Diabetes in Ontario

<table>
<thead>
<tr>
<th>KEY STATISTICS</th>
<th>2015</th>
<th>2025</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated diabetes prevalence (n/%)</td>
<td>1.5 million / 10.2%</td>
<td>2.3 million / 13.4%</td>
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<tr>
<td>Estimated prediabetes prevalence (n/%)(age 20+)</td>
<td>2.27 million / 21.8%</td>
<td>2.54 million / 22.7%</td>
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<tr>
<td>Estimated cost of diabetes ($)</td>
<td>$6 billion</td>
<td>$7.7 billion</td>
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<tr>
<td>Estimated annual out-of-pocket cost for type 1 diabetes administering insulin by manual injection, based on $43,000 annual income ($/% of income)</td>
<td>$2,010 / 4.7%</td>
<td></td>
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<tr>
<td>Estimated annual out-of-pocket cost for type 1 diabetes, administering insulin with an insulin pump, based on $43,000 annual income ($/% of income)</td>
<td>$1,889 / 4.4%</td>
<td></td>
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<tr>
<td>Estimated annual out-of-pocket cost for type 2 diabetes, based on $43,000 annual income ($/% of income)</td>
<td>$2,594 / 6.0%</td>
<td></td>
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<tr>
<td>Estimated diabetes prevalence increase (%)</td>
<td>48% from 2015-2025</td>
<td></td>
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<tr>
<td>Estimated diabetes cost increase (%)</td>
<td>29% from 2015-2025</td>
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</tbody>
</table>

Impact of diabetes:

- Diabetes complications are associated with premature death. It is estimated that one of ten deaths in Canadian adults was attributable to diabetes in 2008/09.\(^5\)
- 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 over 20 times more likely to be hospitalized for a non-traumatic lower limb amputation compared to the general population.\(^4\)
- Thirty per cent of people with diabetes have clinically relevant depressive symptoms; individuals with depression have an approximately 60% increased risk of developing type 2 diabetes.\(^4\)
- Foot ulceration affects an estimated 15-25% of people with diabetes. One-third of amputations in 2011-2012 were performed on people reporting a diabetic foot wound.\(^5\)
- 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, a situation compounded by barriers to care for Aboriginal people.\(^4\)

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1 Estimated diabetes statistics in Canada are generated by the Canadian Diabetes Cost Model.
5 Canadian Institute for Health Information. (2013). *Compromised wounds in Canada*. Ottawa, Ont.: Canadian Institute for Health Information. Retrieved from [https://secure.cihi.ca/free_products/AfB_Compromised_Wounds_EN.pdf](https://secure.cihi.ca/free_products/AfB_Compromised_Wounds_EN.pdf)

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Fifty-seven percent of Canadians with diabetes reported they cannot adhere to prescribed treatment due to the high out-of-pocket cost of needed medications, devices and supplies. The average cost for these supports is >3% of income or >$1,500.6

As a result of stigma or fear of stigma, 37% of Canadians with type 2 diabetes surveyed by the Canadian Diabetes Association reported they do not feel comfortable disclosing their diabetes.7

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.

**Highlights of diabetes-related policy, programs and services in Ontario:**
- The Ontario Diabetes Strategy (2008) supports diabetes prevention, care and management across the province, with ongoing funding to ensure sustainability.
- The Monitoring for Health Program provides assistance with the cost of blood glucose testing supplies for Ontarians who use insulin or have gestational diabetes and have no other coverage for their supplies. The maximum reimbursement for strips and lancets increased to $820 per year in 2008.
- Ontario’s Aboriginal Diabetes Strategy (2006) is a long-term approach to diabetes prevention, care, treatment, education, research and coordination, developed by the Government of Ontario in collaboration with Ontario Aboriginal organizations and independent First Nations.
- Ontario’s insulin pump program offers coverage for all eligible people with type 1 diabetes as well as $2400 per year for pump supplies.
- Ontario reports on two annual targets: 1) the percentage of people with diabetes attached to a primary care physician; and 2) the percentage of people with diabetes receiving A1C tests, lipid tests and dilated retinal exams, in accordance with the Canadian Diabetes Association’s (CDA) Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada (CPGs).
- Ontario’s Diabetes Program Policies and Procedures state that the diabetes programs’ education/work plans must reflect an integration of current principles and practices for diabetes as outlined in CDA’s CPGs and the Diabetes Educator Section/CDA’s Standards for Diabetes Education in Canada.

**What does the Diabetes Charter for Canada mean for Ontario?**

The Diabetes Charter for Canada (the Charter) clearly outlines the support Ontarians with diabetes need to live to their full potential, including quality diabetes care, education, programs and services, medications, devices, supplies and other supports. Commitments within the Charter address the unique needs of people living with diabetes in the province. For example:
- The province is home to immigrants from populations at higher risk of type 2 diabetes: it has the highest concentration of South Asians, Blacks and Latin Americans and higher proportion of Chinese and Southeast

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Asians than most provinces.\textsuperscript{8} The province also has a higher rate of overweight and obesity compared with other provinces.\textsuperscript{8} These populations all have a higher risk of developing diabetes and related complications.\textsuperscript{9}

- There are significant variances in the rates of diabetes and complications across regions in the province, with the highest rates in the north and rural areas.\textsuperscript{10}

The Charter outlines the right of people with diabetes to information, education and care that take into account a person’s culture and language. The Charter also puts forth the right of people with diabetes to high quality care regardless of where they live. The Charter also notes that governments have a responsibility to address the unique needs and disparities in care and outcomes of vulnerable populations who experience higher rates of diabetes and complications and/or significant barriers to diabetes care and support. These supports will help Ontarians with diabetes manage their disease and related complications.

\textsuperscript{8} Diabetes: Canada at the Tipping Point – Charting a New Path, op.cit., p. 18

\textsuperscript{9} Ibid, pp. 17-19.