



Cities Changing Diabetes (CCD) Mississauga

Diabetes Stakeholder Roundtable – South Asian Community

Tuesday September 21, 2021

On Tuesday September 21, 2021, Mayor Bonnie Crombie hosted a virtual roundtable discussion to share Mississauga's plans for the CCD Programme, the development of a Mississauga Diabetes Strategy, and explore how Mississauga's South Asian community could be involved.

Presenters included:

- Dr. Ian Zenlea, Paediatric Endocrinology, Clinician Scientist & Lead, Family and Child Health Initiative, Institute of Better Health, Trillium Health Partners, provided an overview on the preliminary findings from current diabetes research
- Gurpreet Malhotra, CEO of Indus Community Services a leading provider of culturally responsive community and health services, provided insights of the South Asian community living with Diabetes
- Andrew Robertson, External Affairs, Senior Manager, Novo Nordisk Canada Inc. provided an overview of the CCD program

The session was 90 minutes in length including presentations, small group facilitated discussions and sharing and discussions in the larger group.

The following is a summary of the discussions including as many verbatim comments as possible:

1. What stood out for you in the speakers' presentations today?

- Consistent theme – research on Diabetes. The community piece is significant. Community engagement and conversations are important
- Cultural food differences need to be addressed
- Community Foundation of Mississauga had \$85K of grassroots projects. Applications for this money was worth \$250K! Need more money to support these programs

- In Gurpreet Malhotra’s presentation “Follow-up” stood out for them, really resonated that we can say we are going to do something then let the ball drop. The whole ‘selling’ pop after the School board says they don’t support sugary drinks
- One organization cannot do this alone, need to raise awareness, City healthy options
- Impressed by idea of community engagement, big undertaking and looking forward to seeing what comes from it
- Importance of taking cultural considerations into account

2. What information most surprised you about type 2 diabetes prevalence in the South Asian community?

- Not just food, it’s everything. Exercise, sleep. Really like the Health Partners ‘Health at Any Size’, especially with young people and their body types. Social media has a big impact on them.
- Can get diabetes with a lower Body Mass Index (BMI). And the high rate of passing it on to your children
- The whole ‘selling’ pop after the School board says they don’t support sugary drinks. Need to shift focus to the youth
- How high it was for Mississauga, higher trajectory
- Higher rates as region
- Compared to U.S. not surprising stats, but alarming compared to white people, just any comparison compared to Caucasians; disparity in healthcare system that still exists

3. What most concerned you about the information presented?

- Once you have it (Diabetes) there is cost associated with it. You will lose years.
- Need to really work hard with the community to tell us their needs
- More money for innovative projects. Positive community involvement.
- Education of people is necessary. An immediate cure is not possible even though we have been studying and researching Diabetes for years. Money is good, but we need good programs – including lifestyle changes, eat, sleep, and exercise. Engage & Education and Empower and Educate. The demographics of past projects focus’ too much on the older generation. There is a need to get to children as young as possible.
- Many things are started and are not completed; hear about so many efforts that stall or go with the election cycle
- Need continued call for sustained action
- Unwilling as a community to create a systemic change; threatened by changes in municipal government and funding for example.

4. What do you think have been some of the barriers/challenges to reducing diabetes in your community?

- So many intermingled diseases, so many contributing factors; so many ethnic backgrounds
- Prior to CCD was another initiative where campaign was stigmatizing; important for voice of community to be heard not just from outside community; must include those with lived experience
- Lack of community driven/engagement; not working together as a community to address this; isn't connectivity between services; not measuring impacts across systems of care – won't know how making an impact, are there gaps, hard to understand if what is being done is making impact
- Is Type 2 diabetics a priority according to community members themselves; what is the hierarchy of need especially during COVID versus from the health care perspective of it being a priority

5. How do you think you or your organization could contribute to making this initiative successful?

- Having people with lived experience to try to help, public, community organizations and health professionals – make more inclusive
- Researchers – ask the right questions to co-design solutions with the community

6. What are your top three recommendations on how we can best connect with your community?

- More outdoor gyms in the parks, for those that can't afford a Pelotons or gym membership. What can be done in the winter months since we have more winter months than summer? Sports are expensive, more exercise for children that is close to their homes
- Early intervention. Be more proactive instead of reactive. Children, teenagers
- Programs that are specific to a demographic. The older generation can teach the younger generation how to cook, plant food, etc.
- Pre/during/post-COVID context in mind – can't move forward without addressing this.
- Go to community members already meeting/convening; join their conversations and listen to help build trust.
- Have community members present at more of these initiatives and presenting/sharing themselves – keep an open mind, listening with no assumptions.
- Ask them to invite their networks to participate and build from there to broaden the level of engagement and participation.

Additional notes received from participants (July 2022)

- Organize Diabetes clinics in neighbourhoods where Diabetes seems to be prevalent



Cities Changing Diabetes (CCD) Mississauga

Diabetes Stakeholder Roundtable – Black Communities

Friday October 15, 2021

On Friday October 15, 2021, Mayor Bonnie Crombie hosted a virtual roundtable discussion to share Mississauga’s plans for the CCD Programme, the development of a Mississauga Diabetes Strategy, and explore how Mississauga’s Black communities could be involved.

Presenters included:

- Dr. Ian Zenlea, Paediatric Endocrinology, Clinician Scientist & Lead, Family and Child Health Initiative, Institute of Better Health, Trillium Health Partners, provided an overview on the preliminary findings from current diabetes research
- Angela Carter, Executive Director of the Roots Community Services Inc., a charitable multi-service organization supporting the Black, African and Caribbean communities provided insights of the Black community living with Diabetes
- Andrew Robertson, External Affairs, Senior Manager, Novo Nordisk Canada Inc. provided an overview of the CCD program

The session was 90 minutes in length including presentations, small group facilitated discussions and sharing and discussions in the larger group.

The following is a summary of the discussions including as many verbatim comments as possible:

1. What stood out for you in the speakers’ presentations today?

- How high the statistics (rates) are for the south Asian community
- Statistics for the African & Caribbean community
- How great the numbers are for non-type 1 diabetes

2. What information most surprised you about type 2 diabetes prevalence in the Black community?

- The response to medications differs from Caucasian, to Black Africans to Blacks in the Caribbean
- Diet and being undiagnosed

3. What most concerned you?

- Different races respond to diabetic medicine differently.
- Physiological make up of race, lack of data that is racial subgroups
- Don't change diet, or cook with salt. It is about prevention and learned behaviours.
- Tensions between race and genetics. Access or limited access to health care
- Not a lot of stats on the Black community in Canada

4. What do you think have been some of the barriers/challenges to reducing diabetes in your community?

- Black communication tailored to the black community
- Barriers include: no family doctors, primary care is walk-in clinics, low income, and lifestyles shape their lives differently.
- Underfunding of prevention and health care.
- No culturally sensitive interventions/communication
- Anti-Black racism e.g. no car, low salaries and other obstacles in society
- Not enough research done on ethnic minorities.

5. How do you think you or your organization could contribute to making this initiative successful?

- Black Health Alliance and Roots Community Services would like to engage the community and work on this CCD initiative
- Targeted and specific responses to specific groups
- Co-design and work with City. Black only community agencies, be invited to the table, black health strategy
- Design the intervention together with the community

6. What are your top three recommendations on how we can best connect with your community?

- Provide more nutritional information for ethnic foods and restaurants
- Have diverse medical research study groups (both professionals and participants)
- Have an Equity, Diversity and Inclusion plan
- In regards to Indigenous Canadians, talk about or study "Trauma Eating"
- "Nothing about us, without us"
- A bottom-up approach works better than a top-down approach
- Caloric and nutritional value on food from ethnic restaurants, maybe include restaurant owners of Caribbean and west south Asian in the CCD mission.

- Testing for data for the Black community for better data and facts
- Anchor this work in a longer-term Black Health Strategy for the region
- Involve young people directly in this process and include a focus on young people
- Develop an approach that can support building and scaling community-based programs such as health challenges, and do it in a way through leveraging partnerships such as corporate sponsorship for gear like Fitbit, or (other)active wear
- Where we can collect data (community must govern that data) to help us understand population-based outcomes and provide feedback to participants
- Peer to peer models are also effective in health promotion.



Cities Changing Diabetes (CCD) Mississauga

Diabetes Stakeholder Roundtable Notes – Business and Non-Profit Community

Tuesday December 7, 2021

On Tuesday December 7, 2021, Mayor Bonnie Crombie hosted a virtual roundtable discussion to share Mississauga’s plans for the CCD Programme towards the development of a Mississauga Diabetes Strategy, and explore how Mississauga’s business and non-profit community sectors may help. The theme for this roundtable was healthy employees, healthy economy and how a healthy workforce creates and leads to a better economy.

Presenters included:

- Dr. Lorraine Lipscombe, Associate Professor of Medicine and Director of the Novo Nordisk Network for Healthy Populations, University of Toronto described the mandate and scope of the research to be conducted through the Network
- Trevor McPherson, CEO of the Mississauga Board of Trade provided an overview of the Board’s initiatives regarding healthy workforce and economy
- Seema Nagpal, Vice President, Science and Policy, Diabetes Canada shared the agency’s research, documentation and services related to Diabetes in Canada
- Andrew Robertson, External Affairs, Senior Manager, Novo Nordisk Canada Inc. provided an overview of the CCD program

The session was 90 minutes in length including presentations, small group facilitated discussions, sharing and discussions in the larger group.

The following is a summary of the discussions including as many verbatim comments as possible:

1. What stood out for you in the speakers’ presentations today?

- We need to help the population transition to making smart / healthy choices
- Education is key
- Need to eliminate vending machines and offer healthier cafeteria choices

- We need to hold more diabetes screening events. Awareness is key
- (With) 41 Cities involved (with CCD), (it) would be good to see more Canadian cities (join)
- Interest from other cities moving to prevention at work
- At the individual level, work to what does work for you without impact to you
- The numbers stood out. If you look at the increase in prevalence in this community, it behoves us to do something.
- Interested to know best practices businesses globally, and what can be adapted and built from them.
- What we've seen in cities there it (the programme) has gone well when there's a whole community approach to it.
- Most of life is spent in the workplace, which means that businesses and communities need to be involved in it. It is a collective approach.
- Mississauga has a lot of strength and momentum to make changes based on its diversity and companies headquartered here (Mississauga).
- Initiatives need to involve everyone
- (We need to understand) how diabetes impacts and complicates other aspects of life. Because of this, we need to approach this as a whole system. It's a societal, not (just) a healthcare issue.
- There are modifiable and non-modifiable risk factors. We need to change behaviour. The pandemic has worsened the problem. Food is abundant in our country.
- Knowing the upstream issues, it's tough to reverse where we are. Good models need to be set up and brought to the local level. How can we work together with other community groups?
- Work with the YMCA student nutrition program. Work with the federal government. Meal costs \$1.41, secondary \$2 (approx.). Yes (there is an) abundance of food, but schools have to come up with fundraising for good food choices.
- 1/3 people – is this kids as well? How does this effect the younger generation?

2. What information most surprised you about type 2 diabetes prevalence in the Mississauga? The Region?

- Most of the issues are socio-economic
- Plans should be customized to the various ethnic groups and their needs
- Our (City) numbers are a lot higher than the average
- Not a surprise but notable that Mississauga is diverse
- What was surprising was the aspect around the time lag; consequences are often down the road.
- The importance of good performing healthy workplaces and it's impact on productivity
- We heard that when you look to your left, and right, one of you has diabetes, this statement made it more alarming.

- Mississauga rates are higher - leave that to the research to find out why that is the case. Why are we higher than national levels? Do we drink or eat differently? What do we do as an industry?
- Work with employees to get good ideas on health and wellness for employees. Direct stakeholder involvement.

3. What most concerned you?

- We need to establish a baseline. Include science in the approach at all times
- Campaign to know your status
- Self advocacy, self management, but lacking of ability
- If what is happening is not working - it is time to adapt
- Mental health is linked to diabetes
- Data collected has a significant impact and reveals the diverse differences
- That diabetes is not considered a public/population health concern. If it's a public health concern, then it's a workplace concern. It affects people at all levels of the workforce now and into the future.
- Really affects healthcare's ability to treat people if diabetes is not well managed.
- Managing diabetes has a fairly short-term payback. Well managed today means it will not be as expensive in the next few years.
- Compounds demographic challenges. Larger portion of workforce retiring now, new candidates may be affected by this.
- That this is a "Gateway condition" which could lead to other concerns and complications.
- The idea that it's a big problem, which means it's everyone's problem, which results in it potentially being no one's problem
- The rising cost of living not playing in our favour
- The impact of the pandemic is yet another thing affecting, income, and economic instability. We are always in flux. Another new layer of the environment we are living in. Lifestyle and health
- Does the food industry know? They can contribute significantly. Should they play a role in this conversation (this will definitely be something that is addressed in the future)

4. What do you think have been some of the barriers/challenges to reducing diabetes in your community? Industry?

- Most life is spent in the workplace, which means that businesses and communities need to be involved in it. It is a collective approach.
- Collaboration piece on the clinical and social aspects. Health practitioners, employers, people together.
- Major priority to work with healthcare professionals

- Choice architecture – looking at ways to choose - now the scales are tipped to unhealthy choices. Easier for fast food vs. healthy. Quick vs. time-consuming to prepare food. Easier to be sedentary vs. active.
- Diet, exercise and time. Salty, sweet food is cheap.
- Not enough emphasis on how much better we feel if we are healthy
- Time poverty
- Apathy about diabetes is a barrier
- We live in a disease-promoting environment, fast food that lacks nutrients, eating at our desks
- Social status as a determinate of health
- Education and awareness are key
- Employers lose talent if the staff cannot be accommodated or feel cared for
- Residents need to visit their GP more often for regular checkups. Not just aches and pains.
- Managing diabetes has a fairly short-term payback. Well managed today means it will not be as expensive in the next few years.

5. How do you think you or your organization could contribute to making this initiative successful?

- Provide more data and help with evaluation and analytics.
- Being a conduit to the business community
- Acknowledging what successful businesses are doing
- Highlighting why employers should care
- Diabetes Canada has a good support framework - leverage it to rally volunteers (and champions)
- Promote and provide solutions that are adaptable at work
- Allow employees to have medical visits or screening without penalty or needing to take time off

6. What are your top three recommendations on how we can best connect with your community? Industry?

- Talk to us and keep the conversation going
- Different messaging for different audiences. For example, businesses focus on the bottom line and business disruption. As the program builds and grows, it will require different messaging for different members of the community and industry.
- Meeting people where people are at using a peer-to-peer approach supported by evidence-based information
- Through well-being, mindful workshops promoting health from the inside out
- Promote bringing your authentic self to work “ identify and recognize chronic conditions”

- Messaging should highlight why employers should care e.g. bottom line and business disruption
- Mississauga has a lot of strength and momentum to make a change based on its diversity and companies headquartered here
- We need to think about how we bring healthy food choices and physical activity to workers in the community
- Good models need to be set up and brought to the local level
- Direct stakeholder involvement and customized plans are needed
- Include the food industry in the conversation

Additional Notes received from participants (July 2022):

- food choices have to be dealt with the grass root level and working with the program have seen how socio-economic factors put the families to choose between Healthy and unhealthy foods as unfortunately salty and sugary foods are more affordable. My one request is to Change the Cost /meal: Elementary \$1.45 (approx.); Secondary \$2.22 (approx.)
- In light of the “Great Resignation”, employers who offer health and wellness initiatives such as workplace diabetes management programs show their employees that the employer cares about their health, which can be part of the overall talent retention strategy for the employers in Mississauga.