

Dialogue Session Summary



Reversing the Course of Type 2 Diabetes

THROUGH INNOVATION, PROGRESSIVE PARTNERSHIPS, POLICY AND PRACTICE CHANGE

SESSION HELD JUNE 17, 2019

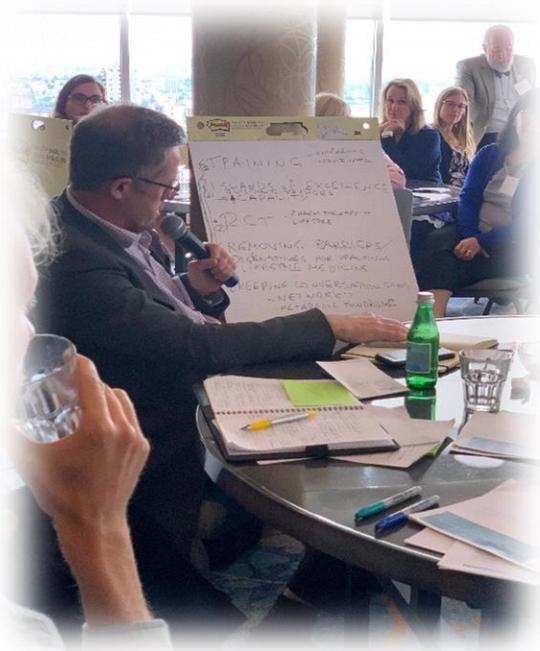
The Institute for Health System Transformation and Sustainability acknowledges that this session was held on the unceded Coast Salish territory, home of the x^wməθk^wəy̓əm (Musqueam), Səlílwətaʔ (Tseil-Waututh), and Skwxwú7mesh (Squamish) peoples.

SESSION BACKGROUND

On June 17th, the Institute for Health System Transformation and Sustainability hosted a dialogue session with 75 participants focussed on “Reversing the Course of Type 2 Diabetes”.

Stakeholders representing Public Health, Policy, Research, Academics, Clinical Management and Patients brought their voices and expertise into the room for a robust dialogue and identification of opportunities to prevent, manage and reverse type 2 diabetes.

The prevalence of type 2 diabetes is reaching pandemic levels and a system, multi-sectorial approach is required to meet this complex issue. Participants highlighted the need to address type 2 diabetes from a population health and equity lens, through strong public policy, and with a paradigm shift that recognizes remission and reversal of type 2 diabetes is possible.



75 PARTICIPANTS

- Divisions of Family Practice
- Researchers
- Patients
- Doctors of BC
- Diabetes Canada
- Health Authorities – Public Health and Chronic Disease Management.
- Populations at higher risk – First Nations and South Asian
- Representatives from Academics (BCIT, UBC, SFU)
- Internal Medicine and Endocrinology specialists.
- Ministry of Health
- Experts in Therapeutic Nutrition, Self Management and Lifestyle Medicine

PURPOSE

The session was purposefully designed to promote dialogue without predisposing a set outcome for the day. It was believed that the experts and thought leaders participating would set the direction for the next steps for meeting the challenges of type 2 diabetes. Four objectives were identified to help guide the discussions.

- Share emerging and leading practices currently in place and identify opportunities to spread these
- Highlight areas for further development and investment that have promise for system transformation
- Build connections between stakeholders
- Explore the concept of a network of stakeholders and agree on next steps for collaboration

OBJECTIVES



Emerging practice



Investigate



Connection



Collaboration

PANEL DISCUSSIONS

PANELS

The Burning Platform

Prevention and Population Interventions

Clinical Management and Interventions

The day brought together three panels of experts who shared their experience, ideas and emerging practices to stimulate questions and conversation.



“I loved the lifestyle medicine panel, and it sparked a lot of dialogue at my table” participant

Panel 1 - Burning Platform

The first panel set the stage for the day and highlighted the scope and complexity of the issues faced in managing the increasing prevalence of type 2 diabetes.

Panel 1 Participants:

Drona Rasali, PhD

Director, Population Health Surveillance & Epidemiology, Population and Public Health
BC Centre for Disease Control, Provincial Health Services Authority

Dr. Drona Rasali has provided leadership in population health surveillance knowledge and epidemiological investigation at BCCDC since 2012.

Link to BCCDC diabetes surveillance data – www.bccdc.ca/health-professionals/data-reports/chronic-disease-dashboard



Kimberley Hanson

Executive Director, Federal Affairs
Diabetes Canada

Kimberly Hanson is responsible for advocacy with the federal government and on national issues. She also leads the Diabetes 360° initiative to implement a nation-wide strategy to address the diabetes epidemic.

Link to the 360° strategy - www.diabetes.ca/strategy

Peter Sargious, MD, MPH, FRCPC

Senior Medical Director for the Diabetes, Obesity and Nutrition Strategic Clinical Network
Alberta Health Services
Associate Professor of Medicine, The University of Calgary

Dr. Peter Sargious is a practicing General Internist and has held leadership roles in Chronic Disease Management (CDM) with Alberta Health Services since its inception.

Link to the AHS SCN - www.albertahealthservices.ca/scns/page7676.aspx

Arun Garg, PhD, MD, FRCPC

Clinical Professor, UBC, Adjunct Professor, SFU
Program Medical Director South Asian Health Institute

Dr. Arun Garg has a passionate interest in improving health through a population health approach.

Link to the South Asian Health Institute - www.fraserhealth.ca/health-topics-a-to-z/south-asian-health/south-asian-health-institute

Panel 2 - Prevention and Population Interventions

The second panel identified activities occurring in the areas of prevention and public health policy that are making a difference, and outlined areas where further changes are required to prevent chronic disease.

Panel 2 Participants:

Meena Dawar, MD MHS CCFP FRCPC

Medical Health Officer
Vancouver Coastal Health

Dr. Meena Dawar is a Medical Health Officer with Vancouver Coastal Health Authority. She has been involved in work looking at the relationship of community and neighbourhoods to health.

Link to my health my community survey - myhealthmycommunity.org/survey-highlights/



Mandy Valentine

Director of Operations, Population and Public Health
BC Centre for Disease Control, Provincial Health Services Authority

Mandy Valentine provides leadership for a variety of programs including food security, healthy eating, healthy built environment and injury prevention. She is interested in the relationship between Social Economic Status and Health.

Link to BCCDC Services – www.bccdc.ca/our-services/service-areas/population-health;https://bcfoodsecuritygateway.ca/

Mary Jung, PhD

Director of the Diabetes Prevention Research Group and Small Steps for Big Changes, Associate Professor, UBCO School of Health and Exercise Sciences

Dr. Mary Jung's overarching research interests lie in the area of self-regulation of health behaviors, with a focus on exercise adherence for the prevention of type 2 diabetes.

Link to Small Steps for Big Changes Initiative - <http://ok-smallsteps.sites.olt.ubc.ca/>

Kathleen Ross MSC, MD

President, Doctors of BC

Dr. Kathleen Ross is the current President of Doctors of BC and has been a Family Physician for 26 years in a full scope, community based practice. She has a strong interest in the prevention of type 2 diabetes.

Link to Dr. Ross's President's Blog "Sugar, a modern day pandemic?" - www.doctorsofbc.ca/who-we-are/our-president/presidents-blog

Panel 3 - Clinical Management and Intervention

The third panel focussed on areas of self management and emerging practice that are showing significant promise in the management and reversal of type 2 diabetes.

Panel 3 Participants:

Sean McKelvey

CEO, Institute for Personalized Therapeutic Nutrition

Sean is a recognized leader in pharmacist practice change across Canada. In 2016 he co-founded the Institute for Personalized Therapeutic Nutrition to train and support healthcare professionals on the therapeutic use of food.

Link to IPTN - www.therapeuticnutrition.org



Jonathan Little, PhD

Associate Professor, UBCO School of Health and Exercise Sciences

Dr. Jonathan Little's current research is trying to understand how the metabolic disruptions that characterize type 2 diabetes affect cellular inflammation and explore how different exercise and nutritional strategies can be used to reduce inflammation and improve overall cardiometabolic health.

Link to one research study -

https://docs.wixstatic.com/ugd/81e1ac_eb9e7701ac5e4bb08337c31549fae4da.pdf

Jesse A. Pewarchuk, MD FRCPC

Medical Director and Co-Founder Revive Health Medicine
Assistant Clinical Professor, University of British Columbia

Dr. Jesse Pewarchuk is the co-founder and Medical Director of Revive Lifestyle Medicine, a referral-based specialty practice dedicated to using evidence based lifestyle change in combatting chronic disease, especially those under the umbrella of metabolic syndrome.

Link to Revive Lifestyle Medicine - www.revivemedicine.com/

Patrick McGowan, PhD

Professor - School of Public Health and Social Policy, University of Victoria
Associate Director - Institute on Aging & Lifelong Health, University of Victoria

Dr. Patrick McGowan directs Self-Management BC. His main focus has been on investigating implementation of best practices and effectiveness with health education programs for persons experiencing chronic health conditions, particularly self-management programs and strategies.

Link to Self Management BC - www.selfmanagementbc.ca

DISCUSSION AND WHAT WE HEARD

The day had lively table discussions, informative panel presentations and thoughtful questions. The following provides a summary of what was heard in the room and was noted in the session feedback forms.

- While BC's incidence of type 2 diabetes is lower than other provinces, disparities exist across BC which are linked to social economic status dimensions. There are also disparities across cultural groups.
- A population health approach is required that recognizes social determinants of health and includes upstream interventions to prevent chronic disease. Healthy built environments, walkable communities, food security, poverty reduction, and access to green space are examples of initiatives that are known to have a positive impact on health. These need to be supported and enhanced.
- Management of type 2 diabetes and pre-diabetes needs to be culturally sensitive and recognize the role food may play in traditions.
- Obesity and type 2 diabetes are linked to childhood adverse experiences, mental health issues and social economic status. Practitioners should be aware of the role these factors play when determining appropriate clinical management.
- There needs to be more awareness building about the harm of sugar. Food labelling, government led campaigns similar to tobacco, early childhood education, working with grocery retailers, and preventing ads for sugar containing substances were some examples. It was recognized that the food industry is very influential and strong public policy and commitment by all levels of government are needed.
- There is an opportunity to educate women with gestational diabetes on preventative measures they can take to avoid developing type 2 diabetes.
- There is growing evidence that remission is possible through personalized approaches in nutrition and lifestyle. Remission and reversal should be a clinical goal. Self management plays a key role in sustainability of required changes.
- There were discussions that dollars saved through reduction of medications in a lifestyle medicine approach be targeted towards: drugs not currently covered by pharmacare; and removing the financial barriers to a lifestyle medicine approach for patients.
- There were many suggestions for future sessions, opportunities for continued partnership and the development of a network, including Alberta Health Services and Diabetes Canada.

“We need a societal groundswell for education starting at age 5” participant

“We need more opportunities to come together and work on solutions” participant

- There was discussion on the need to conduct a large RCT study comparing pharmaceutical management to lifestyle approaches.
- People expressed a desire for a provincial or national strategy that identified long term goals and a shared purpose.
- The BC Diabetes Clinical Guidelines are due to be revised and it was suggested that there is an opportunity to influence the changes with a lifestyle first approach to management.
- Engage community groups such as major employers, grocery retailers, community champions.
- There were suggestions that a broader focus on insulin resistance or metabolic syndrome be taken rather than type 2 diabetes.
- It was identified that individuals end up in complex care because of their inability to manage their diabetes rather than other care needs. There are opportunities for improvement.

COMMITMENTS

IHSTS Commitments

1. Synthesize the information and distribute it to the participants and other key stakeholders (July)
2. Build out the Environmental Scan based on input from this group (August)
3. Build out the Asset Inventory based on the input from this group (July)
4. Host additional conversations as required to further the day's work – "T2D Dialogue Two" (TBD)
5. Advocate to appropriate groups for change identified today (TBD)
6. Will support the initial development of a partnership/network as desired (TBD)

"I found the dialogue inspiring and the implications for people's health outcomes is enormous" participant

Please forward any additional thoughts on the day to joannespooner@ihsts.ca