Immediate actions for diabetes

According to Diabetes Canada, 1.7 million Ontarians or 11% of the population had been diagnosed with either type 1 or type 2 diabetes in 2024 and this number will increase to nearly 2.3 million by 2034. The direct cost to the Ontario health system was $2.2 billion in 2024.

The impact of diabetes is also felt in the additional health issues the disease can cause. Diabetes is a contributing factor in 30% of strokes, 40% of heart attacks, 50% of kidney failure requiring dialysis, 70% of all non-traumatic leg and foot amputations and is a leading cause of blindness.

Ontario is exposed to higher rates of type 2 diabetes due to several non-modifiable risk factors in the population, including age, gender and ethnicity. Almost 19% of Ontarians are over 65 years old and the risk of developing type 2 diabetes increases with age. Another risk factor is that over a third of Ontarians self-identify as being of African, Arab, Asian, Hispanic or South Asian descent, all groups that are of higher risk of developing type 2 diabetes. Additionally, there are over 400,000 Indigenous people in Ontario who face significantly higher rates of diabetes and adverse health consequences than the overall population.

In addition to these non-modifiable risk factors, Ontario has high rates of other factors that could be modified with e!ective collective and individual action. This includes high rates of adults and youth aged 12 to 17 being physically inactive (49% and 61% respectively), adults being overweight (35%) and obese (30%), adults not eating enough fruits and vegetables (80%) and adults smoking tobacco (8%).

Social determinants of health also play a large role in the rate of diabetes because they influence these modifiable risk factors. Ontario has one of the highest prevalence rates of low income among all provinces and people living with diabetes in Ontario face high out-of-pocket costs to manage their diabetes e!ectively. The costs for those with type 1 diabetes range from $694 to $5,245 (2% to 17% of average family income) while costs for those with type 2 diabetes range from $287 to $4,985 (1% to 17% of average family income).

In this context, immediate actions to address diabetes will deliver cascading benefits for all patients across the chronic disease spectrum, as learnings can be used to inform a more comprehensive chronic disease strategy down the line.

Read LSO's vision paper
Going Upstream: Toward an Ontario Chronic Disease Strategy, starting with diabetes

DIABETES CANADA

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Learn more at Diabetes Canada:
diabetescanada.ca

Below we provide a number of immediate actions that can be taken to address diabetes – the most serious and prevalent chronic disease in Ontario.

1) **Establish a dedicated diabetes management team within Ontario Health:** In alignment with Motion 45, which calls for the development of a comprehensive diabetes strategy in Ontario, we recommend establishing a dedicated diabetes management team within Ontario Health. This team would be exclusively focused on coordinating all diabetes-related programs and activities across the province. It would also serve as a central point of collaboration with civil society organizations, such as Diabetes Canada, and private-sector partners, including pharmacies and testing service providers, to drive concrete action and ensure an integrated approach to diabetes prevention, management, and care.
   A core element of this strategy must include meaningful engagement with Indigenous communities, recognizing the disproportionate impact of diabetes and respecting the Truth and Reconciliation Commission's Calls to Action. The team will prioritize partnerships with Indigenous leaders and organizations to ensure culturally relevant approaches and equitable outcomes.

2) **Expand diabetes screening in pharmacies:** Work with pharmacies and fund additional diabetes screening services in pharmacies to diagnose and treat people with diabetes at the earliest possible stage to help mitigate future complications.

3) **Develop targeted awareness campaigns and education programs**: Promote a two-pronged approach to address diabetes prevention and management among at-risk populations:
   a. Develop targeted awareness campaigns designed to increase disease understanding, encourage early testing, and identify individuals at risk.
   b. Empower and fund culturally appropriate diabetes education programs that support individuals in achieving e!ective self-management by providing relevant tools, resources, and guidance tailored to their unique needs and circumstances.
   c. Support people with diabetes by supporting healthcare providers who have di!erent levels of diabetes expertise with funding, raising awareness and promoting Diabetes Canada Healthcare Provider Education Programs and Resources.

4) **Promote community initiatives like Cities for Better Health:** Advocate for all municipalities across Ontario to follow the example set by the *Peel Region*. For example, the City of Mississauga by joining the Cities for Better Health project and the Novo Nordisk Network for Healthy Populations. Municipalities are encouraged to develop their own tailored Healthy City strategies, aligning with this proactive approach to foster healthier environments, improve population health, and curb the prevalence of diabetes at the local level.

5) **Streamline administrative processes, particularly for lifelong conditions like type 1 diabetes:** Identify and address areas of excessive administrative burden that hinder access to care and the e!ectiveness of professional practice. For example, individuals living with type 1 diabetes are currently required to submit annual attestation letters from an endocrinologist to maintain access to certain products and services. Given that type 1 diabetes is a lifelong condition with no cure, this requirement places unnecessary strain on both healthcare providers and those living with diabetes. Streamlining processes like these is essential to alleviate resource demands, enhance care delivery, and respect the time and needs of all involved.

6) **Integrate diabetes-specific mental health care**: Integrate diabetes-specific mental health care into Ontario's existing mental health system, ensuring that practitioners are equipped with the specialized knowledge and skills provided by the Mental Health +Diabetes Training Program.

7) **Prioritize and consolidate the treatment of diabetes-related complications:** Build and expand on the expertise of the varied local diabetes programs under one administration to ensure consistent delivery of services and care and void unnecessary duplication of e!orts. Foster meaningful partnerships among patients, caregivers, researchers, and healthcare providers to collaboratively define priorities, design implementation strategies, and drive knowledge mobilization e!orts to enhance care delivery, improve patient outcomes and reduce the burden of complications such as diabetic retinopathy and lower limb amputation across the province.