



Diabetes in Alberta 2024 Backgrounder

Summary

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

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About Diabetes Canada

Diabetes Canada is a national health charity representing more than 4 million people in Canada diagnosed with diabetes. Our mission is to prevent diabetes and its complications; help people with diabetes live healthy lives; and work to find 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.

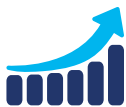
For more information, please visit: www.diabetes.ca

Contact

advocacy@diabetes.ca with inquiries about this Diabetes Canada report.

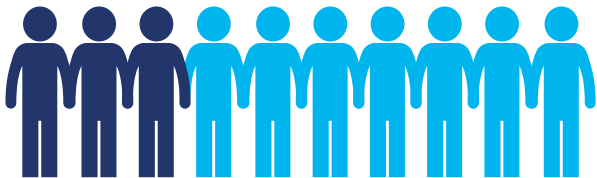
Estimated Prevalence and Cost of Diabetes - Alberta

Prevalence (1)	2024	2034
Diabetes (type 1 + type 2 diagnosed + type 2 undiagnosed)	398,440 / 9%	587,019 / 10%
Diabetes (type 1 and type 2 diagnosed)	377,410 / 8%	561,620 / 10%
Diabetes (type 1)	5-10% of diabetes prevalence	
Diabetes (type 1 + type 2 diagnosed + type 2 undiagnosed) and prediabetes (includes undiagnosed)	1,301,860 / 28%	1,679,220 / 30%
Increase in diabetes (type 1 and type 2 diagnosed), 2024-2034	49%	
Direct cost to the Health Care System in 2024	\$556 million	
Out-of-pocket cost per year (2)		
Type 1 diabetes costs, % of family income	\$78-\$6,557 / 0%-9%	
Type 2 diabetes costs, % of family income	\$76-\$5,641 / 0%-8%	



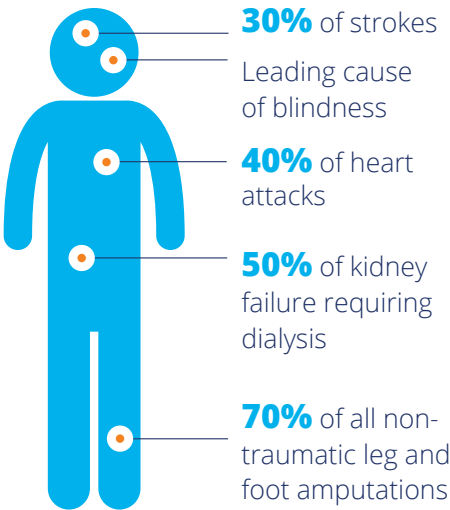
Impact of Diabetes

- Among Albertans (1):
 - **28%** live with diabetes or prediabetes;
 - **8%** live with diagnosed diabetes, a figure that climbs to **9%** when cases of undiagnosed type 2 diabetes are included.

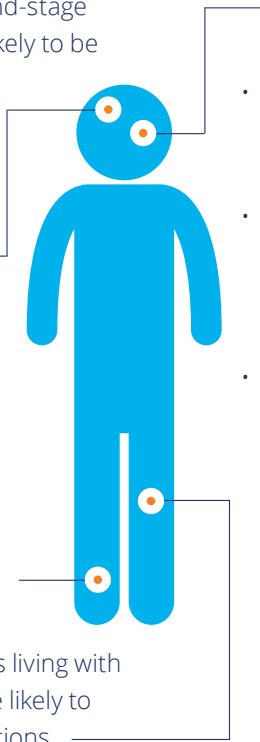


- Diabetes complications are associated with premature death (3). Diabetes can reduce lifespan by **five to 15 years** (3). It is estimated that the all-cause mortality rate among people living with diabetes is **twice** as high as the all-cause mortality rate for those without diabetes (4).

- Diabetes contributes to (5):



- 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).
- **33-50%** of people living with diabetes experience diabetes distress (an overwhelming feeling about their condition that can lead to unhealthy habits like not checking their blood sugar or skipping medical appointments, etc.) (6).
- Individuals with depression have a **40% – 60%** increased risk of developing type 2 diabetes (6).
- Foot ulceration affects up to **25%** of people with diabetes in their lifetime (9).
- Compared to the general population, adults living with diabetes in Canada are over **20 times** more likely to undergo non-traumatic lower limb amputations - 85% of which are preceded by foot ulcers (10).
- Diabetic retinopathy, a retinal vascular disorder that occurs as a complication of diabetes, is a leading cause of new cases of blindness in Canada, and often affects working-aged adults (7).
- Vision loss is associated with significant morbidity, including increased falls, hip fractures, and an increased risk of death (8).
- Hypoglycemia (low blood sugar) and hyperglycemia (high blood sugar) may affect mood and behaviour and can lead to emergency situations if left untreated (11).
- For people living with diabetes, adherence to treatment is affected by costs which are not covered by their public drugs and devices coverage (2).
 - Those with type 1 diabetes can pay up to 9% of their gross annual income on medications and devices that range from \$78 to \$6,557.
 - Those living with type 2 diabetes can pay up to 8% of their gross annual income on medications and devices that range from \$76 to \$5,641.



Risk Factors of Diabetes

- 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).
- The age-standardized prevalence rates for diabetes are **16%** among people of South Asian descent, **13.3%** among Black adults, **12.5%** among people of Arab/West Asian descent, **8.8%** among people of East/Southeast Asian descent, and **5.7%** among people of Latin American descent (12).
- The prevalence of diabetes among First Nations adults living off reserve, Metis adults, and Inuit adults is **1.72 times**, **1.22 times**, and **1.18 times** higher respectively than the prevalence among non-Indigenous adult (12). In addition to the risk factors that impact all people in Canada, the ongoing burden of colonization continues to influence Indigenous peoples' health.
- The prevalence of diabetes among adults in the lowest income groups is **2.1 times** that of adults in the highest income group (12).
- Adults who have not completed high school have a diabetes prevalence **1.9 times** that of adults with a university education (12).
- Social determinants of health can influence the rate of individual-level modifiable risk factors and thus the risk of diabetes. The main determinants of health include income, employment, education, childhood experiences, physical environments, social supports, access to health services, and racism (13).

Policy, Programs, and Services Related to Diabetes

- In December 2024, the government actioned a Diabetes Working Group priority recommendation to expand access to continuous glucose monitoring systems for eligible Albertans 18 years and older.
- In March 2024, the Diabetes Working Group (DWG) submitted its final report with recommendations to inform an Alberta diabetes strategy to the Minister of Health.
- In 2024, Alberta disbanded Strategic Clinical Networks (SCNs), including the Diabetes, Obesity, and Nutrition Strategic Clinical Network (DON SCN) as it refocuses the health care system.
- July 2022, the Minister of Health announced the formation of a Diabetes Working Group with broad representation from Alberta's diabetes community to deliver recommendations to the government on key priorities to build a comprehensive provincial diabetes strategy.
- In July 2022, the government canceled its plan to make changes to the Insulin Pump Therapy Program (IPTP) that would require individuals to incur out-of-pocket costs.
- In February 2022, the government announced the addition of real-time continuous glucose monitors (rtCGM) for eligible Albertans under age 18.
- In July 2021, the government announced increased coverage up to \$2,400 for diabetes supplies in government sponsored programs, including Blue Cross Coverage for Seniors and Non-Group Coverage.
- In December 2019, the government launched its Biosimilars Initiative which introduced changes for adults using insulin. To maintain public coverage, Individuals using an originator insulin will be required to switch to its biosimilar.
- In February 2019, the *Guidelines for Supporting Students with Type 1 Diabetes* was released to offer guidance to provincial school boards.

Challenges

Alberta 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, gender, and ethnicity (11).
 - The median age in Alberta is **38.4 years** (14). **14.8%** of Albertans are over 65 years old (14). 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 (15).
 - Adult men are more at risk of type 2 diabetes compared to adult women (11).
 - Approximately **27.8%** of Albertans self-identify as being of African, Arab, Asian, Hispanic, or South Asian descent (14). These groups are at increased risk of developing type 2 diabetes (11).
 - There are **284,465** Indigenous people in Alberta, who face significantly higher rates of diabetes and adverse health consequences than the overall population (16).
- Alberta has high rates of individual-level modifiable risk factors (17):
 - **42%** of adults and **48.8%** of youth (aged 12 to 17 years) are physically inactive;
 - **35%** of adults are living with overweight and **29.7%** of adults are living with obesity;
 - **33.4%** of youth (aged 12 to 17) are living with overweight or obesity;
 - **16%** of adults are heavy drinkers;
 - **16.2%** of adults have high blood pressure;
 - **80.6%** of adults are not eating enough fruits and vegetables; and
 - **8.1%** 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 Albertans include income, education, food security, the built environment, social support, and access to health care (3).

Diabetes Canada's Recommendations to the Government of Alberta



1. Implement the Framework for Diabetes in Canada

- Fund and implement a comprehensive diabetes strategy as prescribed by Alberta's Diabetes Working Group (final report 2024) to improve diabetes prevention, screening, management and health outcomes for Albertans.



2. Provide equitable access to diabetes medication, devices, and supplies

- Reduce barriers to access, such as, ensuring high deductibles and copays are not a barrier or burden to access. Ensure evidence-based, personalized diabetes treatments, including newer insulins and type 2 medications, continuous glucose monitoring systems, insulin pumps, and necessary supplies.



3. Protect students with diabetes and provide them with an equal opportunity to learn and participate at school

- Implement a mandatory standard of care for students with diabetes that aligns with Diabetes Canada's [Guidelines for the Care of Students Living with Diabetes at School](#).

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