

Diabetes in Alberta

Overview

| Key Statistics ² | 2015 | 2025 |
|---|--|---------------|
| Estimated number of Albertans living with diabetes (type 1 and type 2) | 288,000 | 439,000 |
| Estimated diabetes prevalence in Alberta (%) | 7.2% | 9.8% |
| Estimated number of Albertans living with type 1 diabetes | 14,775 | 20,400 |
| Estimated number of Albertans (age 20+) living with prediabetes | 590,000 | 687,000 |
| Estimated prediabetes prevalence in Alberta | 21.4% | 23.2% |
| Estimated cost of diabetes in Alberta | \$1.3 billion | \$1.7 billion |
| Kids and Youth (Ages 1-19) | | |
| Estimated number of kids and youth living with diabetes in Alberta | 3,970 | 5,620 |
| Estimated number of kids and youth living with type 1 diabetes in Alberta | 3,771 | 5,339 |
| Estimated annual out-of-pocket cost for Albertans living with type 1 diabetes administering insulin by multiple daily injections ³ . | Income < \$15,000: \$0 Income < \$43,000: \$2,963 Income < \$75,000: \$2,963 | |
| Estimated annual out-of-pocket cost for Albertans living with type 2 diabetes. | Income < \$30,000: \$2,485 Income < \$43,000: \$2,485 Income < \$75,000: \$2,485 | |

Impact of diabetes on an individual's quality of life

- Diabetes complications including heart attack, stroke and kidney failure are associated with premature death. It is estimated that **one of ten deaths** in Canadian adults was attributable to diabetes in 2008/09.⁴
- 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 more than 20 times more likely to be hospitalized for a non-traumatic lower limb amputation compared to the general population.⁵
- Foot ulceration affects an estimated 15 to 25 per cent of people with diabetes at some time in their lives. **One-third of amputations** from 2011 to 2012 were performed on people with a diabetic foot wound.⁶
- 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

² Estimated diabetes statistics in Canada are generated by the Canadian Diabetes Cost Model.

³ Estimated out-of-pocket costs for type 1 and type 2 diabetes are calculated based on composite case studies as noted in the Canadian Diabetes Association's report *The Burden of Out-of-Pocket Costs for Canadians with Diabetes*. As such, these situations apply to many people with diabetes in Alberta, but not all. The costs are 2011 estimates.

⁴ Public Health Agency of Canada. (2011). *Diabetes in Canada: Facts and figures from a public health perspective*. Ottawa, Ont.: Public Health Agency of Canada. Retrieved from <http://www.phac-aspc.gc.ca/cd-mc/publications/diabetes-diabete/facts-figures-faits-chiffres-2011/index-eng.php>

⁵ Canadian Diabetes Association Clinical Practice Guidelines Expert Committee. (2013). Canadian Diabetes Association 2013 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada. *Can J Diabetes*, 37 (suppl 1).

⁶ 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/AIB_Compromised_Wounds_EN.pdf

are three to five times higher in First Nations communities, a situation compounded by barriers to care for Aboriginal people.⁷

- 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.
- As a result of stigma or fear of **stigma**, 37 per cent of Canadians with type 2 diabetes surveyed by the Canadian Diabetes Association reported they do not feel comfortable disclosing their diabetes.⁸
- 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.

Developments in Alberta

- Enhanced coverage of diabetes supplies for individuals using insulin to a maximum of \$600 per benefit year under Alberta Health-sponsored drug plans (e.g. Blue Cross), including Coverage for Seniors and Non-Group Coverage (2012).
- Addition of long-acting insulins as a regular benefit on the provincial drug formulary (2012).
- Introduction of the Insulin Pump Therapy Program for Albertans with type 1 diabetes who meet clinical criteria (2013).
- Anticipated closure of the Alberta Monitoring for Health Program (AMFH) for low income Albertans without insurance (2015).

CDA recommendations to the Government of Alberta

- 1. Improve the health, safety and participation of school-aged children living with diabetes in Alberta by implementing standards for students living with type 1 diabetes that are in line with the CDA's *Guidelines for the Care of Students Living with Diabetes at School*.**

Poor management of blood glucose levels can seriously affect academic performance as well as a student's overall health and safety. Ongoing hyperglycemia that is not recognized and left untreated can eventually lead to serious complications such as heart disease, blindness, amputations and kidney failure. Severe hypoglycemia is an emergency situation that requires immediate emergency treatment by trained school personnel.

- 2. Enhance access to diabetes medications, supplies and devices for Albertans living with diabetes that can improve their quality of life and potentially delay or prevent the onset of serious complications and result in significant savings to the health-care system.**

Albertans living with diabetes should have equitable access to blood glucose test strips according to the CDA's *Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada* and the CDA's 2011 suggestions for *minimum* levels of public reimbursement of test strips.

Albertans living with type 2 diabetes should have access to medications that address their clinically relevant issues, such as contraindication to a drug, glucose lowering effectiveness, risk of hypoglycemia and effect on body weight.⁹

⁷ Canadian Diabetes Association Clinical Practice Guidelines Expert Committee. (2013) Canadian Diabetes Association 2013 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada. *Can J Diabetes*, 37 (suppl 1)

⁸ Canadian Diabetes Association. (March 2011). Diabetes: Canada at the tipping point. The public perspective: a national survey. Available at <http://www.diabetes.ca/CDA/media/documents/publications-and-newsletters/advocacy-reports/enviro-nics-opinion-poll-report-english.pdf>

⁹ CDA 2013 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada, p.S61