

**Canadian Diabetes Association Submission
For the 2017-2018 Budget**

**Presented to the
Government of Alberta**

February 3, 2017

Respectfully submitted,

Scott McRae, Regional Director, Alberta and NWT
email: scott.mcrae@diabetes.ca
phone: (403) 266-0620 ext. 1108

Joan King, Government Relations and Advocacy, AB and BC
email: joan.king@diabetes.ca
phone: (780) 423-5722 ext. 1211

About the Canadian Diabetes Association

The Canadian Diabetes Association (CDA) is a registered charitable organization that leads the fight against diabetes by helping those affected by diabetes to live healthy lives, and preventing the onset and consequences of diabetes while we work to find a cure. Our staff and more than 20,000 volunteers including healthcare professionals provide education and services to help people in their daily fight against the disease, advocate on behalf of people with diabetes for the opportunity to achieve their highest quality of life, and break ground towards a cure.

Canadians with diabetes have the right to be treated with dignity and respect, and have equitable access to high quality diabetes care and supports. Such are the guiding principles within the Diabetes Charter for Canada.¹ Our vision through the Charter is a country where all people with diabetes can live to their full potential.

Executive Summary

Today, approximately 1,063,000 Albertans are living with diabetes or prediabetes, which represents one quarter of the provincial population. The increasing rate of diabetes and its complications place a serious burden on Alberta's publicly funded health-care system and the provincial economy.

To alleviate cost pressures on the health-care system and increase the productivity of Albertans, the Canadian Diabetes Association recommends that the government adopt the following recommendations, and assign adequate resources, where necessary, in its upcoming budget:

- Expand coverage of blood glucose test strips for people with diabetes to meet or exceed the Canadian Diabetes Association's suggested minimum public reimbursement levels;
- Introduce a policy to ensure appropriate and consistent support for all children with diabetes attending schools in Alberta.

Introduction

Today, 26% of the provincial population, or 1,063,000 Albertans, are affected by diabetes or prediabetes^a. We estimate that about 317,000 people, or 8% of the provincial population, have been diagnosed with diabetes. While Alberta currently has the lowest diabetes rate among the provinces in Canada, it has experienced a 79% increase in prevalence over the last ten years, the largest among provinces. Over the next ten years, Alberta is facing another 48% increase in diabetes prevalence, again the largest among all provinces.²

Diabetes is the leading cause of blindness, end stage renal disease and non-traumatic amputation. Compared to those without diabetes, Albertans living with diabetes are 2 to 4 times more likely to be hospitalized for cardiovascular or kidney disease, and over 14 times more likely for lower limb amputations. Adults with diabetes spend over 2.5 times the number of days in hospital each year than people without diabetes; and children and adolescents spend over 7 times the number of days in hospital than those without diabetes.³

In Canada, diabetes is associated with 30% of strokes, 40% of heart attacks, 50% of dialysis due to kidney failure, and 70% of non-traumatic amputations every year. We estimate that diabetes is currently costing the Alberta health-care system \$314 million annually in direct costs for treating these complications. Every Albertan is shouldering a portion of this cost.

Issues and Recommendations for Alberta 2017-2018 Budget

Issue #1:

Albertans with diabetes need to pay significant out-of-pocket cost for self-monitoring of blood glucose test strips for effective diabetes management.

Self-management is a cornerstone of diabetes care in order for individuals to live well with the disease and to prevent or delay the complications of the disease. Diabetes self-management involves following prescribed medications (e.g. insulin and/or pills), diet and physical activity patterns, self-monitoring of blood glucose (SMBG) and adjusting treatments in order to achieve glycemic control. SMBG is also the only way to immediately determine if a person is experiencing hypoglycemia (low blood sugar) which can be life-threatening if not promptly treated. The frequency of SMBG must be individualized to suit each person's unique circumstances; people with diabetes should work with their health-care providers to determine frequency and a testing pattern that is clinically appropriate and that works best for them.⁴

Several factors impact the timing and frequency of SMBG: the type of diabetes, the treatment prescribed, the need for information about blood glucose levels (prompted by a tendency to have hypoglycemia, lack of awareness of hypoglycemia, inadequate glycemic control, occupational requirements and acute illness); and the individual's capacity to use the information from testing to modify behaviours or adjust medications, such as literacy and numeracy skills and knowledge of what to do with the results.

Currently, Albertans who use insulin through multiple daily injections only have up to \$600 covered for all needed test strips per year through an Alberta Blue Cross individual or family health plan. Albertans,

^a Prediabetes is diagnosed when blood glucose is elevated, but not as high as type 2 diabetes. About 50% of Canadians with prediabetes will go on to develop type 2 diabetes in their lifetime.

who do not use insulin i.e. the majority of those with type 2 diabetes, have no coverage through Alberta Blue Cross plans. Therefore, all Albertans with diabetes without private insurance such as people who are self-employed, working without group benefits or are in early retirement have to pay out of pocket for their prescribed blood glucose test strips. According to our estimates, the annual cost of diabetes management can reach \$2,000 or more for these individuals including the out-of-pocket expenses for test strips.⁵

Alberta and Prince Edward Island are the only two provinces in Canada that do not offer any coverage for test strips for people not using insulin. Alberta's poor test strip coverage for people taking insulin through MDI is the lowest in Canada, which is a significant barrier to effective diabetes management. Based on the best available evidence, the Canadian Diabetes Association has made suggestions on the *minimum* government reimbursement of SMBG test strips and is advocating to every government in Canada to adopt our suggestions.⁶⁷ Recent national surveys show that 30% of Canadians with diabetes have no insurance to cover the cost of equipment or supplies to monitor their blood glucose,⁸ and that 25% reported their adherence to treatment plans are impacted by cost.⁹

Recommendation #1:

The Canadian Diabetes Association recommends that the Alberta government enhance access to SMBG test strips so quantities meet or exceed our suggestions for minimum public reimbursement.

People with diabetes need timely and affordable access to prescribed medications, devices and supplies to optimally manage their disease and avoid serious and costly complications. The current public coverage for test strips does not meet the needs of Albertans with diabetes using or not using insulin. The Canadian Diabetes Association urges the Government of Alberta to review the current policy for strip coverage considering the most recent evidence on SMBG, and introduce changes to ensure all Albertans with diabetes have access to test strips they need to effectively manage their diabetes and avoid or delay serious complications.

Issue #2:

Children with diabetes do not have consistent and adequate support for diabetes management and are at risk of emergency situations while attending school.

One in 300 children has diabetes in Canada; this means most all schools in Alberta have at least one student with diabetes at any given time. The great majority of these children have type 1 diabetes, which requires treatment with insulin, close monitoring of blood sugar levels, and careful balance of diet and exercise every day. Ongoing effective self-management helps the avoidance of serious health problems from occurring, from emergency situations such as severe hypoglycemia (low blood sugar) to long-term complications such as heart disease, blindness, amputation and kidney failure.

Given children spend 30 to 35 hours in school per week, these children and their families need support to effectively manage diabetes at school. While most students can manage their diabetes independently, some may need help with blood sugar testing or insulin administration, such as very young children. Studies have shown that children under age five are the fastest growing age group with type 1 diabetes.¹⁰ Currently, there is inconsistency in the level of support for children with diabetes and knowledge of optimal diabetes management; it varies from district to district and from school to school

within each district. Some schools have protocols for emergency situations, while others do not. The lack of consistent knowledge and support for school children with diabetes can result in life-threatening situations, parents leaving work temporarily or exiting the work force altogether in order to attend to their children's diabetes needs, or children being left out of school activities.

Recommendation #2: The Canadian Diabetes Association recommends the government of Alberta **establish a mandatory provincial standard of care for students with diabetes that is in line with CDA's *Guidelines for the Care of Students Living with Diabetes at School* and the Canadian Paediatric Society position statement "Managing type 1 diabetes in school: recommendations for policy and practice"**.

A policy that sets the standard for all the schools to provide needed support for the safety and well-being of children with diabetes is urgently needed in Alberta.

Due to the dire needs for consistent support for students with diabetes across schools in the province, the Canadian Diabetes Association calls for a provincial policy to ensure all children and youth with diabetes in school are properly supported. A provincial policy, informed by Canadian Diabetes Association's *Guidelines for the Care of Students Living with Diabetes*¹¹ and the Canadian Paediatric Society position statement "Managing type 1 diabetes in school: recommendations for policy and practice"¹², would put a set of standards in place to effectively address the varying levels and lack of support for children with diabetes in school, and enhance overall safety, participation, and physical and emotional well-being of each student with diabetes.

Conclusion

The recommendations contained in the Canadian Diabetes Association's pre-budget submission represent our priorities for government investments. By adopting these recommendations, the government will meaningfully improve the lives of Albertans living with diabetes, reduce the health-care costs associated with diabetes, increase productivity of the workforce and ensure students with diabetes are not excluded, stigmatized or discriminated against while at school. The Canadian Diabetes Association will continue working with the government and other stakeholders towards achieving optimal health outcomes for people with diabetes and those at risk of diabetes. We thank the Alberta government for the opportunity to provide these recommendations.

References

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