



Diabetes in Saskatchewan

KEY STATISTICS ¹	2015	2025
Estimated diabetes prevalence (n/%)	93,000 / 8.5%	129,000 / 11.1%
Estimated prediabetes prevalence (n/%) (age 20+)	175,000 / 23.6%	187,000 / 24.8%
Estimated cost of diabetes (\$)	\$482 million	\$567 million
Estimated annual out-of-pocket cost for type 1 diabetes administering insulin by manual injection, based on \$43,000 annual income (\$/% of income) ²	\$1,462 / 3.4%	
Estimated annual out-of-pocket cost for type 1 diabetes, administering insulin with an insulin pump (over age 26), based on \$43,000 annual income (\$/% of income) ²	\$5,385 / 12.5%	
Estimated annual out-of-pocket cost for type 2 diabetes, based on \$43,000 annual income (\$/% of income) ²	\$2,330 / 5.4%	
Estimated diabetes prevalence increase (%)	38% from 2015-2025	
Estimated diabetes cost increase (%)	18% from 2015-2025	

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 2008/09.³
- 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 Aboriginal descent, South Asian, Asian, African, Hispanic or 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

¹ Estimated diabetes statistics in Canada are generated by the Canadian Diabetes Cost Model.

² 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*: <http://www.diabetes.ca/CDA/media/documents/publications-and-newsletters/advocacy-reports/burden-of-out-of-pocket-costs-for-canadians-with-diabetes.pdf>. As such, these situations apply to many people with diabetes in Saskatchewan, but not all. The costs are 2011 estimates.

³ 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>

⁴ 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).

⁵ 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

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- 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 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 Saskatchewan:

- In January 2012, the Government of Saskatchewan announced expansion of the insulin pump program to include all individuals with type 1 diabetes under the age of 26. Since its introduction in 2007, the program had been available to children and youth with type 1 diabetes under the age of 18.
- In January 2012 long lasting insulin was added to the Saskatchewan Drug Formulary.
- The Saskatchewan Children's and Seniors' Drug Plans are available to children aged ≤14 years and eligible seniors ≥65 years, who pay \$20 per prescription for drugs on the Saskatchewan Formulary and those approved under Exception Drug Status.
- In 2014 two rapid acting insulins were moved from the restricted to listed status.
- In 2014 the Government of Saskatchewan announced coverage for annual eye examinations for people diagnosed with diabetes.
- In 2015 the Government of Saskatchewan announced funding for the expansion of the Provincial Pediatric Endocrinology Program.

What does the Diabetes Charter for Canada mean for Saskatchewan?

The Diabetes Charter for Canada (the Charter) clearly outlines the support Saskatchewanians 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 the second highest concentration of Aboriginal people among Canadian jurisdictions.⁸
- The province also has higher rates of overweight and obesity, and higher prediabetes prevalence than other provinces.⁸
- These populations all have a higher risk of developing diabetes and serious complications.⁹
- Saskatchewan has a higher rural population than the national average: Accessing care for people with diabetes is more challenging in rural areas across Canada than in urban areas.¹⁰

⁶ Canadian Diabetes Association. (2011). *The burden of out-of-pocket costs for Canadians with diabetes*. Toronto, Ont.: Canadian Diabetes Association. Available at <http://www.diabetes.ca/CDA/media/documents/publications-and-newsletters/advocacy-reports/burden-of-out-of-pocket-costs-for-canadians-with-diabetes.pdf>

⁷ 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/envirionics-opinion-poll-report-english.pdf>

⁸ *Diabetes: Canada at the Tipping Point – Charting a New Path*, op.cit., p. 18

⁹ *Ibid.*, pp. 17-19.

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- Saskatchewan has difficulty in retaining specialists such as endocrinologists who are limited in numbers and upon whom people with diabetes rely.

The Charter outlines the right of people with diabetes to information, education and care that take into account a person's culture and language, which would help Aboriginal communities in the province. The Charter also 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 significant barriers to diabetes care and support. In addition, the Charter states 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, while also having the responsibility to help people with diabetes and their caregivers navigate the health system. Finally, the Charter notes that people with diabetes should be able to receive care no matter where they live. These supports will help Saskatchewanians with diabetes manage their disease and related complications.

¹⁰ 33% of residents live in rural areas compared to 67% who live in urban areas. Statistics Canada. Population, urban and rural, by province and territory (Saskatchewan), 2011 Census. Available at: <http://www.statcan.gc.ca/tables-tableaux/sum-som/101/cst01/demo62i-eng.htm>.

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