Keeping Diabetes Prevention and Management as Health Priorities in Ontario

Recommendations by the Canadian Diabetes Association for Ontario Budget 2014

Brief to the
Standing Committee on Finance and Economic Affairs

January, 2014
I. Introduction

The Canadian Diabetes Association is pleased to respond to the invitation of the Standing Committee on Finance and Economic Affairs to offer the following recommendations for action to ensure a healthy and productive Ontario for people living with diabetes, their families, and all Ontarians. We thank the Committee for this important opportunity.

The Canadian Diabetes Association is a leading authority on diabetes in Canada and around the world. 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. Across the country, the Association leads the fight against diabetes by helping people with diabetes live healthy lives while it works to find a cure.

The Association 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 with diabetes, supporting research, and translating research into practical applications, the Association is delivering on its mission.

II. Diabetes in Ontario

The prevention of diabetes and its complications must remain a key health focus for the Ontario Government in 2014 given its increasing prevalence and the burden it continues to impose on Ontarians who live with the disease, our healthcare system and our economy:

- Diabetes prevalence: Over 1.4 million people in Ontario live with diabetes, which equals 9.8 per cent of the population. By 2020, this number is estimated to rise to 1.9 million, or almost 12 per cent of the province’s population. Furthermore, estimates for prevalence beyond 2020 for Ontario are truly alarming: by 2033, over 15 per cent of Ontarians will be diagnosed with diabetes. In addition, over 23% of Ontarians will have prediabetes. Furthermore, while no population or region in Ontario is immune to diabetes, the risk is higher among those with lower incomes and less education, new immigrants, Aboriginal peoples and certain ethnocultural populations, and those who are overweight or obese. While overall more men than women have diabetes, women within some of these distinct groups have a higher risk and burden of the disease.

- Health system impact: Among adults aged 20 to 49 years, those with diabetes are 2 times more likely to see a family physician and 2 to 3 times more likely to see a specialist. Also, people with diabetes are 3 times more likely to require hospital admission in the preceding year with longer lengths of stay. Diabetes is the leading cause of blindness, end stage renal disease (ESRD) and nontraumatic amputation in Canadian adults. Cardiovascular disease is the leading cause of death in individuals with diabetes and occurs 2- to 4-fold more often than in people without diabetes. People with diabetes are over 3 times more likely to be hospitalized with cardiovascular disease, 12 times more likely to be hospitalized with ESRD and over 20 times more likely to be hospitalized for a nontraumatic lower limb amputation compared to the general population.

- Diabetes cost to the economy: Diabetes poses a heavy burden on Ontario’s health care system and economy – it is estimated to cost close to $5.8 billion in 2014, with projected cost rising to $7 billion by 2020; by 2033, these costs will climb to almost $8.7 billion. Compared to other Canadian jurisdictions, Ontario is experiencing far higher growth in diabetes prevalence and cost from 2010-2020, second only to Alberta.

- Diabetes cost to individual Ontarians with the disease: For those living with the disease and their families, diabetes and its related complications pose a significant financial burden adding out-of-pocket expenses for medications, devices and supplies needed to manage their illness in collaboration with their health providers. Research shows that 57 per cent of
people with diabetes cannot afford these needed supports and therefore do not adhere to
prescribed therapies, and almost all Ontarians with diabetes incur catastrophic drug costs
of more than three per cent of their annual individual income to manage their condition. The financial toll compromises the ability of Ontarians with diabetes to self-manage and places them at greater risk for serious, costly and potentially life-threatening complications from this disease.

The Association recognizes the Ontario government’s ongoing emphasis on health and health
care as a top provincial priority. In particular, we applaud the government’s commitment to
implementing recommendations from the Healthy Kids Panel as part of its transformative
efforts to reduce childhood obesity as a strategic investment in primary prevention of diabetes.
We greatly appreciate the opportunity to sit at the table to inform your government’s decisions in this regard and support the legislation of menu labeling of sodium and calorie content
information.

It is now more important than ever to ensure targeted investments are in place to reduce hospitalizations and wait times as a result of diabetes-related complications and thereby enhance the sustainability of the healthcare system for all Ontarians. To ensure the government of Ontario fully maximizes the impact of health care investments on reducing the burden of diabetes in the province, the Canadian Diabetes Association urges the Ontario government to continue tackling diabetes as a key health priority in the 2014 Budget through strengthening the focus of the Ontario Diabetes Strategy to enhance:

1. **Primary prevention through a broad-based healthy weights strategy targeting all Ontarians with unhealthy weights.** Evidence shows even a modest weight reduction of 5-10 per cent body weight can reduce the chance of developing or at least delay type 2 diabetes by over 50 per cent. A broad-based healthy weights strategy will target not only obese people but also those who are overweight, who contribute to greater population risk as there are more overweight people than obese. The strategy will identify the underlying causes of unhealthy weights, set clear targets to increase the number of Ontarians with healthy weights and create appropriate policy environment for healthy weights through a multi-sectoral approach.

2. **Secondary prevention through a comprehensive diabetes secondary prevention strategy** to exclusively target people who have been diagnosed with diabetes or prediabetes. The strategy will provide them with needed tools, supports and services to effectively self-manage their condition and prevent or delay the serious and costly secondary complications of the disease.

For both primary and secondary prevention efforts, considerations must be given to both equity and diversity given the disproportionate burden that particular populations bear from the disease, in order to effectively address the unique needs and disparities in the care and outcomes of these vulnerable populations.

In the face of rapidly increasing diabetes prevalence and cost, refocusing the Ontario Diabetes Strategy on areas that will make a difference is key to ensuring our healthcare system can absorb the burden of diabetes, as well as curb the prevalence of the disease.

The Canadian Diabetes Association respectfully requests the Minister’s consideration of these recommendations that are intended to ensure a healthy and sustainable future for all Ontarians. Better diabetes management improves overall health outcomes for people with diabetes, reduces burden on the provincial health care system, and directly contributes to building a stronger province.
The province’s funding commitments for 2013-2014 show that healthcare remains top priority in Ontario. Once again, thank you for the opportunity to provide the Canadian Diabetes Association’s recommendations to the Government of Ontario for its upcoming budget. We look forward to working collaboratively with you to reduce the burden of diabetes for all Ontarians.

Endnotes

2 This does not include undiagnosed diabetes. The Public Health Agency of Canada notes that it “has been estimated that as many as one third of all cases of diabetes are undiagnosed in Canada.” Diabetes in Canada: Highlights, 2003.
3 See note 1.
8 See note 1.
11 Ibid.