

# Diabetes in Manitoba

## Backgrounder

**Summary:** This backgrounder provides key statistics about diabetes in Manitoba, the impact of diabetes on the population of Manitoba, and Diabetes Canada's recommendations to the Government of Manitoba to address diabetes prevention and management.

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**About Diabetes Canada:** Diabetes Canada is a national health charity representing close to 11.5 million Canadians living with diabetes or prediabetes. Diabetes Canada leads the fight against diabetes by helping those affected by diabetes live healthy lives, preventing the onset and consequences of diabetes, and discovering a cure. It has a heritage of excellence and leadership, and its co-founder, Dr. Charles Best, along with Dr. Frederick Banting, is credited with the co-discovery of insulin. Diabetes Canada is supported in its efforts by a community-based network of volunteers, employees, health care professionals, researchers, and partners. By providing education and services, advocating on behalf of people living with diabetes, supporting research, and translating research into practical applications, Diabetes Canada is delivering on its mission. Diabetes Canada will continue to change the world for those affected by diabetes through healthier communities, exceptional care, and high-impact research.

For more information, please visit: [www.diabetes.ca](http://www.diabetes.ca)

**Contact:** [advocacy@diabetes.ca](mailto:advocacy@diabetes.ca) with inquiries about this Diabetes Canada report.

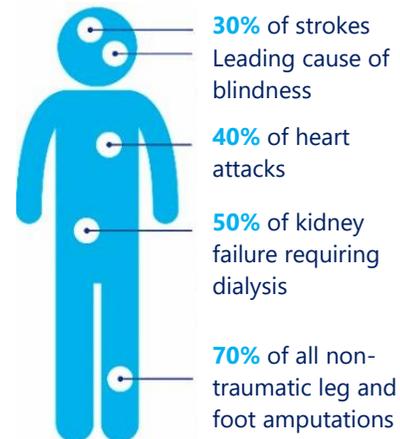
## Estimated Prevalence and Cost of Diabetes

| Prevalence (1)   | 2021                         | 2031          |
|--|------------------------------|---------------|
| Diabetes (type 1 and type 2 diagnosed)   | 146,000 / 10%                | 194,000 / 12% |
| Diabetes (type 1)  | 5-10% of diabetes prevalence |               |
| Diabetes (type 1 + type 2 diagnosed + type 2 undiagnosed) and prediabetes combined | 403,000 / 28%                | 488,000 / 31% |
| Increase in diabetes (type 1 and type 2 diagnosed), 2021-2031                      | 33%                          |               |
| Direct cost to the health care system  | \$147 million                | \$194 million |
| Out-of-pocket cost per year (2)  |                              |               |
| Type 1 diabetes on multiple daily insulin injections                               | \$800–\$3,100                |               |
| Type 1 diabetes on insulin pump therapy  | \$2,200–\$6,200              |               |
| Type 2 diabetes on oral medication   | \$1,900                      |               |

## Impact of Diabetes

- Among Manitobans (1):
  - **28%** live with diabetes or prediabetes and
  - **10%** live with diagnosed diabetes.
- Diabetes complications are associated with premature death (3). Diabetes can reduce lifespan by **five to 15 years** (3). It is estimated that the all-cause mortality rate among Canadians living with diabetes is **twice** as high as the all-cause mortality rate for those without diabetes (4).
- People with diabetes are over **three times** more likely to be hospitalized with cardiovascular disease, **12 times** more likely to be hospitalized with end-stage renal disease, and almost **20 times** more likely to be hospitalized for a non-traumatic lower limb amputation compared to the general population (3).

- Diabetes contributes to (5):



- The prevalence of clinically relevant depressive symptoms among people living with diabetes is approximately **30%** (6). Individuals with depression have a **40% – 60%** increased risk of developing type 2 diabetes (6).

- Diabetic retinopathy is the leading cause of vision loss in people of working age (7). Vision loss is associated with increased falls, hip fractures, and a 4-fold increase in mortality (7). The prevalence of diabetic retinopathy is approximately **25.%** in Canada (8).
- Foot ulceration affects an estimated **15%–25%** of people with diabetes in their lifetime (9). **One-third** of amputations in 2011–2012 were performed on people reporting a diabetic foot wound (10).
- The risk factors for type 1 diabetes are not well understood, but interaction between genetic and environmental factors are likely involved (11). Type 2 diabetes is caused by a combination of individual, social, environmental, and genetic factors (11).
  - 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 (11).
  - Diabetes rates are **9.6 times** higher in First Nations People off reserve and **8.6 times** higher in Métis than in the non-Indigenous population, a situation compounded by barriers to care for Indigenous peoples (12,13).
  - The prevalence of diabetes among adults in the lowest income groups is **5.6 times** that of adults in the highest income group (13).
  - Adults who have not completed high school have a diabetes prevalence **3.4 times** that of adults with a university education (13).
- For many Canadians with diabetes, adherence to treatment is affected by cost. The majority of Canadians with diabetes pay more than **3%** of their income or over **\$1,500** per year for prescribed medications, devices, and supplies out-of-pocket (2,14).
- Among Canadians with type 2 diabetes, **33%** do not feel comfortable disclosing their disease to others (2).
- Hypoglycemia (low blood sugar) and hyperglycemia (high blood sugar) may affect mood and behaviour, and can lead to emergency situations if left untreated (11).

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## Policy, Programs, and Services Related to Diabetes

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- In December 2019, the Ministry of Health, Seniors and Active Living confirmed its mandate to develop a diabetes prevention strategy and to use the Diabetes 360° strategy framework.
- In September 2019, the PC party of Manitoba released its election platform including a commitment to combat diabetes by developing a diabetes prevention strategy.
- In March 2019, the Government of Manitoba announced its investment of \$5.2M for expanded kidney dialysis services throughout the province to address the growing rate of kidney failure in Manitoba.
- The Government of Manitoba announced the cancellation of the Special Drug Program as of April 1, 2018. Those covered under this program, who were exempt from paying a Pharmacare deductible, were transitioned to the provincial Pharmacare program.
- In October 2017, the Government of Canada announced funding for the First Nation Basic

Foot Care Program, which will provide Manitoba First Nations communities with access to improved foot care and treatment. Over time, it will help to significantly decrease the incidence and risk of diabetes-related foot complications.

- Effective June 2017, changes were made to Pharmacare and Employment & Income Assistance Drug Programs benefit coverage to reduce the number of blood glucose test strips available to individuals with diabetes. Within the new test strips policy, the maximum number of test strips reimbursed is similar to Diabetes Canada's *minimum* recommended test strip usage guidelines.
- The Manitoba government launched a pediatric insulin pump program in April 2012.
- Manitoba established a retinal screening program for northern communities in 2007, which screens for prediabetes in Winnipeg. It has enhanced funding for several self-management tools.
- Manitoba's Physician Integrated Network seeks to improve primary care for chronic disease management, including diabetes, through multidisciplinary teams and the use of electronic medical records.

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## Challenges

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Manitoba faces unique challenges in preventing type 2 diabetes and meeting the needs of those living with diabetes:

- Non-modifiable risk factors of type 2 diabetes include age, sex, and ethnicity (11).
  - The median age in Manitoba is **38.3 years** (15). **15.6%** of people in Manitoba are over 65 years old (15). The risk of developing type 2 diabetes increases with age (11). Older adults living with diabetes are more likely to be frail and progressive frailty has been associated with reduced function and increased mortality (16).
- Adult men are more at risk of type 2 diabetes compared to adult women (11).
- Approximately **18.0%** of people in Manitoba self-identify as being of African, Arab, Asian, Hispanic, or South Asian descent (15). These groups are at increased risk of developing type 2 diabetes (11).
- There are **223,310** Indigenous Peoples in Manitoba, who face significantly higher rates of diabetes and adverse health consequences than the overall population (17).
- Manitoba has high rates of individual-level modifiable risk factors (18):
  - **46.9%** of adults and **45.5%** of youth are physically inactive;
  - **35.6%** of adults are living with overweight, **30.8%** of adults are living with obesity, and **31.2%** of youth are living with overweight or obesity;
  - **75%** of adults are not eating enough fruits and vegetables; and
  - **17.6%** of adults are current tobacco smokers.
- Factors related to the social determinants of health and that can influence the rate of individual-level modifiable risk factors among Manitobans include income, education, food security, the built environment, social support, and access to health care (3).

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## Diabetes Canada's Recommendations to the Government of Manitoba

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1. Launch a provincial diabetes strategy that aligns with [Diabetes 360°](#), and support a nation-wide D360° strategy.
2. Enhance access to diabetes medications, devices, and supplies.
  - Publicly fund advanced glucose monitoring devices (CGM and Flash) for Manitobans with diabetes who would benefit.
  - Eliminate the age restriction on the insulin pump program.

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