

**Email Submission to** 

### The Honourable Karen Casey, Minister of Finance and Treasury Board

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# Submitted by Diabetes Canada

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### **Executive Summary**

The number of Canadians with diabetes has doubled since 2000. This means about 11 million Canadians now live with prediabetes or diabetes. Canadians 20 years of age now face a 50% chance of developing the disease in their lifetime. For First Nations Peoples in Canada, that risk is up to 80% and in some subgroups within this population, it is even higher. It is estimated that prevalence will grow by 40% in the next decade with the health care costs associated with treating people with diabetes and its complications in Canada topping \$39 billion by 2028.

In Nova Scotia today approximately 317,000 people, or 31% of the provincial population, are living with diabetes or prediabetes and those numbers are expected to rise to 357,000 and 35% by 2028. In fact, this province has one of the highest prevalence rates of diabetes (for all ages) of any jurisdiction in Canada. Treating diabetes and its complications currently costs the Nova Scotia's health-care system \$104 million in direct costs, which is estimated to rise to \$125 million by 2028.

Diabetes is a complicated and challenging disease and puts people at high risk of serious and costly complications, including heart attack, stroke, vision loss, kidney disease and amputation. 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.

To help mitigate the alarming impact of diabetes on families, employers, health-care and the economy, Diabetes Canada recommends the following actions to the Government of Nova Scotia:

- Invest in the development of a provincial diabetes strategy.
- Support Diabetes 360°: A nation-wide strategy to prevent and manage diabetes.

Currently, some Canadian provinces have provincial diabetes strategies along with dedicated government programs that help to standardize a provincial approach to diabetes and related conditions. Unfortunately, not only does Nova Scotia not currently have a provincial diabetes strategy, but a Canadian strategy to support and guide provinces also does not exist. In practice, this means that provincial plans for diabetes prevention and management vary wildly even where they do exist.

Diabetes has been recognized as a health-care priority that requires an organized system of care in order to alleviate the burden of the disease for individuals, communities, for the benefit of the health-care system. Building on the solid and important work of the Diabetes Care Program of Nova Scotia, critical elements within a diabetes strategy will set this province up for improved diabetes care and prevention and healthier citizens. A provincial strategy, supported by a national strategy with the support of all provinces, could help to tackle the epidemic of diabetes and help allocate scarce resources and prioritize investments.

### **Diabetes in Nova Scotia**

Approximately 110,000 people have been diagnosed with diabetes in Nova Scotia in 2018, representing 11% of the province's population. Over the next decade, Nova Scotia is projected to experience a 22% increase in diabetes prevalence.

While the diabetes prevalence is high, this does not represent the full burden of diabetes. About one-third of people with diabetes are undiagnosed, and many more are estimated to have prediabetes, a precursor to type 2 diabetes. In 2018, with diabetes, undiagnosed diabetes and prediabetes combined, an estimated 317,000 people in N.S. (31% of the provincial population) are affected. By 2028, it will increase to 35%.

We estimate that diabetes is currently costing the provincial health-care system \$104 million as a result of hospitalizations, doctor visits and inpatient medications and will rise to \$125 million by 2028.

Nova Scotia also faces unique challenges in reducing risk of type 2 diabetes and meeting the needs of those living with diabetes:

- The median age in Nova Scotia is 44.6 years. About one-fifth of the provincial population is 65 years and older, which is among the highest seniors populations in the country.
- The median after-tax family income is among the lowest of the provinces.
- Rates of overweight and obesity among Nova Scotia adults are 31% and 36% respectively.
- Nova Scotia has a rural population more than double the national average. Accessing care is more challenging for people with diabetes living in rural areas across Canada than in urban centres.

#### **Issues and Recommendations**

#### 1. Invest in the development of a provincial diabetes strategy.

The increasing prevalence of diabetes and its secondary complications impose a serious burden on the publicly funded health-care system and its recovering economy. The cost of diabetes in Nova Scotia is projected to be \$104 million in this year alone. Direct costs of diabetes are led by hospitalization, but also include general practitioners, specialists and medications. Indirect costs include loss of economic output from illness or premature death. The impact of diabetes, if it is left unaddressed, will result in significantly increased rates of heart disease, depression, strokes, nerve damage, skin ulcers, blindness, kidney disease, amputations, and dental conditions in Nova Scotia.

Diabetes and its related complications also pose a significant burden on those living with the disease and their families, through out-of-pocket expenses for medications, devices and supplies needed to manage their illness in collaboration with their health providers. In fact, a

Diabetes Canada survey revealed that 25% of all people with diabetes indicated their treatment adherence was affected by cost, but the burden is heavier for lower-income earners: 40% of those earning less than \$35,000 per year felt that they were unable to adhere to their treatment because of cost.

To alleviate cost pressures of diabetes on the provincial health-care system and increase the competitiveness of the province, Diabetes Canada recommends that the Government invest in the development of a provincial diabetes strategy. This strategy would aim to reduce the burden of diabetes for the provincial healthcare system by slowing the growth in the number of people diagnosed with diabetes annually, earlier detection and actions for those diagnosed with prediabetes, and increase the positive health measures of those already living with the disease.

A provincial diabetes strategy would meet the principles established in the Diabetes Charter for Canada, of which Nova Scotia was a provincial signer. It would carry on the aim to reduce the burden of diabetes for the provincial health-care system by an enhanced focus on diabetes prevention, screening, detection, treatment, and self-management and build upon the good work established through the Diabetes Care Program of Nova Scotia. Elements of the strategy could include:

- Investments in diabetes research, using existing provincial data to ensure up-to date and evidence based decision making for diabetes initiatives.
- Increased support for self-management of diabetes.
- Enhanced access to diabetes medications, devices and supplies, including expanding financial coverage for insulin pumps and supplies to all individuals with type 1 diabetes, regardless of age.
- Coordinated diabetes care and access to inter-professional teams in a timely manner.
- Better coordination of care at a provincial level, delivered using a model of care supported by the Diabetes Care Program of Nova Scotia (DCPNS) and the Department of Health and Wellness.
- Wellness programs to support type 2 diabetes prevention.
- Programs and support for diabetes foot care and amputation prevention.

#### 2. Support Diabetes 360°: A nation-wide strategy to prevent and manage diabetes.

The World Health Organization recommends that every country implement a national diabetes strategy yet, despite higher prevalence and per capita costs of diabetes than most of the world's developed nations, Canada has been without one since 2013.

With an aging population and exploding growth rates amongst at-risk populations – most notably Indigenous Canadians – Canada's diabetes burden will continue its rise over the next decade. Both prevalence and direct costs for treating the disease in Canada have been rising at a rate of 4% and 10% respectively per year and show no signs of slowing down. Treating diabetes costs Canada's health care system \$28 billion per year and will approach \$40 billion per year by 2028 unless we act with a sense of urgency.

Canada needs a strategy to coordinate the efforts underway in all provinces and territories to combat this epidemic, one which would bring Canada in line with global best practice, reduce the human burden of this disease significantly in a very short period and achieve savings in health care costs.

That is why Diabetes Canada partnered with representatives from more than 100 stakeholder organizations over the past year to develop Diabetes 360° – a measurable, outcome-focused national strategy for the prevention and management of diabetes. It is based on the hugely successful 90-90-90 model implemented globally to combat HIV/AIDS and is the product of collaboration among 129 stakeholders including representation from nine provincial governments.

The Diabetes 360° framework includes specific evidence-based recommendations in the areas of prevention, screening, treatment and patient outcomes for diabetes, and is set up to deliver results in just seven years by focusing on the following key targets:

- 90% of Canadians live in an environment that preserves wellness and prevents the development of diabetes
- 90% of Canadians are aware of their diabetes status
- 90% of Canadians living with diabetes are engaged in appropriate interventions to prevent diabetes and its complications
- 90% of Canadians engaged in interventions are achieving improved health outcomes

These targets are based on extensive consultation and rigorous analysis of research, and the actions required for their achievement are detailed in our Diabetes 360° report

Diabetes Canada has submitted its recommendations for a national diabetes strategy to the Government of Canada and recommends that a seven-year national partnership be established with a strategic investment of \$150 million over the seven years. The partnership will collaborate with provinces and territories, civil society and private sector to prioritize and implement programs to achieve the Diabetes 360° targets and then sunset – a realistic and evidenced approach that can work for Canada.

Diabetes Canada is asking the government of Nova Scotia to extend its endorsement of the Diabetes 360° strategy framework to the Government of Canada's Minister of Health, the Honourable Ginette Pettipas Taylor, as well as consider its financial investment in the strategy to ensure the future of health and prosperity of Nova Scotians.

# Conclusion

Diabetes Canada urges the Government of Nova Scotia to implement the recommendations contained in this submission to ensure Nova Scotians with diabetes have the support to achieve their full health potential. With a national diabetes strategy like Diabetes 360°, linked to a provincial diabetes strategy, with strong leadership from government, in close collaboration with key stakeholders in the diabetes community, we can bend the impact curve of diabetes and significantly improve the lives of those with diabetes and all Nova Scotians.