



It's time to Get Serious

Tackling Diabetes in Ontario



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Introduction

Diabetes is a serious disease in Ontario.

Over 800,000 Ontarians live with diabetes. This number exceeds the World Health Organization's (WHO) estimates for Ontario in 2030.¹

Diabetes costs all of us. Today the Ontario government spends more than \$2 billion a year to treat people with diabetes. And with experts predicting a 75 per cent jump in numbers by 2016,² if we don't act now, our children and grandchildren may not inherit a healthcare system that meets their needs.

For Ontarians with diabetes, the healthcare system does not meet their medical needs. In a recent report, the Conference Board of Canada highlighted the need for improvement, and gave government a "D" for diabetes.³

The good news is that we know what we need to do! The Canadian Diabetes Association recommends the immediate:

- 1. Establishment of a renewed Ontario Diabetes Strategy that reviews existing provincial diabetes policies, programs and strategies to make tackling diabetes a priority in Ontario.**
- 2. Provision of fair and equitable access to diabetes medications, devices and supplies for all Ontarians living with diabetes.**

The majority of Ontarians agree with our Association that government needs to invest in diabetes strategies, programs and supports:

- 65 per cent agree that the Ontario government needs to invest in preventing type 2 diabetes and preventing the complications of diabetes.

¹ L. Lipscombe, ICES, "Trends in diabetes prevalence, incidence & mortality in Ontario, Canada 1995-2005: a population based study", *The Lancet*, March 2007.

² A. Ohinmaa, et. al., *Projection of Prevalence and Cost of Diabetes in Canada: 2000 to 2016*, *Canadian Journal of Diabetes* 2004, 28(2).

³ *Conference Board of Canada, How Canada Performs: A report card, June 2007, p. 11*. Diabetes and infant mortality were graded "D" compared to the "B" grade given to overall healthcare.

- 73 per cent understand that if the Ontario government invests in preventing type 2 diabetes and diabetes complications, the long-term costs will be lower,⁴ and
- 83 per cent agree with academic research that shows for every \$1 spent in helping people with diabetes manage their disease, government saves \$4 in healthcare costs and frees up emergency and hospital beds for other patients.⁵

It is time for all Ontarians to get serious. It is time for Ontario to tackle diabetes.

Diabetes in Ontario

Every eight minutes someone in Ontario is diagnosed with diabetes. The rapid, uncontrolled escalation of the numbers diagnosed places serious pressure on our healthcare system. It contributes to longer wait times and emergency room overcrowding affecting all Ontarians who need medical care.

Diabetes education is critical to effective self-management and healthy outcomes. If diabetes is managed aggressively from diagnosis and if people have access to qualified diabetes educators who can give them the skills and knowledge to manage their disease, then the risk of diabetes complications is reduced. Today more than 50 per cent of Ontarians with type 2 diabetes are not at recommended blood glucose targets⁶ and are at high-risk of developing two or more complications requiring acute medical care.⁷

⁴ SES Poll, July 7 – 14, 2007 of 500 Ontarians over 18; 4.4 percentage points, 19 times out of 20.

⁵ StratCom. Ontario Omnibus Poll. June 5-11, 2007. Poll of 605 Ontarians over 18, margin of error +/-4.0%, 19 times out of 20.

⁶ Diabetes in Canada Evaluation (DICE), 2003.

⁷ S. Harris, J. Ekoé, Y. Zdanowicz, S. Webster-Bogaert *Glycemic control and morbidity in the Canadian primary care setting (results of the diabetes in Canada evaluation study)*. Diabetes Research and Clinical Practice, Volume 70, Issue 1, Pages 90-97.

Recent Canadian research shows that for every dollar the government invests in helping patients and doctors manage type 2 diabetes effectively from the start, the government saves \$4 across the healthcare system by not having to treat the complications of diabetes in the future.

(H. Krueger, Relationship Between Long-Term Adherence to Recommended Clinical Procedures and Healthcare Utilization for Adults Diagnosed with Type 2 Diabetes, Ph.D. Dissertation (2006), University of British Columbia.)

Diabetes that is out of control affects all Ontarians

One in 10 ten hospital admissions in Ontario – more than 99,900 in 2005 – are due to people needing acute care for heart attacks, strokes and kidney failure resulting from their diabetes.⁸

A person with diabetes is 11 times more likely to be admitted to hospital for a heart attack than someone without this disease.⁹ People with diabetes are more likely to have an emergency department visit or be admitted to hospital for stroke than people without the disease.¹⁰ Ontarians with diabetes stay in hospital longer than others.¹¹ While some hospital admissions are unavoidable, many are preventable.

The direct healthcare costs to treat diabetes and its complications are well documented, but the indirect costs to Ontario's economy and tax base, to our communities, and to our families are more difficult to calculate. Diabetes represents almost 10 per cent of the annual direct cost of Ontario's healthcare system – more than \$2 billion annually.¹² This includes medications, supplies and devices, hospitalization for surgical and emergency care as well as physician and specialist visits. It does not include the costs for rehabilitation after major surgery or medical treatment, personal costs of the individual and family nor

⁸ Canadian Institute for Health Information, Jan 2007 & ICES, *Diabetes in Ontario: An ICES Practice Atlas*, 2003.

⁹ ICES, *Diabetes in Ontario: An ICES Practice Atlas*, 2003.

¹⁰ *Alberta Diabetes Atlas*, 2007, p. 63.

¹¹ ICES, *Diabetes in Ontario: An ICES Practice Atlas*, 2003. People with diabetes spend 2.5 times more days in hospital each year than those without it according to the *Alberta Diabetes Atlas*, 2007.

¹² A. Ohinmaa, et al., *Projection of Prevalence and Cost of Diabetes in Canada: 2000 to 2016*, *Canadian Journal of Diabetes* 2004, 28(2).

the impact on employers, communities and our economy. The direct and indirect cost of diabetes in Canada is estimated \$13.2 billion a year, rising to \$15.6 billion by 2010 and over \$19 billion by 2020.¹³ Ontario, the largest province, is shouldering the greatest portion of this cost.

With diabetes projected to jump an astonishing 75 per cent by 2016, the financial impact on Ontario will be well over \$3 billion annually.¹⁴ If we do not act, at current rates of growth, experts predict that diabetes will consume a significant percentage of all public spending on health in Ontario. Ontario's healthcare system will be choked by the needs of people with diabetes suffering from heart attacks, strokes or kidney failure.



“Diabetes is always on my mind no matter what I am doing or where I am going.”

**Peter Williams, Diabetes Advocate
Toronto, ON**

Peter's type 1 diabetes was diagnosed in 1991. He has carefully followed his management program, but his condition has been difficult to manage. His complications include angina, hypertension, neuropathy and renal failure. In 2003 he received a donor kidney from his wife, Peggy.

¹³ Canadian Diabetes Association 2003 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada, Can J Diabetes, 2003, p. 2.

¹⁴ A. Ohinmaa, et.al., Projection of Prevalence and Cost of Diabetes in Canada: 2000 to 2016, Canadian Journal of Diabetes 2004, 28(2).

Diabetes changes everything

Managing diabetes is a personal, emotional and financial challenge. One-third of people with type 2 diabetes say it has changed their life.¹⁵

Learning that you have a disease that cannot be cured is only the start of many changes in your life. The evidence is sobering. Canadians with diabetes are twice as likely to die prematurely as other Canadians.¹⁶ Diabetes is a leading cause of heart attacks, strokes, kidney failure, adult blindness and limb amputations. As a result, Ontarians with diabetes die on average 13 years earlier than Ontarians without this disease.¹⁷

Once diagnosed people with diabetes become part of a diabetes team working to identify effective treatments and therapies. The goal is to reach recommended clinical targets for blood glucose, cholesterol and blood pressure levels as soon as possible to avoid or delay complications.

Since 1998, we have known that achieving targets decreases the risk of complications. For every 1 per cent reduction in A1c levels, there is a 37 per cent decrease in the risk of damage to blood vessels, a 14 per cent drop in heart attack rates and a 21 per cent drop in deaths due to type 2 diabetes.¹⁸ Despite this evidence, less than half of people with type 2 diabetes are tested for A1c levels, blood pressure, cholesterol or kidney function.¹⁹

Trends in the growth of diabetes include disturbing inequalities for some groups of Canadians. These inequalities could worsen unless we invest in greater preventative care for people at high-risk of developing diabetes. Canadians are much more likely to have diabetes if they have low income or belong to an Aboriginal community or certain ethnic groups. (Health Council of Canada, *Why Healthcare Renewal Matters: Lessons from Diabetes*, March 2007.)

¹⁵ PSL Research, Report on survey of Canadians with type 2 diabetes, February 2007.

¹⁶ *Responding to the Challenge of Diabetes in Canada: First report of the NDSS 2003*, p. 28.

¹⁷ ICES, *Diabetes in Ontario: An ICES Practice Atlas*, 2003.

¹⁸ UKPDS Group (UKPDS 33), *The Lancet*, v. 352, 12 Sep 1998.

¹⁹ Health Council of Canada, *Why Health Care Renewal Matters*, 2007, p. 13

Compliance with medications as part of a diabetes treatment plan is critical to achieving positive health outcomes. Yet 57 per cent of people with type 2 diabetes say that they are not complying with their prescribed medications.²⁰ While access and the cost of medications, devices and supplies impact Ontarians with diabetes, it is not the only barrier to compliance. Access to diabetes education and a diabetes team for ongoing support increases the likelihood of compliance to a diabetes treatment plan. A diabetes treatment plan helps the patient self-manage effectively between visits with each of the health professionals on the team.

Diabetes educators help people comply with diabetes medications and treatment plans. Educators also help Ontarians come to terms with their diabetes and the consequences of not managing effectively, and give them and their family the skills and practical tools to self-manage at home.

Prevention is critical to tackling type 2 diabetes

In Ontario two out of three adults and one out of three children aged 12-17 were overweight or obese in 2005 and susceptible to developing type 2 diabetes. Over the past 25 years, the number of Ontario children and adolescents who are overweight or obese has tripled.²¹ We also know that:

- Canadians who ate fruit and vegetables less than three times a day were more likely to be obese than those who ate them five or more times a day.²²
- 70 per cent of children aged 4 to 8 and 50 per cent of adults eat fewer than five fruits and vegetables a day.²³
- 57 per cent of Ontarians are physically inactive.²⁴
- Between 17 per cent and 31 per cent of Ontarians still smoke.²⁵

²⁰ PSL Research, *Report on Survey of Canadians with Type 2 Diabetes*, February 2007, p. 60.

²¹ A. Peeters et al, "Obesity in Adulthood & its Consequences for Life Expectancy: A Life Table Analysis", *Annals of Internal Medicine*, January 2003, 138(1), pp.24-32.

²² M. Tjepkema, *Adult Obesity*. Health Reports (Statistics Canada) 2006;17(3). p. 4.

²³ Canadian Community Health Survey, Statistics Canada, 2006.

²⁴ Canada Fitness & Lifestyle Research Institute Physical Activity Monitor, 2001.

²⁵ Cancer Car Ontario, "Smoking Rates Still Too High", news release, January 2005.

Unhealthy weight, physical inactivity and smoking increase the risk of type 2 diabetes. Yet the evidence shows clearly that the risk of developing type 2 diabetes can be reduced by over 50 per cent if people get more exercise, eat healthier food and stop smoking.²⁶ Recreation helps people live healthy and adds up to two years to life expectancy.²⁷

External factors impact on our ability to live healthier. While most of us know what we need to do, it can be challenging to choose healthy options. With family and work responsibilities, finding time to exercise, shop for fresh fruits and vegetables, and then eat a healthy home-cooked meal can be difficult. If there is no sidewalk or park to go for a 30-minute walk, we miss the opportunity to exercise. Two out of three Ontarians with type 2 diabetes say they have difficulty following their doctors' recommendations for their diet because the cost of food is too high.²⁸

**It is time for all Ontarians to get serious.
It is time to tackle diabetes.**

Government is responsible for ensuring that Ontarians can make healthier choices.

There are factors that continue to put people at higher risk of type 2 diabetes:

- By 2011, more than 50 per cent of Ontarians will be over 40 and at high-risk of type 2 diabetes. More than 1.5 million Ontarians aged between 40 and 74 have been diagnosed with pre-diabetes.²⁹
- 77 per cent of Ontarians are from families who came from high-risk populations in Asia, Southeast Asia, Latin America and Africa.³⁰

²⁶ Diabetes Prevention Program (DPP2), June 2001, found a 58% reduction in the risk of diabetes with 30 minutes of moderate physical activity per day. For people over 60, the risk was cut by 71%.

²⁷ Saskatchewan Health, October 2003.

²⁸ 41% of people with diabetes who found it difficult to follow their doctor's recommended diet said it was because of the high cost according to a web-based survey of 500 Canadians living with type 2 diabetes conducted by PSL Research Canada (February 2007).

²⁹ PHAC estimate in 2003 based on NHANESSIII & CCHS research, 2002.

³⁰ Statistics Canada, 1996 census.

- Diabetes is three to five times more prevalent in Aboriginal communities.³¹
- Ontarians with the lowest household incomes are nearly three times more likely to have diabetes than the highest income group.³²
- Women with gestational diabetes are at increased risk of developing type 2 diabetes within five to sixteen years. Three-quarters of Aboriginal women with gestational diabetes developed type 2 diabetes within four years of their pregnancy.³³

Healthy eating, physical activity and smoking cessation benefit all Ontarians. Delaying type 2 diabetes through healthy living increases the years lived diabetes-free, and for those already diagnosed, healthy living decreases the risk of complications, and subsequently, lowers the individual and family cost of diabetes.



Donald Mann,
Diabetes Advocate,
type 2 diabetes
Kingston, ON

“Those without a drug plan or who are not seniors will pay a lot out-of-pocket to get the medications they need to manage their diabetes,” says Don who learned he had type 2 diabetes in 1991. “Some people fall through the cracks. Others are forced to choose between buying the right foods or making sure they have their medications and test strips.”

³¹ *Diabetes Among Aboriginal People in Canada: The Evidence*, Health Canada report, 2001, p. 10.

³² Health Council of Canada, *Why Health Care Reform Matters*, 2007, p. 31.

³³ Y. Shumei et al., *Modifiable Risk Factors for Developing Diabetes Among Women with Previous Gestational Diabetes*, Preventing Chronic Disease, January 2007. Alberta Diabetes Atlas, 2007, p. 136

The personal challenges

Ontarians who are Aboriginal, members of certain high-risk ethnic groups, over 65 years old, or low-wage earners are at higher risk to develop type 2 diabetes.³⁴

Once diagnosed, those at highest risk are confronted with immediate costs. A healthier lifestyle helps prevent or delay complications, yet healthy food costs more and physical activity takes time and commitment. Ontarians in northern or remote communities where health services are not accessible or affordable also face challenges to staying healthy and productive.



“If people with diabetes have access to whatever is needed to make their lives easier and better, we will reduce the risk of complications and the costs to our healthcare system of treating and caring for them in the future.”

**Talika Vazirali, Diabetes Advocate
Ottawa, ON**

Talika was diagnosed with Type 1 diabetes at age 9.

Access to diabetes education in Ontario

The key to living well with diabetes is the person with diabetes. If you don't know what your blood glucose levels are, you do not know whether to adjust your medications, diet or physical activity levels. Fifty-five per cent of Ontarians with type 2 diabetes do not know their recommended blood glucose targets.³⁵

³⁴ Health Council of Canada, *Why Health Care Reform Matters*, 2007, p. 31.

³⁵ *Web-based survey of 500 Canadians living with type 2 diabetes conducted by PSL Research Canada (February 2007).*

Ontarians diagnosed with diabetes need on-going education and support to administer prescribed medications, monitor their blood glucose levels daily to adjust their medications when required, control their cholesterol and blood pressure levels, make healthy food choices, exercise and stop smoking. To be effective, diabetes management requires the commitment not only of the individual but also their family.

Ontarians with diabetes need on-going diabetes education from trained health professionals. To avoid or delay complications, the evidence recommends people with diabetes have:

- an A1c test every three months to monitor their blood glucose levels;
- a lipid test at least once every three years to check cholesterol levels;
- regular blood pressure checks;
- a regular eye exam to check for retinopathy; and
- regular foot exams and assessments for early signs of kidney disease.

Yet we know that nearly 50 per cent of people with diabetes are not receiving the recommended regular lab tests or exams.³⁶

In September 2004, the Ontario Diabetes Task Force submitted its recommendations to the Minister of Health.³⁷ In 2004, 28 per cent of Ontarians were able to access structured diabetes education and care. The Task Force recommended an investment to increase access to 100 per cent since the evidence clearly shows that structured diabetes education and care maximized the ability to self-manage diabetes and reduce the downstream costs associated with the disease and its complications.³⁸

³⁶ Ontario Diabetes Task Force Report, September 2005.

³⁷ Ontario Diabetes Task Force Report, September 2005.

³⁸ Ontario Diabetes Task Force Report, September 2005.

Access to affordable medications, devices and supplies

Ontarians with type 1 diabetes need insulin daily or they die. Access to affordable medications, devices and supplies is critical to mitigating the serious complications of diabetes. Yet Ontarians today have two-tiered access depending on personal financial circumstances and whether an individual is eligible for provincial, private or workplace health benefit plans.



“Diabetes is a progressive, debilitating disease that requires education and resources to manage,” says Ram who has had type 2 diabetes since 1982. “If I don’t invest in my diabetes management now, it will be more expensive in the long run.”

Ram Krishna, Diabetes Advocate Mississauga, ON

Being self-employed, Ram has no insurance coverage and has to manage his finances carefully. He pays \$2,200 a year for all of his medications personally.

Provincial government programs (*Ontario Drug Benefit (ODB)*, *Trillium* and *Ontario Monitoring for Health*) provide assistance in purchasing medications, devices and supplies for those who meet the eligibility criteria. These public programs limit the options available to the ODB formulary listing. The ODB formulary provides full listings for only six of the 16 safe and effective diabetes medications approved for sale in Canada.³⁹ Canadians with diabetes living in Prince Edward Island, Nova Scotia, Quebec, Manitoba, Saskatchewan, Alberta, British Columbia, Yukon, Northwest Territories and Nunavut have more choice in medications than Ontarians.

³⁹ Canadian Diabetes Association, *Pan Canadian Diabetes Horizon Scan*, 2007.

**Access to Safe and Effective Diabetes Medications
Approved for Sale in Canada**
(as of September 2007)

Jurisdiction	Listed diabetes medications	Restricted diabetes medications	Not listed diabetes medications
British Columbia	7	5	4
Alberta	11	0	5
Saskatchewan	6	7	3
Manitoba	9	3	4
Ontario	6	4	6
Quebec	9	6	1
New Brunswick	5	6	5
Nova Scotia	7	5	4
Prince Edward Island	8	3	5
Newfoundland/Labrador	5	6	5
NIHB/Territories	11	2	3

There is good news, however! Under a provincial program implemented in 2006, Ontarians with diabetes have access to prescribed insulin pumps and supplies until their 19th birthday.⁴⁰ Ontarians over 19 living with diabetes can pay up to \$15,000 annually in out-of-pocket expenses for prescription medications, devices including insulin pumps and supplies without an extended healthcare plan. That comes to \$200,000 per person over the span of 20 years, making it challenging to save for your children's education or for your own retirement!

At the same time, because of limited financial resources, many Ontarians with diabetes are faced with hard choices. For example, choosing to pay for prescription medications or paying rent or clothing their child. For Ontarians with diabetes and limited financial resources, compliance with the diabetes treatment plan is a significant challenge.

⁴⁰ Ministry of Health press release November 14, 2006



“Without the right medical tools and services, many people with diabetes are at risk of life-threatening complications like heart and stroke or kidney disease that will result in greater personal emotional and financial burdens as well as added strain on our healthcare services and our economy.”

**Michael Swartz,
Diabetes Advocate
Oakville, ON**

Michael has been vigilant in managing his diabetes. He has kept to his regimen of medications, exercise and healthy eating. He takes four insulin injections daily and because he knows that he is susceptible to hypoglycaemic reactions, he tests his blood glucose level eight to ten times a day.

Peter and Janet: Our Composite Case Studies

Since 2001, the Association has tracked the comparative costs across Canada of the out-of-pocket expenses required to manage diabetes using two composite studies: Janet, with type 1 diabetes, was first introduced in the *Diabetes Report Card 2001*; Peter, with type 2 diabetes, was added in the *Diabetes Progress Report 2003*. For comparative purposes, both Janet and Peter’s medical and financial circumstances were unchanged in *Diabetes Report 2005* and are the same this year.

The *Canadian Diabetes Association 2003 Clinical Practice Guidelines for the Prevention and Management of Diabetes* is the basis of the diabetes management treatments for both Janet and Peter. Their out-of-pocket

costs were calculated from their specific prescriptions, including mark-ups and dispensing fees, as well as any government programs (*e.g.* co-payments) for which they were eligible. These costs do not consider the costs of living in each jurisdiction, nor are they the same for all Canadians living with either type 1 or type 2 diabetes.

Janet

Janet is 22 and has type 1 diabetes. She does not require additional medications to manage or avoid diabetes-related complications but may need to access them in the future. Living alone with an annual income of less than \$15,000 and no private health insurance plan, Janet relies solely on the assistance available from her federal, provincial or territorial government.

Janet takes four injections of insulin each day; three of rapid-acting insulin analogue, and one of intermediate-acting insulin. To determine and adjust her insulin doses, Janet monitors her carbohydrate intake throughout the day.

In an attempt to improve her glycemic control and manage her A1c levels to target, Janet tests her blood glucose levels five times a day, including after meals. To check levels, Janet uses a lancet and lancing device to obtain a drop of blood. A blood glucose strip and a meter are used to read the result. If her blood glucose level is higher than 14 millimoles of glucose per litre of blood, Janet uses ketone strips to check her urine for ketones, the waste products produced by the body that would indicate a potential medical emergency.

Janet's diabetes team is considering an insulin pump to improve her glycemic control. The pump would optimise her glucose control, giving her lifestyle flexibility and improved quality of life. She would be required to increase testing five to seven times per day.

Janet's estimated annual out-of-pocket costs for medications and supplies

Jurisdiction	Annual out of pocket costs	% of Janet's annual income
Prince Edward Island	\$2,588.70	17.9%
Alberta	\$1,857.95	12.8%
Quebec	\$1,161.05	8.0%
Ontario	\$932.58	6.4%
Nova Scotia	\$553.59	3.8%
Saskatchewan	\$485.00	3.3%
British Columbia	\$467.90	3.2%
Manitoba	\$371.20	2.6%
Yukon	\$100.00	0.7%
New Brunswick	\$41.20	0.3%
Nunavut	0	0
Northwest Territories	0	0
Newfoundland/Labrador	0	0

Peter

Peter is 52 years old and self-employed. He was diagnosed with type 2 diabetes in 2003. He and his wife, Mary, have no private health insurance plan. Mary works full-time and earns \$25,000 a year, while Peter earns \$30,000 per year. Peter relies solely on what is available from the federal, provincial or territorial government for his diabetes medications and supplies. To manage his diabetes and help prevent serious complications, Peter needs ongoing diabetes education to teach him how to manage all aspects of his type 2 diabetes.

Peter takes two anti-hyperglycaemic oral medications to achieve required blood glucose levels. He may need to add insulin in the future. He also takes two anti-hypertensive medications to regulate his blood pressure, one of them an angiotensin converting enzyme (ACE) inhibitor to protect his kidneys from complications. He uses

a statin to lower lipids. He takes a low dose aspirin (ASA) tablet daily for anti-platelet therapy and tests his blood glucose twice a day. The recommendation for more aggressive management of his diabetes requires Peter to take multiple therapies and additional medications to prevent heart disease, stroke and kidney disease. Peter maintains a healthy diet and exercises regularly.

**Peter's estimated annual out-of-pocket costs
for medications and supplies**

Jurisdiction	Annual out of pocket costs	% of Peter's annual income
New Brunswick	\$3,412.39	11.4%
Newfoundland/Labrador	\$3,238.69	10.8%
Prince Edward Island	\$3,044.42	10.1%
Nova Scotia	\$3,030.39	10.1%
Manitoba	\$2,317.29	7.7%
British Columbia	\$2,247.09	7.5%
Ontario	\$2,104.89	7.0%
Saskatchewan	\$1,898.69	6.3%
Alberta	\$1,636.85	5.5%
Quebec	\$1,516.13	5.1%
Yukon	\$274.09	0.9%
Nunavut	\$24.09	0.1%
Northwest Territories	0	0

Healthcare in Ontario since 2003

Since 2003, the government's Ontario Health Transformation Agenda has made significant changes in Ontario. Some of these changes have helped *or have the potential* to help improve the lives of Ontarians with diabetes. Some changes targeted diabetes care while others are building blocks in the creation of the comprehensive integrated chronic disease management and prevention approach within the 14 Local Health Integration Networks (LHINs).

Ontario healthcare policy changes that benefit Ontarians with diabetes include:

- Providing free insulin pumps and supplies for Ontarians with diabetes until their 19th birthday. (2006)
- Expanding financial coverage of blood testing strips and lancets to 75 per cent of the annual cost to a maximum of \$600 a year for Ontarians with diabetes who qualify for the Monitoring for Health program. Coverage for the cost of one glucose monitor every five years was increased to 75 percent. (2006)
- Adding two newer diabetes medications and four cardiovascular medications to the formulary. (2006)
- Appointing a Minister of Health Promotion with a mandate to support healthy living and chronic disease prevention. (2005)
- Paying physicians to spend more time with their patients who have diabetes and to complete a diabetes care flow sheet aligned with the Canadian Diabetes Association's *2003 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada*, as well as providing an additional payment for caring for Ontarians who are over 65. (2004)
- Investing \$50 million to create 194 new diabetes education and care teams across the province. (2006/2007)

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- Providing free eye exams once a year for Ontarians diagnosed with diabetes as recommended by the clinical evidence. (2006)
- Enhancing diabetes care in Ontario's Aboriginal communities with an additional \$1 million a year. (2006)
- Restructuring Ontario's public drug programs to increase transparency, efficiency and accountability while retaining national standards for drug safety and efficacy. (2006)

The creation of LHINs to coordinate and fund health service delivery according to regional priorities may be a very positive development if all 14 LHINs identify diabetes as a priority. However, if only a small number of the 14 LHINs decide that diabetes is a priority, then the potential variations and gaps in access to diabetes care, education and support could become a serious concern. Only four LHINs – *South West, Central, North Simcoe-Muskoka and East St. Clair*⁴¹ – have publicly stated that diabetes is a priority health issue in their region.

The 150 funded Family Health Teams (FHTs) have even greater potential to benefit Ontarians with diabetes. FHTs are in the early stages of development, yet the team approach fits neatly within an integrated chronic disease management approach.

⁴¹ *The South West LHIN for example identified diabetes and chronic disease management and prevention as a key priority, the Central LHIN made diabetes prevention and management one of seven priorities, the North Simcoe-Muskoka LHIN is piloting its chronic disease management model with diabetes before expanding to other diseases, and the East St. Clair LHIN already fully operates a Diabetes in Action program to address the immediate needs of Ontarians in their region.*

The future of diabetes care and prevention in Ontario

Ontario can be a world leader in diabetes management, the prevention of type 2 diabetes and research.

Ontario is the birthplace of the discovery of insulin. The province continues this tradition with world-class researchers in our universities and hospitals, internationally renowned medical experts and health professionals who share their expertise and knowledge internationally about managing diabetes effectively.

The Canadian Diabetes Association acknowledges the potential for positive health benefits arising from the changes that have been made and the results that are still to come. However, diabetes in Ontario demands strategic and focused attention to be tackled successfully.

Ontarians with diabetes deserve the best health outcomes possible based on the scientific evidence and clinical recommendations.

The Canadian Diabetes Association recommends the immediate:

- 1. Establishment of a renewed Ontario Diabetes Strategy that reviews existing provincial diabetes policies, programs and strategies to make tackling diabetes a priority in Ontario.**
- 2. Provision of fair and equitable access to diabetes medications, devices and supplies for all Ontarians living with diabetes.**

For more information, please visit
the Canadian Diabetes Association's
Ontario Advocacy Web Site at:
www.diabetes.ca





For further information please visit
the Ontario Advocacy Web Site at www.diabetes.ca
or call **1-800 BANTING (1-800-226-8464)**



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