



Hon. Anthony Furey
 Office of the Premier
 Confederation Building, East Block
 St. John's NL A1B 4J6

Via email: premier@gov.nl.ca

February 2, 2023

Dear Premier Furey:

In advance of the First Ministers meeting on healthcare that you will attend on February 7th, I write to you on behalf of the 11.7 million people in Canada – including 193,000 Newfoundlanders and Labradorians – who live with diabetes or prediabetes. As you prepare to discuss the sustainability and future of healthcare with your fellow Premiers and the Prime Minister, it should be noted that, across Canada, it costs \$50 million each day to treat diabetes and its complications.

These complications result in healthcare system utilizations as diabetes contributes to 30% of strokes, 40% of heart attacks, 50% of kidney failure requiring dialysis, 70% of all non-traumatic leg and foot amputations, and is the leading cause of preventable blindness. Moreover, the following chart – derived from our Diabetes Cost Model – highlights the current and projected impact of diabetes in Newfoundland and Labrador over the next decade.

Prevalence	2023	2033
Diabetes (type 1 + type 2 diagnosed + type 2 undiagnosed)	105,000 / 19%	124,000 / 22%
Diabetes (type 1 and type 2 diagnosed)	73,000 / 14%	87,000 / 15%
Diabetes (type 1)	5-10% of diabetes prevalence	
Diabetes (type 1 + type 2 diagnosed + type 2 undiagnosed) and prediabetes (includes undiagnosed)	193,000 / 36%	216,000 / 39%
Increase in diabetes (type 1 and type 2 diagnosed), 2023-2033	18%	
Direct cost to the health care system	\$72 Million	\$81 Million
Out-of-pocket cost per year		
Type 1 diabetes costs, % of family income	\$520-\$9,214 / 2%-12%	
Type 2 diabetes costs, % of family income	\$401-\$6,394 / 1%-9%	



1300-522 University Avenue, Toronto, ON M5G 2R5 | Call us 1-800-BANTING (226-8464)

1300-522 avenue University, Toronto, ON M5G 2R5 | Appelez-nous au 1-800-BANTING (226-8464) | diabetes.ca

Charitable Number | Numéro d'organisme de bienfaisance: 11883 0744 RR 0001



Diabetes can also reduce lifespan by five to 15 years, and it is estimated that the all-cause mortality rate among those living with diabetes is twice as high for those without diabetes in Canada.

Diabetes is also a disease of inequity with certain populations at higher risk of developing type 2 diabetes, such as those of African, Arab, Asian, Hispanic, Indigenous, or South Asian descent, those who are older, have a lower level of income or education, are physically inactive, or living with overweight or obesity. And the out-of-pocket costs – drugs, device, supplies – for Newfoundland and Labrador residents living with diabetes can be as high as \$9,214/year if they only have public coverage.

At a global level, the World Health Organization (WHO) has identified diabetes as a major public challenge of the 21st century. Given all these factors, Diabetes Canada calls on the federal government, and provincial/territorial governments to support our mission to #EndDiabetes through the provision of:

Adequate Resources via funding innovative models such as *cost sharing, matched funding programs, and public/private partnerships* to ensure health authorities, communities, and all relevant stakeholders have opportunities and support to build capacity and improve access to services, medications, and devices for people affected by diabetes.

Measurable Progress through the creation and funding of a *multi-sectoral oversight body* to convene key leaders and commit stakeholders to action, develop performance indicators, share best practices, and measure and report on the progress of the Framework for Diabetes elements annually against key principles, such as health equity and scalability to other chronic diseases.

Comprehensive Data through *scaling up and expanding current data sources and increase data sharing and coordination* through new data connection points that will improve health outcomes for people with diabetes. This is consistent with, and aligned to, the pan-Canadian health data strategy.

Inclusive Education by funding and supporting *culturally appropriate, inclusive, and evidence-based education programs and knowledge transfer programs* that focus on management and preventive measures using patient-focused training to address stigma and health inequities faced by those with diabetes.

Research through continued funding of *impactful research for all types of diabetes (type 1, type 2 diabetes, gestational, and prediabetes)*, diabetes management, the impact of health inequalities, and the impact of diabetes on equity-seeking communities.

I have also written to your fellow Premiers and the Prime Minister on this subject and have asked them, as I am asking you, to work collaboratively to seek innovative solutions and funding partnerships in your discussions and support the needs of the 1 in 3 Canadians who live with diabetes or prediabetes.



Finally, I draw your attention to the tabling of the [Framework for Diabetes](#) this past October in the House of Commons. This Framework, supported by Parliamentarians of all parties, is a policy roadmap for all sectors of Canadian society to address the epidemic of diabetes – a new diagnosis occurs every three minutes, of every hour, of every day – in Canada.

Its tabling has generated a palpable level of excitement within the diabetes community, and an expectation of the beginning of concrete funding commitments in this year's federal, and provincial/territorial, budgets. This Framework can also be deployed as a template to inform strategies and approaches to the prevention and management of other chronic diseases.

We look forward to working with you, your Minister of Health, and your government to create a Newfoundland and Labrador-focused framework or strategy than can build from elements of this aforementioned document. I wish you success for your provincial residents, and all Canadians, during your meeting next week and in future healthcare funding discussions.

Sincerely,

Russell Williams
Senior Vice-President, Mission
Diabetes Canada