Managing diabetes in diverse workplaces: Time for DE&I-informed benefits strategy

The rising prevalence of type 2 diabetes in Canada places a significant burden on health-care systems, economies and employers.

Every **3** minutes, another Canadian is diagnosed with diabetes[1] and faces life-long continuous demands for self-management to be healthy, productive and safe. But this burden is not spread evenly among Canadian populations.

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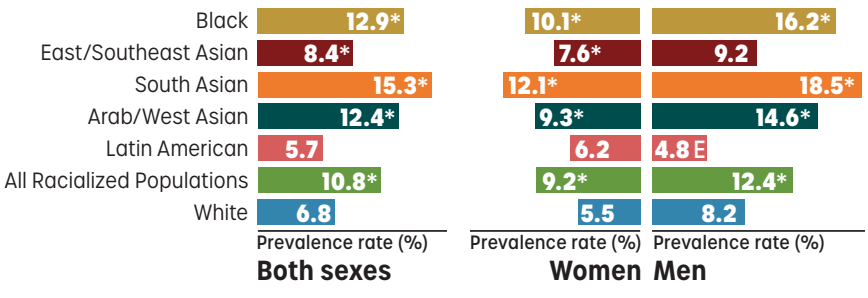
Forty percent (**40%**) of the Canadian population is made up of immigrants and their Canadian-born children[2]. Studies show that newcomer populations have a substantial decline in health in the years after migration to Canada, leading to a higher risk of diabetes[3].

The highest prevalence of diabetes in Canada is reported in Indigenous, immigrant and susceptible ethnic populations[4], some of the fastest growing populations in the country[2]. According to the Public Health Agency of Canada[5], the prevalence of diabetes across cultural and racial background populations in Canada is as follows:

Diabetes by Racialized Group (Adults, 18+ years)



*: Significantly different from reference category, by sex/gender groups

Compared to the white Canadian adult population, the prevalence of diabetes is

2.3X higher among South Asian adults;

1.9X higher among Black adults;

1.8X higher among Arab/West Asian adults; and

1.8X among First Nations adults off-reserve[5].

Along with having significantly higher diabetes prevalence, racial and ethnic minorities with type 2 diabetes have worse glycemic control and higher rates of diabetes complications[6].

Numerous studies reveal disparities in the use of continuous glucose monitoring (CGM) technology within racially and ethnically diverse populations in the US. Restrictive insurance eligibility criteria, limited access to quality care and physician shortages are key contributing factors[7]. It is well established that racialized populations in Canada are among those least likely to have access to a regular primary care provider[8].

Racialized groups now represent more than one-in-four (**28%**) Canadians in the workforce[9]. Given the diabetes-related health inequities, poorer outcomes and barriers to care that are disproportionately impacting these employees, employers should incorporate diabetes management into their diversity, equity and inclusion (DE&I) efforts.

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These efforts should include health benefits plan design strategies aimed at providing diverse employee populations with type 2 diabetes expanded access to diabetes care services and supportive technologies, including continuous glucose monitoring (CGM) supplies.

Evidence indicates that improved glycemic control reduces the risk of both microvascular and cardiovascular complications[10], making self-monitoring of glucose an essential component of diabetes management. Continuous glucose monitoring (CGM) is an important diabetes self-monitoring tool in this regard. This is particularly the case for marginalized populations with diabetes, who stand to benefit considerably from improved glucose management and simplified, automated approaches to daily diabetes self-care[11].

Increasing access and utilization of CGM, in conjunction with CGM data-guided virtual diabetes care, is the type of DE&I-informed health benefits strategy required to help reduce inequities in diabetes care and outcomes within ethnically diverse employee populations.

References

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