



# **Extending the Impact of the Framework for Diabetes in Canada**

Submission to the  
Standing Committee on Finance  
Consultation on the  
2024 Federal Budget

**August 4, 2023**

All recommendations in this submission build on the “Framework for Diabetes in Canada” (hereafter referred to as “Framework for Diabetes” or “Framework”) which was tabled by the Hon. Jean-Yves Duclos on October 5, 2022.

- 1. Provide sufficient funding to achieve the Framework's goals by committing the necessary financial and human resources needed to fully implement and operationalize it.**
- 2. Provide additional resources for diabetes research by supporting treatment of all types of diabetes, including areas where there are acute research gaps, such as the link between diabetes and mental health, the growing prevalence of type 2 diabetes in children and youth and more.**
- 3. Ease the cost of access & services for those living with diabetes by helping to provide financial support for the necessary medications, devices, and support.**
- 4. Match funding allocated by provincial and territorial governments to jumpstart research and support projects for people in Canada living with diabetes.**
- 5. Bolster, gather and create new comprehensive and reliable sources of pan-Canadian data on diabetes.**

## OVERVIEW

Diabetes Canada is the nation's most trusted provider of diabetes education, research, resources, and services. We have helped millions of people in Canada affected by diabetes understand it, manage it, and combat complications for the seven decades since 1953.

Diabetes has now reached epidemic proportions across Canada. One in three Canadians – 11.9 million people – live with diabetes or prediabetes, which, to put it in perspective, means that someone new is diagnosed every three minutes each day, every day.

The human toll of the diabetes epidemic is real and growing, contributing to 30% of strokes, 50% of kidney failure requiring dialysis, 70% of all non-traumatic leg and foot amputations, and is the leading cause of preventable blindness. Diabetes is estimated to reduce individual lifespans by 5 to 15 years; and the all-cause mortality rate among those living with diabetes is twice as high as those without diabetes in Canada.

The financial and other resources required to treat those affected represent a different kind of health care crisis, costing individuals and the health care system \$50 million dollars each day, every day.<sup>1</sup> This includes the cost of medical appointments, lab tests, dialysis, hospital stays and more, which consume health care system resources, as well as thousands of dollars each year in medication, devices, and supplies, mostly paid for by individuals or their insurance companies.

The impacts of diabetes do not fall equally on all Canadians. Certain populations, including Indigenous peoples, as well as people of African, Arab, Asian, Hispanic, or South Asian descent, are disproportionately impacted by it, as are those who are older, have a lower level of income or education, are physically inactive, or are living with overweight or obesity:

Without dedicated and continued interventions, the human, logistical, and cost burden of diabetes will continue to grow, end lives too early, and diminish Canada's potential.

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<sup>1</sup> ([https://diabetesatlas.org/idfawp/resource-files/2021/07/IDF\\_Atlas\\_10th\\_Edition\\_2021.pdf](https://diabetesatlas.org/idfawp/resource-files/2021/07/IDF_Atlas_10th_Edition_2021.pdf), n.d.)

In 2022, the Federal Government, with support from all parties, took a major step to confront the diabetes epidemic when it announced its *Framework for Diabetes in Canada*, a comprehensive plan to better support for those living with diabetes and pre-diabetes and to help check its future growth.

Provinces have since started developing their own Frameworks, with [Manitoba](#) announcing a comprehensive action plan - a five-year, whole-of-government strategy to improve prevention, detection, management and surveillance programming for type 1, type 2, and gestational diabetes - in July 2023.

**The federal Framework for Diabetes represents our best opportunity to improve the lives of people in Canada living with diabetes and reduce the strain on the health care system. Now that we have the right policy, we must ensure that it is supported and sufficiently funded in a way that allows it to achieve its full potential, each day, every day.**

## **RECOMMENDATIONS FOR BUDGET 2024**

### **Recommendation 1:**

**Provide sufficient funding to achieve the Framework's goals by committing the necessary financial and human resources required to fully implement and operationalize the Framework. As a first step, this should include the establishment of a Governance Council to oversee the Framework's implementation.**

The Framework clearly states that, to meet its objectives it must:

“provide a common policy direction for multi-sectoral stakeholders to improve access to diabetes prevention and treatment to ensure better health outcomes for people living in Canada and allow for the identification of gaps in current approaches, avoid duplication of effort, and provide an opportunity to monitor and report on progress.”

As a practical first step in the implementation of the Framework, Diabetes Canada therefore recommends that the Government of Canada provide \$1M for the first year (2024-25) and then ongoing sustained funding to create a ‘Governance Council’ that would oversee the implementation of the Framework. We believe the Council

should be chaired by an eminent Canadian, with representation from the provinces and territories to ensure effective coordination across jurisdictions. It would also be required to provide annual reports to the Minister of Health that includes recommendations on how to administer core aspects of the Framework based on data gathered by the Public Health Agency of Canada and through discussions at the Council table.

## **Recommendation 2:**

**Provide additional support for diabetes research by supporting the prevention and treatment of all types of diabetes, including areas where there are acute research gaps, such as the link between diabetes and mental health, the growing prevalence of type 2 diabetes in children and youth and more.**

Research is the key to supporting the prevention and treatment of all types of diabetes. While research resources are required across the field, several acute research gaps continue to exist that limit the effectiveness of our support in certain key areas, such as the link between diabetes and mental health, the growing prevalence of type 2 diabetes in children, youth and more.

Additional funding is required to support novel or impactful diabetes research including diabetes management, the impact of health inequities, and the impact of diabetes on equity-seeking communities. Further research is also required into alternative delivery methods of screening services, and the identification and introduction of new, non-clinical screening methodologies.

Given its experience funding innovative health research, Diabetes Canada recommends funding into the prevention, causes, and treatment of diabetes through the Canadian Institute for Health Research, as well as through other innovative funding mechanisms that government has used to quickly dispatch funding to priority research areas.

### **Recommendation 3:**

**Ease the cost of access & services for those living with diabetes by helping to provide access for the necessary medical equipment for those living with diabetes.**

The medications, devices, and supplies required to treat diabetes can cost people thousands of dollars annually. One quarter of people living with diabetes have

reported that these additional costs affect adherence to their prescribed treatment regimens, which has significant risks to their short- and long-term health. In fact, the out-of-pocket costs – drugs, devices, supplies – for Canadians living with diabetes can be as high as \$18,000/year if they are solely reliant on public coverage.

Out-of-pocket costs per year	
Type 1 diabetes costs, % of family income	\$78-\$18,306 / 0%-12%
Type 2 diabetes costs, % of family income	\$76-\$10,014 / 0%-7%

Canadians should not bear the costs of the necessary medical equipment, supplies, and medications on their own. The Government of Canada should help Canadians with the costs associated by providing financial support for these lifesaving necessities. We urge the Government of Canada to immediately focus on increasing access to these vital resources for the most vulnerable populations, before broadening access to all Canadians to help them access the equipment, supplies and medications they require. Such a staged approach has been used in the delivery of dental care benefits and is a model that allows services to reach those most in need quickly.

### **Recommendation 4:**

**Match funding allocated by provincial and territorial governments to jumpstart research and support projects for people in Canada living with diabetes.**

The Framework for Diabetes must be funded by all orders of government in Canada. While the Framework adopts a fresh way of confronting the diabetes epidemic and as provinces and territories adopt their respective frameworks for combatting the disease, new financial commitments and contributions are necessary to achieve the goals spelled out in each framework. Canadians suffering with

diabetes should know that there is support for them from their governments, that is why we propose that the Government of Canada match the financial contributions from provincial and territorial governments across the country in the ongoing battle against diabetes.

## **Recommendation 5:**

**Bolster, gather and create new comprehensive and reliable sources of pan-Canadian data on Diabetes.**

Let us build on the progress made in the 2023 Federal Health Agreements with the provinces and territories which among other important initiatives seeks to modernize our health care systems with standardized health data and digital tools. Diabetes Canada recommends that the federal government scale up, expand current data sources, and increase data sharing and coordination across jurisdictions and sectors. Diabetes data is currently reported through a patchwork system across provinces and territories in Canada, limiting the ability to have an accurate and up-to-date picture of diabetes and its evolving impacts.

The jurisdictions also have varying levels of integration of electronic medical records, further compounding the challenges of data gaps. Without a standard for consistent information gathering across Canada, we are left with major gaps in reporting on diabetes, including number of people with the disease who are undiagnosed, management of the disease, prevention of and screening for complications, the proportion of the population receiving specific programs or supports, and the health outcomes they are experiencing as a result.

## CONCLUSION

Millions of people in Canada from coast to coast to coast, are impacted by diabetes and prediabetes every single day. As we noted in our introduction, the growth and impact of diabetes in Canada will continue.

Ten years from now, at least 2.2 million additional Canadians will be diagnosed with diabetes or prediabetes and will face the personal and financial burdens that come with it.

If the Canadian diabetes “community,” which includes the federal government, provinces, diabetes support and research organizations, and the individuals living with the disease, fulfill our shared commitment to fund and implement the Framework for Diabetes the lives of people living with diabetes will be significantly better than it would be under current circumstances.

The difference between a visionary policy that is well-intentioned and a visionary policy that is transformative is directly tied to the resources we are prepared to invest in achieving it. We must not miss the chance to deliver on the promise of the Framework.

**We strongly recommend that the committee include funding recommendations in its report by asking the federal government to commit the necessary resources, to ensure we eventually succeed in eradicating this condition.**