



Diabetes in Canada

KEY STATISTICS ⁱ	2016	2026
Diabetes and prediabetes prevalent cases (rate)	11 million (29%)	13.9 million (33%)
Diabetes prevalent cases (rate)	3.5 million (9.2%)	4.9 million (11.6%)
Cost of diabetes to health-care system	\$3.4 billion	\$5 billion
2006 to 2016: estimated increase in diabetes prevalence	72%	
2016 to 2026: estimated increase in diabetes prevalence	41%	

Impact of diabetes:

- Diabetes complications are associated with premature death. Diabetes reduces lifespan by 5–15 years. It is estimated that one of ten deaths in Canadian adults was attributable to diabetes in 2008–2009.¹
- 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 over 20 times more likely to be hospitalized for a non-traumatic lower limb amputation compared to the general population.¹
- Diabetes contributes to 30% of strokes, 40% of heart attacks, 50% of kidney failure requiring dialysis, and 70% of nontraumatic lower limb amputations² and is a leading cause of vision loss.
- Thirty per cent (30%) of people with diabetes have clinically relevant depressive symptoms; individuals with depression have an approximately 60% increased risk of developing type 2 diabetes.³
- The risk of blindness in people with diabetes is up to 25 times higher than those without diabetes.⁴ Diabetes is the leading cause of acquired blindness in Canadians under the age of 50.⁵ Diabetic retinopathy affects 500,000 Canadians.⁶
- Foot ulceration affects an estimated 15%–25% of people with diabetes in their lifetime.⁷ One-third of amputations in 2011–2012 were performed on people reporting a diabetic foot wound.⁸
- Some populations are at higher risk of type 2 diabetes, such as those of South Asian, Asian, African, Hispanic or Aboriginal descent, those who are overweight, older or have low income. Diabetes rates are 3–5 times higher in First Nations than in the general population, a situation compounded by barriers to care for Indigenous Peoples.³
- Twenty-five per cent (25%) of Canadians with diabetes indicated their treatment adherence was affected by cost. The majority of Canadians with diabetes pay more than 3% of their income or over \$1,500 per year for needed medications, devices and supplies out of their own pocket.^{9,10}
- Thirty-three per cent (33%) of Canadians with type 2 diabetes do not feel comfortable disclosing their diabetes to others.¹⁰
- Hypoglycemia (low blood sugar) and hyperglycemia (elevated blood sugar) may affect mood and behaviour and a student's ability to learn and to participate in school activities as well as lead to emergency situations, if left untreated.

ⁱ Estimated diabetes statistics in Canada are generated by the Canadian Diabetes Cost Model.

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Highlights of diabetes-related policy and programs in Canada:

- Canadian Diabetes Strategy (CDS): Created in 1999 with initial funding of \$115 million over five years, the Strategy focuses on the prevention and management of type 2 diabetes and its complications. In 2005, the CDS became part of the Integrated Strategy on Healthy Living and Chronic Disease, with increased funding of \$18 million per year. The Strategy focuses on promoting health; preventing chronic disease by reducing risks for Canadians who are at high risk; and supporting early detection and management of chronic diseases.
- Aboriginal Diabetes Initiative (ADI): The ADI focuses on increasing awareness of diabetes among First Nations, Inuit and Métis in order to reduce the prevalence and incidence of diabetes in these high-risk communities. Supporting over 600 programs for Indigenous people living with diabetes in Canada, the ADI was renewed with permanent funding in 2015.
- Canadian Chronic Disease Surveillance System (CCDSS): The CCDSS is a collaborative network of provincial and territorial surveillance systems, supported by the Public Health Agency of Canada. Formerly known as the National Diabetes Surveillance System, the CCDSS now includes other chronic disease conditions.
- Healthy Weights: In 2010, Canada's *Declaration on Prevention and Promotion* was endorsed by federal, provincial and territorial health ministers. To guide a collaborative and coordinated approach to promoting healthy weights, Health ministers endorsed *Curbing Childhood Obesity: A Federal, Provincial, and Territorial Framework for Action to Promote Healthy Weights*. Through the Framework, ministers agreed to make childhood obesity a collective priority.
- In 2011, Canada endorsed a United Nations Declaration on preventing and controlling non-communicable diseases. The Declaration acknowledges the four main non-communicable diseases as cancer, diabetes, chronic respiratory diseases, and cardiovascular disease.

The Diabetes Charter for Canada

The Charter outlines the rights of people with diabetes to supports and high quality care regardless of their income or where they live in Canada. It also notes governments' responsibility to address the unique needs of populations who experience higher burden of diabetes and significant barriers to diabetes care and support. These supports will help Canadians with diabetes achieve their full health potential and reduce health-care costs. In 2016, an estimated 29% of Canada's population have either diabetes or prediabetes. Many others also face a higher risk of developing type 2 diabetes including:

- First Nations, Métis and Inuit people and those of Asian, Latin American and African descent;
- 8.8% of Canadians earning a low income, based on after-tax low-income cut-off;¹¹
- 62% of adults and 31% of children and youth who are overweight or obese;¹²
- 18% of Canadians who smoke daily or occasionally.¹³

With the rising prevalence of diabetes, it is critical to ensure adequate and equitable access to needed care and support for optimal diabetes management.

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