

Health PEI Diabetes Strategy 2020-2024



A Message from the Minister of Health and Wellness

Diabetes is a chronic disease that affects the lives of many people in Prince Edward Island. Approximately 10 per cent of Islanders 20 years of age and older are living with diabetes, and we continue to see this number rise. The latest data from Statistics Canada shows that approximately 2.1 million Canadians have been diagnosed with diabetes, the overwhelming majority with type 2. Thanks to many new advancements, along with healthy diet and exercise, those with diabetes are frequently able to live long, healthy lives.

The 2020-2024 Diabetes Strategy has been developed in efforts to improve the quality of life of Islanders living with this disease. The priority areas of the strategy focus on all aspects of Diabetes including prevention, detection and management. Helping Islanders to learn more about reducing their risk factors, getting screened early, and for those who have Diabetes, how to live with and manage the disease.

I want to thank the Diabetes Strategy Steering Committee for their hard work and dedication in developing this strategy, as well as the many Islanders who provided input. This strategy is an important road map to help us to further improve public education so Islanders know more about the risk factors,



Hon. James Aylward, Minister

A Message from Health PEI's Board Chair and Chief Executive Officer



Jim Revell
Board Chair



Denise Lewis Fleming
Chief Executive Officer

Diabetes continues to be a serious health issue in Prince Edward Island. Approximately 1 in 10 Islanders 20 years of age and older are living with diabetes according to a 2016 report of the province's Chief Public Health Officer. This represents a 68 per cent increase over the past 13 years.

The most common type of diabetes among Islanders is Type 2 diabetes and while there are risks that cannot be prevented, we know there are risks that we can address to reduce or delay the onset of Type 2 diabetes. These risks include obesity, lack of physical activity, unhealthy diet, smoking, and hypertension.

Health PEI knows the impact that diabetes has on the quality of life for Islanders who have the disease. To help guide our efforts to help Islanders, we have developed the 2020-2024 Diabetes Strategy that will focus our priorities on three key areas: prevention, detection and management. We want to work with Islanders to help reduce the risks of being diagnosed with diabetes; we want to make sure that more Islanders are screened for diabetes; and, we will help Islanders better manage diabetes so they can live healthy and active lives.

Additionally, the Diabetes Strategy will help guide our collaboration with our key government partners, including the Chief Public Health Office and the Department of Education and Lifelong Learning, to co-ordinate our efforts to promote healthy living and disease management among Islanders.

Following public and stakeholder consultation sessions held in 2018, this new strategy document was created by the Diabetes Strategy Steering Committee over the past several months. We wish to thank the over 400 Islanders who provided input and feedback to help inform the work of the Steering Committee in the development of this strategy.

A handwritten signature in black ink that reads "Jim Revell".

Jim Revell
Board Chair

A handwritten signature in black ink that reads "Denise Lewis Fleming".

Denise Lewis Fleming
Chief Executive Officer

PEI Diabetes Strategy 2020 to 2024

Setting the Stage

In the 2016 report titled *Promote, Prevent, Protect – PEI Chief Public Health Office Report 2016 Health for all Islanders*, the Chief Public Health Officer reported that approximately 1 in 10 Islanders (aged 20+) have diabetes.¹ This represents a 68% increase over the past 13 years. Historically, due to our aging population and rising obesity rates, PEI has had a higher prevalence of diabetes than the overall Canadian population.¹ In the province, type 2 diabetes is more common in males and for Islanders 50 years of age and older. Islanders with the lowest income are more likely to have diabetes.¹

Compared to people not diagnosed with diabetes, Islanders diagnosed with diabetes had a significantly higher number of acute inpatient care visits per year, longer length of stay (LOS) in hospital (3 to 6 days longer depending on reason for admission) and larger differences between their actual inpatient length of stay and their expected length of stay (ELOS).² Diabetes is a serious and progressive chronic disease that takes a heavy toll on those living with the disease and their families, often resulting in significant related health care costs.

In July, 2014, the province launched its first strategy to address diabetes care and services in the province. The vision of Health PEI's Diabetes Strategy 2014-2017 was *“improved health for all Islanders including those at risk of, or living with, diabetes through enhanced diabetes prevention, detection and management”*. The Health PEI Diabetes Strategy 2020-2024, will aim to implement strategic initiatives in an effort to continue to reach that important vision.

What is Diabetes?

Diabetes mellitus is a chronic condition that results from the body's inability to produce and / or use insulin sufficiently. The body needs glucose (sugar) as an energy source. Insulin moves the sugar from our blood stream into our cells, where it is used for energy. In the absence of insulin or sufficient amounts of insulin, blood glucose levels rise, which can result in immediate and long term detrimental effects for the individual.

Type 1 diabetes accounts for 5-10 percent of all diabetes cases. It is an auto-immune disorder in which the body's own ability to produce insulin in the pancreas is destroyed. It often occurs in childhood or early adult years and its onset is usually very rapid. Despite recent studies, there is currently no identified way to prevent type 1 diabetes and there are no modifiable risk factors to delay the onset of type 1 diabetes. Best practice guidelines in Canada do not recommend random screening of individuals for the presence of type 1 diabetes.³ People living with type 1 diabetes must take insulin daily through injections, whether by a needle/pen device or continuous insulin pump therapy. Current estimates would indicate that there are approximately 600-1200 people on PEI living with type 1 diabetes, representing the estimated 5-10 percent of the total population within the province diagnosed with diabetes.¹

Type 2 diabetes is characterized by two different metabolic defects: insulin resistance coupled with impaired insulin secretion by the cells of the pancreas.⁴ Type 2 diabetes accounts for 90-95 percent of all cases of diabetes. There are many risk factors for type 2 diabetes. Some risk factors such as increasing age, ethnic background, family history and gender are not modifiable; however there are several risk factors that can be modified / improved in an effort to reduce or delay the onset of diabetes: excessive weight, limited physical activity, unhealthy diet, smoking, hypertension and elevated lipid levels for example. Screening for type 2 diabetes is through the use of various laboratory tests including fasting blood glucose level, random blood glucose level, oral glucose tolerance test or glycated hemoglobin level (commonly referred to as an A1C level). Diabetes Canada 2018 guidelines recommend the screening should be completed every 3 years for individuals aged 40 years and over. Earlier and more frequent screening should be done for those who have identified risk factors.³

Prediabetes refers to blood glucose levels that are higher than normal, but not yet high enough to be diagnosed with type 2 diabetes. It can be diagnosed using the same laboratory screening tests used for type 2 diabetes. Nearly 50 per cent of those with prediabetes will go on to develop type 2 diabetes.³ It is important to screen for the presence of prediabetes, because research has shown that some long-term complications associated with diabetes – such as heart disease and nerve damage – may begin during prediabetes.³

Factors Contributing to Increasing Diabetes Prevalence on Prince Edward Island

As noted earlier there are many risk factors for type 2 diabetes. Some risk factors such as increasing age, ethnic background, family history and gender are not modifiable; however there are several modifiable risk factors for type 2 diabetes including excessive weight, limited physical activity, unhealthy diet, smoking, hypertension and elevated lipid levels for example.

1) Population trends – increasing age of Islanders

One of the major reasons for the rising prevalence of diabetes within the province is the increasing age of our population. The prevalence rates for diabetes increase with age in both sexes. As well, there is a significant rise in prevalence after the age of 39. In the next 20 years, the province of PEI will experience a significant change in our population demographics; therefore the prevalence of diabetes will continue to rise dramatically in the province.

- In 2016, approximately 19.4 percent of Islanders were 65 years of age or older.⁵
 - 25 percent of these seniors live with diabetes.¹
- By 2025, approximately 24 percent of Islanders will be 65 years of age or older.¹
- By 2035, approximately 27 percent of Islanders will be 65 years of age or older.¹

2) Overweight and Obesity

Being overweight or obese is the number one modifiable risk factor for diabetes. PEI has a high proportion of overweight / obese residents with 63 percent of Islanders reported as either overweight or obese.¹ Based on current data, those aged 50-64 years are more likely to be obese compared to the overall Island population. Seniors are less likely to be obese. Seniors however are more likely to be overweight compared to Islanders overall.¹

According to the Prince Edward Island Children's Report 2017, approximately 30% of children aged 5 to 17 years in the province were overweight or obese.⁶ Current data sources indicate there are less than 10 children diagnosed with type 2 diabetes in the province.⁷ As such, the existence of type 2 diabetes in children within the province is not common. With increasing rates of childhood obesity in PEI, there is significant concern that the rates of type 2 diabetes in children and young adults will rise in the coming years.

3) Lack of Physical Activity and Healthy Nutritional Intake

Over half of Islanders are physically inactive which contributes to types 2 diabetes and other chronic conditions. Rates of physical inactivity are higher in PEI than Canada (48.3% vs 43.9%). Unfortunately our rates of inactivity have been increasing since 2009. Physical inactivity increases as age increases (in particular those 50 years of age and older). In addition, those with lower incomes are more likely to report being inactive.¹

Less than one third of Islanders 12 years of age and older consume five or more fruits and vegetables a day (31.1 %) and this is lower than Canadians overall (40.8%). Islanders are following a downward trend in fruit and vegetable consumption since 2009/10. In addition, men are significantly less likely to eat their fruits and vegetables.



Development of the Health PEI Diabetes Strategy 2020-2024

The new provincial Diabetes Strategy 2020–2024 was developed after review and evaluation of the 2014–2017 strategy including recommendations from the 2014–2017 Diabetes Steering Committee, public engagement with Islanders living with diabetes, family members, and thorough review of current best practice evidence in diabetes care. The Diabetes Steering Committee is a multidisciplinary group consisting of membership from across Health PEI as well as Diabetes Canada, Department of Health and Wellness and patient advisors.

Evaluation of the 2014 -2017 Strategy

Refer to Appendix A for a summary of accomplishments from the 2014-17 Diabetes Strategy.

In May, 2018, upon review and evaluation of the 2014–2017 Strategy, the following priorities were recommended by the 2014–2017 Steering Committee as focus areas for the 2020–2024 strategy:

- Screening and awareness of related mental health / social issues
- Review of 2018 Clinical Practice Guidelines and address gaps
- Identification of current barriers and address need for diabetic foot care
- Examine opportunity to expand the existing coverage under the Insulin Pump Program beyond the current age limit of less than 19 years
- Seek input via public focus groups in early 2018 to identify needs and guide future planning of diabetes programs and services
- Increase access to self-management supports for people living with diabetes
- Expand targeted interventions for prevention of type 2 diabetes and pre-diabetes including those identified at high risk
- Develop a Health PEI chronic disease program registry
- Ensure that the new provincial primary care Electronic Medical Record (EMR), when available, has diabetes care guidelines embedded within the platform

Engagement with Islanders

In June and July, 2018, Health PEI requested input from people living with diabetes (and their care providers) through two different avenues, namely public focus groups (five facilitator-led groups held in June, 2018) and an on-line survey, available in English and French language (open to the public for three weeks in July, 2018). The main response themes from the approximately 340 participants are as follows:

Current diabetes services; what is working well

- Positive feedback to services offered by Provincial Diabetes Program across all focus groups (level of clinician knowledge, access, consistent messaging, specialty services for pump / pregnancy / pediatrics)
- Primary care providers (family doctor / nurse practitioner)
- Pharmacists
- Government services such as PEI Pharmacare, provincial retinopathy screening program, and the Insulin Pump Program for those under age 19

Challenges in living with diabetes included:

- Financial challenges for drug costs, diabetes supplies including pen needles, test strips, insulin pumps, new technology (i.e. glucose sensors)
- Challenges with income support assistance
- Understanding different food choices and the impact on diabetes (as there are a lot of mixed messages available on line)
- The cost of healthy food
- Controlling blood sugars
- Lack of access to health care provider including being on the Provincial Patient Registry
- Long wait times for diabetes support through the Provincial Diabetes Program
- Mental health challenges related to living with diabetes and chronic stress

Possible solutions, programs and services to address these challenges included:

- Improved coverage for diabetes medications and supplies under Pharmacare including insulin pen needles / syringes, diabetes test strips, pumps and medications
- Increased funding through income support
- School policy for diabetes and expand the number of student well-being teams
- Improved access to health care providers and diabetes specialists
- Mental health support – improved access within the Provincial Diabetes Program, improved screening and referral process for patients, including family support
- Advocacy
- More public education – community schools and newsletters
- Include dietary options such as ketogenic diet, and clarify confusion around healthy eating

Engagement through a Diabetes Summit

In September, 2018 a Diabetes Summit was organized in Charlottetown to further seek input on a new diabetes strategy for the province. Participants included Health PEI health care professionals involved in diabetes care in the province, Health PEI's Chronic Disease Prevention and Management unit, the PEI Department of Health and Wellness, and representatives from Diabetes Canada. Key priorities identified by those in attendance included:

- Align strategy to address identified priorities from focus groups and public feedback
- Health PEI to work with the province's Chief Public Health Office to develop a combined strategy that coordinates prevention, detection and management initiatives
- Improve support for children and families, including income support
- Renewed focus on mental health support for patients and caregivers
- Develop Financial Costing Models – e.g. test strips, glucagon, needles, including a jurisdictional scan across Canada
- Understand the cost implementation of diabetes on the person and the provincial health care system (management and complications)

Current Best Practice Evidence in Diabetes Care

The new *Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada* were released by Diabetes Canada in April 2018. These comprehensive, evidence-based guidelines are updated every five years and are intended to guide practice, inform general patterns of care; enhance diabetes prevention efforts in Canada; and reduce the burden of diabetes complications.³ As such these national Canadian guidelines will serve to provide expert guidance on diabetes care and will serve as the primary resource establishing this strategic plan for diabetes care within Prince Edward Island.

The Vision

In July, 2014, the province launched its first strategy to address diabetes care and services in the province. The vision of Health PEI's Diabetes Strategy 2014-2017 was "improved health for all Islanders including those at risk of, or living with, diabetes through enhanced diabetes prevention, detection and management". The Health PEI 2020-2024 strategy continues to build upon the successes of the 2014-2017 strategy. The members of the Diabetes Steering Committee will guide and support initiatives over the next 4 years as the province strives towards that continued vision.



Figure 1 Health PEI Diabetes Strategy Vision Statement

Guiding Principles of Diabetes Strategy 2020-2024

- Patient-centered programs and services
- Evidence-based decision making
- Maximizing the effectiveness of existing resources, given the current fiscal environment and human resources available
- Service provider and client input during the planning and implementing process
- Co-ordination and integration of services using an interdisciplinary approach
- Use of technology for monitoring and performance measurement

Achieving the Vision

Building on the 2014-2017 strategy, and based on public and stakeholder feedback as well as current best practice guidelines, the Diabetes Steering Committee 2020-2024 have identified the following three strategic priorities and their respective focus areas which will link with key actions to achieve the vision:

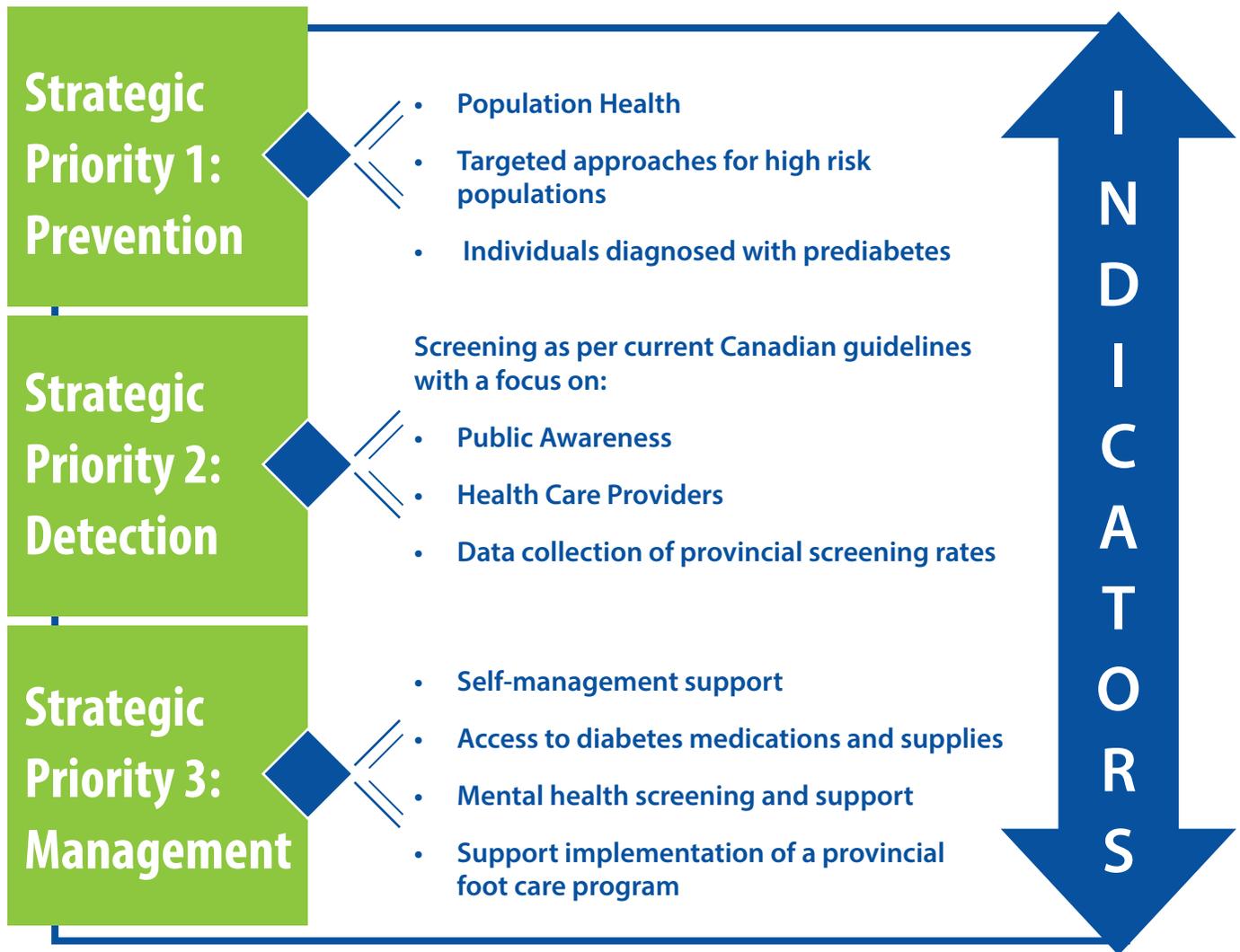


Figure 2: Strategic Priorities and Focus Areas for the PEI Diabetes Strategy 2020-2024

Strategic Priority: Diabetes Prevention

Goal: To increase public diabetes risk awareness and reduce modifiable risk factors for Islanders in an effort to reduce or delay the onset of type 2 diabetes (and/or pre-diabetes) through:

- Increased public awareness of risk factors and how to reduce risk
- Healthy public policy to promote and support positive health outcomes
- Examine potential risk reduction initiatives for modifiable risk factors

To help prevent and reduce type 2 diabetes in Prince Edward Island additional efforts of addressing what inequalities exist within our province (e.g. education, income, age, living and working conditions, physical environments, social supports including mental health) and how they affect our health behaviors and outcomes are needed. The steering committee and its working groups will collaborate and strengthen linkages with the Department of Health and Wellness and the Chief Public Health Office to address those social determinants. This includes alignment with departmental healthy living strategies and frameworks as they are implemented in 2020.

Focus Area	Key Actions
Population Health	<ul style="list-style-type: none"> • Awareness campaign with public (including social media, newspaper, physician offices, primary care clinics): <ul style="list-style-type: none"> ◦ Increasing provincial prevalence rates ◦ Type 2 diabetes can be prevented / delayed ◦ How to reduce risk • Partnership with PEI's Chief Public Health Office to support public policy and risk reduction through strategic initiatives (e.g. sugar sweetened beverages initiatives, healthy food policy, food insecurity, menu labeling at restaurants, "informed consumer") • Partnership with other government departments to support education in schools including promotion of healthy lifestyle habits and reduction of risk factors for type 2 diabetes including childhood obesity • Support action across all levels of government on addressing inequalities within the social determinants of health
Targeted approaches for High Risk Population	<ul style="list-style-type: none"> • Awareness of individualized risk for type 2 diabetes • Awareness of modifiable risk factors that can delay or prevent onset • Targeted approaches to reduce modifiable risk factors • Increased frequency of screening as per guidelines • Support action across all levels of government on addressing inequalities within the social determinants of health
Population diagnosed with pre-diabetes	<ul style="list-style-type: none"> • Implementation of a diabetes prevention program (or as part of a larger Health PEI risk reduction approach) • Increased practitioner awareness re: pharmacotherapy with demonstrated clinical benefit for pre-diabetes • Increased frequency of screening as per guidelines

Strategic Priority: Diabetes Detection

Goal: All Islanders will be screened for type 2 diabetes as per current Clinical Practice Guidelines.

Current clinical practice guidelines in Canada recommend the following screening guidelines:

- ✓ **ASSESS** all adults for their risk of type 2 diabetes
- ✓ **SCREEN** every 3 years if ≥ 40 yrs or high risk on risk calculator (e.g. CANRISK)
- ✓ **SCREEN** earlier and more frequently if very high risk on risk calculator or additional risk factors present
- ✓ **USE** fasting plasma glucose and/or A1C as initial screening tests³

Focus Area	Key Actions
Public Awareness	<ul style="list-style-type: none">○ Awareness campaign with public (social media, newspaper, physician offices, primary care clinics) including reference to CANRISK tool for personal risk assessment: <i>"Have I been screened?" "Should I be screened?"</i>○ Examine opportunities to screen hard to reach and high risk populations
Health Care Providers	<ul style="list-style-type: none">○ Education to health care providers to increase awareness of screening guidelines and to promote the need for early identification of type 2 diabetes and prediabetes○ Examine barriers to screening as per current guidelines
Data	<ul style="list-style-type: none">○ Establish data indicator (lab criteria) and report provincial screening rates○ Create physician practice profiles to increase awareness of current practice in comparison to current guidelines



Strategic Priority: Diabetes Management

Goal: Promote optimal health and wellness for individuals living with diabetes across the age continuum by providing supports and services to enhance diabetes self-management and to reduce the burden of diabetes complications.

Focus Area	Key Actions
Self-management support	<ul style="list-style-type: none"> ○ Increase access to self-management education ○ Examine opportunities to increase access to primary care provider, including referral to diabetes nurse practitioner ○ Reduce wait times for diabetes services ○ Examine opportunities to maximize health care resources within the context of rising prevalence rates ○ Increase public awareness of available programs in PEI communities ○ Examine opportunities to develop peer support groups (formal and informal /on-line) ○ Examine opportunities to provide workplace self-management support
Access to diabetes medication and supplies	<ul style="list-style-type: none"> ○ Complete cost modeling of diabetes medications and supplies, including an understanding of cost implications for different household incomes ○ Examine opportunities for expansion of existing financial coverage under the PEI Insulin Pump Program ○ Examine opportunities for new medication and supply coverage under PEI Pharmacare's Diabetes Drug Program
Mental health screening and support	<ul style="list-style-type: none"> ○ Increase mental health screening by health care providers ○ Increase awareness (health care providers and public) of related mental health and social issues for people living with diabetes ○ In collaboration with provincial Mental Health and Addiction services examine opportunities to create linkages and expand supports for people living with diabetes ○ Define approaches and plan of care for those in need of mental health supports, across the age continuum ○ Education for health care providers regarding diabetes and mental health including promotion of best practice guidelines for management of diabetes with co-existing mental health conditions
Support implementation of a provincial foot care program	<ul style="list-style-type: none"> ○ Increase implementation of diabetic foot screening in the province using the provincial standardized screening tool ○ Examine opportunities to improve access to preventative diabetes foot care ○ Examine opportunities to reduce barriers and cost for individuals living with diabetes who require complex foot and wound care and orthotics ○ Define provincial practice standards for preventative diabetic foot care

Indicator Performance Measures

An initial set of measures have been identified to monitor the effectiveness of the PEI Diabetes Strategy 2020-2024. As the Working Groups are formed and their work plans established, detailed indicators and measures will be developed:

Prevention

- # views / clicks on HPEI website / social media re: public awareness campaign, including completion of CANRISK via PEI government website
- # of media announcements/ advertisements
- # of participants at HPEI programs targeting awareness and prevention
- Action plans for two policy levers have been identified, implemented and evaluated
- Provincial diabetes incidence and prevalence rates, as reported by the the Chief Public Health Office's Epidemiology Unit

Detection

- # of educational events held with healthcare providers , and # of participants
- % of Islanders (age 40+) screened as per guidelines (using A1C in provincial laboratory data) comparing pre / post strategy implementation
- % of clients over the age of 40 in practitioner practice who have never been screened (A1C or FBG)
- # of participants at HPEI diabetes screening clinics each November, identified as high risk and referred for follow up testing

Management

- Foot screening indicators to include: % of people within the Provincial Diabetes Program who have been screened and risk stratification, wait times for access to wound care clinic for diabetic foot ulcer, annual rates of lower extremity amputations in PEI
- % of people with diabetes who have had a mental health assessment for anxiety / depression completed; % screened who have been identified with moderate / severe anxiety or depression
- Provincial Diabetes Program annual statistics including # of clients, # of attended visits, % no show, wait time for service
- Hospitalization rates for diabetes as a primary reason for admission
- Provincial A1C rates including % completed and A1C average

Figure 3: Initial Approach Indicators/Measurement of Outcomes

Alignment with Existing Strategies / Charters:

Alignment to Goals and Objectives of Health PEI Strategic Plan 2017-2020

The PEI Diabetes Strategy is aligned with the goals and objectives of the Health PEI Strategic Plan 2017-2020.

- **Quality and Safety:** providing safe, quality and person-centered diabetes care and services through engagement with clients, families and staff.
- **Access and Coordination:** providing access and coordination to diabetes services, ensuring Islanders can access care closer to home and ensuring all clinicians are working to full scope of practice.
- **Innovation and Efficiency:** developing new and innovative approaches to improve the efficiency and utilization of diabetes care services in the province.

Alignment to Health PEI's Chronic Disease Prevention and Management Strategic Plan

This strategic plan, which is currently under development, will further direct implementation of this strategy, and will include principles of the Expanded Chronic Care Model (ECCM). The 2020-2024 Strategy focuses on the delivery of optimal diabetes care that reflects the essential components of the ECCM including:

- ✓ Delivery system design- The most important member of the diabetes health care team is the person living with diabetes. Current evidence continues to support the importance of a multidisciplinary and interprofessional team with specific training in diabetes within the primary care setting to support the person living with diabetes.
- ✓ Self-management support- This includes self-management education as the cornerstone of diabetes care, thus enabling the person with diabetes to take a more active role in problem solving and personalized goal setting.
- ✓ Decision support- Providing health care providers with best-practice information (e.g. diabetes guidelines) at the point of care to help support decision making, and imbedding those guidelines into the flow of clinical practice has been shown to improve outcomes.
- ✓ Clinical information systems -Allows for a population-based approach to diabetes assessment and management, such as an electronic medical record (EMR) (that includes prompts and patient reminders) and electronic patient registries have been shown to have a positive impact on evidence based care.
- ✓ Community resources and policies- Environmental factors such as food and housing security, healthy lifestyle, access to care and social supports impact diabetes outcomes.
- ✓ Health system organization - Including the adoption of the ECCM within the health system with support for health promotion and disease prevention, provincial diabetes strategies / frameworks, collaborative initiatives, and provider incentives.³

Alignment with the Canadian Diabetes Charter for Canada

The Canadian Diabetes Charter for Canada was launched in 2014 with the support of the Minister of Health and Wellness for Prince Edward Island. The PEI Diabetes Strategy 2020-2024 is aligned with the guiding principles of Diabetes Canada in its Charter. This includes addressing the responsibility of government and health care providers to:

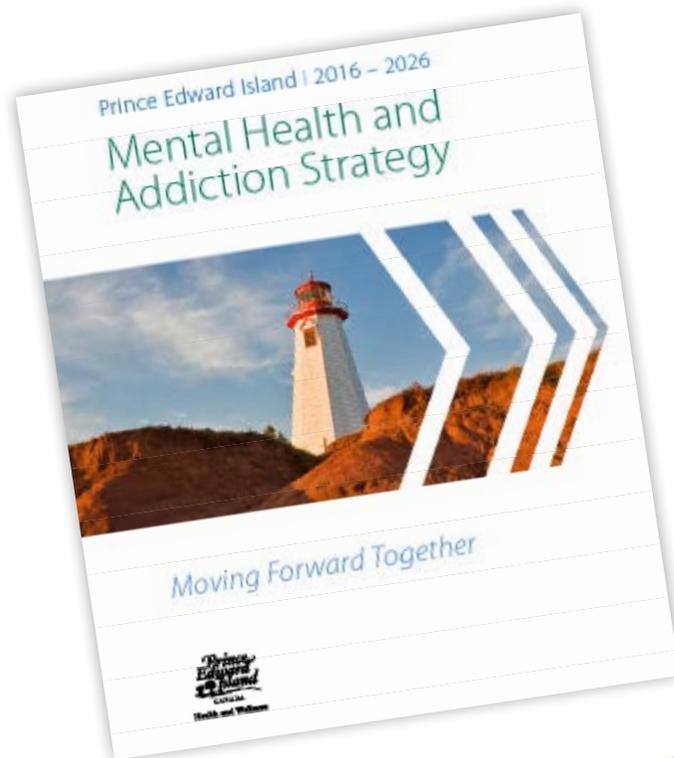
- form comprehensive plans for the prevention, diagnosis and treatment of diabetes and its complications
- collect data on diabetes burden
- apply up to date evidenced clinical practice guidelines
- diagnose people living with diabetes as early as possible
- fair access to diabetes care, education, prescribed medication, devices and supplies
- address the needs of high risk and vulnerable populations⁸

Alignment with PEI's 2016-2026 Mental Health and Addiction Strategy

Diabetes is a demanding chronic disease for both individuals and their families. It is associated with a number of challenges, including adjusting to a new diagnosis, diabetes distress impairing self-management, psychological insulin resistance, and fear of hypoglycemia (low blood sugar). A wide range of psychiatric disorders, including major depressive disorder, bipolar disorder, schizophrenia and psychotic disorders, anxiety disorder, and disorders of eating or sleeping are more prevalent in people with diabetes compared to the general population.³

PEI's Mental Health and Addiction Strategy sets out a vision that: *"All people living in Prince Edward Island will have the equal opportunity to achieve and maintain the best possible mental health and well-being throughout their lifetime."*⁹

The PEI Diabetes Strategy 2020-2024 is aligned with the guiding principles of the Mental Health and Addictions Strategy which includes providing services and supports for people and their families that are designed around their specific needs. This includes early recognition of mental health difficulties, and community collaboration that supports protective factors known to affect or promote good mental health.



Strategy Implementation

Year 1 (2020-2021)	Year 2 (2021-2022)	Year 3 (2022-2023)	Year 4 (2023-2024)
Formation of working group for foot care <ul style="list-style-type: none"> Review evidence Gather PEI data Examine opportunities, impact & barriers Develop cost model for preventative foot care 	<ul style="list-style-type: none"> Implement preventative foot care program Examine opportunity for footwear supportive program (criteria, funding structure etc..) Evaluate 	<ul style="list-style-type: none"> Implement pilot footwear supportive program Gather data Examine opportunity for orthotic supportive program Evaluate and increase spread beyond year 2 pilot 	<ul style="list-style-type: none"> Implement pilot orthotic supportive program Evaluate and increase spread beyond year 3 pilot
Formation of working group for mental health <ul style="list-style-type: none"> review research assess appropriate screening tools examine opportunities for improved linkages with mental health services 	<ul style="list-style-type: none"> Implement assessment and screening pilot programs Clinician education Development of care pathways (based on age/developmental stage) Targeted approaches those at high risk (pilot) 	<ul style="list-style-type: none"> Gather data Clinician and client feedback Evaluate Targeted approaches those at moderate risk (pilot) 	<ul style="list-style-type: none"> Evaluate Clinician and client feedback Revise / redesign where necessary
Self-Management Support <ul style="list-style-type: none"> Report on wait time trends and prevalence rates Establish benchmarks for access Examine opportunities for improved access Succession planning for high priority needs (pediatric diabetes nurse) 	<ul style="list-style-type: none"> Alignment of resources with current needs (RN, RD, SW) Succession planning for diabetes nurse educator positions provincially 	<ul style="list-style-type: none"> Monitor and report trends in diabetes prevalence, wait times for access etc. 	
Diabetes prevention <ul style="list-style-type: none"> Examine opportunities to develop a marketing / promotion strategy for diabetes awareness /early detection in the province Gather information on public policy pertaining to diabetes prevention and identify two policy levers to address Examine opportunities to collaborate with partners to implement targeted approaches for pre-diabetes 	Partnership with PEI's Chief Public Health Office and other partners to support public policy and risk reduction through strategic initiatives.		
	<ul style="list-style-type: none"> Support public policies targeting diabetes prevention and health promotion Create an action plan to support Implementation of identified policy levers 	<ul style="list-style-type: none"> Implement action plan to support changes relating to identified policy levers 	<ul style="list-style-type: none"> Evaluate initiatives within action plan to support Implementation of identified policy levers
Health Care Provider education <ul style="list-style-type: none"> Provided upon request UPEI & Holland College Health PEI facilities 	<ul style="list-style-type: none"> Formation of working group to organize Diabetes Matters 2.0 workshop for Spring 2021 	<ul style="list-style-type: none"> Implement workshop Gather evaluations 	<ul style="list-style-type: none"> Assess need for future formal workshops
Detection <ul style="list-style-type: none"> Formation of working group to examine opportunities to report on screening and detection 	<ul style="list-style-type: none"> Create practitioner profiles outlining practice screening rates 	<ul style="list-style-type: none"> Gather feedback from practitioners Create 2nd report 	<ul style="list-style-type: none"> Consistent methodology to create annual reports

← Access to diabetes medication and supplies – ongoing based on evidence and research →

Conclusion

Much has been accomplished over the past four years under the 2014-2017 Diabetes Strategy to enhance diabetes prevention, detection and management approaches within the province.

Future efforts under this new four year strategy will continue to examine opportunities to: reduce diabetes incidence and prevalence in the province, detect diabetes early through appropriate screening, and improve overall health for those living with diabetes through targeted approaches in diabetes management.

This document serves to further direct priority goals and initiatives over the next four years to support the continued strategic vision of “Improved health for all Islanders including those at risk of, or living with, diabetes through enhanced diabetes prevention, detection and management”.

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Appendix A

Diabetes Strategy 2014-2017 Accomplishments

Diabetes Prevention

- Diabetes Risk Assessment clinics were held across the province in community settings in 2017 and 2018 to include promotion of the CANRISK tool, to help individuals identify their risk of developing type 2 diabetes
- Within the Department of Health and Wellness, Healthy Eating Officers were hired to work with community groups to promote healthy lifestyle choices and Health Promoter positions were funded to support community development.
- Nutristep screening program was launched by Public Health Nursing to assist with early identification of overweight / obese children and implement early intervention strategies.
- Dietitians and nurses are available in each of Health PEI's primary care network to address the healthy lifestyle and risk reduction (weight loss, and healthy eating).
- Two diabetes prevention program pilots completed and results reviewed. Next steps will include examining the opportunity for a provincial program to reduce risk factors in those with pre-diabetes.

Diabetes Detection and Screening

- Continuing education opportunities to promote appropriate screening for type 2 diabetes provided to health care professionals at various workshops, grand rounds and accredited educational events.
- Practice tools such as algorithms distributed to clinicians to assist with screening and interpretation of the laboratory results.

Diabetes Management

- Since 2014, PEI Pharmacare coverage has expanded to provide additional oral diabetes agents and insulin. In 2017-18, \$2,280,000 was spent through PEI Pharmacare to provide coverage for diabetes medication and blood glucose test strips.
- Insulin Pump Program for Children and Youth was implemented in July, 2014.
- Increased blood glucose test strip coverage for women during pregnancy, who are prescribed insulin, was announced in November 2017.
- Provincial skin and wound care clinical nurse lead position established in June, 2016.
- Retinopathy screening program initiated in July 2015.
- A new Nurse Practitioner (NP) position within the PDP was created to provide diabetes care to Islanders who are living with diabetes and do not have a primary care provider.
- Over the past 5 years, based on annual data reports, the number of clients seen by clinicians within the Provincial Diabetes Program has increased by 46% (4630 clients seen in 2017-2018) and the number of client visits to the Provincial Diabetes Program has increased by 61% (22,500 visits in 2017-18).
- Diabetes database initiated in June 2012, which allows for client and program specific reports to assist with program delivery.
- Collaboration with the new Student Wellbeing Teams, within PEI public schools to assist school aged children / youth, living with diabetes, who may benefit from additional support.
- Focused attention on care of seniors with diabetes included:
 - Continuing education to care providers through on-line modules and presentations at conferences and worksites
 - Glycemic Targets for the Frail Elderly were developed and disseminated in 2014

- Provincial hypoglycemia and hyperglycemia policy for Health PEI's long term care (LTC) facilities implemented in July 2016
- Implementation of the insulin order set for LTC in 2017 to increase awareness of individualized glycemic targets and current best practice recommendations for the senior population. including those with frailty
- Focused attention on in-hospital management of diabetes included:
 - Provincial hypoglycemia policy for Health PEI's acute care facilities implemented in 2016
 - Changes to the province's electronic health record to include: standardized order sets for insulin, a newly created diabetes dashboard view, electronic discharge prescription for diabetes supplies, and improved documentation forms
 - Implementation of use of insulin pens for insulin delivery at all Health PEI's acute care sites
 - Standardized diabetes discharge teaching tools available through Health PEI's Staff Resource Center
 - Continuing education through in-hospital grand rounds, workshops, and on line modules



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