



RESPONSE TO PETITION

Prepare in English and French marking 'Original Text' or 'Translation'

PETITION No.: **421-01014**

BY: **MR. FRAGISKATOS (LONDON NORTH CENTRE)**

DATE: **DECEMBER 6, 2016**

PRINT NAME OF SIGNATORY: **HONOURABLE JANE PHILPOTT**

Response by the Minister of Health

SIGNATURE
Minister or Parliamentary Secretary

SUBJECT

Diabetes

ORIGINAL TEXT

REPLY

Diabetes is a chronic condition that affects almost two and a half million Canadians. There are three main types of diabetes: Type 2, Type 1, and gestational diabetes. Type 1 diabetes, also called juvenile diabetes, accounts for 5 to 10 percent of all cases of diabetes in Canada. Diabetes can affect quality of life by limiting daily activities and the ability to work. To ensure optimal diabetes management, access to health care is essential. Health care delivery falls under the provincial and territorial jurisdiction.

As education is the responsibility of the provincial and territorial governments, the policies of care in schools fall outside of federal jurisdiction. The provinces and territories grant the school boards the responsibility to set local school policies.

In collaboration with all provinces and territories, the Government of Canada, through the Public Health Agency of Canada (PHAC), has developed the Canadian Chronic Disease Surveillance System (CCDSS). Using health administrative data such as hospitalizations and physician claims, the system collects prevalence, incidence and mortality data for various conditions, including diagnosed diabetes.

PHAC also monitors maternal diabetes and reports on the rates of type 1 diabetes, type 2 diabetes, and gestational diabetes during pregnancy which can be found at the following website:

<http://healthycanadians.gc.ca/publications/healthy-living-vie-saine/maternal-diabetes-diabete-maternelle/index-eng.php>.

Through the Canadian Institutes of Health Research (CIHR), the Government is committed to supporting diabetes research to improve primary prevention, develop effective treatments and ultimately cure all types of diabetes. Between 2011-12 and 2015-16, CIHR invested over \$223 million towards diabetes research, including \$41.6 million in 2015-16 alone. This includes research into type 1 and 2 diabetes. CIHR also funds a considerable amount of research in areas that impact on diabetes prevention and management of the complications of diabetes, such as, obesity, kidney disease and cardiovascular disease.

In March 2016, the Government announced five new research networks on chronic disease as part of Canada's Strategy for Patient-Oriented Research (SPOR) led by CIHR. Through two of these SPOR networks, the Government is supporting a continuum of research that engages patients as partners to improve outcomes for type 1 and 2 diabetes and kidney disease (which affects a high proportion of people with diabetes). CIHR is investing \$12.5 million over six years in each of these networks, which is being matched by contributions from partners such as the Canadian Diabetes Association and the Juvenile Diabetes Research Foundation.

The Government of Canada is also funding research on treatment. Through the federal Networks of Centres of Excellence (NCE) program, the Canadian Glycomics Network (or GlycoNet), is receiving \$27.3 million between 2014 and 2019 for the development of new drugs and vaccines for conditions such as diabetes, influenza, and genetic diseases.

In First Nations remote and isolated communities, clients with type 1 diabetes receive primary care services for chronic disease treatment and management through nursing stations and health centres. Where clinical care is delivered by Health Canada, the care is provided using the First Nations and Inuit Health Branch Clinical Practice Guidelines for Nurses in Primary Care for both pediatric/adolescent care and adult care.

Health Canada also invests \$133.9 million in 2016-17 in health promotion programming and services for First Nations and Inuit individuals, families and communities as part of its larger investments in First Nations and Inuit primary health care programs and services. Funding supports First Nations and Inuit communities to design and direct their programming so that it addresses local priorities, is culturally appropriate and responsive to the specific needs of families and communities. Programming supports increasing access to a continuum of services aimed to improve health outcomes for First Nations and Inuit infants, children, youth, and families and communities.

For example, through the Aboriginal Diabetes Initiative (ADI), Health Canada is supporting health promotion and disease prevention activities and services in more than 400 First Nations and Inuit communities, delivered by trained community health workers and health service providers. The ADI benefits communities by increasing awareness and knowledge of risk factors and diabetes prevention approaches for type 2 diabetes, and by providing access to diabetes prevention, screening, and management services.

Under the Non-Insured Health Benefits (NIHB) program, Health Canada also provides coverage for drugs and medical supplies that support First Nations and Inuit clients in treatment of diabetes. In 2014-2015, NIHB provided coverage to over 61 800 clients for a total expenditure of \$34.1 million on diabetes treatment.