



Diabetes in Canada 2024 Background

Summary

This background provides key statistics about diabetes in Canada, the impact of diabetes on the Canadian population, and Diabetes Canada's recommendations to the Government of Canada to address diabetes prevention and management.

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About Diabetes Canada

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.

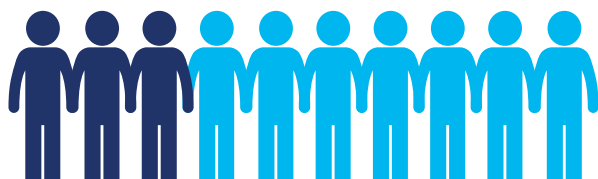
Estimated Prevalence and Cost of Diabetes - Canada

Prevalence (1)	2024	2034
Diabetes (type 1 + type 2 diagnosed + type 2 undiagnosed)	5,804,740 / 15%	7,303,620 / 16%
Diabetes (type 1 and type 2 diagnosed)	4,006,850/ 10%	5,300,670 / 12%
Diabetes (type 1)	5-10% of diabetes prevalence	
Diabetes (type 1 + type 2 diagnosed + type 2 undiagnosed) and prediabetes (includes undiagnosed)	11,918,090 / 30%	14,122,660 / 32%
Increase in diabetes (type 1 and type 2 diagnosed), 2024-2034	32%	
Increase in diabetes (type 1 and type 2 diagnosed+ type 2 undiagnosed), 2024-2034	26%	
Direct cost to the Health Care System in 2024	\$ 18.25 billion	
Out-of-pocket cost per year (2)		
Type 1 diabetes costs, % of family income	\$78-\$18,306 / 0%-12%	
Type 2 diabetes costs, % of family income	\$76-\$10,014 / 0%-7%	



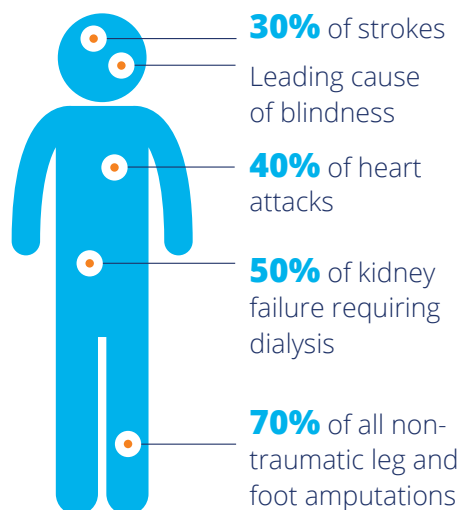
Impact of Diabetes

- Among people in Canada (1):
 - 30%** live with diabetes or prediabetes;
 - 10%** live with diagnosed diabetes, a figure that climbs to **15%** when cases of undiagnosed type 2 diabetes are included.

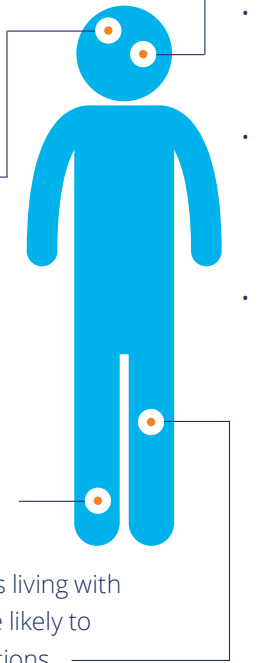


- Diabetes complications are associated with premature death (3). Diabetes can reduce lifespan by **five to 15 years** (3). It is estimated that the all-cause mortality rate among people living with diabetes is **twice** as high as the all-cause mortality rate for those without diabetes (4).

- 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 20% of their gross annual income on medications and devices that range from \$78 to \$18,306.
 - Those living with type 2 diabetes can pay up to 16% of their gross annual income on medications and devices that range from \$76 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 February 2024, the Federal Government introduced Bill C-64, An Act respecting pharmacare (*Pharmacare Act*). Bill C-64 covers a suite of diabetes and contraceptive medications.
- In February 2024, the Federal Government announced the government's plan to establish a Device Fund to support Canadians' access to supplies that people with diabetes require to manage and monitor their condition and administer their medication, such as syringes, insulin pens, insulin pumps and supplies, and flash and continuous glucose monitoring devices.
- In June 2023, the Federal Government announced nearly \$1 million dollars over three years to allow Diabetes Canada to begin the work of implementing the recommendations and strategies laid out in the Framework for Diabetes in Canada.
- In October 2022, the Federal Government tabled the Framework for Diabetes in Canada.
- In 2022, the Federal Government expanded access to the Disability Tax Credit (DTC) for Canadians with type 1 diabetes and type 2 using insulin applying under Life-Sustaining Therapy. Effective tax year 2021, applicants with type 1 diabetes are no longer required to prove they spend at least 14 hours per week on activities related to administering insulin and those with type 2 using insulin can include carbohydrate counting in their calculation of activities. Recipients of the DTC may also apply for the registered disability savings plan (RDSP) and/or the Canada Disability Benefit.
- In June 2021, Bill C-237, An Act to Establish a National Diabetes Framework, became law in Canada. This requires the Federal Minister of Health to undertake stakeholder consultations to develop a national framework designed to support reducing the risk for type 2 diabetes and improved treatment for all people living with diabetes.
- Budget 2021 committed \$35 million over five years for diabetes research, surveillance, prevention, innovation, and the development of a comprehensive diabetes framework.

- Budget 2021 also included enhancements to the Disability Tax Credit by expanding the list of permitted activities that can be counted towards the 14 hour per week eligibility criteria under Life-Sustaining Therapy.
- In 2016, Health Canada announced its Healthy Eating Strategy, which aims to improve the food environment and decrease the risk of chronic diseases, including type 2 diabetes, by:
 - Supporting healthy eating through the revision of Canada's Food Guide;
 - Restricting the marketing of unhealthy foods and beverages to children;
 - Strengthening labelling and claims to make it easier for Canadians to identify foods high in sugar, saturated fat, and salt;
 - Working with manufacturers and restaurants to reduce sodium and trans fats in food; and
 - Increasing access to, and availability of, nutritious foods through its Nutrition North program.
- In 2016, a Parliamentary All-Party Diabetes Caucus was convened and meets at least twice a year to advocate for diabetes issues within Parliament, in partnership with Diabetes Canada.

Challenges

Canada faces unique challenges in preventing type 2 diabetes and meeting the needs of people living with diabetes:

- Non-modifiable risk factors of type 2 diabetes include age, gender, and ethnicity (11).
 - The number of adults aged 65 years and older in Canada exceeds the number of children (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 **30%** of Canadians 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 approximately 1.8 million Indigenous people in Canada, who face significantly higher rates of diabetes and adverse health consequences than the overall population (16).
- Canada has high rates of individual-level modifiable risk factors (17):

- **46.1%** of adults and **54.8%** of youth aged 12-17 are physically inactive;
- **34.7%** of adults are living with overweight and **30%** of adults are living with obesity;
- **30.1%** of youth aged 12-17 are living with overweight or obesity;
- **18.8%** of Canadian adults have high blood pressure;
- **19.7%** of Canadian adults are heavy drinkers;
- **78.2%** of Canadian adults are not eating enough fruits and vegetables; and
- **11.6%** of Canadian 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 Canadians include income, education, food security, the built environment, social support, and access to health care (3).

Diabetes Canada's Recommendations to the Government of Canada



1. Undertake a thorough review of the *Pharmacare Act* to ensure the legislation does not create unintended consequences for persons living with diabetes in Canada. As the pharmacare program is developed, the formulary should be re-examined, not only to ensure more comprehensive coverage, but to support collaborative and individualized care.



2. Expedite the launch of the **Device Access Program** and ease the cost of access and services for those living with diabetes. Alleviating the financial burden of diabetes devices and support can reduce the risk of complications and help avoid hospitalizations.



3. Provide sufficient funding to achieve the **Framework for Diabetes in Canada's** goals by committing the necessary financial and human resources needed to fully implement and operationalize it.



4. Implement the *Connected Care for Canadians Act* and associated initiatives to improve the accessibility of Canadians' medical records and digitized information to ensure seamless and optimal patient care across the country, and across generations.

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