

Diabetes 360° and Lower Income-Earning Canadians

Overview

Diabetes is a disease that brings with it many serious health challenges and that disproportionately affects certain groups of Canadians. For example, Canadians with lower incomes have a much higher prevalence of diabetes and greater challenges accessing supports. And health inequities are also present in the distribution of complications and comorbidities: lower-income earners experience poorer health than higher income earners, especially poor circulation in the lower limbs, glaucoma, heart disease, stroke and gum problems. In Canada, 1 in 8 households, or more than 4 million Canadians including 1.15 million children, are food insecure. People living in food-insecure households report poorer physical health and are more vulnerable to a wide range of chronic conditions including diabetes, heart disease, hypertension, and arthritis. Household food insecurity is significantly more common among Canadians with diabetes (9.3%) compared to Canadians without diabetes (6.8%). And individuals living with diabetes who are food insecure face many challenges that greatly impact their ability to self-care. For these reasons, addressing poverty, food insecurity and other key health inequities must form a core part of any Canadian approach to the primary prevention of type 2 diabetes.

Today, 1 in 3 Canadians lives with prediabetes or diabetes, and someone is newly diagnosed with type 2 diabetes every 3 minutes. Diabetes complications are associated with premature death. Diabetes contributes to 30% of strokes, 40% of heart attacks, 50% of kidney failure requiring dialysis, and 70% of non-traumatic lower limb amputations every year. Its prevalence is growing at a rate of 40 per cent per decade and treating the disease will cost the Canadian health care system \$29 billion in 2019. Urgent action must be taken to end this epidemic.

A 360° Response to Canada's Diabetes Epidemic

Diabetes Canada and nearly 100 other organizations came together to develop a framework for a new diabetes national strategy, called Diabetes 360°. Diabetes 360° was built on a successful model implemented in the HIV/AIDS community that has been credited for transformational breakthroughs in the treatment and management of HIV/AIDS.

WITH DIABETES 360°, WE CAN HAVE:



The Diabetes 360° framework includes specific recommendations to improve prevention, screening, treatment and patient outcomes for diabetes. It suggests a plan that could deliver measurable results within less than seven years. All recommendations are based on extensive consultation and thorough review of the evidence.

Opportunities for Lower Income Earners in Canada

But what specifically might this mean for lower income earners in Canada? In short, all the recommendations of Diabetes 360° will help all Canadians at risk of or living with diabetes live more healthily. But there are some recommendations that have special relevance for people at risk of diabetes due to income. For example:

1. Measures to end food insecurity and reduce health inequities will support Canadians of all income levels in living a healthy lifestyle that will **prevent** diabetes and its complications.
2. Ensuring that **screening** is offered in community centers and local stores will ensure that everyone – regardless of income level – can know their risk of diabetes.
3. Improved **access** to medications, devices and supplies needed to manage diabetes will ensure that no Canadian struggles to afford the care they need for diabetes.
4. Improvements in care and the increased use of virtual and telemedicine tools will ensure that everyone gets quality **treatment** when and where they need it.

5. A patient portal will help every Canadian access low-cost, community-based supports for diabetes **self-management** near home.

A common framework with custom implementation

Diabetes 360° is a framework that is intended to be implemented differently in each province and territory, and possibly in each community, based on their unique priorities and needs. The detailed implementation of the strategy will be done *by* each community with support from the Diabetes 360° taskforce. Each community will be able to decide what programs they wish to put in place based on their needs. This will help to ensure that the needs of seniors are well met by Diabetes 360°.