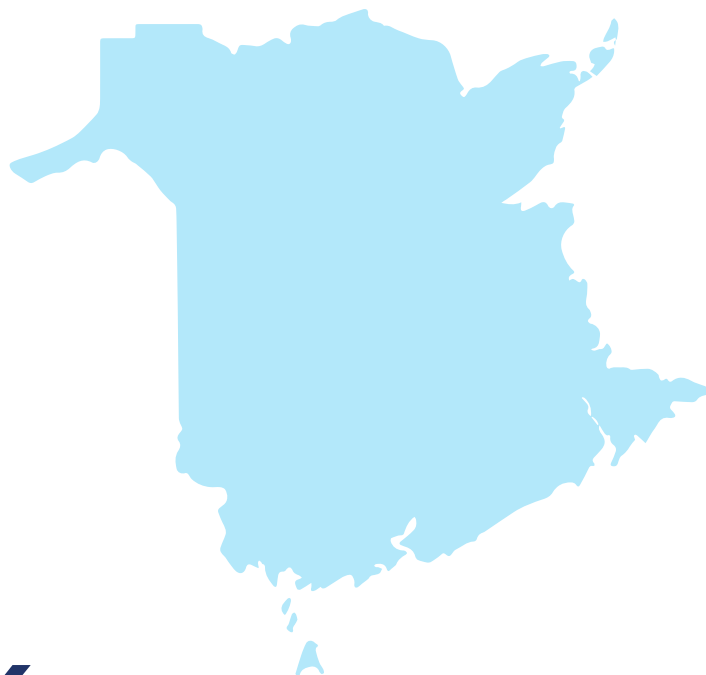




Diabetes in New Brunswick 2024 Background

Summary

This background provides key statistics about diabetes in New Brunswick, the impact of diabetes on the population of New Brunswick, and Diabetes Canada's recommendations to the Government of New Brunswick 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.

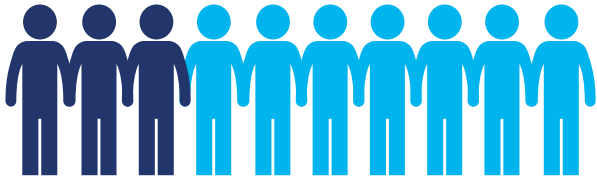
Estimated Prevalence and Cost of Diabetes - New Brunswick

Prevalence (1)	2024	2034
Diabetes (type 1 + type 2 diagnosed + type 2 undiagnosed)	139,840 / 17%	172,690 / 20%
Diabetes (type 1 and type 2 diagnosed)	103,360 / 13%	134,580 / 16%
Diabetes (type 1)	5-10% of diabetes prevalence	
Diabetes (type 1 + type 2 diagnosed + type 2 undiagnosed) and prediabetes (includes undiagnosed)	264,100/ 33%	302,780/ 36%
Increase in diabetes (type 1 and type 2 diagnosed), 2024-2034	23%	
Direct cost to the Health Care System in 2024	\$142 million	
Out-of-pocket cost per year (2)		
Type 1 diabetes costs, % of family income	\$200-\$18,306 / 1%-12%	
Type 2 diabetes costs, % of family income	\$198-\$10,014 / 1%-7%	



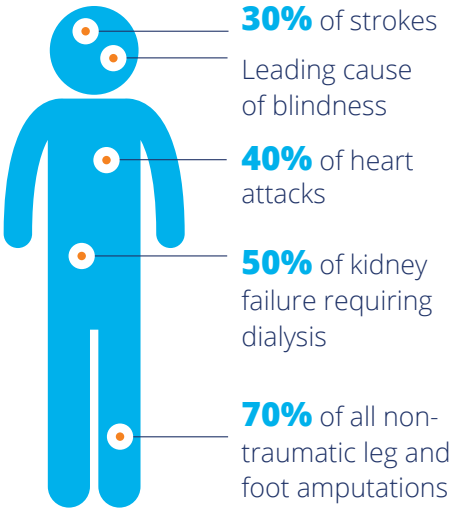
Impact of Diabetes

- Among New Brunswickers (1):
 - 33%** live with diabetes or prediabetes;
 - 13%** live with diagnosed diabetes, a figure that climbs to **17%** when cases of undiagnosed type 2 diabetes are included.

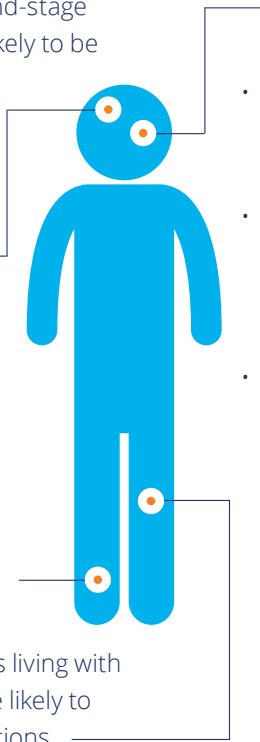


- Diabetes complications are associated with premature death (3). Diabetes can reduce lifespan by **five to 15 years** (3). It is estimated that the all-cause mortality rate among people living with diabetes is **twice** as high as the all-cause mortality rate for those without diabetes (4).

- 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 12% of their gross annual income on medications and devices that range from \$200 to \$18,306.
 - Those living with type 2 diabetes can pay up to 7% of their gross annual income on medications and devices that range from \$198 to \$10,014.



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 November 2023, the government expanded the **New Brunswick Insulin Pump Program** to offer continuous glucose monitoring coverage to eligible diabetes patients.
- In March 2023, the government expanded coverage for insulin pumps by removing the existing age cap, updating the family contribution calculation, and including coverage for continuous glucose monitoring for people living with diabetes.
- In 2021, the government launched its Biosimilar Initiative requiring individuals to switch from their originator biologic drug to a biosimilar insulin.
- In February 2018, the government announced an expansion of the insulin pump program for people up to the age of 25 who are living with type 1 diabetes.
- As of April 1, 2018, those who meet eligibility criteria have help covering the cost of their insulin pump and supplies.
- The government has established screening tools to identify preschool children at risk for nutritional concerns and a process for addressing those with identified risk factors.
- New Brunswick has various screening programs that have been implemented to target those at risk of developing type 2 diabetes.

Challenges

New Brunswick 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 New Brunswick is **46.8 years** (14). **22.8%** of New Brunswickers 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 **5.8%** of New Brunswickers 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 **33,300** Indigenous people in New Brunswick, who face significantly higher rates of diabetes and adverse health consequences than the overall population (16).
- New Brunswick has high rates of individual-level modifiable risk factors (17):
 - **49.4%** of adults and **66%** of youth (aged 12 to 17 years) are physically inactive;
 - **32.7%** of adults are living with overweight and **43.2%** of adults are living with obesity;
 - **37.5%** of youth (aged 12 to 17) are living with overweight or obesity;
 - **23%** of adults have high blood pressure;
 - **21.3%** of adults are heavy drinkers;
 - **84.1%** of adults are not eating enough fruits and vegetables; and
 - **11.8%** of adults are current tobacco smokers.



- Factors related to the social determinants of health and that can influence the rate of modifiable behavioural risk factors among New Brunswickers include income, education, food security, the built environment, social support, and access to health care (3).
 - New Brunswick has one of the highest rural populations among the provinces. For people

living with diabetes, accessing care is more challenging in rural areas across Canada than in urban areas (18).

- The median after-tax family income in New Brunswick is one of the lowest among the provinces (19).

Diabetes Canada's Recommendations to the Government of New Brunswick



1. Implement the Framework for Diabetes in Canada

- Take prompt action to improve diabetes prevention, screening, management, and health outcomes for the residents of New Brunswick.



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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