



**Recommendations from Diabetes Canada for consideration for
Alberta's Budget 2018-19**

**Submitted to the Honourable Joe Ceci, Minister of Finance,
Government of Alberta**

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About Diabetes Canada

Diabetes Canada 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 1.1 million Albertans are living with diabetes or prediabetes, which represents one quarter of the provincial population. The increasing rate of diabetes and its complications continue to place a serious burden on Albertans living with the disease and their families and Alberta's publicly funded health-care system.

To alleviate cost pressures on both Albertans living with diabetes and the health-care system, Diabetes Canada recommends that the government adopt the following recommendations, and assign adequate resources, in its upcoming budget:

- **Expand public coverage of self-monitoring blood glucose test strips**
- **Introduce a provincial standard of care for children with diabetes in school**

Introduction

Today, 24 per cent of Alberta's population or 1.1 million live with diabetes or prediabetes^a. We estimate that about 337,000 people or 7.4 per cent 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 77 per cent increase in prevalence over the last ten years, the largest among provinces. Over the next ten years, Alberta is facing another 50 per cent increase in diabetes prevalence, again the largest among all provinces.²

^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.

Diabetes is the leading cause of blindness, kidney failure 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 in 2018 treating these complications will cost the Alberta health-care system \$416 million.

Diabetes Canada's Issues and Recommendations for Alberta's 2018-19 Budget

Issue #1:

Albertans with diabetes without private insurance must pay out-of-pocket for blood glucose test strips in order to self-manage their diabetes.

Self-management is a cornerstone of diabetes care in order for individuals to live well with the disease and to **prevent or delay its serious and costly complications**. Diabetes self-management includes balancing medications (e.g. insulin and/or pills), diet and physical activity. Self-monitoring of blood glucose (sugar) is necessary in order to achieve blood glucose control.

Monitoring blood glucose is also the only way to immediately determine if an individual with diabetes is experiencing hypoglycemia (low blood sugar) which can be life-threatening if not promptly treated.

Diabetes Canada's 2013 *Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada (CPGs)* recommends that the frequency of blood glucose monitoring be individualized to suit each individual's unique circumstances, such as the type of diabetes they manage, 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 his or her 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 require insulin to manage their diabetes have access to only \$600 per year for all their diabetes supplies, including blood glucose test strips, through the Alberta Blue Cross Non-Group Coverage and Coverage for Seniors plans. Albertans with type 2 diabetes who do not use insulin, but must also self-manage their condition in order

to reduce the risk of serious and costly complications, have no coverage under Alberta Health plans. Consequently, Alberta provides the most inadequate coverage for blood glucose test strips in the country, along with Prince Edward Island.

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,⁴ and that 25% reported their adherence to treatment plans are impacted by cost.⁵

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.

Recommendation #1:

Diabetes Canada recommends the Government of Alberta enhance access to blood glucose test strips so Albertans with diabetes can self-manage their diabetes and reduce the risk of serious and costly complications.

In an effort to assist the government in fulfilling this recommendation, Diabetes Canada has recently completed an Alberta White Paper on self-monitoring of blood glucose test strip reimbursement options that will be formally submitted to Alberta's Minister of Health, the Honourable Sarah Hoffman, for review and consideration. The paper analyzes utilization and expenditures under Alberta public programs and projects that Alberta could reduce expenditures in the low-income programs by introducing utilization limits in line with other provinces. In turn, this would help to offset higher expenditures in Alberta Health programs by increasing quantity limits.

Issue #2:

Children with diabetes do not have consistent and adequate support with their daily diabetes management needs and are at risk of emergency situations while attending schools in Alberta.

One in 300 children has diabetes in Canada; this means most schools in Alberta have at least one student with diabetes at any given time. The 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 physical activity every day. Proper diabetes management reduces the risk of life-threatening emergencies, prevents or reduces the risk of serious long-term complications, and ensures that students with diabetes are able to learn and participate fully in all school activities

Given that 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.⁶ 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.

It shouldn't matter where you go to school in Alberta, but for kids with diabetes, it does. An estimated 4,000 kids in Alberta have type 1 diabetes that is neither preventable nor curable. The only treatment is daily injections/infusion of insulin, combined with multiple blood sugar checks and a careful balance between insulin, food and activity.

A supportive school environment is critical to keeping students with diabetes safe and healthy. Proper diabetes management reduces the risk of life-threatening emergencies, prevents or reduces the risk of serious long-term complications, and ensures that students with diabetes are able to learn and participate fully in all school activities.

Standards of care, however, vary widely across the province, putting students with diabetes at risk. Parents are often left struggling to find the in-school diabetes supports their children need and face countless challenges that jeopardize their children's safety, long-term health and academic potential.

- Most schools will not permit training for school staff to help monitor blood sugar or administer insulin for students who are newly-diagnosed or too young to self-manage.
- Many schools will not train staff to administer life-saving glucagon to a student with diabetes in the event of a severe low blood sugar.
- Many schools will not allow students to test blood sugar or administer insulin, wherever and whenever needed.
- Many schools fail to adequately accommodate students with diabetes – e.g. students are denied participation in field trips unless parent can attend; students with low or high blood sugar made to write exams when their cognitive abilities are impaired, etc.

Alberta has fallen behind. British Columbia, Nova Scotia, New Brunswick, Newfoundland & Labrador, Ontario and Quebec all have province-wide policies or guidelines to support children with diabetes. Action is needed now because all kids with diabetes should have

the same protections and opportunities to succeed no matter where they live or attend school in Alberta.

Recommendation #2:

Diabetes Canada recommends the Government of Alberta establish a mandatory provincial standard of care for students with diabetes that is in line with Diabetes Canada'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".

Conclusion

The recommendations contained in the Diabetes Canada'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. Diabetes Canada 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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- ³ Johnson, J.A., Rabi, D.M., Edwards, A.L. ... & Balko, S.U. (2009). Diabetes and health care utilization in Alberta. Alberta Diabetes Atlas 2009. Accessed from https://www.researchgate.net/profile/Doreen_Rabi/publication/265099105_Chapter_4_Diabetes_and_Health_Care_Utilization_in_Alberta/links/5458f3190cf2bccc4912afca.pdf
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