



## BACKGROUND

### *Why Health Care Renewal Matters: Lessons from Diabetes*

#### Who has diabetes in Canada?

- **One in 20 Canadians – at least 1.3 million people aged 12 and over – have diabetes.** Rates are highest in the Atlantic provinces – nearly seven per cent in Newfoundland and Labrador – and also among Aboriginal communities, low-income people, and people with particular ethnic origins (See Figure 3, page 25).
- **Aboriginal people in Canada have higher risk for diabetes.** Among the three groups, diabetes rates are highest for First Nations, followed by Métis and lowest among Inuit. Rates tend to be highest (about 20 per cent) among First Nations people living on reserve (See Backgrounder: Diabetes and First Nations People in Canada).
- **Certain ethnic groups in Canada – people of South Asian, Asian, Latin American and African heritage – are at higher risk for developing diabetes.** A community screening program in nine Canadian cities found high rates of previously undiagnosed diabetes: 26 per cent of Chinese, 11 per cent of Afro-Canadians, 10 per cent of South Asians, and close to four per cent of Latin American people screened had diabetes but had not known it, compared to an estimated two per cent for Canadians generally. As with Aboriginal people, an interplay of genetic make-up and the social environment is believed to underlie these population differences in health risk.
- **Low-income Canadians have higher rates of diabetes.** Canadians with the lowest household incomes are nearly three times more likely to have diabetes than the highest-income group. As with chronic health conditions generally, the proportion of people with diabetes steps down steadily as family income goes up (See Figure 2, page 24; Figure 11, page 31).
- **Three-quarters of Canadians with diabetes also have other chronic health conditions.** Close to 74 per cent of Canadians with diabetes also have at least one other chronic health condition (e.g. arthritis, high blood pressure, chronic obstructive pulmonary disease, heart disease, cancer, or mood disorders) – and most of these people have two or more chronic health problems in addition to diabetes. As a result, these people use health care services much more intensively than Canadians without diabetes or with diabetes only (See Figure 8, page 29; Figure 12, page 32).
- **Diabetes shortens life expectancy and reduces quality of life.** The burden of multiple health problems is the biggest factor in reduced quality of life, according to a survey of people with diabetes.
- **Preventable risk factors for diabetes are on the rise.** Obesity has risen in every province over the past 20 years, tripling among adolescents. Close to one-quarter of Canadians were considered obese in 2004. Less than half of Canadians aged 12 and over are physically active, and less than half eat fruits and vegetables five times a day (See Figures 4 – 7, pages 26 – 27). If trends continue – with our population inactive, overweight and aging, and an estimated 60,000 new cases diagnosed each year – the number of Canadians with diabetes is expected to almost double to 2.4 million by 2016.

For more information on diabetes in Canada, please see the full report, *Why Health Care Renewal Matters: Lessons from Diabetes*, an assessment of how quality of care affects people's health. The report is available at [www.healthcouncilcanada.ca](http://www.healthcouncilcanada.ca).