

Realizing the Full Potential of the Framework for Diabetes in Canada

Submission to the
Standing Committee on Finance
Consultation on the
2023 Federal Budget

Diabetes Canada
October 2022

All recommendations in this submission build on the tabling of the “Framework for Diabetes in Canada” (hereafter referred to as “Framework for Diabetes” or “Framework”) by the Hon. Jean-Yves Duclos on October 5, 2022, with a common purpose to improve health outcomes and quality of life for people living with diabetes.

1. Fund innovative models such as *cost sharing, matched funding programs, and public/private partnerships* to ensure provinces, territories, communities, and all relevant stakeholders have opportunities and support to build capacity and improve access to services, medications, and devices for people living with diabetes.
2. Create and fund 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.
3. *Scale up and expand current data sources and increase data sharing and coordination* through new data connection points.
4. Fund and support *culturally appropriate, inclusive, and evidence-based education and knowledge transfer programs* that focus on management and preventive measures using person-focused training to address stigma and health inequities faced by those with diabetes.
5. Continue to fund *creative models of impactful research for all types of diabetes (type 1, type 2, gestational, and prediabetes)*, diabetes management, the impact of health inequalities, and the impact of diabetes on equity-seeking communities.

OVERVIEW

Every three minutes, someone in our country is diagnosed with type 1 or type 2 diabetes. In the last 20 years, the number of people in Canada living with diabetes or prediabetes has doubled to more than 11.7 million. For those living with prediabetes, about half will develop type 2 diabetes if no intervention is made.

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.

Diabetes also adds immense costs to our healthcare system. Every 24 hours, our healthcare system spends almost \$50 million treating people with diabetes. 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.

Under current conditions, the logistical and cost burden of diabetes will continue to grow. As Canada grapples with high inflation levels, out-of-pocket expenses for people living with diabetes continue to rise, further contributing to the national affordability crisis.

Implementing and funding the Framework for Diabetes will improve the lives of people living with diabetes and reduce the growing strain on the healthcare system.

Diabetes is also a disease of inequity, bringing with it serious health challenges that disproportionately impact some people more than others. Certain populations are 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 are living with overweight or obesity:

- The prevalence of diabetes among South Asian and Black adults is 8.1 times and 6.6 times higher, respectively, than the prevalence among White adults;
- The age-standardized prevalence rates for diabetes are 17.2% among First Nations individuals living on-reserve, 10.3% among First Nations individuals living off-reserve, and 7.3% among Métis people, compared to 5.0% in the general population. Further, the prevalence of diabetes among First Nations adults living off reserve and Métis adults is, respectively, 5.9 times and 3.1 times that of non-Indigenous adults; and
- The prevalence of diabetes among adults in the lowest income groups is 4.9 times that of adults in the highest income group.

There are gaps in surveillance data for higher-risk populations, which has resulted in a patchwork of data sources, and ultimately limits Canada's ability to track and change measurable outcomes for these groups.

The Framework for Diabetes, when implemented, will help fill data gaps to better understand these health barriers and inequities and has the potential to prevent millions of diagnoses of type 2 diabetes and ensure all people living with diabetes have improved and equitable access to vital care.

As stated in the Framework for Diabetes, "a range of socio-cultural, biological and environmental factors, have contributed to increased rates of diabetes and its complications

among Indigenous Peoples in Canada.” Diabetes Canada supports the Indigenous-led engagement process with Indigenous organizations that will help identify priorities and ways forward to address diabetes in First Nation, Inuit, and Métis populations.

Recommendation 1: Adequate Resources

Diabetes Canada recommends the federal government ***commit the necessary financial and human resources*** required to fully implement the Framework for Diabetes that was tabled in Parliament on October 5, 2022.

To meet its objectives “to 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”, the Framework for Diabetes must be funded by all orders of government in Canada.

At the federal level, this must include sustained funding, including innovative mechanisms such as cost-sharing, matching funds, and public-private partnerships.

Recommendation 2: Measurable Progress

As part of a long-term commitment to implementing the Framework for Diabetes, Diabetes Canada recommends that the ***government convene an independent, multi-sectoral oversight body*** comprised of leaders in public and private sectors to track performance indicators, measure progress, and report annually on the status of the Framework’s implementation.

As proposed in Bill C-237, a report on the Framework’s progress must be shared with Parliament and the Canadian public five years after its initial tabling. Gathering leaders to develop and track performance indicators, share best practices, and measure the framework’s progress and goals annually will ensure that the Framework remains effective in diabetes prevention, treatment, and education.

By creating this body that monitors the implementation of the Framework for Diabetes, the government will be able to bring metrics, best practices, and continuous expertise to a collaborative body in partnership with provinces, territories, municipalities, and stakeholder groups including health charities and industry.

Recommendation 3: Comprehensive Data

Diabetes Canada recommends that the federal government ***scale up and 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're experiencing as a result.

While extensive effort is being made to address the diabetes epidemic across Canada, it is not coordinated or comprehensive enough to address the complex issues involved, to facilitate economies of scale or rapid knowledge-sharing. This patch-work approach to prevention and treatment exacerbates health inequities for people with diabetes. Our healthcare system is more focused on the treatment of sub-optimal diabetes management and its related complications than on the prevention and better management of diabetes that would result in less cost to personal health and to the healthcare system.

To operationalize the Framework for Diabetes, there must be coordinated information and data sharing across jurisdiction so that knowledge gaps in diagnosis, treatment, direct and indirect costs, access to medications, devices, and services, and health outcomes can be better recognized and rectified.

Recommendation 4: Inclusive Education and Knowledge Transfer

Diabetes Canada recommends that the federal government fund and support ***culturally appropriate, inclusive, evidence-based, education and knowledge transfer programs*** focused on management for all types of diabetes.

Education also plays a significant role in the prevention of type 2 diabetes. Concurrent efforts to facilitate healthy living, physical activity, and personal wellness are all actions that can contribute to an environment that can help prevent type 2 diabetes. Enhanced health education in schools, expanded Canadian institute for Health Research (CIHR) diabetes research programs, and renewed focus on the groups at higher risk for developing type 2 diabetes can also target prevention efforts when it comes to diabetes. Wider availability of screening tests can also help contribute to better education and awareness of diabetes status.

Recommendation 5: Impactful Research

Diabetes Canada recommends that the federal government continue to fund ***creative models of research for all types of diabetes***.

A key pillar supporting the prevention and treatment of diabetes is research. Together with access to data, a key element of the successful implementation of the Framework will require expanded research into the prevention and treatment of all types of diabetes. While research across the field must be supported, there are acute research gaps that remain. Additional research is needed on mental health as it relates to diabetes, substance use, and type 2 diabetes in children and youth.

Further research into alternative delivery methods of screening services should be explored, and the federal government should continue to monitor for new, non-clinical screening methodologies.

CONCLUSION

Millions of people in Canada, from coast to coast to coast, are impacted by diabetes and prediabetes every single day.

Implementing the Framework for Diabetes will not only improve the well-being of people living with diabetes, but it will also help alleviate a growing financial burden on people living with diabetes, families, and the healthcare system: from the individual who must pay out-of-pocket for medications and devices in an environment of increasing financial precarity, to the healthcare systems that are still vulnerable and recovering from COVID-19.

Implementation will support aligning care and outcomes across jurisdictions in Canada and provide a clear focus for action, concentrate scarce human and financial resources, and improve the effectiveness of public health efforts. This implementation effort must include engagement with the provinces, territories, and other stakeholders.

Over the last several years, the federal government has made important progress, with the support of parliamentarians from all parties, to:

- Recognize and support the Diabetes 360° Strategy;
- Commit \$35 million over five years for the development towards a framework for diabetes as well as research, surveillance, and prevention of diabetes;
- Pass Bill C-237, *An Act to establish a national framework for diabetes*; and,
- Table the Framework for Diabetes in Canada on October 5, 2022.

This work and momentum are even more impressive given the backdrop of the COVID-19 pandemic that has understandably occupied the attention of parliamentarians, the entire federal government, and the public service.

The next steps are clear in our collective fight to end diabetes in Canada and save more than \$50 million dollars a day in treatment costs. By investing in the implementation of the Framework for Diabetes, the government can help sustain a health system that drives down costs and better supports people in Canada.

Implementing the Framework for Diabetes aligns with key commitments made by the federal government including affordability, mental health, equity, and partnering to improve our healthcare system. The federal government must build upon the Framework for Diabetes in Budget 2023 by committing the necessary resources to ensure this implementation improves the lives of people living with diabetes and prediabetes, and work towards the eradication of this disease.

ABOUT DIABETES CANADA

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