

# Diabetes 360°: A Framework for a Diabetes Strategy for Canada

Executive Summary - July 2018

## The problem

Canada has an unprecedented opportunity to implement innovative policy and exercise global leadership with bold action on diabetes, paralleling what Finland, Sweden, Denmark, India and other progressive countries have done.

These nations have decisively addressed what Canada can no longer afford to ignore: the impact of diabetes on people, families, employers, healthcare and the economy is devastating and will continue to escalate at an alarming pace without coordinated action.

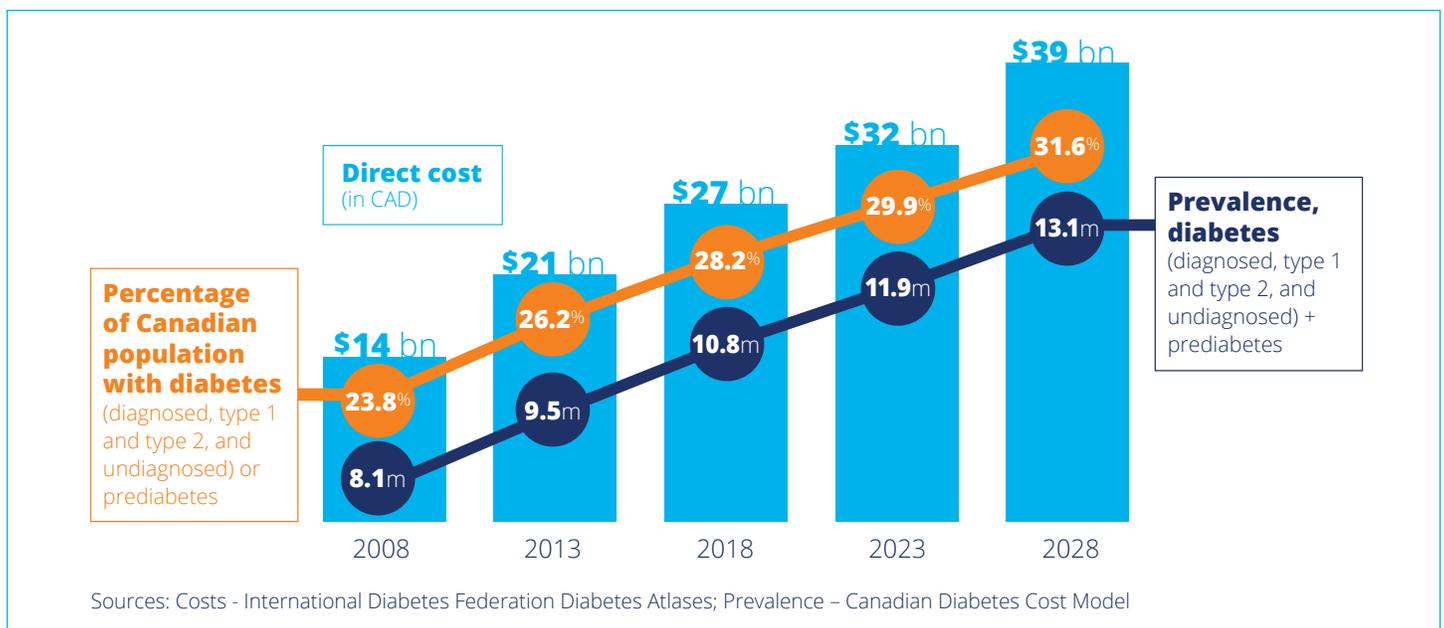
The trend is indisputable: Since 2000, the number of Canadians with diabetes has doubled. This means about 11 million Canadians now live with prediabetes or diabetes. Canadians now 20 years old face a 50% chance of developing the disease in their lifetime. For First Nations Peoples in Canada, that risk is up to 80% and in some subgroups within this population, it is even higher.

It may not be surprising then that the International Diabetes Federation lists Canada among the worst OECD (Organisation for Economic Co-operation and Development) countries for diabetes prevalence.

Beyond the immeasurable human costs of this, if prevalence grows by 40% in the next decade as projected, the direct costs associated with treating diabetes in Canada will top \$39 billion by 2028.

Something must be done urgently to turn the tide. Canada needs a strategy to coordinate the efforts underway in all provinces and territories to combat this epidemic. More importantly, Canada needs to adopt global best practice to reduce the human burden of this rapidly escalating disease and the unsustainable pressure on the health care system.

## Economic Impact of Diabetes in Canada



## The Opportunity

Diabetes is a challenging disease, but one that we can prevent in many cases by modifying risk factors and better managing diabetes. Recognizing this, Diabetes Canada convened more than 115 individuals representing nearly 100 stakeholder organizations over the past year to build a new strategy for diabetes in Canada.

This flexible blueprint – modelled on the proven, ambitious approach used for HIV/AIDS and other global disease prevention and management strategies – can deliver results in just 7 years by focusing on the following key targets:

### Diabetes 360° Targets:

**90%** of Canadians live in an environment that preserves wellness and prevents the development of diabetes

**90%** of Canadians are aware of their diabetes status

**90%** of Canadians living with diabetes are engaged in appropriate interventions to prevent diabetes and its complications

**90%** of Canadians engaged in interventions are achieving improved health outcomes.

These targets are based on extensive consultation and rigorous analysis of research. The actions required for their achievement are detailed below, as are the unique considerations of people with type 1 diabetes and Indigenous peoples in Canada.

In Budget 2019, Diabetes Canada recommends that the federal government should establish a national partnership and invest \$150 million in funding over seven years to support the development and implementation of a new national diabetes strategy, based on the Diabetes 360° framework. Concurrently, the federal government should facilitate the creation of Indigenous-specific strategic approaches led and owned by Indigenous groups.

With federal government support in Budget 2019, implementation of this national strategy could begin in 2020 and continue through 2021 – a milestone year that marks the 100th anniversary of Dr. Banting's discovery of insulin.

This would allow Canada to mark the occasion with another critical achievement in the prevention and management of diabetes, and once again improve the lives of millions of Canadians.

## Costs and benefits of Diabetes 360° 2018 - 2025

### Cost:

**\$150 MILLION** investment



**120+ EXPERT** stakeholders



### Benefit:



**\$9 BILLION** in cost savings from prevention alone



**770,000 FEWER** cases of type 2 diabetes



**245,000 FEWER** hospitalizations for diabetes



**35,000 FEWER** lower limb amputations

## Summary of Recommendations

TARGET	ACTIONS	MEASURES AND OUTCOMES
<p><b>Prevention:</b> 90% of Canadians live in an environment that preserves wellness and prevents the development of diabetes.</p>	<ul style="list-style-type: none"> <li>• Eliminate health inequities and food insecurity.</li> <li>• Healthy options are always available.</li> <li>• Physical activity is facilitated.</li> <li>• Healthy living is taught.</li> <li>• Research is supported.</li> </ul>	<ul style="list-style-type: none"> <li>• People are not living with food insecurity.</li> <li>• Canadians eat a healthy diet, are a healthy body weight, achieve recommended physical activity and live in a smoke free environment.</li> <li>• Canadians achieve 150 mins physical activity per week.</li> <li>• School children receive enhanced health education.</li> <li>• The CIHR's diabetes research program is implemented.</li> </ul>
<p><b>Screening:</b> 90% of Canadians are aware of their diabetes status.</p>	<ul style="list-style-type: none"> <li>• Screen for diabetes per Guidelines.</li> <li>• Make screening more widely available.</li> <li>• End stigma.</li> </ul>	<ul style="list-style-type: none"> <li>• Most Canadians screened per Clinical Practice Guidelines (CPGs).</li> <li>• Screening available in most communities outside clinic setting.</li> <li>• Fewer people with diabetes feel stigmatized.</li> </ul>
<p><b>Treatment:</b> 90% of Canadians living with diabetes and prediabetes are engaged in appropriate interventions to prevent diabetes and its complications.</p>	<ul style="list-style-type: none"> <li>• Care should conform to Guidelines.</li> <li>• Patients get the right treatment.</li> <li>• Make lifestyle medicine programs available.</li> <li>• Improve access to drugs, devices and technologies.</li> <li>• Patients supported in managing their diabetes.</li> </ul>	<ul style="list-style-type: none"> <li>• Most people with diabetes screened for complications per CPGs.</li> <li>• More Canadians can access right treatment.</li> <li>• Lifestyle medicine programs available in all major centers and digitally.</li> <li>• Greater access to drugs, devices and technologies is provided.</li> <li>• Repository of patient's supports exists.</li> </ul>
<p><b>Outcomes:</b> 90% of Canadians engaged in interventions are achieving improved health outcomes.</p>	<ul style="list-style-type: none"> <li>• Reduce the sharp increase in rates of diabetes.</li> <li>• Reduce the rate of complications.</li> <li>• Improve sense of wellbeing.</li> </ul>	<ul style="list-style-type: none"> <li>• &lt; incidence of diabetes.</li> <li>• &lt; rate of complications.</li> <li>• &gt; wellbeing reported.</li> </ul>
<p><b>Foundational Elements</b></p>	<ul style="list-style-type: none"> <li>• Enhance national diabetes repository.</li> <li>• Use of value-based approach.</li> <li>• Deliver continuous improvement.</li> <li>• Integrate best practices.</li> </ul>	<ul style="list-style-type: none"> <li>• Enhanced repository fully in place by 2025.</li> <li>• Systems maps exist.</li> <li>• Continuous improvement mechanisms in place.</li> <li>• Canada has best practices.</li> </ul>
<p><b>Type 1 Diabetes-specific</b></p>	<ul style="list-style-type: none"> <li>• PREVENTION: Research is supported.</li> <li>• SCREENING: End stigma and promote early diagnosis.</li> <li>• TREATMENT: Improve access to drugs, devices and technologies; improved transitional care</li> <li>• OUTCOMES: Greater time spent in glucose range</li> </ul>	<ul style="list-style-type: none"> <li>• Increased funding for autoimmunity and prevention research is provided.</li> <li>• Fewer newly diagnosed T1Ds in diabetes crisis (diabetic ketoacidosis).</li> <li>• Greater access is provided.</li> <li>• More time is spent in range.</li> </ul>
<p><b>Unique considerations of Indigenous Peoples</b></p>	<ul style="list-style-type: none"> <li>• Address Truth and Reconciliation's Calls to Action</li> <li>• Development of an Indigenous diabetes strategy by Indigenous Peoples</li> <li>• Prioritize health and wellness</li> <li>• Prioritize the determinants of health</li> <li>• Address the discrepancies in care and health outcomes</li> <li>• Ensure cultural safety and responsiveness</li> <li>• Resolve issues of jurisdiction over health affairs</li> <li>• Ensure stable and sustainable program capital funding</li> </ul>	<p>To be determined by Indigenous groups choosing to implement an Indigenous diabetes strategy</p>