Chapter 1: Diabetes in Canada and supports available

- The number of people with diabetes has more than doubled since 2000. In 2015, diagnosed diabetes affected an estimated 8.9% (3.34 million) of the Canadian population, leading to $3 billion in direct healthcare costs. In the next 10 years, both prevalence and direct healthcare costs are projected to grow by over 40%.

- The prevalence of diabetes and its complications is disproportionately higher among lower-income earners and Aboriginal groups (three to five times higher among First Nations than in the general population).

- Despite the high prevalence of undiagnosed diabetes among Canadians, 63% of Canadians without diabetes reported that they had never discussed their risk factors for type 2 diabetes with their doctor, and 22% aged 45 years and over had never been screened for type 2 diabetes.

- Canadians with diabetes are not receiving recommended care: 49% did not receive annual foot exams, 26% did not receive urine protein tests and 17% did not receive an A1C test in the past 12 months; 25% have never received a dilated eye exam. The proportion of people with diabetes receiving recommended care varied across provinces.

- About 64% of Canadians with diabetes reported they had not receive a psychological assessment over the previous 12 months, which may be the result of lack of resources: 63% of healthcare providers want to see major improvements in terms of increased resources to provide psychological care, and 56% want more training for managing the psychological aspects of diabetes.

- While the majority of Canadians with diabetes indicated they had a regular doctor, 30% reported they did not have insurance to cover eye care, 51% reported having no dental insurance, and specialist foot care is not universally covered for people with diabetes in provinces and territories.

- Stress management is the least discussed topic between healthcare providers and their patients with diabetes, followed by diet, weight management and physical activity.
• The majority of people with diabetes were satisfied with the quality of diabetes education they received. However, access to education needs improvement—22% said they were not directed to diabetes programs upon diagnosis; 26% reported not receiving education; and 25% had to wait more than 3 months to see an educator. Over 60% of patients did not access diabetes education or fitness programs in the previous 12 months. Fifty-seven percent of healthcare professionals would like to see improvement in the availability of self-management education.

• Fifteen percent of Canadians with diabetes reported that they did not have insurance for prescription medications, and 30% indicated that they had no insurance to cover blood glucose monitoring supplies or equipment. Lack of insurance impacts lower-income earners more severely.

• In most provinces, people with type 1 diabetes, on average, need to pay between $1,074 and $4,909 a year out of pocket to manage their diabetes. People with type 2 diabetes need to pay, on average, $723 to $1,914 a year for their treatment. Seniors with type 2 diabetes need to pay 36% to 70% of treatment costs out of pocket. There is more public coverage for type 1 diabetes treatment, and yet the cost burden remains high. Many people with diabetes have to put over 3% of their annual income toward purchasing diabetes treatment and supports.

• Twenty-five percent of people with diabetes reported that the cost of medications, supplies and devices affected their adherence to treatment; many must choose between paying for food/rent/utilities and buying medications, or do not fill prescriptions because of the cost.

Chapter 2: Mental health and perception of diabetes

• Diabetes has significant impact on life and work, and contributes to poor mental health among people with diabetes and their family members: 13% of people with diabetes reported signs of likely depression, 28% have diabetes-related distress, and 33% experience anxiety. People with diabetes do not have adequate emotional support: 33% reported that they had no one to talk to about their diabetes-related stress.

• People with diabetes face stigma and discrimination: 15% of people with diabetes feel discriminated against due to their diabetes, and 33% are hesitant to disclose their diabetes to others.

• The majority of Canadians (with and without diabetes) view a person’s own behaviour as the most important contributing factor to the increasing rate of type 2 diabetes.

• About half of Canadians without diabetes do not know that diabetes can lead to heart attack, stroke, heart disease or depression; 30% do not know diabetes can cause kidney failure; and 20% do not know that people with diabetes may become blind or have a limb amputated.

• People with diabetes show more awareness about diabetes-related complications than people without diabetes; still, 48% of people with diabetes do not know about the risk for depression, and 25% are unaware or uncertain of the risk for cardiovascular disease.
Chapter 3: Modifiable risk factors and diabetes self-care

- Obesity and overweight are a major risk factor for the development of type 2 diabetes. In Canada, 62% of adults and 31% of children and youth are overweight or obese.
- Overweight and obesity are more prevalent in Atlantic Canada, the Prairies, Ontario and the Territories (except Nunavut). British Columbia and Quebec have the lowest prevalence of obesity.
- Overweight and obesity rates are higher in Aboriginal groups than non-Aboriginal groups, particularly in on-reserve First Nations: 74% of adults and 43% of children and youth are overweight or obese.
- Canadians are not eating enough fruits and vegetables, and many experience food insecurity, which limits their access to needed nutrition. Four million Canadians (13% of Canadian households) struggle to put food on the table; the situation is worse in the north, in Atlantic Canada and in Aboriginal communities.
- In Canada, only 22% of adults and 9% of children and youth are achieving the recommended level of physical activity.
- Tobacco use is an independent risk factor for type 2 diabetes. Smoking also accelerates the development of complications in people with diabetes. Higher rates of tobacco use occur in Atlantic Canada and among men, young adults, Aboriginal groups and lower-income earners.
- The prevalence of modifiable risk factors decreases as education and income levels increase; people living in urban areas have lower prevalence of these risk factors than those living in rural areas.
- Self-care practice is suboptimal: 30% to 32% of people with diabetes have never checked their feet. Following a diabetes diagnosis, most people with diabetes attempt lifestyle change related to food, physical activity and weight control, but 71% of those with diabetes who used tobacco after they were first diagnosed continue to smoke.

Chapter 4: Population-level interventions

- All jurisdictions in Canada have established plans or strategies to address diabetes or chronic diseases in general: Saskatchewan, Ontario, New Brunswick, Prince Edward Island and Nova Scotia have a diabetes strategy; Newfoundland and Labrador and British Columbia have a chronic disease framework; Alberta, Nunavut and Northwest Territories are developing a chronic disease management strategy. British Columbia, Saskatchewan, Manitoba, Ontario and Nova Scotia are also addressing diabetes and other chronic diseases by improving primary care.
- Primary and secondary prevention programs for vulnerable populations—particularly for the prevention of type 2 diabetes in Aboriginal communities—are reported in most jurisdictions. However, there are gaps in surveillance information related to diabetes in Aboriginal populations.
- All provinces and territories contribute diabetes-related administrative data to the Canadian Chronic Disease Surveillance System. All jurisdictions conduct their own surveillance activities and/or produce public reports.
- Recommended care as per the CDA’s clinical practice guidelines for people with diabetes is insured by most public plans, including A1C tests, dilated eye exams, urine protein tests, and visits to certified diabetes educators. There is some coverage for visits to exercise professionals and psychological assessment/services, as reported in a survey of provinces and territories. Podiatry/chiropody for people with diabetes is not universally covered in jurisdictions.
- Five jurisdictions have implemented policies and/or guidelines to address the management needs of children with diabetes in school (Nova Scotia, New Brunswick, Newfoundland and Labrador, Quebec and British Columbia).