



Diabetes in Manitoba

2024 Background

Summary

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

Publication Date

October 2024

Report Length

7 Pages

Cite As

Diabetes in Manitoba: Background. Toronto: Diabetes Canada; 2024.

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.

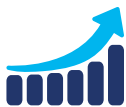
For more information, please visit: www.diabetes.ca

Contact

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

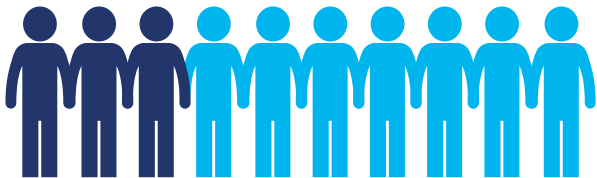
Estimated Prevalence and Cost of Diabetes - Manitoba

Prevalence (1)	2024	2034
Diabetes (type 1 + type 2 diagnosed + type 2 undiagnosed)	216,410 / 15%	281,970 / 18%
Diabetes (type 1 and type 2 diagnosed)	152,080 / 11%	210,190 / 13%
Diabetes (type 1)	5-10% of diabetes prevalence	
Diabetes (type 1 + type 2 diagnosed + type 2 undiagnosed) and prediabetes (includes undiagnosed)	435,240 / 30%	526,560 / 33%
Increase in diabetes (type 1 and type 2 diagnosed), 2024-2034	30%	
Direct cost to the Health Care System in 2024	\$145 million	
Out-of-pocket cost per year (2)		
Type 1 diabetes costs, % of family income	\$1,426-\$9,520 / 5%-6%	
Type 2 diabetes costs, % of family income	\$554-\$6,702 / 2%-9%	



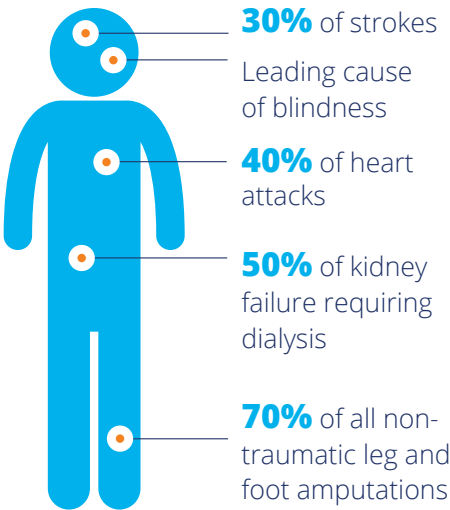
Impact of Diabetes

- Among Manitobans (1):
 - 30%** live with diabetes or prediabetes;
 - 11%** live with diagnosed diabetes, a figure that climbs to **15%** when cases of undiagnosed type 2 diabetes are included.

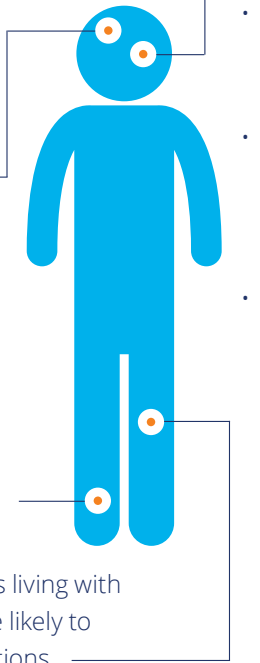


- Diabetes complications are associated with premature death (3). Diabetes can reduce lifespan by **five to 15 years** (3). It is estimated that the all-cause mortality rate among people living with diabetes is **twice** as high as the all-cause mortality rate for those without diabetes (4).

- 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 6% of their gross annual income on medications and devices that range from \$1,381 to \$9,475.
 - Those living with type 2 diabetes can pay up to 9% of their gross annual income on medications and devices that range from \$554 to \$6,702.



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

- On July 19, 2023 the government released its Diabetes Action Plan positioning Manitoba as the first province to release a comprehensive diabetes strategy that aligns with the [Framework for Diabetes in Canada](#).
- In March 2023, the government expanded pharmacare eligibility for continuous glucose monitors (CGM) and insulin pumps. Regardless of age, Individuals with type 1 or type 2 diabetes requiring the use of both basal and bolus insulins and who meet the eligibility criteria may access a CGM with a prescription from their physician. For individuals living with type 1 diabetes, the age barrier to access an insulin pump has been removed.
- In February, 2022 the government released the province's five-year plan, [A Pathway to Mental Health and Community Wellness: A Roadmap for Manitoba](#), that includes implementing the first diabetes strategy in Manitoba.
- In November 2021, the cut-off age to qualify for public coverage of an insulin pump was extended to age 25.
- In September 2021, the government introduced coverage of glucose monitoring devices (rtCGM & isCGM) for eligible Manitobans with diabetes age 25 and younger.
- In December 2019, the Ministry of Health, Seniors and Active Living confirmed its mandate to develop a provincial diabetes prevention strategy based on the Diabetes 360° framework.

Challenges

Manitoba 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 Manitoba is **38.4 years** (14). **17.1%** of Manitobans 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 **22.2%** of Manitobans 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 **237,190** Indigenous people in Manitoba, who face significantly higher rates of diabetes and adverse health consequences than the overall population (16).
- Manitoba has high rates of individual-level modifiable risk factors (17):
 - **47.2%** of adults and **51.4%** of youth (aged 12 to 17 years) are physically inactive;
 - **33.8%** of adults are living with overweight and **33.7%** of adults are living with obesity;
 - **26.8%** of youth (aged 12 to 17) are living with overweight or obesity;
 - **19.1%** of adults have high blood pressure;
 - **21.4%** of adults are heavy drinkers;
 - **80.3%** of adults are not eating enough fruits and vegetables; and
 - **10.4%** 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 among Manitobans include income, education, food security, the built environment, social support, and access to health care (3).

Diabetes Canada's Recommendations to the Government of Manitoba



1. Implement the Framework for Diabetes in Canada

- Fund and implement the Manitoba Diabetes Action Plan to improve diabetes prevention, screening, management, and health outcomes for Manitobans.

2. Enhance protection for students with diabetes and provide them with an equal opportunity to learn and participate at school



- Provide for insulin administration at school as required by a student living with diabetes and prescribed in [Diabetes Canada's Guidelines for the Care of Students Living with Diabetes at School](#).

3. Expand 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.

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