



Manitoba Diabetes Action Plan

July 2023

Manitoba 

We recognize that Manitoba is on the treaty territories and ancestral lands of the Anishinaabe, Anishinewuk, Dakota Oyate, Denesuline and Nehethowuk peoples.

We acknowledge Manitoba is located on the Homeland of the Red River Métis.

We acknowledge northern Manitoba includes lands that were and are the ancestral lands of the Inuit.

We respect the spirit and intent of Treaties and Treaty making and remain committed to working in partnership with First Nations, Inuit and Métis people in the spirit of truth, reconciliation and collaboration.

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A Message From the Minister

As Manitoba's Minister of Mental Health and Community Wellness, I am pleased to present the Manitoba Diabetes Action Plan, a five-year strategy that identifies priority action items related to diabetes prevention, screening, management and surveillance. This plan will have a positive impact on the delivery of healthcare services and will improve health outcomes for Manitobans.



We know that many Manitobans are affected by diabetes, whether they themselves are diagnosed with diabetes, or support a loved one who lives with diabetes. The prevalence of people living with diabetes in Manitoba, particularly type 2 diabetes, has been increasing at an alarming rate, affecting younger and younger Manitobans. It is vital that we act now to invest in services and programs to better support diabetes prevention and management efforts to ensure that people living with diabetes and people who are at risk of developing diabetes have the tools and supports they need to experience optimal physical, mental, emotional, cultural and spiritual wellness.

We are deeply grateful to those who shared their experiences and recommendations with us throughout the development of the action plan, including those with lived experience of diabetes, experts and advocates. These important contributions laid the foundation for the action plan and continue to motivate us to create lasting change.

We recognize there is much work to do in the area of diabetes prevention and care in Manitoba, and this action plan represents our commitment to collaboration using a whole-of-government approach to implement the action items identified throughout this document. Manitoba is committed to building a more accessible, equitable, culturally sensitive and accountable health system that is focused on both prevention and treatment. By working together within all levels of government and with the support of community partners, we can have a meaningful impact on the rate of type 2 diabetes and diabetes-related complications throughout the province and improve quality of life for people living with diabetes.

Honourable Janice Morley-Lecomte

Minister of Mental Health and Community Wellness

Executive Summary

Diabetes is a serious chronic disease that affects more and more Manitobans each year. In response to what we see for the future of diabetes rates in Manitoba, and with an understanding of the impact this disease has on the lives of people of all ages in this province, the development of the Manitoba Diabetes Action Plan was prioritized. Its purpose is to identify a series of foundational actions over the next five years that will address each of the four pillars, including prevention, detection, management and surveillance of type 1, type 2 and gestational diabetes.

A wide range of key stakeholders and partners from a variety of sectors, including Manitobans with lived diabetes experience, were engaged in the development of the Manitoba Diabetes Action Plan. The experiences and knowledge shared in focus groups, working groups and consultations with experts and advocates were used to identify priority action areas to improve diabetes prevention and care efforts in Manitoba.

Existing frameworks, best practices and strategies were considered and used to inform the development of the action plan, including the Public Health Agency of Canada's [Framework for Diabetes in Canada](#) and [Diabetes Canada's Diabetes 360°: A Framework for a Diabetes Strategy for Canada](#). The action items and information outlined throughout the Manitoba Diabetes Action Plan align with those contained in the Framework for Diabetes in Canada, including a focus on diabetes prevention; management, treatment and care; surveillance and data collection; and access to diabetes devices and medicines.

Improving diabetes prevention and care efforts across the province will require involvement from multiple sectors and departments. Furthermore, a whole-of-government approach will help to ensure collaboration between the various government departments to plan and implement much needed program and service-related improvements.

Informed by current evidence and the experiences of community members and experts in the field, the Manitoba Diabetes Action Plan identifies action items that will enhance diabetes prevention; detection; management and surveillance efforts in Manitoba over the next five years. These actions are expected to guide program planning and policy development in the healthcare system and generate a positive impact on the health of Manitobans.

Introduction

Globally, diabetes has been identified as an important public health issue and is one of the most common chronic diseases that affects Canadians. Diabetes is a serious chronic disease that can create numerous challenges for individuals, their loved ones, their communities and the healthcare system.

Every year, more Canadians are diagnosed with diabetes, which means they face an increased risk for developing its related complications, including blindness, kidney disease and cardiovascular disease. An estimated 3.0 million Canadians (8.1 per cent) live with diagnosed diabetes (type 1 or type 2).¹

There are three main types of diabetes: type 1, type 2 and gestational diabetes. Although all types of diabetes involve issues with making and using a hormone called insulin, there are distinct differences in the causes and management of each type. Most people living with diagnosed or undiagnosed diabetes in Manitoba have type 2 diabetes, which tends to have a gradual onset and may go undiagnosed for years.

TYPE 1 DIABETES

Type 1 diabetes is an unpreventable autoimmune disease that occurs when the immune system destroys insulin-producing cells in the pancreas. As a result, people with type 1 diabetes do not make insulin and require insulin therapy (via injection or continuous subcutaneous insulin infusion) to manage blood sugar levels for the rest of their lives. Onset is rapid and generally occurs in childhood or adolescence, but can also develop in adulthood. Type 1 diabetes accounts for 5–10% of diabetes cases.

TYPE 2 DIABETES

Type 2 diabetes occurs when the pancreas cannot make enough insulin, or the insulin the pancreas does make is not used by the body properly. This leads to high blood sugar levels. There are several factors that increase an individual's risk of developing type 2 diabetes. Some risk factors cannot be modified (e.g. age, family history, ethnicity), while some can be modified (e.g. physical activity levels, access to healthy foods). Type 2 diabetes accounts for 90% of diabetes cases.

GESTATIONAL DIABETES

Gestational diabetes is generally diagnosed during the second or third trimester of pregnancy. It occurs when the body cannot make enough insulin to meet the high demands of a growing baby and increasing hormone levels. Approximately 3–20% of pregnant women develop gestational diabetes, depending on their risk factors. In most cases, the diabetes goes away after giving birth. People who experience gestational diabetes and their babies are at higher risk for developing type 2 diabetes later in life.

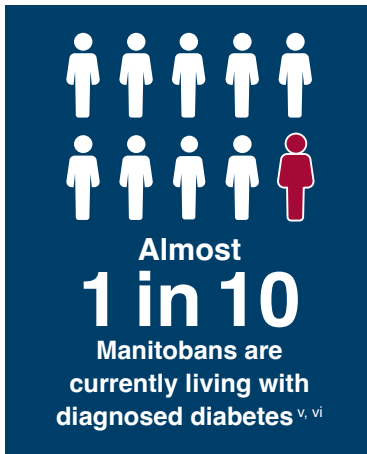
PREDIABETES

Prediabetes refers to blood sugar levels that are higher than normal, but not high enough to be diagnosed with type 2 diabetes. Prediabetes is associated with a higher risk for developing type 2 diabetes.

¹ <https://health-infobase.canada.ca/ccdss/data-tool/>

The prevalence of Manitobans age one and older living with diagnosed diabetes has steadily increased over time, from 7.0 per cent in 2007² to 9.5 per cent in 2017.³ It is important to note that this data does not include people living with undiagnosed type 2 diabetes or prediabetes. The prevalence rates of diabetes differ significantly across the province. Manitobans residing in the Northern Health Region are almost two times more likely to be diagnosed with diabetes.⁴

In 2017/2018, there were
8,347 NEW CASES
of diabetes diagnosed in
Manitobans age 1 and older^{vii}



Prevalence rates and costs are significantly increasing over time

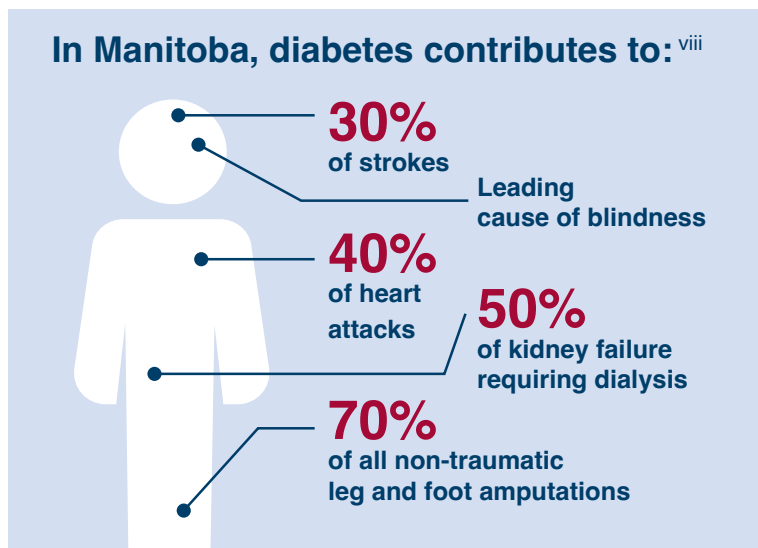
In 2017/2018
9.5%
of Manitobans age 1 and older
were living with diagnosed
diabetes (type 1 or type 2)ⁱ

In 2017/2018, there were
127,330
Manitobans living with diagnosed
diabetes (type 1 or type 2)ⁱⁱ

Age-and sex-adjusted per cent of residents with diagnosed diabetes age 1 and older, by Regional Health Authority in 2017/2018ⁱⁱⁱ

- Southern/Sud: 7.2%
- Winnipeg: 8.9%
- Prairie Mountain: 10.3%
- Interlake-Eastern: 10.3%
- Northern: 20.0%
- Manitoba: 9.5%

From 2014/2015 to 2018/2019,
1,079
Manitobans age 19 and older
with diabetes underwent a
lower limb amputation^{iv}

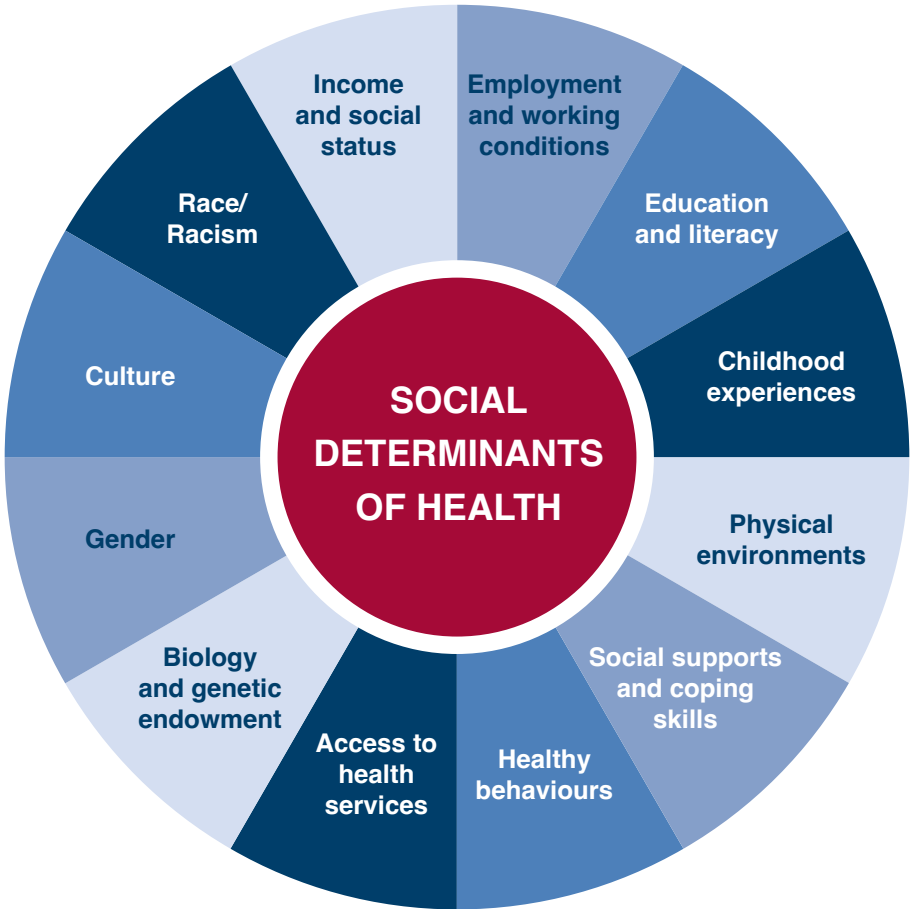


i. Government of Manitoba. Manitoba Health, Annual Statistics 2018-2019. 2022, Winnipeg, Manitoba. <https://www.gov.mb.ca/health/annstats/index.html>
 ii. Government of Manitoba. Manitoba Health, Annual Statistics 2018-2019. 2022, Winnipeg, Manitoba. <https://www.gov.mb.ca/health/annstats/index.html>
 iii. Government of Manitoba. Manitoba Health, Annual Statistics 2018-2019. 2022, Winnipeg, Manitoba. <https://www.gov.mb.ca/health/annstats/index.html>
 iv. Government of Manitoba. Manitoba Health, Annual Statistics 2018-2019. 2022, Winnipeg, Manitoba. <https://www.gov.mb.ca/health/annstats/index.html>
 v. Government of Manitoba. Manitoba Health, Annual Statistics 2018-2019. 2022, Winnipeg, Manitoba. <https://www.gov.mb.ca/health/annstats/index.html>
 vi. Public Health Agency of Canada. Canadian Chronic Disease Surveillance System (CCDSS). 2022, Winnipeg, Manitoba. <https://health-infobase.canada.ca/ccdss/data-tool/>
 vii. Government of Manitoba. Manitoba Health, Quick Stats Disease and Injury.022, Winnipeg, Manitoba. <https://www.gov.mb.ca/health/quickstats/disease.html>
 viii. Diabetes Canada. Diabetes in Canada: Background. 2022: Ottawa. https://www.diabetes.ca/DiabetesCanadaWebsite/media/Advocacy-and-Policy/Backgrounder/2022_Backgrounder_Canada_English_1.pdf

² <https://health-infobase.canada.ca/ccdss/data-tool/>
³ <https://www.gov.mb.ca/health/annstats/index.html>
⁴ <https://www.gov.mb.ca/health/annstats/index.html>

In order to improve the health of Manitobans, it is important to recognize that the conditions in which people are born, grow, live and work directly affect their health and well-being. The social determinants of health (SDOH) are the non-medical factors that influence health outcomes and quality of life. For example, an adequate income is needed to buy nutritious food, which is a vital part of living a healthy lifestyle that helps to prevent chronic disease, including type 2 diabetes. These social determinants of health can contribute to health inequities, which are the preventable, unfair health differences between different population groups.

In 2022, the Chief Provincial Public Health Officer released the 2022 Health Status of Manitobans Report, [Healthy Communities: A Role for Everyone](#), which provides a general health status update and examines health inequities resulting from race, ethnicity and Indigeneity.



Living with a complex, chronic disease can result in additional physical, emotional, social and financial challenges. Recognizing this, Manitobans who live with diabetes demonstrate strength and resilience on a daily basis.

It is important to recognize that the historic and contemporary traumatic experiences related to racism and colonization have resulted in persistent health gaps for First Nations, Métis and Inuit peoples, including higher rates of type 2 diabetes and its related complications.

Addressing the social determinants of health, reducing barriers and improving access to the resources and supports that people need is necessary for the prevention and management of type 2 diabetes and other chronic diseases.

Development of the Manitoba Diabetes Action Plan

The Manitoba Diabetes Action Plan (the action plan) has been developed by the department of Mental Health and Community Wellness (MHCW) to serve as a provincial plan to enhance diabetes prevention and treatment efforts in Manitoba. The development of the action plan is further supported as a priority initiative in MHCW's five-year strategic plan, [A Pathway to Mental Health and Community Wellness: A Roadmap for Manitoba](#), which was released in February 2022 and focuses on applying a whole-of-government approach to improve wellness, mental health and addictions services in the province.

Numerous individuals and organizations contributed to and engaged in the development of the action plan. The Manitoba diabetes governance committee, comprised of subject matter experts from healthcare, administrative, clinical and research backgrounds helped to guide the long-term vision and development of the action plan, as well as steps to implement the action items at a policy and operational level within Manitoba's health system.

Focus groups were conducted with Manitobans with lived experience who generously shared key insights about their diabetes journey. Working groups were established to explore the concerns around diabetes screening, access to supplies, data collection and monitoring. Additional meetings were held with various internal partners and external organizations and current evidence was incorporated throughout the development of the action plan.

The action plan was informed by other key diabetes frameworks and related health strategies, including Diabetes Canada's Diabetes 360°: A Framework for a Diabetes Strategy for Canada, Manitoba's Clinical and Preventive Services Plan and The Public Health Agency of Canada's Framework for Diabetes in Canada, which was released in October 2022. The action plan aligns with the Framework for Diabetes in Canada in a number of ways, including a focus on diabetes prevention; management, treatment and care; surveillance and data collection; and access to diabetes devices and medicines.

These combined efforts have led to the identification of key actions to improve prevention, screening, management and surveillance efforts for type 1, type 2 and gestational diabetes that will be implemented over the next five years.

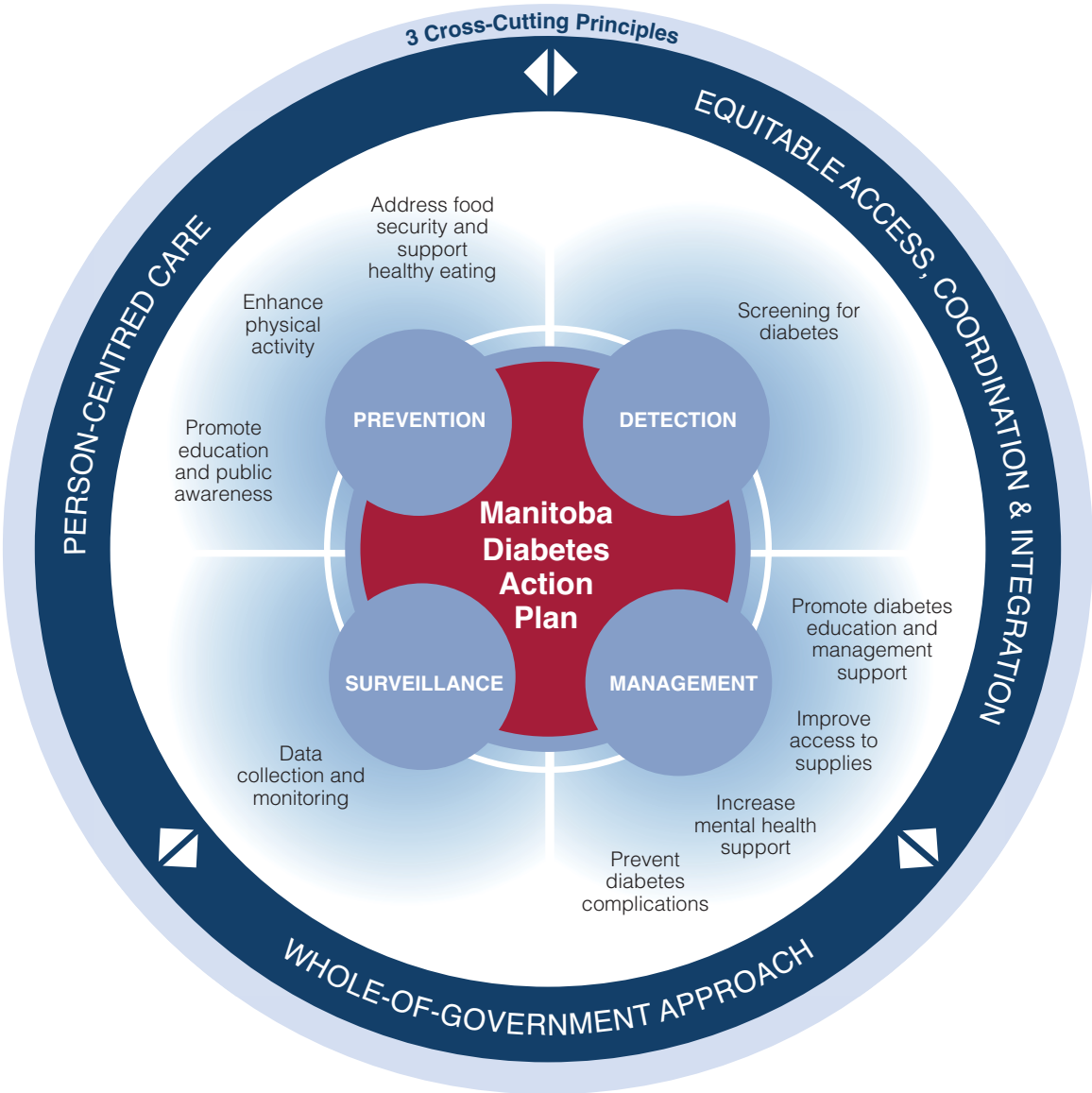
Cross-Cutting Principles

Several cross-cutting principles were identified throughout the development of the action plan that emphasize the importance of:

Person-Centred Care – People know best about what works for them. Person-centred care ensures that an individual’s unique health needs and goals are the driving force behind all healthcare decisions. Person-centered care is about seeing the people who use health and social services as equal partners in their care and involves active collaboration between providers, individuals and their families.

Equitable Access, Coordination and Integration – Not all Manitobans are able to easily access healthcare providers and services, physical activity opportunities, or nutritious foods. To address diabetes prevention and care in Manitoba, there is a need for improved and equitable access to culturally appropriate healthcare services and activities, particularly in rural, remote and northern communities throughout the province.

Whole-of-Government Approach – Advancing diabetes prevention and care efforts across Manitoba will require collaboration between multiple departments and sectors. A whole-of-government approach will be used to implement the items identified throughout the action plan.



Indigenous Health and Diabetes

The Government of Manitoba recognizes that colonial practices, past and present, have contributed to reduced access to culturally safe and relevant care, which has affected health outcomes for Indigenous populations.

The devastating effects that diabetes continues to have among Indigenous Peoples across Canada has shaped the focus of this action plan. In Manitoba, First Nations people have prevalence rates of diabetes that are more than three times higher than those among non-First Nations people. First Nations children are twenty-five times more likely than non-First Nations children to be diagnosed with type 2 diabetes.⁵ In Canada, the prevalence rates for diabetes among Métis people are higher compared to the general population and rates of diabetes among Inuit people are expected to rise.⁶

The legacy of colonialism has created barriers to health and wellness and gaps in services, most notably for Indigenous Peoples living in remote communities. To improve health and well-being outcomes among Indigenous Peoples, we must take a collaborative and holistic approach to addressing the unique challenges and barriers faced by Indigenous communities. There is a need to recognize and incorporate traditional views of health and well-being, which strive for spiritual, physical, emotional and mental balance, into the western approach to healthcare to foster cultural safety.

The development of the action plan is grounded in the [Truth and Reconciliation Commission of Canada's](#) Calls to Action #18, #19 and #20 (see next page) as well as the National Inquiry into [Missing and Murdered Indigenous Women and Girls'](#) Call to Justice 7.1. These calls to action and justice demand that all levels of government recognize and implement the legal healthcare rights of Indigenous Peoples, recognize, respect and address the distinct health needs of First Nations, Métis and Inuit people, including those living on and off-reserve, and engage with Indigenous Peoples so that, together, we can close the gaps in health outcomes for Indigenous Manitobans.

⁵ http://mchp-appserv.cpe.umanitoba.ca/reference/T2DM_Report_web.pdf

⁶ <https://guidelines.diabetes.ca/cpg/chapter38>

The Truth and Reconciliation Commission of Canada Call to Action #18

We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.

The Truth and Reconciliation Commission of Canada Call to Action #19

We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long-term trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence and the availability of appropriate health services.

The Truth and Reconciliation Commission of Canada Call to Action #20

In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to recognize, respect and address the distinct health needs of the Métis, Inuit and off-reserve Aboriginal peoples.

The National Inquiry into Missing and Murdered Indigenous Women and Girls Call to Justice #7.1

We call upon all governments and health service providers to recognize that Indigenous Peoples- First Nations, Inuit and Métis, including 2SLGBTQQIA people- are the experts in caring for and healing themselves, and that health and wellness services are most effective when they are designed and delivered by the Indigenous Peoples they are supposed to serve, in a manner consistent with and grounded in the practices, world views, cultures, languages and values of the diverse Inuit, Métis and First Nations communities they serve.

There are current gaps in services that continue to affect the health of Indigenous Peoples in Manitoba. Both the federal and provincial levels of government have responsibilities with respect to the delivery of healthcare services and programming for Indigenous Peoples. The Government of Canada has developed the Framework for Diabetes in Canada, which provides policy direction to improve access to diabetes prevention and treatment for all people living in Canada. The Manitoba Diabetes Action Plan aims to focus on the roles and responsibilities of the Government of Manitoba and the health system that serves Manitobans, including Indigenous Peoples.

Jurisdictional considerations, such as the funding and delivery of healthcare services for Indigenous populations require governments to be transparent and work together to develop formalized partnerships at all levels, including national, provincial and regional. To achieve this, government departments and relevant partners must collaborate in order to provide whole-of-government integrated services.

Provincial government departments, including the departments of Indigenous Reconciliation and Northern Relations, Health and MHCW are focused on engaging Indigenous communities to better address and support their needs. One of the five strategic focus areas of MHCW's departmental roadmap is Indigenous partnership and wellness, which includes increasing access to Indigenous cultural programming and healing services, strengthening relationships with Indigenous partners and supporting Indigenous mental health and well-being.

We are committed to working with, listening to, and learning from Indigenous Peoples to build strong relationships based on mutual respect and to work collaboratively to co-design solutions to support the health and well-being of Indigenous Peoples. We recognize that Indigenous Peoples understand their community health needs best and our role is to support and empower Indigenous communities to achieve their identified health outcomes. This renewed commitment to work together with Indigenous communities in identifying and implementing culturally relevant and safe ways of preventing and managing diabetes is an important priority.



As a result of the intersections between colonialism, racism, sexism and their legacies, striking Indigenous/non-Indigenous health inequities persist across Canada. The health disparities that stem from the inequities not only cut across almost every major health outcome, health determinant and measure of success, but have also been exacerbated by institutions such as the Canadian healthcare system. There is the urgent need to bridge the gap between Indigenous patients and non-Indigenous healthcare providers and other healthcare workers.”

(Churchill et al, 2017).

People with Lived Experience

MHCW conducted focus groups and surveys to learn from Manitobans about their experiences living with type 1, type 2 and gestational diabetes. Participants engaged in discussions about the strengths and challenges they experienced in managing their diabetes and talked about the effects diabetes has on all aspects of their lives. A full summary of the findings can be found in Appendix A.

What We Heard

There were six priority areas identified by focus group participants, including the need for more integrated healthcare teams, increased mental health supports, increased support for youth approaching adulthood, a centralized source for local programming and educational resources, reduced stigma in the community and in healthcare settings and reduced financial burden of having diabetes.

Focus group participants stressed the importance of equity in all aspects of diabetes care to ensure all Manitobans have access to prevention and treatment support regardless of ethnicity, geography, gender, age or socio-economic status. They indicated that Manitobans are missing out on necessary healthcare services because they are unable to attend multiple appointments which often occur on different dates and in different locations. Providing more integrated healthcare services would help to increase the number of Manitobans with diabetes receiving adequate care.

Participants felt that their mental health was a key influence on their physical health and access to mental health services would increase their overall health. Participants identified the need for increased programming for those transitioning from child/adolescent care into adult care, such as peer support programs, educational programming and support for lifestyle changes. The need for a centralized information system to help connect them to diabetes-specific programming and educational resources was also identified. Participants would like an online resource that links them to accurate information regarding diabetes and resources available in their community.

Stigma was identified by many participants as a major contributor to poor mental and physical health. Both participants with type 1 and 2 diabetes reported experiencing stigma in relation to their diagnosis. Participants discussed receiving negative comments around their food choices, dietary considerations, activity levels, body size and incorrect assumptions regarding their overall health. There is a need for both the public as well as healthcare providers to be educated on type 1, type 2 and gestational diabetes to reduce the impacts of stigma.

Participants also expressed feeling overwhelmed by the cost of living with diabetes. The cost of treatment and the costs associated with living a healthy lifestyle are unattainable for many. Participants noted that they were struggling to pay for life-saving medications and medical devices. In addition to the costs associated with medication, participants stated that the cost of living a healthy lifestyle is challenging and there is not enough support available for those seeking nutritious food and physical activity programs. There needs to be more options to support Manitobans to access healthy food as well as more no- or low-cost, culturally safe, physical activity programming in all communities.

Diabetes Prevention Across the Lifespan

While there is currently no known way to prevent type 1 diabetes, a significant portion of type 2 diabetes cases can be prevented by modifying the risk factors that increase an individual's chance of developing type 2 diabetes. Some risk factors cannot be changed, such as a person's age, ethnicity, family history and genetics. Other risk factors, such as limited opportunities to be physically active and lack of availability of nutritious foods can be modified through policy changes and increased services and supports.

These modifiable risk factors are influenced by the social determinants of health, which include how easily we can move our bodies in the communities we live in, how easy it is to access and buy nutritious foods and how supported we are by healthcare providers. The social determinants of health indicate the level of equity within a community. A community is best equipped to prevent type 2 diabetes when everyone has equitable access to these system-level supports, regardless of their income, ethnicity, gender or other factors.

Evidence is clear that healthy living behaviours throughout the lifespan provide protection against chronic disease, including diabetes. A multi-sectoral approach involving the public, health, private and non-government sectors is necessary to effectively address diabetes prevention. It is essential that individuals, communities and governments work together to address the social determinants of health and promote healthy lifestyles at every stage of life to reduce the incidence of type 2 diabetes.

Prenatal

Research shows that risk factors for type 2 diabetes can occur before we are even born. Babies born to mothers with gestational diabetes or type 2 diabetes experience an increased risk of developing type 2 diabetes later in their life. Accessible prenatal care is key to supporting mothers with diabetes and their families to manage blood sugar levels throughout pregnancy in order to optimize health for both mother and baby. Though we cannot cure a mother's diabetes before she becomes pregnant, preventing diabetes in the current generation could have lasting preventative effects on future generations.

Infancy

Breastfeeding has been shown to reduce the risk of several chronic diseases for the child later in life, including the risk of type 2 diabetes. Breastfeeding for at least four months postpartum can reduce the risk of developing type 2 diabetes, and exclusive breastfeeding for up to six months has been shown to have even more benefits. It is reported that 35.8 per cent of mothers aged 18-34 years and 30.8 per cent of mothers aged 35-49 years exclusively breastfeed for six months or more.⁷ It is important that the appropriate supports and education to initiate and sustain breastfeeding are available for families wanting to breastfeed.

It is important to also recognize that the services, programs and resources available to families in the healthcare and community settings can have a significant impact on the health of mothers and infants in these early stages of life.

⁷ <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310009622>

Childhood and Adolescence

With type 2 diabetes increasingly being diagnosed at younger and younger ages, there is a need to focus on prevention and healthy living from an early age. Teaching children how to put together balanced meals on their own is an important skill. Participating in household cooking, encouraging non-sugary beverages, and having consistent, structured mealtimes that are free from distractions, such as televisions and smartphones, are important for children and families. [Canada's Food Guide](#) is a source for healthy eating tips and recipes. According to [Canada's Physical Activity Guidelines](#), children aged one to four require 180 minutes of physical activity of any intensity per day and children aged five-17 require at least 60 minutes of moderate or vigorous intensity activity per day. Daily physical activity, indoor and outdoor play and minimizing sedentary behaviours are critical to developing lifelong healthy behaviours.

Adulthood and Older Adults

By adulthood, many people face additional barriers to leading a healthy, active lifestyle that may increase their risk of developing a chronic disease. Work environments may make eating well and moving your body difficult throughout the day. Other barriers such as finances, family responsibilities and stress also play a role. Most adults will benefit from at least 150 minutes of moderate to vigorous physical activity per week, as well as strength-based training for muscle and bone health. People who are sedentary for long periods of time, such as those who work in an office environment, should aim to go for a brief walk every 20-30 minutes to avoid long stretches of inactivity. Eating a balanced and nutritious meal at home and having healthy snacks available throughout the day are other ways that we can try to stay healthy or improve our health.

The prevalence of diabetes is higher among older age groups, with 17.6 per cent of Canadians 65 years and older living with diagnosed diabetes.⁸ Older adults living with diabetes are more likely to be managing multiple chronic conditions and experience poorer health outcomes. Tailored education and psychological supports have been found to be helpful for self-management in this age group.

⁸ <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310009607>

Areas for Action

The action plan is composed of four interconnected pillars where efforts on diabetes can be advanced in Manitoba, including prevention, detection, management and surveillance. These pillars were identified and developed through consultation with partners, including The Manitoba diabetes governance committee. Specific actions within each pillar are often complex and multifaceted, requiring collaboration between individuals affected by diabetes and their families, multiple private and public stakeholders, community and healthcare. It is a shared responsibility among multiple branches of municipal and provincial governments.

Action Area #1: Prevention

Enhance Physical Activity

There are many factors that influence physical activity levels, including community settings, the environment and the opportunities available to individuals to participate in physical activities. Research shows that the most effective interventions to increase physical activity levels include a focus on improvements to roads and neighbourhood walkability, increased access to facilities for physical activity, and using a comprehensive approach to engage staff, students, parents and the wider community in providing physical environments and resources.

Opportunities for people to be active within a community are influenced by the infrastructure and built environment. The built environment, which includes buildings, sidewalks, curbs and recreational spaces, has an important effect on our ability to move our bodies. Environments that allow and encourage us to use active transportation and walk in our neighborhoods are proven to support healthy living. Currently, only 28 per cent of children and youth (5-17 years) and 53 per cent of adults are meeting Canada's physical activity guidelines in Manitoba, and if we are to change the current trend we see in diabetes prevalence rates, we know this needs to improve.^{9,10}

Many communities in Manitoba have not been designed for active transportation. The lack of active transportation infrastructure and safety measures makes walking, biking and other modes of active transport less feasible for some Manitobans.

Not all Manitobans have equitable access to affordable, inclusive and culturally relevant opportunities to be active. Certain population groups, including persons with disabilities, older adults, women and girls and newcomers may experience more barriers to participating in physical activities.

Evidence has shown that healthcare based interventions, such as referring patients to physical activity opportunities in the community and providing advice to patients around physical activity guidelines are effective ways to promote active lifestyles and increase physical activity levels.

Action Items:

- Collaborate across government departments to ensure that municipal development is aligned with best practices for healthy community planning.
- Support improvements to the built environment to promote physical activity within communities and ensure equitable access to local physical activity opportunities in park areas, recreation centres, walking paths etc.

⁹ <https://www.participaction.com/the-science/children-and-youth-report-card/>

¹⁰ <https://www150.statcan.gc.ca/t1/tb1/en/tv.action?pid=1310009613>

- Develop policies, initiatives and leverage existing programs to increase daily physical activity and promote healthy living among students and their families.
- Explore opportunities to reduce barriers for youth and families to access low cost and low barrier physical activities in schools and other community spaces.

Address Food Security and Support Healthy Eating

Healthy eating is essential in the prevention of type 2 diabetes. Dietary patterns that consider a person's cultural, spiritual and emotional needs and that are focused on a balanced diet rich in nutrients and limited in sugar sweetened beverages and ultra-processed foods (e.g., fast foods, candy, ice cream) are associated with a reduced risk of type 2 diabetes.

One in six households in Manitoba and one in five children under the age of 18 are food insecure, meaning they do not have access to sufficient food that is safe, nutritious and meets their dietary needs.¹¹ Recent statistics indicate that 81 per cent of adults in Manitoba are not eating enough fruits and vegetables.¹² Inflation and recent rising food costs have affected many Manitobans' ability to access nutritious foods.

Our food choices are influenced by many factors, including our food environments; the accessibility of healthy, affordable and culturally appropriate food; food literacy and food skills; and our relationships with food.

Action Items:

- Use support from multiple sectors to mobilize community action to address food insecurity in priority population groups.
- Continue to support policies, programs and community organizations that work to make nutritious foods more accessible, and support the local production and distribution of healthy foods in order to improve access and affordability in remote and northern communities.
- Advance provincial school nutrition guidelines and revised school health curricula to improve food literacy and food skills.
- Leverage opportunities to support and expand school nourishment programs following the commitment from the Government of Canada to develop a [pan-Canadian school food policy](#).

Promote Education and Public Awareness

There is a need to improve education and awareness of diabetes, as many Manitobans are at high risk of developing type 2 diabetes, but are unaware. Tools such as the [Canadian Diabetes Risk Questionnaire \(CANRISK\)](#) can be used by individuals and healthcare providers to assess an individual's risk factors for developing type 2 diabetes. Educational supports aimed at increasing preventative measures for individuals can help to prevent type 2 diabetes.

Many people still experience stigma when discussing diabetes or their risk of diabetes, and 33 per cent of Canadians living with diabetes are uncomfortable talking about it.¹³

¹¹ <https://proof.utoronto.ca/wp-content/uploads/2022/08/Household-Food-Insecurity-in-Canada-2021-PROOF.pdf>

¹² <https://www.diabetes.ca/advocacy---policies/advocacy-reports/national-and-provincial-backgrounders/diabetes-in-manitoba>

¹³ https://www.diabetes.ca/DiabetesCanadaWebsite/media/Advocacy-and-Policy/Backgrounder/2022_Backgrounder_Canada_English_1.pdf

Action Items:

- Expand community-based chronic disease prevention programming across the province.
- Support Indigenous partners' leadership in preventative measures for diabetes.
- Develop an online, centralized source of evidence-based resources for people living with or at risk of developing diabetes.



I think if the system was more proactive than reactive we could sometimes nip type 2 diabetes in the bud. If you had improved access to gyms, education, affordable food... you wouldn't have to buy all of these medications and supplies”

– focus group participant

Action Area #2: Detection

Screening for Diabetes

Diabetes Canada's Clinical Practice Guidelines (CPGs) provides recommendations for when and how frequently individuals should be screened for diabetes based on risk factors. These guidelines support earlier detection and diagnosis for those living with type 2 diabetes, gestational diabetes or prediabetes and contribute to the prevention of future complications. While ongoing clinical studies are underway, routine screening for type 1 diabetes in the general population is currently not recommended.

Many Manitobans do not receive recommended screening for diabetes as per the national guidelines.¹⁴ This contributes to delayed diagnoses and an increased risk of complications. Additionally, type 2 diabetes is increasingly being diagnosed in younger and younger Manitobans, particularly among First Nations children and youth. Rates of type 2 diabetes among children in Manitoba has increased more than 50 per cent over the last decade.¹⁵

Several factors contribute to diabetes screening challenges, including accessibility and availability of screening services, awareness of the risk factors and screening recommendations, lack of access to regular medical care and stigma associated with diabetes.

Physician awareness and adherence to recommended screening guidelines for diabetes may also influence whether individuals receive regular screening as per the guidelines. Busy clinics, limited resources and lack of time to carry out recommended procedures are additional factors that may affect physician adherence to national screening guidelines.

Individuals living in remote communities in Manitoba may experience additional barriers to participating in routine diabetes screening due to reduced access to healthcare providers. Local transportation challenges and structural issues may create barriers to participating in diabetes screening. Recent evidence has shown that targeted screening of high-risk communities is cost-effective, particularly in remote communities that rely on air service.

¹⁴ http://mchp-appserv.cpe.umanitoba.ca/reference/T2DM_Summary_web.pdf

¹⁵ http://mchp-appserv.cpe.umanitoba.ca/reference/T2DM_Report_web.pdf

Action Items:

- Improve accessibility and availability of diabetes screening throughout the province.
- Increase awareness and uptake of diabetes screening guidelines within primary care settings.
- Support the implementation and expansion of evidence-based and First Nation led community screening programs for diabetes and associated chronic diseases in First Nation communities.

Action Area #3: Diabetes Management

While the components of diabetes management may vary based on individual circumstances and the type of diabetes, the overall goal is to meet target blood sugar levels to reduce the risk of complications.

The management of type 2 diabetes is generally poor throughout Manitoba and many people do not receive the recommended standard of care set by Diabetes Canada. Young adults, particularly males, are at the highest risk for not receiving adequate care.

Poor management of diabetes can lead to severe health complications and increased mortality. Diabetes is the leading cause of blindness in Canada and it contributes to 30 per cent of strokes, 40 per cent of heart attacks, 50 per cent of kidney failure requiring dialysis and 70 per cent of all non-traumatic leg and foot amputations.¹⁶ Complications resulting from diabetes can be reduced with improved management and supports.

Improve Access to Supplies

There are a variety of medications and medical devices available for the management of diabetes. The types of medications and medical devices a person uses are often tailored to their unique needs, including the type of diabetes they have, their preferences and their lifestyle. Having access to the appropriate medications and devices to support self-management can significantly impact the quality of life for individuals with diabetes.

There are many factors that may impact an individual's ability to access the medications and devices they need to manage their diabetes, including lack of adequate financial resources, overly complicated regulatory processes, and the coverage available under private health insurance plans and Pharmacare.

The cost of medications and devices can be a significant barrier to effective diabetes management for many people. For those with private health insurance plans, the types of medications and devices that are eligible for coverage and the annual coverage amount provided varies. Additionally, most private insurance plans require a co-payment, where an individual is responsible for a portion of the pharmacy bill (for example, 20 per cent) and there may also be restrictions on the maximum lifetime coverage per individual.

For Pharmacare coverage of medications and devices, the eligibility criteria may vary based on many factors including age, type of diabetes, presence of other medical conditions and medication history. As a result, some individuals may not meet the eligibility criteria for coverage, or must first reach an annual deductible based on household income in order to receive provincial coverage.

¹⁶ https://www.diabetes.ca/DiabetesCanadaWebsite/media/Advocacy-and-Policy/Backgrounder/2022_Backgrounder_Canada_English_1.pdf

Some individuals may not reach their annual deductible, resulting in significant out-of-pocket costs to manage their diabetes, which can reduce their ability to follow their care plans and ultimately, lead to poor health outcomes. These issues can also exacerbate health inequities for people of lower socioeconomic status.

Action Items:

- Continue to expand provincial coverage of insulin pumps and advanced glucose monitors (AGMs) for people living with type 1 diabetes.
- Explore opportunities to provide provincial coverage of AGMs for people living with type 2 diabetes.
- Broaden coverage of specific medications for type 2 diabetes that are protective against diabetes-related complications.
- Evaluate the Manitoba Pharmacare deductible income brackets to ensure they accurately reflect current household income levels and cost-of-living.



For me, the biggest part is the financial piece. Type 1 diabetes itself is already taxing on you mentally, but the financial piece creates an additional burden. If you don't spend the money now, it's going to catch up with you later on in terms of health issues. You need to take care of yourself, but at what cost? And if you don't take care of yourself, then you will mentally struggle because you know what it does to you in the long run. If I think back on the last 40 years, if insulin pumps and [advanced] glucose monitors were covered, it would have reduced a lot of the stress on me and my family. It would have saved a lot of trips to counsellors. I have worked full time my entire life and it's still been a struggle financially to manage my diabetes."

– focus group participant

Promote Diabetes Education and Management Support

People living with diabetes benefit from having access to diabetes self-management education (DSME) and healthy lifestyle behaviour change supports to gain the knowledge, skills and confidence needed to be successful in managing their diabetes. DSME may involve collaborative teaching on self-monitoring blood sugar levels, making healthy choices regarding diet and physical activity, adjusting medications and managing stress levels.

DSME is currently provided by nurses, dietitians and pharmacists in community settings and medical centres. People can be referred to DSME by their healthcare provider or through self-referral, depending on the program. DSME delivered by certified diabetes educators is known to improve blood sugar control and reduce risk of cardiovascular disease.

While DSME is an important part of diabetes management, many people living with diabetes do not receive the education they need due to waiting lists, low awareness of available programming, cultural and language-related barriers and inconvenient appointments and/or locations. Long-term and sustained lifestyle changes after a diabetes diagnosis can be challenging. Successful diabetes management also requires improved lifestyle behaviour change supports and coaching.

Youth and young adults may face additional barriers in receiving education and support due to the challenges of transitioning from pediatric to adult care. Compared to pediatric care, adult care is often structured differently and does not include the same level of resources and supports offered by pediatric care. Young adults with diabetes are less likely to participate in healthcare services for their diabetes and as a result, experience poorer blood sugar control and an increased risk of complications.

Action Items:

- Improve access to certified diabetes educators, particularly in rural, remote and northern communities.
- Increase transitional support for youth and young adults living with diabetes.
- Collaborate with Indigenous communities to enhance access to traditional healers, medicines and other Indigenous-led healing services to promote wellness.
- Implement and/or expand programming and services that enhance coordination and integration of diabetes care, particularly in rural, remote and northern communities.
- Expand virtual care to enable healthcare professionals to provide diabetes self-management support and care in other formats beyond face-to-face.



A transition program for older teens through to age 25 is critical during that transition from pediatric to adult care, or newly diagnosed adults. You're diagnosed and expected to know what's going on. I think having social workers in adult endocrinology clinics to help access programs and insurance, the burnout, shame, coping skills and stigma. I would like to see that."

– focus group participant

Increase Mental Health Supports

Diabetes can be a demanding disease for individuals and their loved ones and affects more than just physical health. Coming to terms with the diagnosis, living with and caring for diabetes, and the fear of complications and low blood sugars can cause significant challenges that affect mental health. Approximately 30 per cent of Canadians who are diagnosed with diabetes live with depression, and individuals with depression have a 40-60 per cent increased risk of developing type 2 diabetes.¹⁷

People living with diabetes may experience mental health concerns. Mental health challenges can negatively affect a person's ability to self-manage blood sugar levels and are also associated with poor health outcomes and increased risk for complications.

In Manitoba, type 2 diabetes is associated with higher rates of mood and anxiety disorders and suicide attempts. First Nation Manitobans consistently experience poorer mental health outcomes compared to all other Manitobans due in part to the ongoing effects of colonialism, racism and intergenerational trauma.

Negative social stigma regarding diabetes can contribute to poorer mental health and impact an individual's ability to self-manage their condition. Many people with diabetes, particularly those with type 2 diabetes, face judgement and are often blamed by others for having caused their condition.

¹⁷ https://www.diabetes.ca/DiabetesCanadaWebsite/media/Advocacy-and-Policy/Backgrounder/2022_Backgrounder_Canada_English_1.pdf

Feeling stigmatized leads many to avoid disclosing symptoms during healthcare interactions. It is important for healthcare providers to be educated and equipped in trauma-informed mental health screening in order to offer the appropriate supports.

Action Items:

- Increase mental health supports, programming and screening for people living with diabetes.
- Support Indigenous partners' leadership in efforts to improve mental health programming and services that are culturally relevant.
- Address diabetes-related stigma in the general public and healthcare settings.



Shame is still a big part of my daily life with diabetes. A lot of people don't know what it is. Every single person I know who has diabetes hears things like, "You don't look fat", "You don't look sick". And that hurts. The stigma is still there."

– focus group participant

Prevent Diabetes Complications

Over time, high blood sugar levels can damage the blood vessels and nerves in the body and lead to long-term complications involving the nerves, kidneys, eyes and heart. Not only is treating the complications of diabetes a long-term cost for the healthcare system, the human and financial costs to the individual is profoundly life altering.

In Manitoba, the rate of diabetes complications is high, and many people living with diabetes do not receive care that meets the recommended guidelines, particularly young adults. First Nation Manitobans experience higher rates of diabetes-related complications compared to other population groups in Manitoba.

Diabetes Canada's Clinical Practice Guidelines indicate that individuals with diabetes should be routinely screened for complications involving their feet, kidneys, heart and eyes. Despite this, a significant portion of those living with diabetes do not receive annual foot exams and other routine screening tests, such as urine protein tests and dilated eye exams. Rates of screening for chronic kidney disease are particularly problematic in Manitoba, especially for young adult males.

Action Items:

- Improve access to and coverage of diabetes-related foot care services.
- Enhance uptake of diabetes complications screening by establishing a clear process for all healthcare providers.
- Increase screening for diabetes-related complications and associated risk factors in First Nations communities.
- Incorporate screening of interrelated chronic diseases when screening for diabetes.

Action Area #4: Surveillance

Data Collection and Monitoring

The collection and use of high-quality data can help us better understand the health burden of diabetes and the impact of policies, initiatives and programs for diabetes prevention and management. To understand the impact of diabetes and its complications across population groups, and support the unique needs of individuals living with diabetes, improvements in how data is collected and used within Manitoba's health system is a priority.

Currently, while health-related data is collected across the province, there is no central provincial repository of information that would enable the health system to analyze the magnitude of diabetes in Manitoba. Limitations in the data means that Manitoba is currently unable to differentiate between people living with type 1 versus type 2 diabetes from the health data that is collected. This is a problem across Canada. Legislative and technical barriers make it challenging to share health data and there is a lack of standardization in data collection across Canada.

Action Items:

- Enhance provincial collection of diabetes-related data to:
 - Differentiate between the types of diabetes.
 - Include relevant demographic information to better understand the population living with diabetes in Manitoba.
 - Monitor and report on diabetes complications and comorbidities; and diabetes management and control.
- Leverage partnerships with provincial and national stakeholders to improve data sharing and surveillance coordination.

Conclusion

Guided by the experiences of Manitobans living with diabetes, the knowledge and experience of subject matter experts, existing frameworks and current research, the Manitoba Diabetes Action Plan serves as a guiding document to drive program and policy change to improve services related to diabetes prevention, detection, management and surveillance within Manitoba's health system over the next five years.

Advancing diabetes prevention and care in Manitoba will require collaboration across many sectors and a collective commitment by many throughout the province. MHCW will work collaboratively with service delivery partners and holistically across government, to ensure that the items identified throughout this action plan are successfully implemented over the next five years. While there is still much work to do, Manitobans from all walks of life have shown incredible resilience and commitment to collectively reduce the burden of diabetes on individuals as well as the healthcare system.

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- People with lived experience who participated in focus groups
- The Manitoba diabetes governance committee
- Clinical and administrative leadership
- Associations and professional organizations
- Advocacy groups and community leaders

Appendices

Appendix A: What We Heard

People with Lived Experience

MHCW conducted focus groups and surveys to learn from Manitobans about their experiences living with type 1, type 2 and gestational diabetes. Participants engaged in discussions about the strengths and challenges they experienced in managing their diabetes and talked about the impact diabetes has on all aspects of their lives.

What We Heard

Focus group participants were asked to identify how Manitoba could improve its support for people living with diabetes. Responses to this question identified the need for improvements in support of healthy living, financial needs, diabetes education, mental health, stigma and the need for improved service delivery. Participants stressed the importance of equity in all aspects of diabetes care to ensure all Manitobans have access to prevention and treatment support regardless of ethnicity, geography, gender, age or socio-economic status.

Integrated Healthcare Teams

Focus group participants indicated that Manitobans are missing out on necessary healthcare services because they are unable to attend multiple appointments which often occur on different dates and in different locations. Providing more integrated healthcare services would help to increase the number of Manitobans with diabetes receiving adequate care, which is known to improve quality of life and reduce the likelihood of complications.



The diabetes support healthcare team I see... are amazing and help me with diabetes management. I've seen a dietitian there who can help me figure out how foods might affect my blood sugar and I see a therapist there. When I was first diagnosed I would see my endocrinologist three times a year. Now I can also see different members of this healthcare team [under one roof]."

– focus group participant

Increase Mental Health Supports

Many of the individuals who participated in focus group sessions felt that their mental health was a key influence on their physical health. One participant shared that their dietitian directly connected their stress levels to their ability to maintain their blood glucose levels within the target range. Access to mental health services would increase the overall health of Manitobans with diabetes.



I see a counselor but she's not familiar with my [physical] health issues which play into my overall mental health issues.”

– focus group participant



I feel like I have been taught that my blood sugars equate how I am doing and it's a judgement. Bad blood sugars = bad job = bad person. There's a lot of anxiety that even if you're doing the best you can, it's not enough. It's a tough burden to carry.”

– focus group participant

Increase Support for Youth Approaching Adulthood

Transitional programming to support youth and young adults living with diabetes was identified as a priority. Focus group participants identified the need for increased programming for people living with diabetes who are transitioning from child/adolescent care into adult care. This includes peer support programs and educational programming.



As a kid being at DERCA [Diabetes Education Resource for Children and Adolescents] they had a lot of supports on-site that you could use for free but then you transition to adult clinics and it feels like there is nothing there other than your endocrinologist.”

– focus group participant

Develop a Centralized Source for Local Programming and Educational Resources

Manitobans living with diabetes identified the need for a centralized information system to help connect them to diabetes-specific programming and educational resources. Programs are often age and location specific, but information on these programs can be hard to find. Participants would like an online resource that links them to accurate information regarding diabetes and resources available in their community.

Reduce Stigma in the Community and in Healthcare Settings

Stigma was identified by many individuals with diabetes as a major contributor to poor mental and physical health. People with type 2 diabetes reported that they were often blamed for their diagnosis and received negative comments about their food choices, activity levels and body size by healthcare providers and members of the public. People with type 1 diabetes reported stigma associated with perceived dietary restrictions as well as incorrect assumptions regarding their overall health in relation to their diagnosis. There is a need for the public to be educated on type 1, type 2 and gestational diabetes to reduce the impacts of stigma. Participants also indicated a need to improve education for healthcare providers to reduce the stigma they often experience while navigating the healthcare system.



Diabetes has a lot of stigma attached to it. If you are in a restaurant with anyone that knows you have diabetes they are watching you and watching what you eat and judging you... It's pervasive and we need to do something about it. Even in the medical field... It impacts how you feel about yourself, how you feel about being diabetic and how you manage your diabetes.

We need to address this.”

– focus group participant

Reduce the Financial Burden of Having Diabetes

Participants expressed feeling overwhelmed by the cost of living with diabetes. The cost of treatment and the costs associated with living a healthy lifestyle are unattainable for many. Participants noted that they were struggling to pay for life-saving medications and medical devices, many of which are not covered under Manitoba's Pharmacare Program, a drug benefit program for eligible Manitobans, whose income is affected by high prescription drug costs. Under the Pharmacare Program, the deductible amounts are reportedly found to be too high for many participants. People living with diabetes would like to see changes to Pharmacare's deductible system to reflect current income levels, the cost of living and the cost of managing a chronic disease.



Even if you put it toward our Pharmacare deductibles, our deductibles are too high. Why? Why are they so high? These tools help keep people safe and manage diabetes, self-manage diabetes, better”

– focus group participant

Many individuals with type 2 diabetes noted that advanced glucose monitors are an essential tool for their diabetes management and the prevention of complications, but that there is limited coverage available for people with type 2 diabetes. Participants with type 1 diabetes noted that the current age criteria (25 years and below) for Pharmacare coverage of insulin pumps and advanced glucose monitors was detrimental to their ability to manage their diabetes and identified a need for these devices to be available for all ages.



There are kids coming out of school in their early 20s, making a decision on whether to go ahead with an insulin pump knowing full well they will be cut off at 25 years old.”

– focus group participant

In addition to the costs associated with medication, participants stated that the cost of living a healthy lifestyle is challenging and there is not enough support available for those seeking nutritious food and physical activity programs. There needs to be more programming aimed at supporting those living with diabetes to access healthy food as well as more no- or low-cost, culturally safe, physical activity programming in all communities.



The food you need to buy to stay healthy, it’s too expensive.”

– focus group participant

Appendix B: Glossary of Terms

Term	Definition
Cardiovascular Disease	A general term used to describe the diseases of the heart and blood vessels. They are the leading cause of death in Canadian adults and include ischemic heart disease, stroke, peripheral vascular disease and heart failure.
Chronic Disease	Long-term diseases that may develop slowly over time and often progress in severity. Chronic diseases can often be managed, but rarely cured. Cancer, diabetes, arthritis, asthma and cardiovascular disease are examples of chronic disease.
Cultural Safety	Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving healthcare.
Food Environment	The physical, economic, political and socio-cultural conditions that influence people's food and beverage choices and nutritional status.
Food Literacy	A set of skills, knowledge and attitudes about food that help an individual to understand the connections between food, health and wellbeing.
Health Inequities	Preventable, unfair health differences between different population groups (e.g. health-related differences seen between high and low income groups).
Insulin	A hormone made in the pancreas that is needed to regulate the amount of glucose (sugar) in the blood.
Mental Health	Low mental health refers to specific signs and symptoms that cause significant and persistent psychological or emotional distress. This can affect our ability to function, to process information and to make decisions. Strong or high mental health reflects a state in which an individual realizes their abilities, can cope with the normal stresses of life, and can contribute positively to their family and community.
People with Lived/Living Experience	People with lived/living experience are those with firsthand experience with a diagnosis or health condition. This may include those who have experienced or are experiencing mental illness and substance use or addictions challenges, as well as their caregivers.
Prevalence	The number of individuals that are affected by a risk factors or disease at a given point in time. For example, approximately 412,000 Manitobans live with diabetes or prediabetes.
Prevalence Rate	The proportion of individuals that are affected by a risk factor or disease at a given point in time. For example, approximately 28 Manitobans per 100 (28 per cent) live with diabetes or prediabetes
Priority Population Groups	For the purposes of the action plan, priority population groups refers to sub-populations in Manitoba that are at higher risk for developing diabetes or of experiencing challenges with diabetes management due in part to genetic, cultural, environmental and behavioural factors, including inequities in the social determinants of health and marginalization. These include people of certain ethnic backgrounds, including people of South Asian, Indigenous, African, Asian, Hispanic and Arab descent.

Term	Definition
Self-Management	The behaviours and activities in which an individual engages to control and manage their condition.
Social Determinants of Health	The social determinants of health are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live and age and the wider set of forces and systems shaping the conditions of daily life.
Stigma	Negative attitudes or discrimination against an individual based on a distinguishing characteristic, such as a health condition.

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