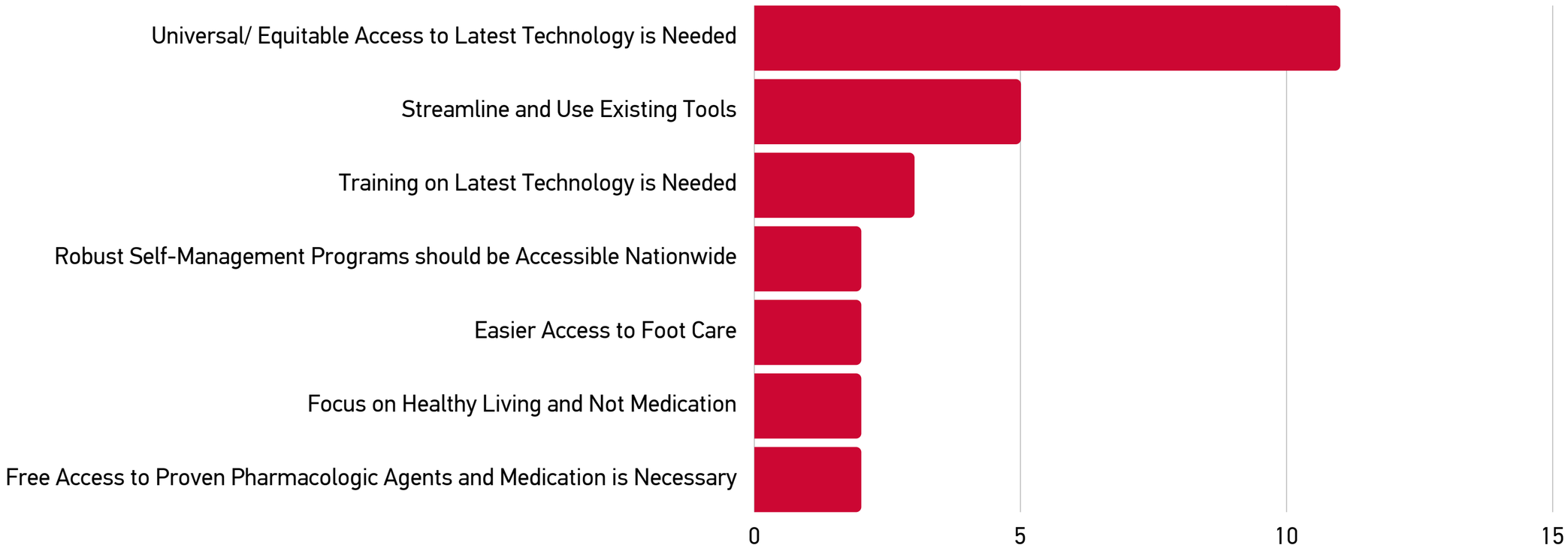
85
COMMENTS

35
THEMES

SELF-MANAGEMENT

TOP 5 THEMES

Build better tools to support self-management and patient communication with health care providers



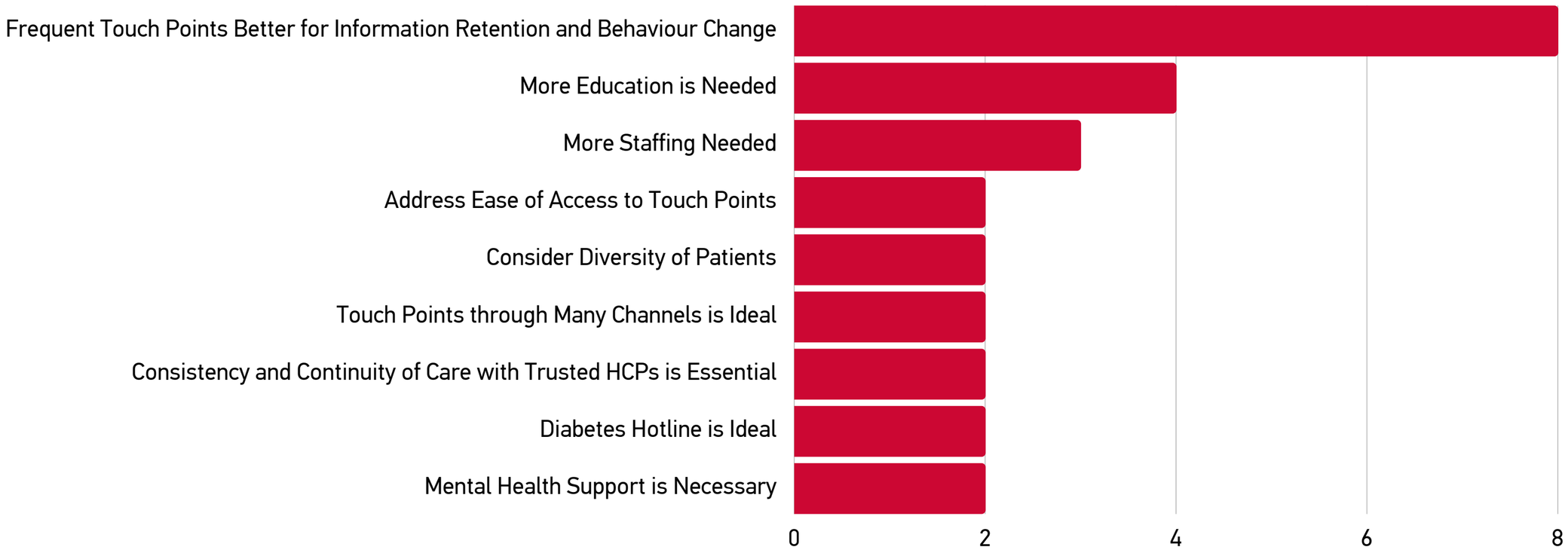
116
COMMENTS

39
THEMES

SELF-MANAGEMENT

TOP 5 THEMES

Build systems of care that provide more frequent touch points for screening, support and education



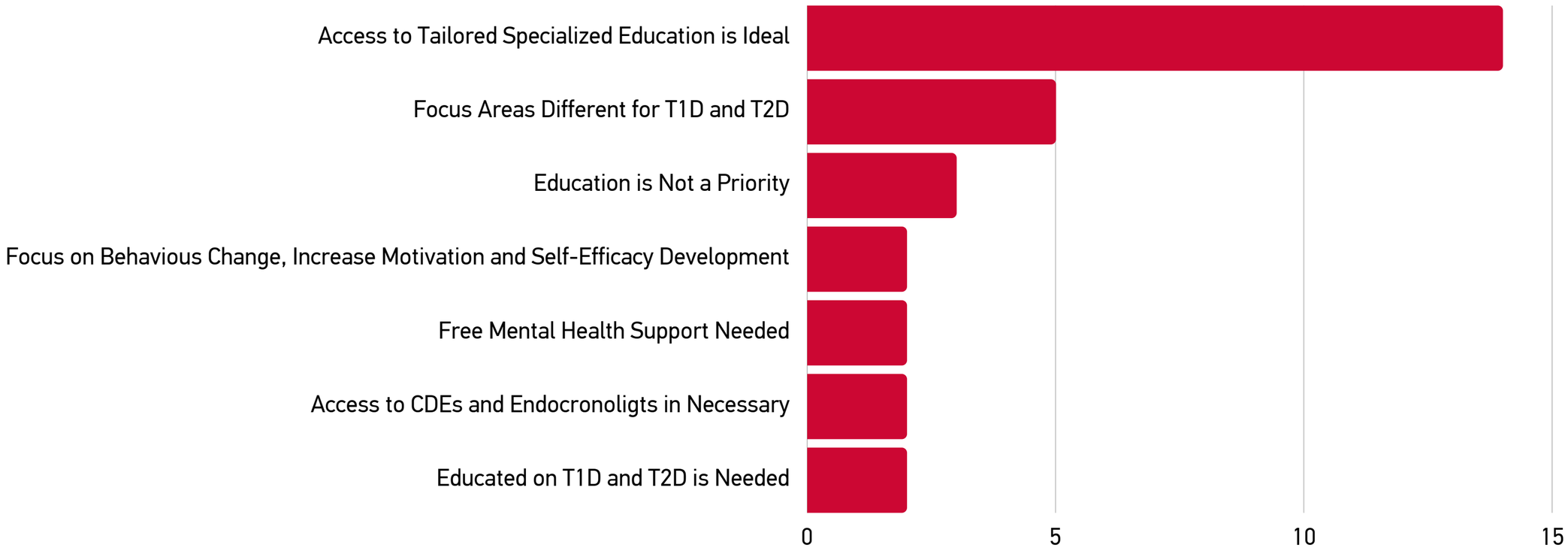
74
COMMENTS

22
THEMES

SELF-MANAGEMENT

TOP 5 THEMES

Increase access to specialized education tailored to the different needs of patients with type 1 and 2 diabetes



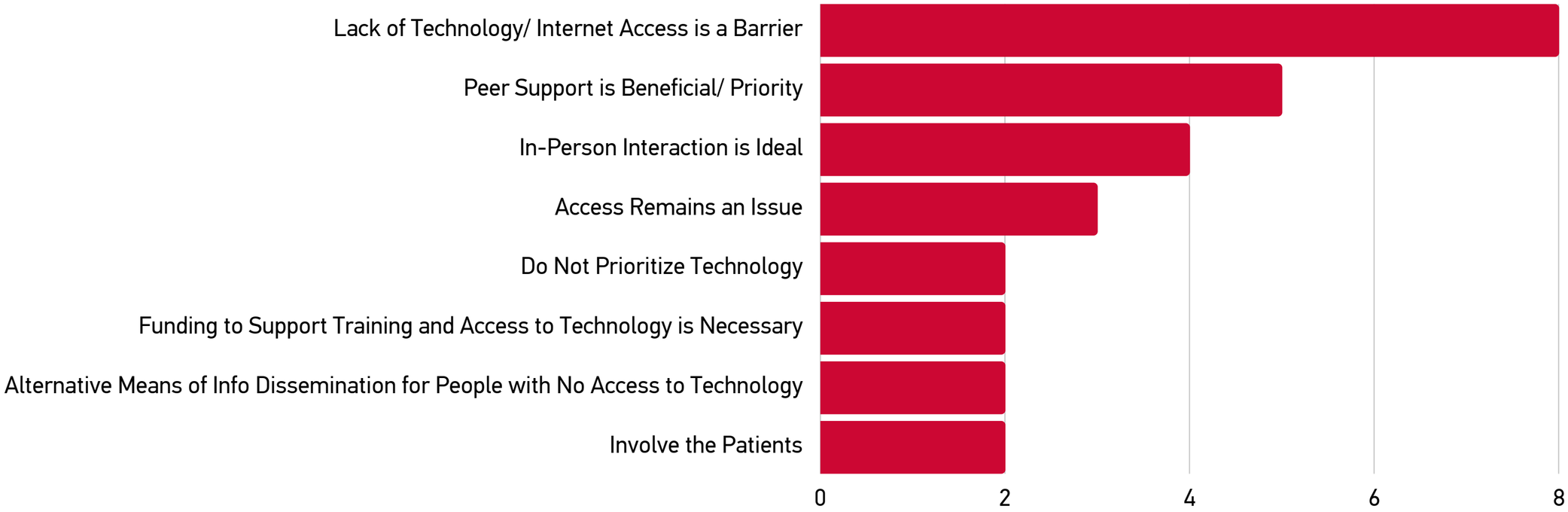
100
COMMENTS

17
THEMES

SELF-MANAGEMENT

TOP 5 THEMES

Grow access (funding & connectivity) to digital platforms for education, peer-support, training, and community building and learning



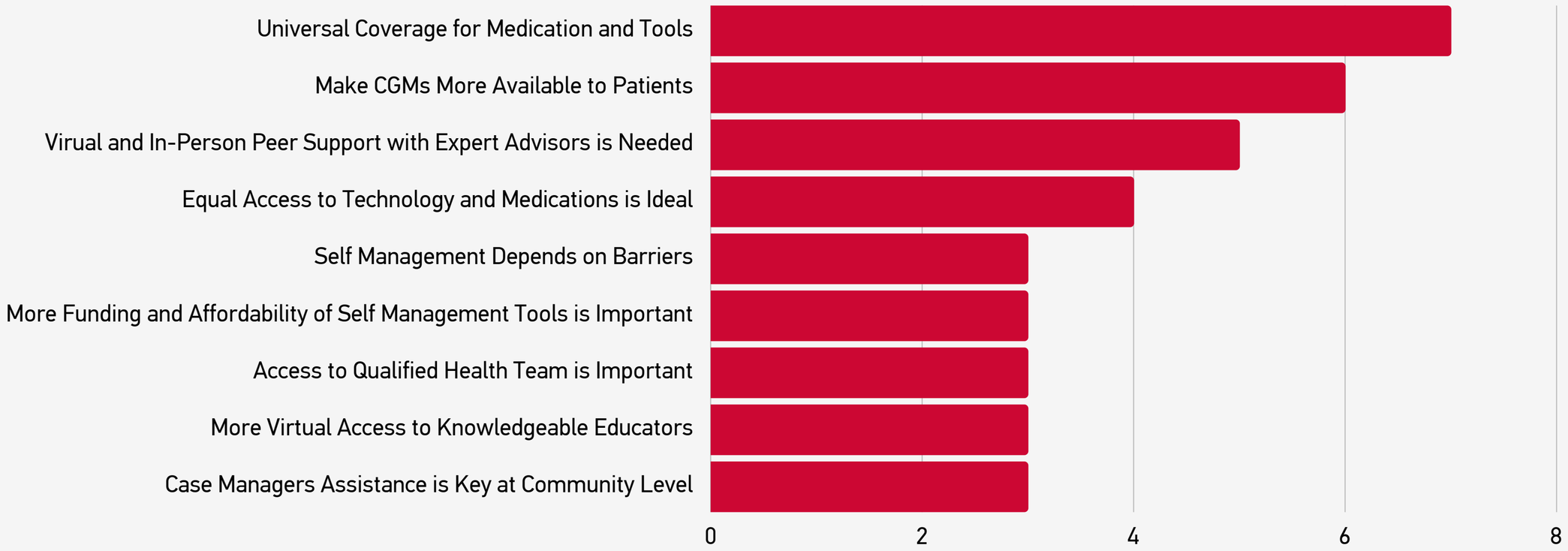
70
COMMENTS

22
THEMES

SELF-MANAGEMENT

TOP 5 THEMES

What other opportunities do you think we need to consider Self-Management?



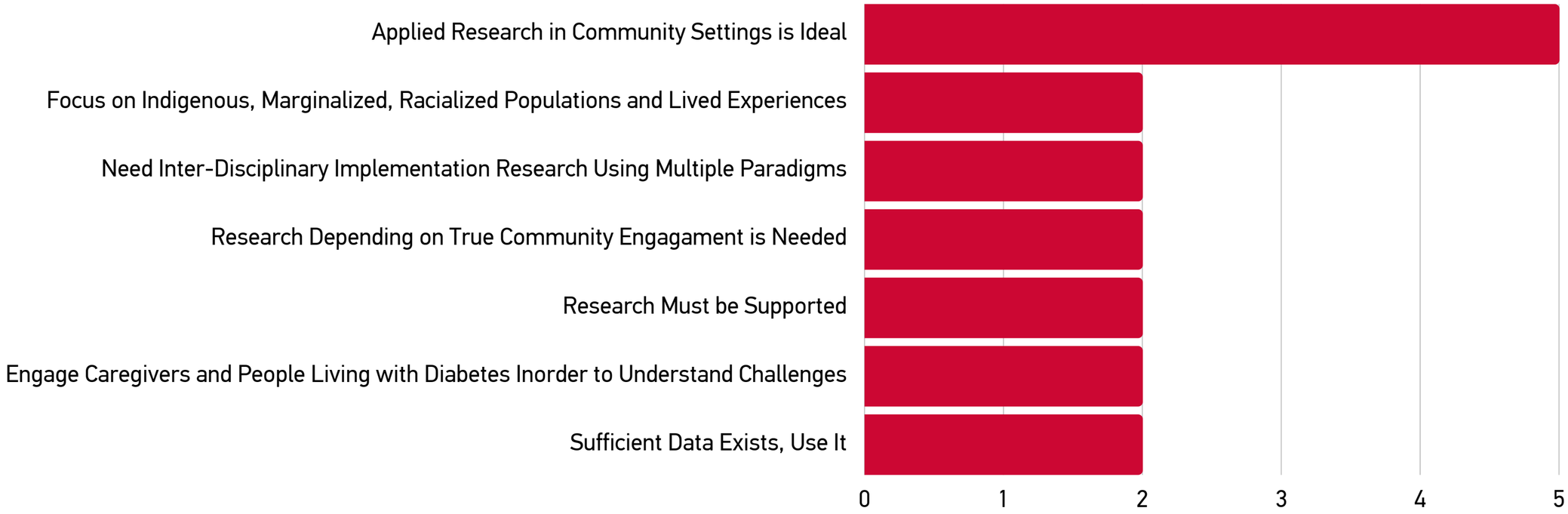
195
COMMENTS

37
THEMES

RESEARCH & DATA

TOP 5 THEMES

Fund more research that centres individuals and communities to adapt & implement interventions according to their needs and the outcomes they prioritize



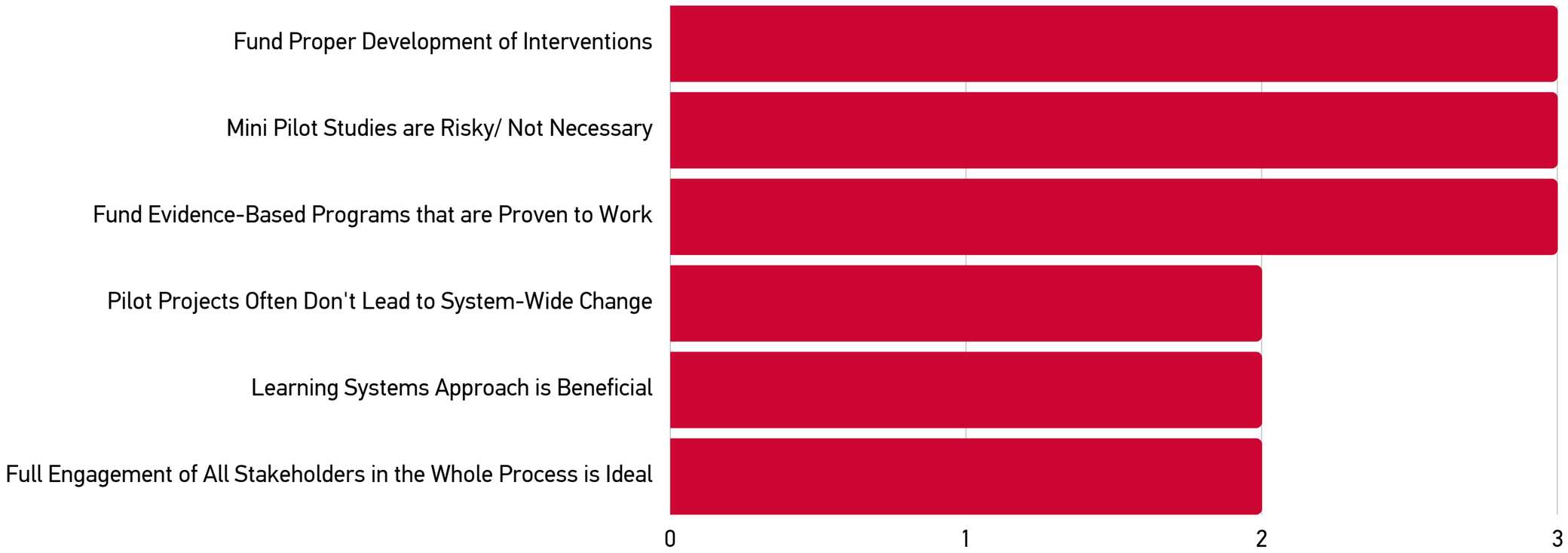
70
COMMENTS

17
THEMES

RESEARCH & DATA

TOP 5 THEMES

Develop new funding models that support a learning system approach (not just pilot projects)



60
COMMENTS

11
THEMES

RESEARCH & DATA

TOP 5 THEMES

Enhance collection, integration and sharing of diverse forms of data

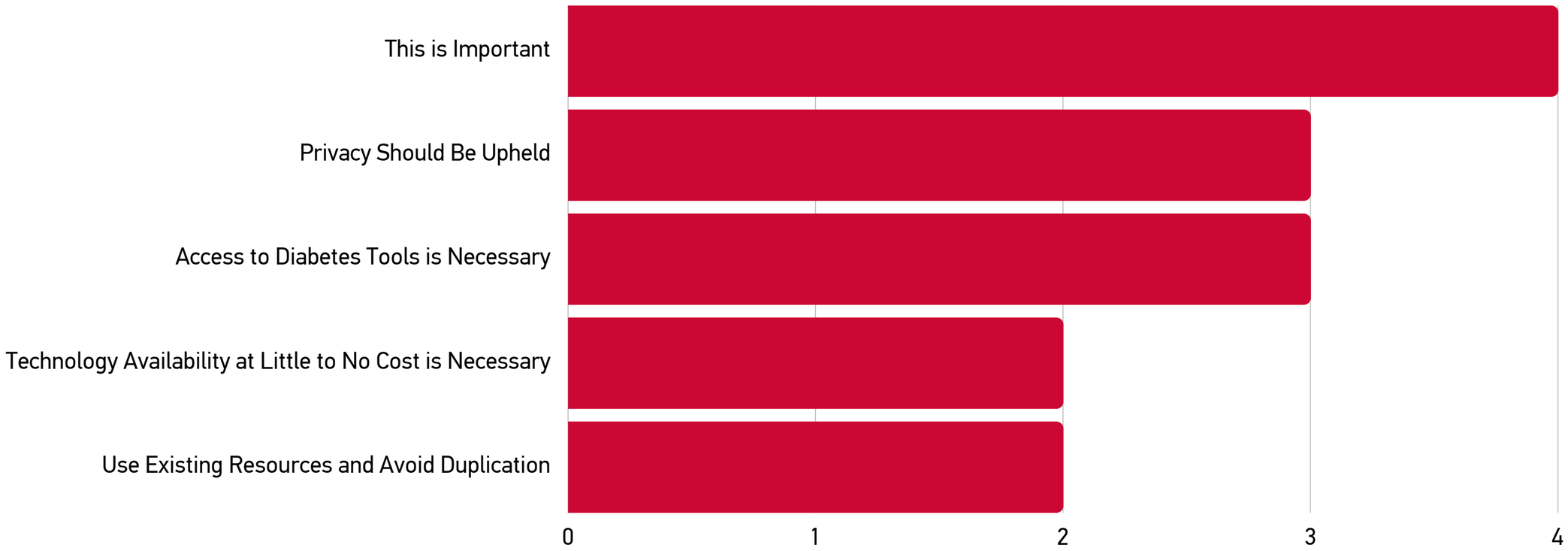
50
COMMENTS

22
THEMES

RESEARCH & DATA

TOP 5 THEMES

Build capacity of users to access, analyze and use data to improve practice, self-management and system function



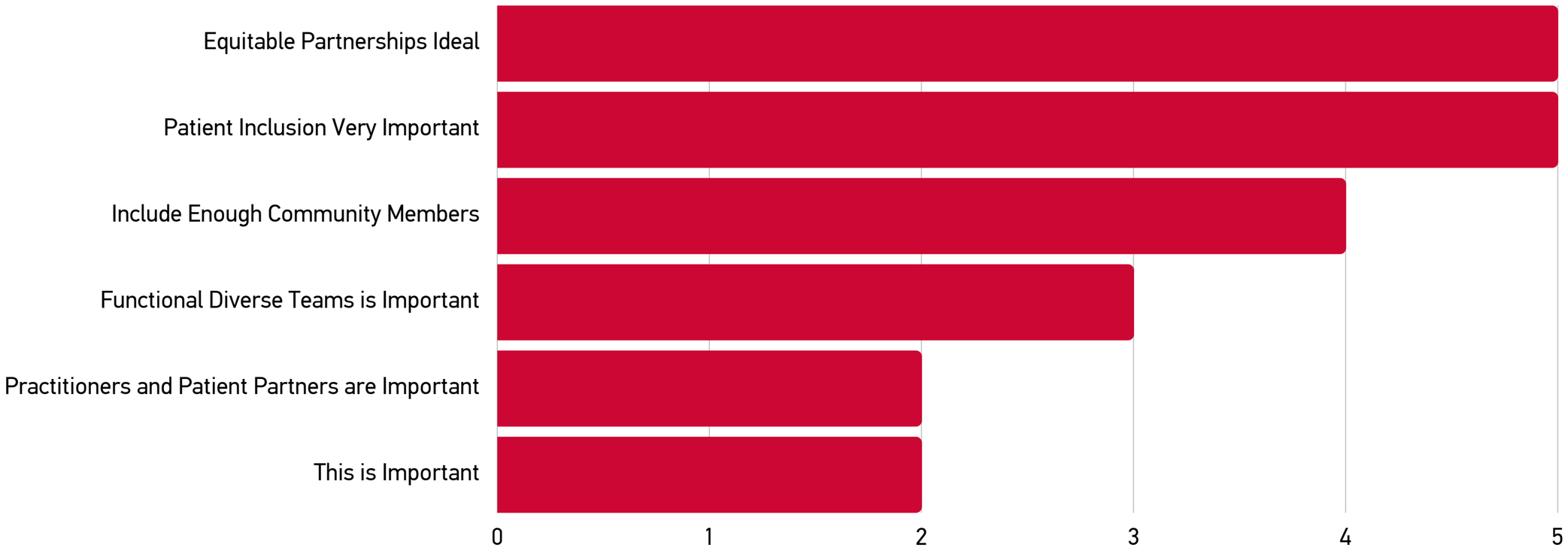
62
COMMENTS

17
THEMES

RESEARCH & DATA

TOP 5 THEMES

Build stronger connections between a diversity of researchers, practitioners and policy-makers



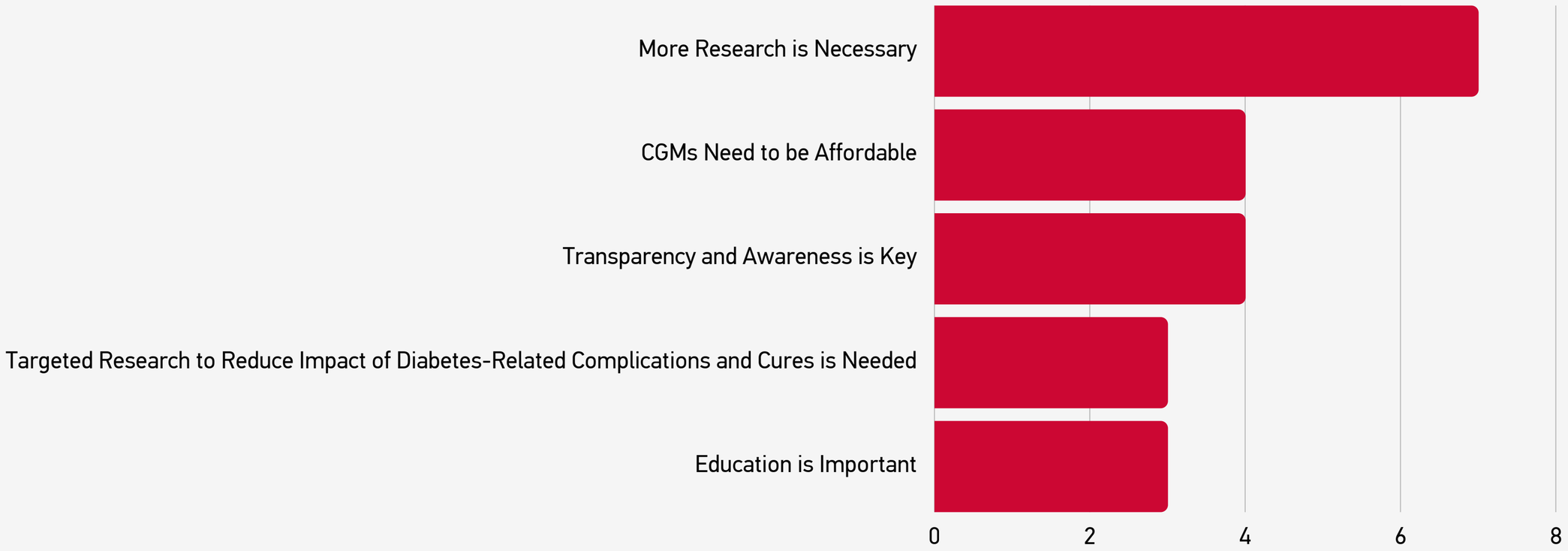
70
COMMENTS

15
THEMES

RESEARCH & DATA

TOP 5 THEMES

What other opportunities do you think we need to consider in relation to Research and Data?



123
COMMENTS

44
THEMES

ACCESS TO MEDICINES, DEVICES & FINANCIAL SUPPORTS

TOP 5 THEMES

Build stronger connections between a diversity of researchers, practitioners and policy-makers

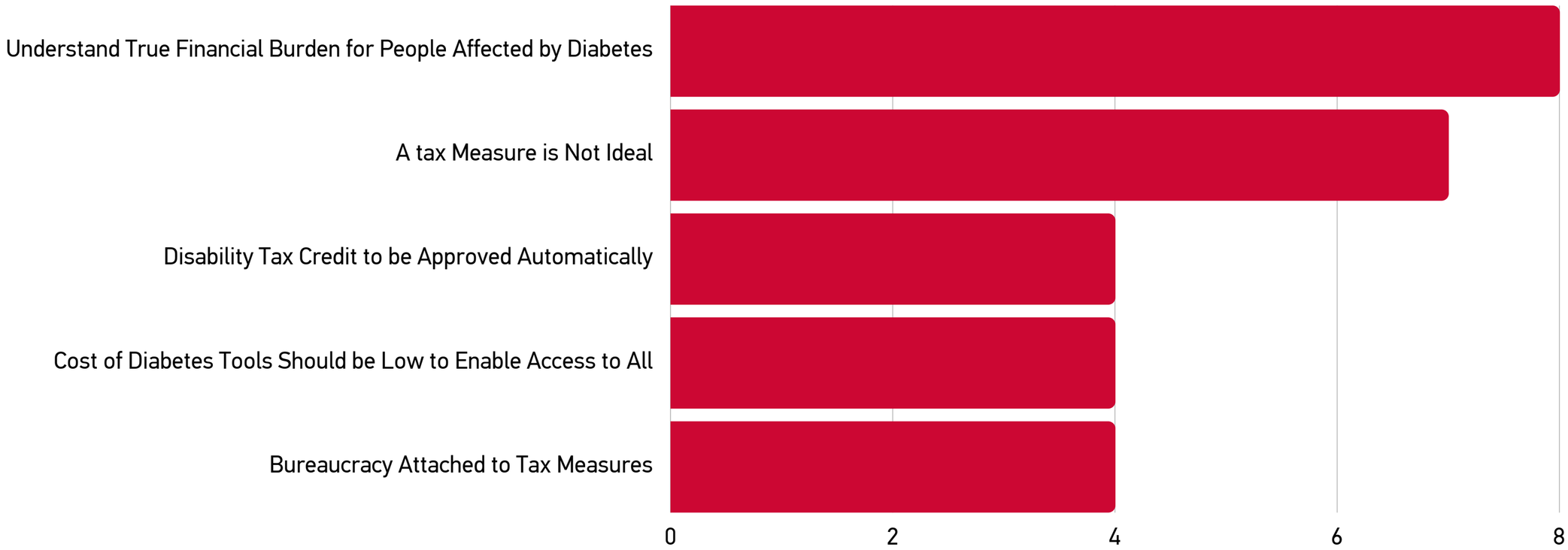
125
COMMENTS

20
THEMES

ACCESS TO MEDICINES, DEVICES & FINANCIAL SUPPORTS

TOP 5 THEMES

Explore tax measures to improve accessibility to financial support for people with diabetes and their care providers



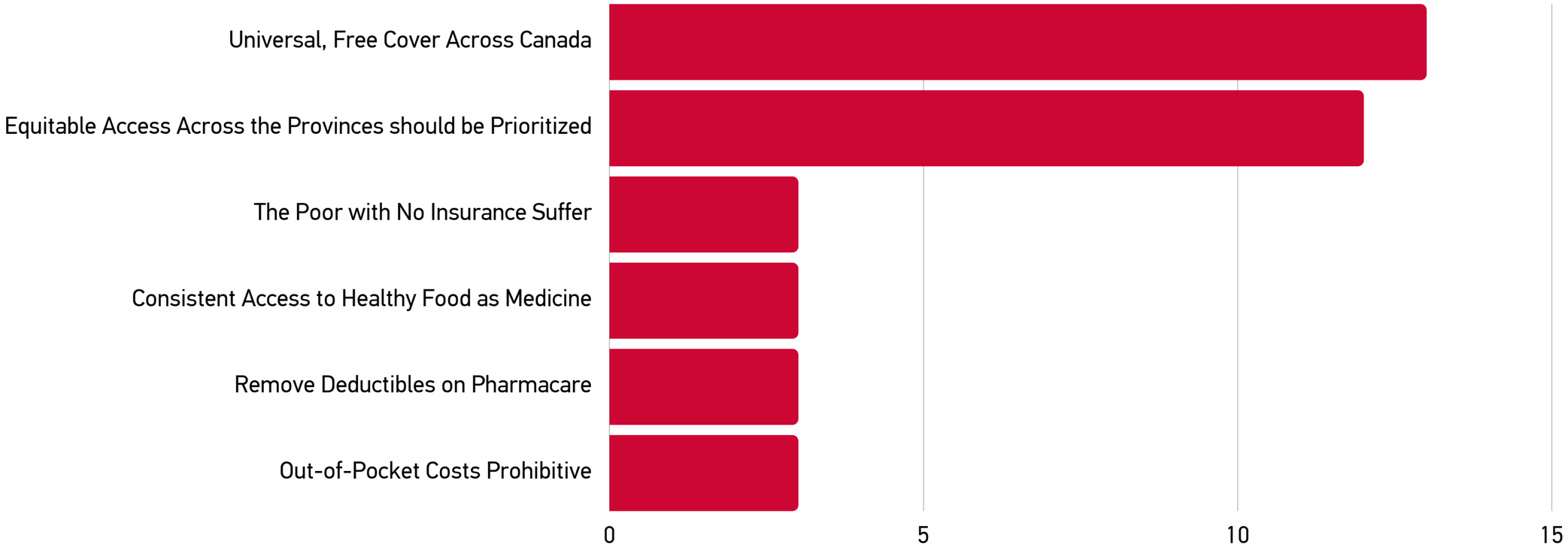
125
COMMENTS

25
THEMES

ACCESS TO MEDICINES, DEVICES & FINANCIAL SUPPORTS

TOP 5 THEMES

Create more equitable access to coverage for Medicines and devices across the country



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COMMENTS

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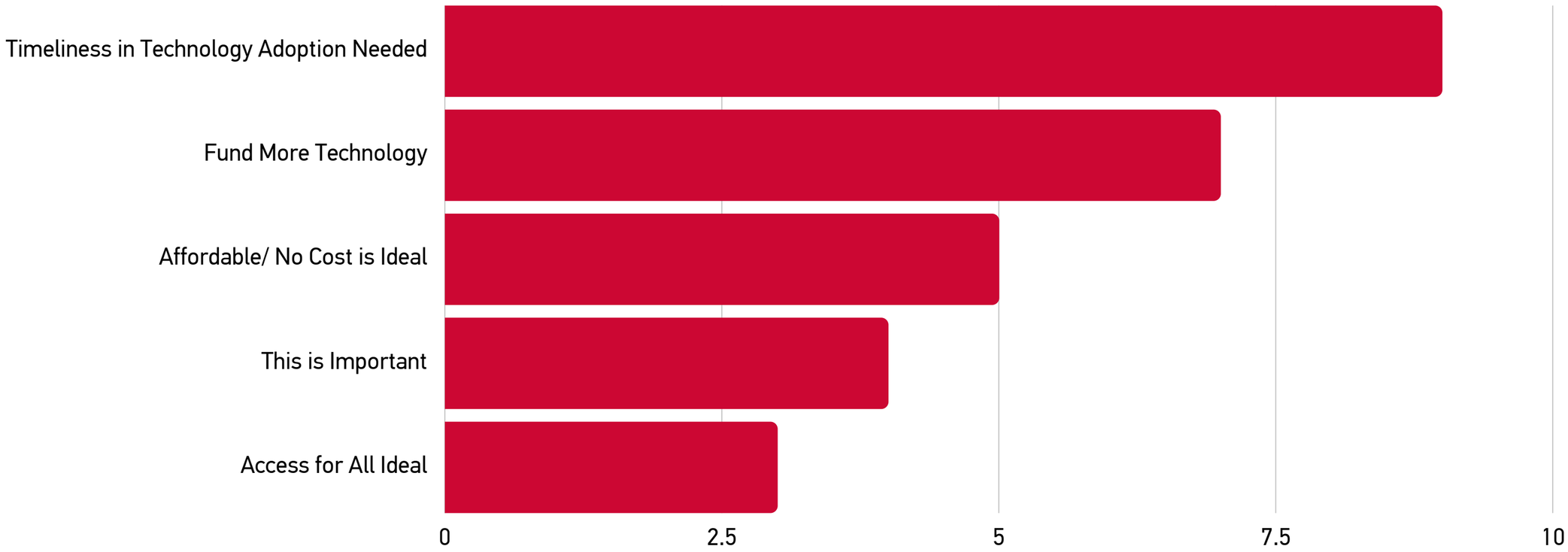
THEMES

ACCESS TO MEDICINES, DEVICES & FINANCIAL SUPPORTS

TOP 5 THEMES

Foster adoption of new technologies and medications



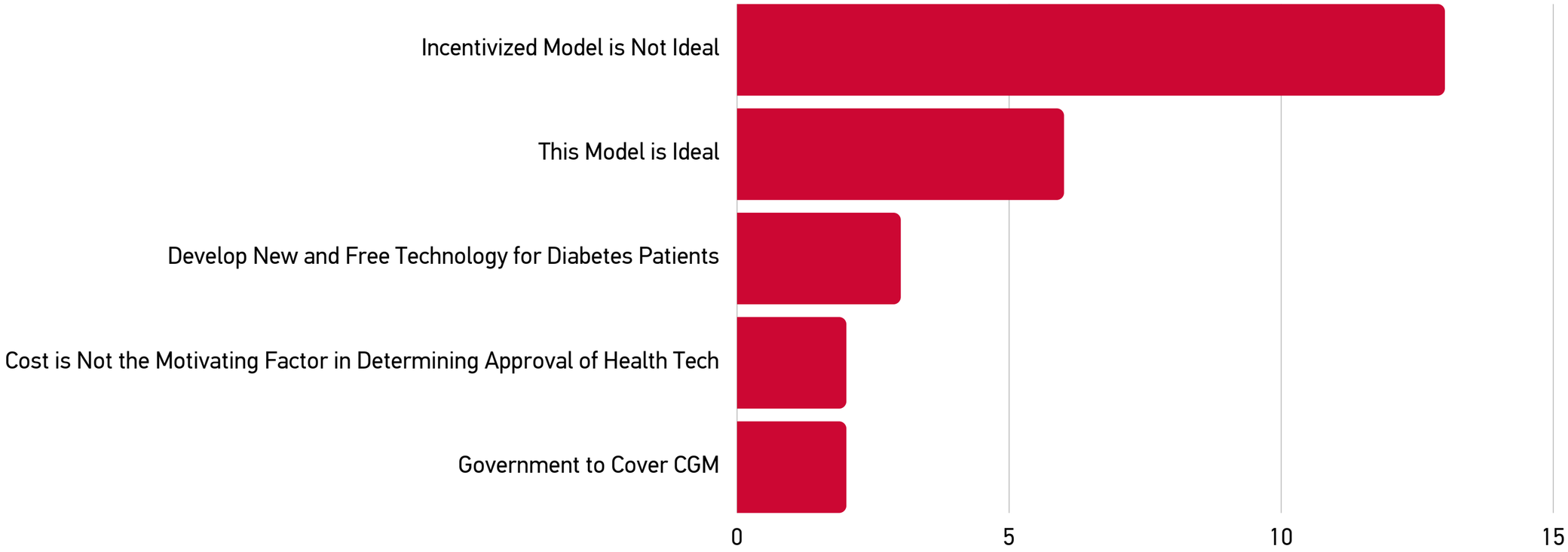
113
COMMENTS

17
THEMES

ACCESS TO MEDICINES, DEVICES & FINANCIAL SUPPORTS

TOP 5 THEMES

Adopt new business models incentivized by outcomes and value instead of cost



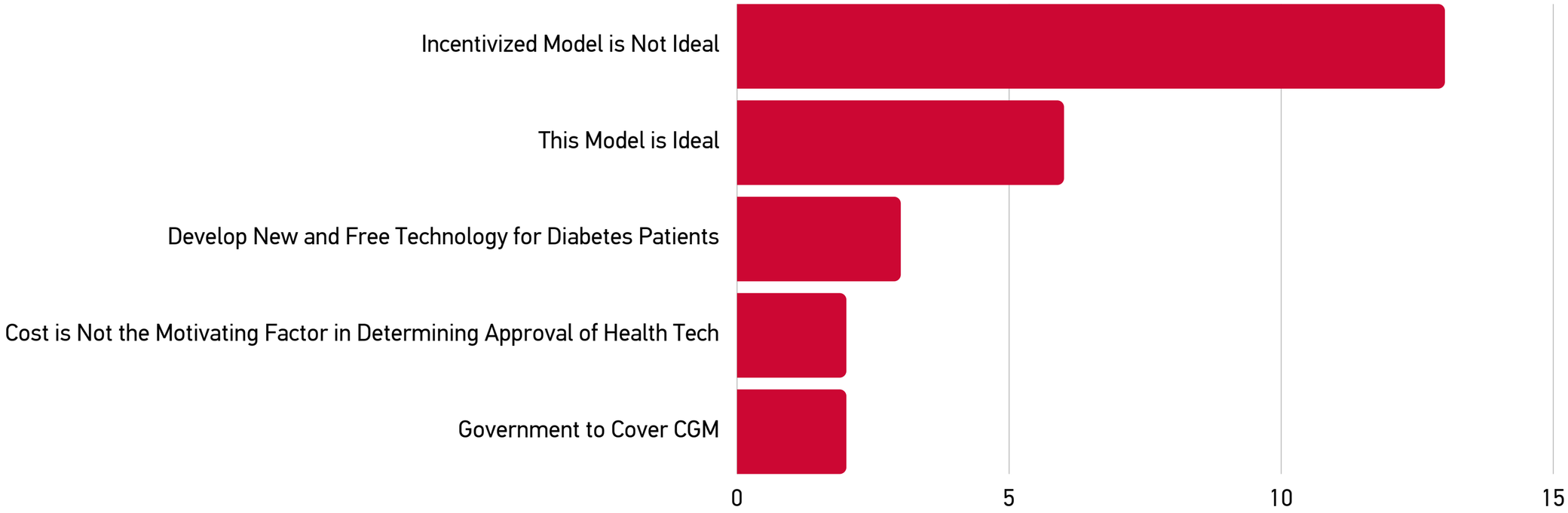
100
COMMENTS

18
THEMES

ACCESS TO MEDICINES, DEVICES & FINANCIAL SUPPORTS

TOP 5 THEMES

What other opportunities do you think we need to consider in relation to Access to Medicines, Devices and Financial Supports?



175
COMMENTS

33
THEMES

COMMENT ANALYSIS

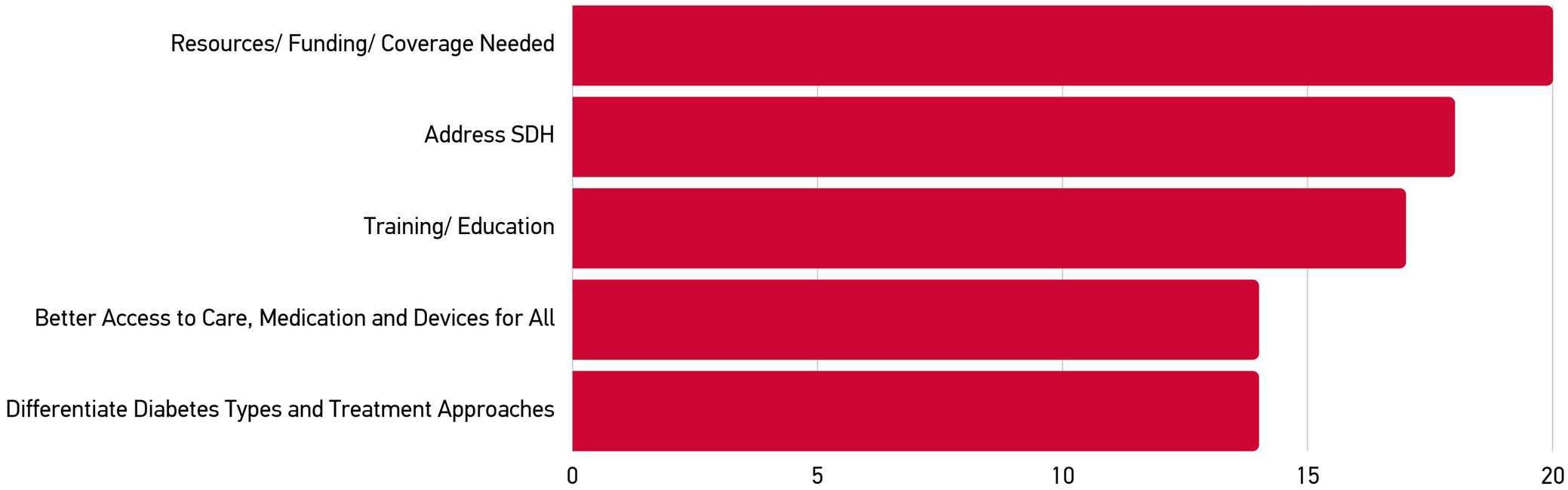
SYSTEM-WIDE CHALLENGES

INEQUITIES

What can we do to address the inequities that contribute to how diabetes affects individuals and populations? How can we transform our efforts at prevention and care to thoughtfully and practically account for these inequities?

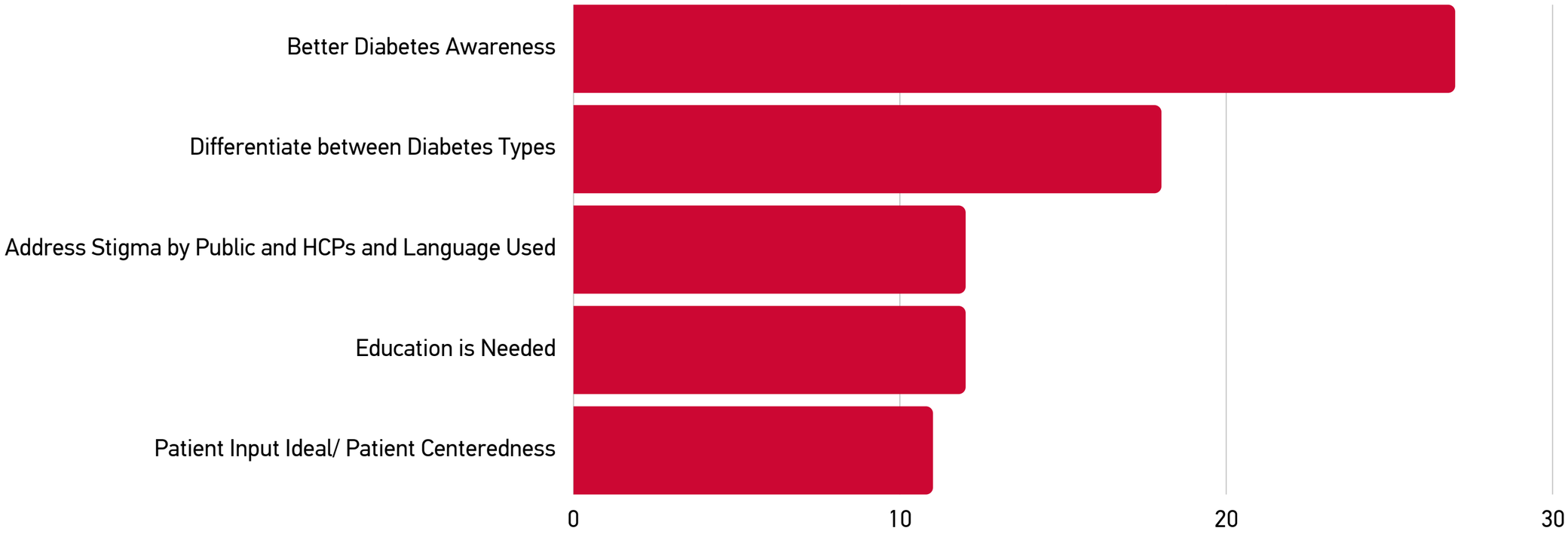
304
COMMENTS

36
THEMES



STIGMA

How can we shift from stigmatizing practices and perspectives about diabetes and toward a trauma-informed, strength-based holistic view? What needs to change about the way that we think about diabetes?



276
COMMENTS

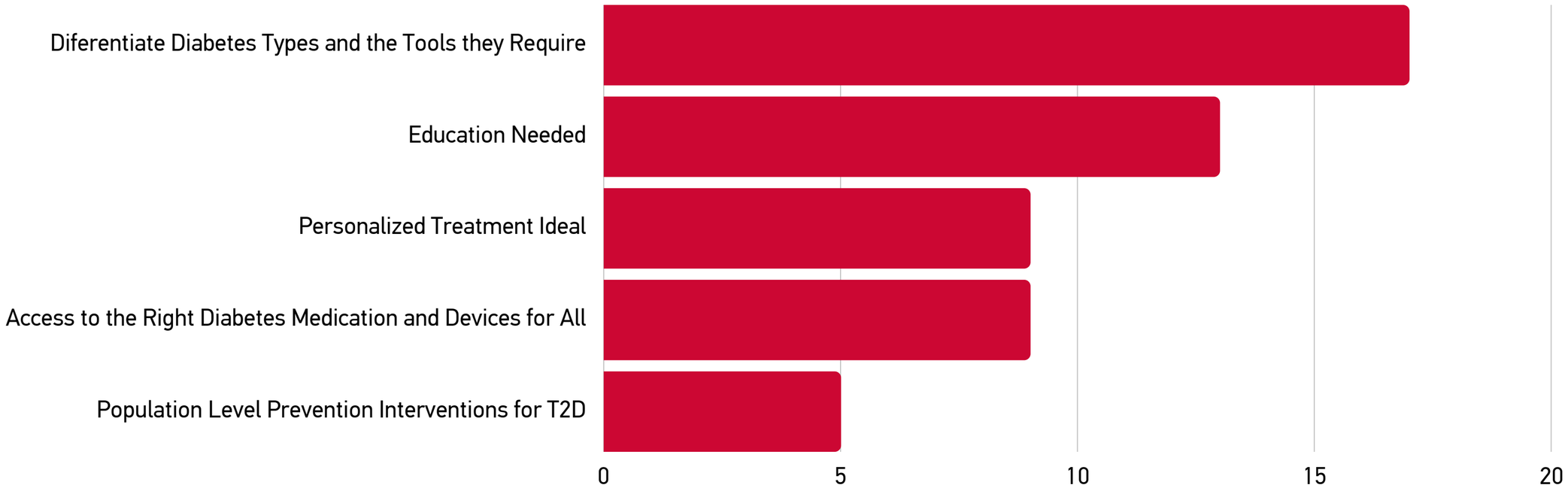
28
THEMES

TYPES OF DIABETES

What are the distinctions between different types of diabetes and when/where do they matter most in terms of providing care and service? How do we build systems to adequately support people living with all kinds of diabetes?

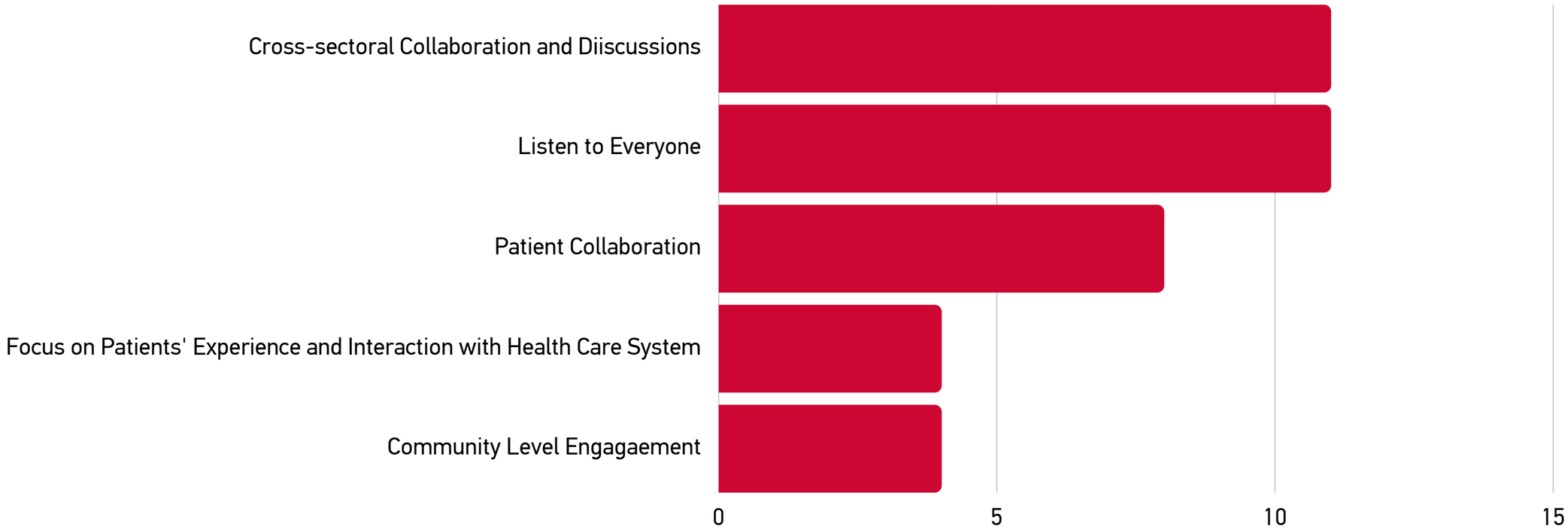
242
COMMENTS

55
THEMES



COLLABORATION

How might we ensure that all sectors of society can contribute to ongoing dialogue, information sharing, and problem-solving in relation to diabetes? What could this look like?

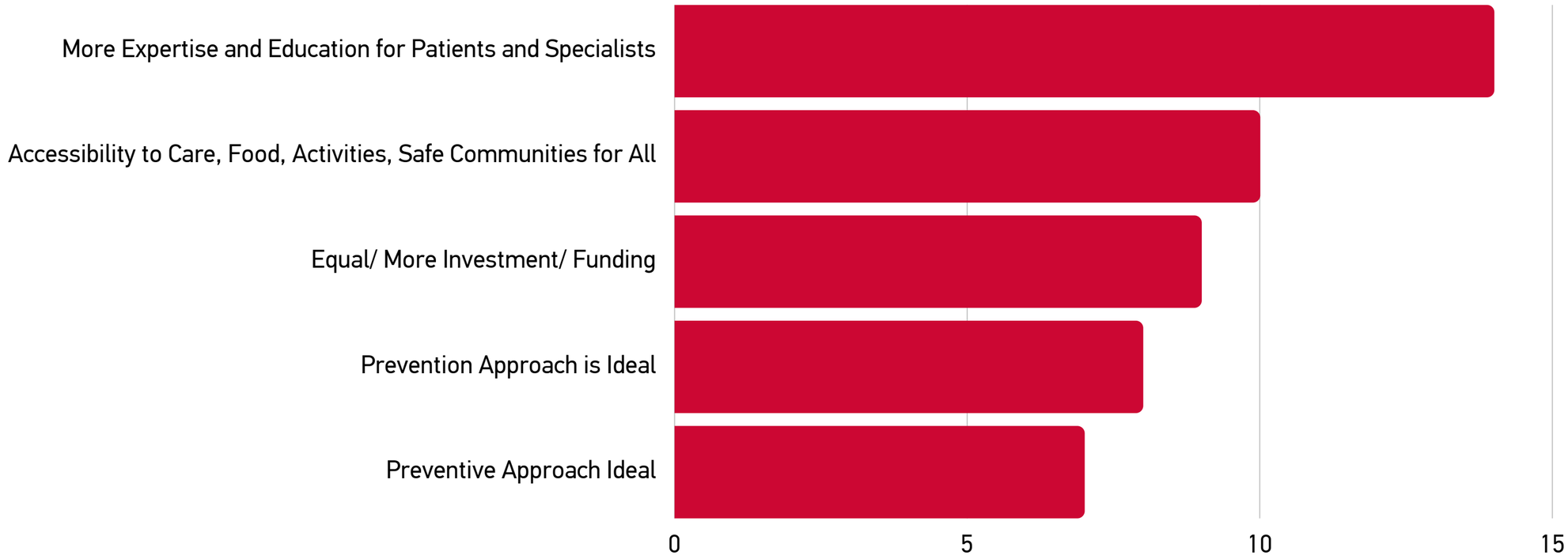


164
COMMENTS

29
THEMES

CAPACITY

How can we build capacity throughout the systems that support people living with diabetes? What do we need to do more of? What needs to change?



247
COMMENTS

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THEMES

HIGHLIGHTS

OBSERVATIONS

OBSERVATIONS

- The consultation generated many insights into 5 core diabetes themes in Canada. This was shown by a high participation rate and comment activity.
- The broad spectrum of participants allows for follow-up research on commonly agreed priorities and an insight into the differing priorities of groups.
- Demographic differences were noted in Care Delivery, Prevention and Access, mostly reflecting people's roles within the diabetes community and life stages.

ETHELO

SAYS THANK YOU