

A Renewed, Refocused and Enhanced CDS & ADI

The Canadian Diabetes Strategy (CDS)

The CDS, created in 1999 and renewed in 2005, focuses primarily on the prevention and detection of type 2 diabetes and the management of types 1 and 2 diabetes. In 2005 the renewed Strategy was allocated \$90 million over five years (\$18 million per year), under the Healthy Living and Chronic Disease initiative. The Healthy Living and Chronic Disease initiative is managed by the Centre for Chronic Disease Prevention and Control within the Public Health Agency of Canada.

In 2007 a Diabetes Policy Review Expert Panel was established to assess the effectiveness of the renewed CDS in achieving its goals and priorities. The Expert Panel concluded that the *“funding earmarked to the various components of the renewed Strategy was uneven and, in some cases, insufficient.”* Furthermore, the panel recommended the creation of *“an arm’s length partnership body is proposed with clear annual and multi-year targets in a number of clearly defined areas.”*

The Aboriginal Diabetes Initiative (ADI)

Aboriginal peoples are among those at the greatest risk of developing type 2 diabetes. Aboriginal peoples are three to five times more likely to experience type 2 diabetes than non-Aboriginal Canadians. Diabetes has reached epidemic levels within Canada’s Aboriginal population with well over 20 per cent of the Aboriginal population now living with diabetes.

Originally a component of the 1999 CDS, the ADI was also renewed in 2005 with a budget of \$190 million over five years. The ADI is now managed and administrated under the First Nations and Inuit Health Branch within Health Canada. The current ADI is due to expire in 2010.

Action Needed:

It is estimated that the economic burden of diabetes in Canada amounts to \$12.2 billion annually and these costs are expected to rise by another \$5 billion over the next decade to a total of \$17.2 billion by 2020. However, the federal government invests \$56 million (CDS & ADI) annually in diabetes. That represents less than 0.05 per cent investment verses the cost to society of the diabetes burden.

With the CDS requiring significant improvements and the ADI due to expire in 2010, the federal government must take action to renew and significantly enhance these two strategies with a focus on:

- Increasing investment levels for both the CDS and the ADI
- Establishing an arm’s length partnership body with clear annual and multi-year targets in a number of clearly defined areas.
- Establishing programs and services for those living with diabetes and pre-diabetes
- Translating research into practical applications for managing diabetes for both health care professionals and people living with diabetes.
- Meeting the specific and cultural needs of populations at risk.