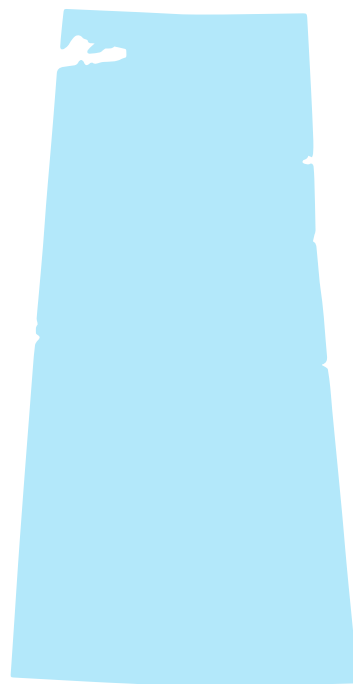




Diabetes in Saskatchewan 2024 Background

Summary

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

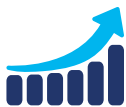
For more information, please visit: www.diabetes.ca

advocacy@diabetes.ca with inquiries about this Diabetes Canada report.

Contact

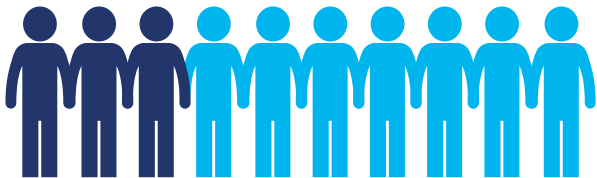
Estimated Prevalence and Cost of Diabetes - Saskatchewan

Prevalence (1)	2024	2034
Diabetes (type 1 + type 2 diagnosed + type 2 undiagnosed)	162,100 / 13%	206,200 / 15%
Diabetes (type 1 and type 2 diagnosed)	107,560 / 9%	144,040 / 10%
Diabetes (type 1)	5-10% of diabetes prevalence	
Diabetes (type 1 + type 2 diagnosed + type 2 undiagnosed) and prediabetes (includes undiagnosed)	347,410 / 29%	417,630 / 30%
Increase in diabetes (type 1 and type 2 diagnosed), 2024-2034	34%	
Direct cost to the Health Care System in 2024	\$ 114 million	
Out-of-pocket cost per year (2)		
Type 1 diabetes costs, % of family income	\$623-\$7,745 / 2%-5%	
Type 2 diabetes costs, % of family income	\$414-\$6,055 / 1%-8%	



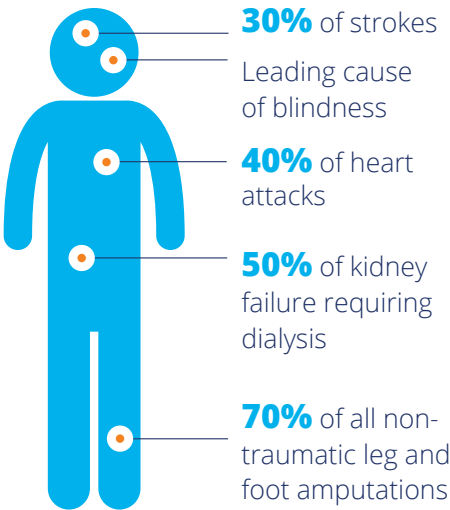
Impact of Diabetes

- Among the population of Saskatchewan (1):
 - 29% live with diabetes or prediabetes;
 - 9% live with diagnosed diabetes, a figure that climbs to 13% when cases of undiagnosed type 2 diabetes are included.

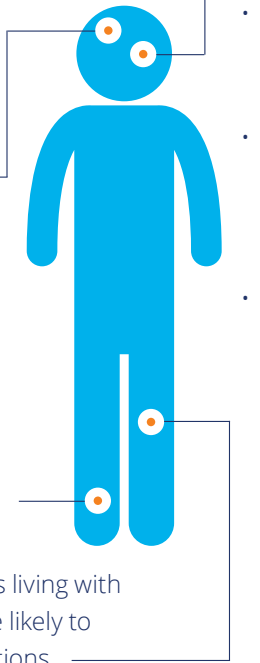


- Diabetes complications are associated with premature death (3). Diabetes can reduce lifespan by **five to 15 years** (3). It is estimated that the all-cause mortality rate among people living with diabetes is **twice** as high as the all-cause mortality rate for those without diabetes (4).

- 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 5% of their gross annual income on medications and devices that range from \$623 to \$7,745.
 - Those living with type 2 diabetes can pay up to 8% of their gross annual income on medications and devices that range from \$414 to \$6,055.



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

- Effective April 1, the Government of Saskatchewan is expanded coverage for Continuous and Flash Glucose Monitors (Advanced Glucose Monitors) to seniors aged 65 and older and young adults aged 18 to 25, as announced in the 2025-26 Provincial Budget.
- In October 2022, the government announced its Biosimilars Initiative requiring individuals to switch from a biologic drug to a biosimilar insulin.
- In June 2021, the government eliminated the age restriction from the provincial insulin pump program for eligible individuals with type 1 diabetes and introduced coverage of continuous glucose monitoring devices (isCGM & rtCGM) for eligible children and youth under age 18.
- In May 2020, the Ministry of Education released the Policy Statement: Supporting Students with Potentially Life-Threatening Medical Conditions (e.g., allergies, asthma, diabetes, epilepsy) in Saskatchewan Schools.

Challenges

Saskatchewan 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 Saskatchewan is **38.8 years** (14). **17.5%** of people in Saskatchewan 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 **14.4%** of people in Saskatchewan 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 **187,890** Indigenous people in Saskatchewan, who face significantly higher rates of diabetes and adverse health consequences than the overall population (16).
- Saskatchewan has high rates of individual-level modifiable risk factors (17):
 - **47.8%** of adults and **49.4%** of youth (aged 12 to 17 years) are physically inactive;
 - **34.3%** of adults are living with overweight and **38.4%** of adults are living with obesity;
 - **28.6%** of youth (aged 12 to 17) are living with overweight or obesity;
 - **19.9%** of adults are heavy drinkers;
 - **21%** of adults have high blood pressure;
 - **78.1%** of adults are not eating enough fruits and vegetables; and
 - **10.8%** of adults are current tobacco smokers.



- Factors related to the social determinants of health and that can influence the rate of individual-level modifiable risk factors include income, education, food security, the built environment, social support, and access to health care (3).
- Saskatchewan has a large rural population (18). For people with diabetes, accessing care is more challenging in rural areas across Canada than in urban areas.

Diabetes Canada's Recommendations to the Government of Saskatchewan



1. Implement the Framework for Diabetes in Canada

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



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](#).

References

1. Canadian Diabetes Cost Model. Toronto: Diabetes Canada; 2024.
2. Diabetes and Diabetes-Related Out-of-Pocket Costs: 2022 Update. Diabetes Canada; 2022.
3. Diabetes in Canada: Facts and figures from a public health perspective [Internet]. Ottawa: Public Health Agency of Canada; 2011 p. 126. Available from: Health-Adjusted Life Expectancy in Canada: 2012 Report by the Public Health Agency of Canada - Canada.ca
4. Public Health Agency of Canada. Twenty years of diabetes surveillance using the Canadian chronic disease surveillance system. [Internet]. 2019. Available from: http://publications.gc.ca/collections/collection_2019/aspc-phac/HP35-122-2019-eng.pdf
5. Hux J, Booth J, Slaughter P, Laupacis A. Diabetes in Ontario: An ICES Practice Atlas [Internet]. Institute for Clinical Evaluative Sciences; 2003. Available from: <https://www.ices.on.ca/Publications/Atlases-and-Reports/2003/Diabetes-in-Ontario>
6. Diabetes Canada Clinical Practice Guidelines Expert Committee, Robinson DJ, Coons M, Haensel H, Vallis M, Yale JF. Diabetes and Mental Health. *Can J Diabetes*. 2018 Apr;42 Suppl 1:S130–41.
7. Flaxel, Christina J.; Adelman, Ron A.; Bailey, Steven T.; Fawzi, Amani; Lim, Jennifer I.; Vemulakonda, G. Atma; Ying, Gui-shuang. *Ophthalmology* (Rochester, Minn.), 2020, Vol.127 (1), p.P66-P145
8. Vu, H. T., Keeffe, J. E., McCarty, C. A., & Taylor, H. R. (2005). Impact of unilateral and bilateral vision loss on quality of life. *The British journal of ophthalmology*, 89(3), 360–363. <https://doi.org/10.1136/bjo.2004.047498>
9. Packer CF, Ali SA, Manna B. Diabetic Ulcer. Updated 2023 Jul 17]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK499887/>
10. Armstrong DG, Boulton AJM, Bus SA. Diabetic Foot Ulcers and Their Recurrence. *N Engl J Med*. 2017 Jun 15;376(24):2367–75
11. Diabetes Canada Clinical Practice Guidelines Expert Committee. Diabetes Canada 2018 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada. *Can J Diabetes*. 2018;42(Suppl 1):S1:S325.
12. Public Health Agency of Canada. Pan-Canadian Health Inequalities Data Tool, 2022 Edition [Internet]. Available from: <https://health-infobase.canada.ca/health-inequalities/data-tool/>
13. Prinjha S, Wicklow B, Nakhla M, Banerjee AT. Toward the Goal of Understanding and Tackling the Social Determinants of Diabetes. *Can J Diabetes*. 2022 Aug 1;46(6):549–50.
14. Statistics Canada, 2021 Census of Population.
15. Meneilly GS, Knip A, Miller DB, Sherifali D, Tessier D, Zahedi A. Diabetes in Older People. *Can J Diabetes*. 2018 Apr;42: S283–95.
16. Aboriginal peoples in Canada: Key results from the 2016 Census [Internet]. Ottawa: Statistics Canada; 2017 Oct p. 11. Available from: https://www150.statcan.gc.ca/n1/en/daily-quotidien/171025/dq171025a-eng.pdf?st=krvs_yCt
17. Statistics Canada. Table 13-10-0096-01 Health characteristics, annual estimates