**Diabetes in Prince Edward Island**

<table>
<thead>
<tr>
<th>KEY STATISTICS</th>
<th>2015</th>
<th>2025</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated diabetes prevalence (n/%)</td>
<td>15,000 / 9.7%</td>
<td>21,600 / 12.9%</td>
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<tr>
<td>Estimated prediabetes prevalence (n/%)(age 20+)</td>
<td>26,600 / 24.8%</td>
<td>29,200 / 25.9%</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>$1,564 / 3.6%</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>$5,673 / 13.2%</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>$3,036 / 7.1%</td>
<td></td>
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<tr>
<td>Estimated diabetes prevalence increase (%)</td>
<td>44% from 2015-2025</td>
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**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.\(^4\)
- 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 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.\(^4\)
- 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

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\(^1\) Estimated diabetes statistics in Canada are generated by the Canadian Diabetes Cost Model.
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 Prince Edward Island:

- In Budget 2014, the Government of Prince Edward Island introduced an insulin pump program for eligible children and youths with type 1 diabetes up to the age of 19.
- In October 2013, P.E.I. introduced a new catastrophic drug program to support individuals whose drug costs affect their household’s ability to maintain life essentials.
- P.E.I.’s High Cost Diabetes Program subsidizes medication costs for people with type 2 diabetes who are registered for the Diabetes Control Program.
- P.E.I. offers diabetes education programs for Aboriginal populations.
- P.E.I.’s diabetes program has developed a clinic flow sheet that reflects the Canadian Diabetes Association’s Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada (CPGs) and encourages its use within physician offices and primary health centres. The CPGs are referenced in the province’s diabetes program policy.
- New diabetes medications have been approved, and covered under the provincial formulary.

What does the Diabetes Charter for Canada mean for Prince Edward Island?

The Diabetes Charter for Canada (the Charter) clearly outlines the support Islanders 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 has an older population and lower median family income average compared with other jurisdictions in Canada.8 Prevalence of prediabetes in the province is among the highest in Canada.9 These populations all have a higher risk of developing diabetes and related complications.10
- P.E.I. has the highest rural population in Canada: accessing care for people with diabetes is more challenging in rural areas across Canada than in urban areas.11

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8 Diabetes: Canada at the Tipping Point – Charting a New Path. op.cit., p. 18
9 Ibid., p.10.
10 Ibid., pp 17-19.
11 53% of residents live in rural areas compared to 47% who live in urban areas. Statistics Canada. Population, urban and rural, by province and territory (Prince Edward Island), 2011 Census. Available at: http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/demo62e-eng.htm
As with other smaller provinces, P.E.I. has difficulty in attracting and retaining specialists who are limited in numbers and upon whom people with diabetes rely.

The Charter 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. The Charter also notes that health care providers have the right to work in teams, either at the same location or virtually where support from specialists who provide diabetes care can be obtained within a reasonable time. Finally, the Charter notes that people with diabetes should be able to receive care no matter where they live. These supports will help Islanders with diabetes manage their disease and related complications.