

Minister of Health



Ministre de la Santé

Ottawa, Canada K1A 0K9

Mr. Ron McKinnon
Chair, Standing Committee on Health
House of Commons
Ottawa, Ontario
Canada, K1A 0A6

Dear Mr. McKinnon,

Pursuant to Standing Order 109 of the House of Commons, I am pleased to respond on behalf of the Government of Canada to the Report of the Standing Committee on Health (HESA), entitled *A Diabetes Strategy for Canada*, presented in the House of Commons on April 10, 2019 and re-tabled on April 13, 2021.

The Government of Canada commends the members of the Committee, witnesses who have appeared before it and those who submitted written briefs. These include individuals living with diabetes, advocacy organizations and health care professionals. Their valuable perspectives and commitment to the prevention of type 2 diabetes, the search for a cure for type 1 and type 2 diabetes, and the provision of treatment and support for people living with diabetes are important for Canada. In particular, the Government thanks the Committee for bringing together compelling testimonies of people with lived diabetes experiences.

This year (2021) marks the 100th anniversary of the discovery of insulin, a Canadian achievement that has saved millions of lives around the world. This centenary provides an opportunity to highlight the importance of diabetes as an important public health issue both here in Canada and around the world.

Numerous developments and events have taken place since the Committee last heard from witnesses for this study in October 2018, which may influence or address a number of the Committee's recommendations. In particular, since March 2020, COVID-19 has changed the environments where Canadians live, learn, work and play.

The Government is committed to preventing diabetes and supporting people living with diabetes. The Government works with provinces, territories, and other partners to deliver a comprehensive approach to the prevention and management of diabetes. This includes policies and programs in the following areas: diabetes prevention; data collection and diabetes

Canada

research; tax relief; access to medication, supplies and equipment; and access to health services, including in rural and remote communities.

The Government contributes to joint federal, provincial and territorial policy frameworks to promote healthy living such as: *Creating a Healthier Canada: Making Prevention a Priority - a Declaration on Prevention and Promotion*, *Curbing Childhood Obesity: An F/P/T Framework for Action to Promote Healthy Weights*, and *A Common Vision for Increasing Physical Activity and Reducing Sedentary Living in Canada: Let's Get Moving*.

Indigenous Services Canada (ISC) works closely with federal, provincial, and Indigenous partners to support the prevention and management of chronic disease, including diabetes, and to support Indigenous-specific approaches to this work. For example, in 2018, ISC and First Nations completed the development of the *Preventing and Managing Chronic Disease in First Nations Communities Framework*. This framework provides broad direction and identifies opportunities to improve the access of First Nations individuals, families, and communities to appropriate, culturally relevant services and supports based on their needs at any point along the health continuum.

Health Canada launched its comprehensive Healthy Eating Strategy in October 2016. As part of this strategy, Health Canada released the new *Canada's Food Guide* in January 2019 to reflect the latest scientific evidence, and make the guide more relevant and accessible to Canadians, and is inclusive of Indigenous peoples. The integration of Indigenous considerations was informed through engagement with Indigenous academics and Indigenous health professionals.

Tobacco use is a risk factor for type 2 diabetes as it can increase blood glucose levels and lead to insulin resistance. Canada's Tobacco Strategy, announced in 2018, includes broad population-based efforts to prevent and address tobacco use for all Canadians, and targeted initiatives focussed on specific cohorts with higher levels of tobacco use, such as young adult males and LGBTQ2+ persons. Canada's Tobacco Strategy also includes funding through ISC to support Indigenous communities and organizations in the development and implementation of distinction-based strategies to reduce commercial tobacco use.

Through Budget 2021, the Government is demonstrating its commitment to addressing diabetes by proposing \$25 million over five years, starting in 2021-22, for additional investments for research on diabetes (including in juvenile diabetes), surveillance, and prevention, and to work towards the development of a national framework for diabetes. This framework will be developed in consultation with provinces and territories, Indigenous groups, and stakeholders, and will help to support improved access to prevention and treatment, and better health outcomes for Canadians.

Budget 2021 also proposes to provide \$10 million over five years, starting in 2021-22, for a new Diabetes Challenge Prize. This initiative will help surface novel approaches to diabetes prevention and promote the development and testing of new interventions to reduce the risks associated with Type 2 diabetes.

The Government has introduced many important changes to the Disability Tax Credit to improve access, including improvements to its communications and outreach activities, and proposed changes to Registered Disability Savings Plans to better protect the savings of beneficiaries who have opened these plans. Further, in Budget 2021, the Government is proposing improvements to the eligibility criteria for the Disability Tax Credit, which will provide for fairer eligibility determinations for Canadians living with diabetes. These changes would improve access to the credit and related tax measures like the Registered Disability Savings Plan.

On February 27, 2020, Member of Parliament Sonia Sidhu (Liberal – Ontario) introduced Bill C-237, which calls on the Minister of Health, in consultation with the representatives of the provincial governments responsible for health, Indigenous groups and with other relevant stakeholders, to develop a national framework designed to support improved access to diabetes prevention and treatment to ensure better health outcomes for Canadians. The Government has indicated its support of the Bill.

On March 10, 2021, HESA completed its study of Bill C-237 at second reading, reporting it with the following amendment added to the second clause: “(f) ensure that the Canada Revenue Agency is administering the Disability Tax Credit fairly and that the credit, in order to achieve its purposes, is designed to help as many persons with diabetes as possible.” The bill continues to be considered by Parliament.

At the international level, on April 14, 2021, the World Health Organization and the Government of Canada co-hosted the Global Diabetes Summit, with the support of the University of Toronto. The Summit commemorated the discovery of insulin at the University of Toronto, and aimed to increase political and public awareness and action to address the global burden of diabetes.

Diabetes Prevention

The Government of Canada, in collaboration with provinces and territories as well as non-government organizations across various sectors, have put in place a comprehensive approach to promote healthy living and prevent chronic disease, including type 2 diabetes. Scientific evidence demonstrates that by eating healthier, increasing physical activity, not smoking and avoiding the problematic use of alcohol, individuals can prevent or delay the onset of many chronic diseases, such as type 2 diabetes.

The root causes of chronic disease can often be traced back to social determinants of health related to income, education, and the social and physical environment. These determinants can limit the ability of individuals and groups to access healthier foods, as well as options for staying physically active. Promoting healthy lifestyles and enabling healthy environments from pregnancy and infancy through to old age is the best way to prevent or delay onset of chronic diseases, including type 2 diabetes, at the population level.

The Government is supporting community-based initiatives to improve health behaviours and address health inequalities among priority populations at greater risk of developing chronic disease. In particular, the Public Health Agency of Canada (PHAC)'s Healthy Canadians and Communities Fund (HCCF), formerly known as the Healthy Living and Chronic Disease Prevention – Multi-sectoral Partnerships program, invests approximately \$20 million annually and leverages additional funding from partners to support projects that focus on the behavioural risk factors, including physical inactivity, unhealthy eating and tobacco use, and social and physical environments associated with the major chronic diseases of diabetes, cardiovascular disease and cancer. Funded projects focus on supporting health behaviour changes and creating physical and social environments that are known to enable better health.

The HCCF supports a number of projects specifically focused on diabetes prevention. For example, LMC Prevention Ltd. is implementing the Canadian Diabetes Prevention Program in partnership with Diabetes Canada, an evidence-based intensive and structured lifestyle modification program focused on weight loss and physical activity, which has previously demonstrated success across the United States in reducing the risk of type 2 diabetes in populations at high risk of developing the disease. Hockey Fans in Training (Hockey Fit), led by Western University, aims to increase physical activity and healthy eating behaviours among middle-aged, overweight and obese men at risk of chronic disease, including diabetes. Using a results-based funding model which provides incentives to achieve measurable changes in health status, both of these initiatives will aim to demonstrate the impact of lifestyle changes on the health of project participants.

Budget 2018 announced \$25 million over five years for PHAC to support ParticipACTION to implement a national public education campaign and increase daily physical activity among Canadians, through the Let's Get Moving initiative. The investment aims to change social norms and normalize daily physical activity through long-term multi-sectoral partnerships and coordinated public education and engagement. This includes mobilizing Canadians through community events, a national multimedia campaign, a physical activity digital platform, the dissemination of evidence through report cards for adults and for children and youth, as well as new partnerships and coordination of efforts with other organizations and governments. In addition, Budget 2021 announced investments to address physical inactivity, sedentary behaviour, mental health and wellbeing, as well as the other common risk factors that underlie chronic diseases, including \$80 million over two years to remove barriers to participation in sports programming and to help community organizations kick-start local organized sports that are accessible to all Canadians.

PHAC delivers the Canada Prenatal Nutrition Program (CPNP), a \$27 million per year program that funds community-based groups to develop and deliver programs that address the health needs of women during the prenatal and postpartum periods, facing challenging circumstances that put their health, and the health of their fetus or infant, at risk. ISC administers a separate stream of this program for \$12 million per year serving Inuit and First Nations women living on-reserve. CPNP provides tangible, front-line supports focused on building supportive

environments and developing coping skills, including around healthy eating, food skills and lifestyle issues. These early interventions are an important upstream approach to preventing diabetes and other chronic diseases, and promoting health across the life course.

Nutrition North Canada provides funding to eligible communities to deliver culturally appropriate nutrition education activities based on local needs and priorities. The nutrition education component, administered by ISC and PHAC, aims to increase knowledge of healthy eating and develop skills in the selection and preparation of healthy store-bought and traditional or country foods.

The Aboriginal Diabetes Initiative provides an estimated \$44.5 million per year of funding and support for community-led primary prevention and health promotion activities and services in more than 400 First Nations and Inuit communities. These services increase awareness and knowledge of risk factors and provide access to diabetes prevention, health promotion, screening and management. Trained community diabetes workers and health service providers deliver these services.

Data collection and research

PHAC supports action on diabetes by obtaining and analyzing data to better understand disease patterns and trends in the population, gathering, generating and sharing evidence to inform policy and programs, and designing, testing and scaling up interventions to prevent chronic disease.

Canada has a robust national chronic disease surveillance system which includes diabetes. The Canadian Chronic Disease Surveillance System, led by PHAC in collaboration with all provinces and territories, collects data and enables analysis and national reporting on diabetes and other chronic diseases in Canada, by sex, age, province/territory, and over time. The monitoring of common risk factors and disaggregation by other sociodemographic factors (such as race, Indigeneity, education, income) for chronic diseases is also a core component of PHAC's public health surveillance role and relies on other data sources such as population health surveys. For example, PHAC's website features publically available interactive data tools, which provide up-to-date statistics on physical inactivity, unhealthy eating, tobacco use and problematic use of alcohol.

PHAC, in partnership with the provinces and territories, Statistics Canada, the Canadian Institute for Health Information, and the First Nations Information Governance Centre, is implementing the Pan-Canadian Health Inequalities Reporting Initiative. This initiative systematically monitors inequalities in health status, health behaviours, and determinants of health between population subgroups (e.g., First Nations, Inuit and Métis; Canadians with low income), and includes indicators for diabetes prevalence and related risk factors. Results are publicly accessible through the Health Inequalities Data Tool, on PHAC's online Public Health Infobase data platform.

PHAC provides \$1.3 million per year to support the Canadian Task Force on Preventive Health

Care, an arms-length expert group that establishes guidelines for primary care practitioners in Canada. This Task Force produced screening guidelines for type 2 diabetes in 2012. PHAC facilitated the development of the Canadian diabetes risk questionnaire (CANRISK) which helps Canadians understand whether they are at higher risk of having pre-diabetes or type 2 diabetes. The two-minute questionnaire is available on the Healthy Canadians website, and has been translated into 13 languages for use as a tool for health professionals to engage with their clients.

The Government undertakes communications and engagement activities to raise awareness about public health issues and promote healthy living. The Chief Public Health Officer of Canada has prioritized understanding and action on stigma across health systems. This was the subject of the Chief Public Health Officer's 2019 Report on the State of Public Health in Canada released in 2019.

Through the Canadian Institutes of Health Research (CIHR), the Government is supporting health research to advance the prevention, diagnosis, and treatment of all forms of diabetes. From 2015-2016 to 2019-2020, CIHR invested approximately \$237 million towards diabetes research. CIHR also funds research in areas such as obesity, kidney disease and cardiovascular disease that impact on diabetes prevention and management of the complications of diabetes. In addition to investigator-initiated research in diabetes, CIHR funds strategic research in specific areas of diabetes. For example, the Pathways to Health Equity for Aboriginal Peoples initiative, led by the Institute of Indigenous Peoples' Health, includes a focus on diabetes. Through Canada's Strategy for Patient-Oriented Research (SPOR), CIHR is investing in the Diabetes Action Canada (DAC) Network for diabetes research. The Network's mission is to transform the health outcomes of people living with diabetes and its related complications. In 2017, CIHR and JDRF Canada launched the Partnership to Defeat Diabetes, each committing \$15 million, for a total investment of \$30 million. This partnership is supporting SPOR innovative clinical trials research in type 1 diabetes and will speed up the implementation of new and better treatments.

In addition, Budget 2018 allocated \$354.7 million over five years, starting in 2018–19, and \$90.1 million per year ongoing, to support health researchers at post-secondary institutions and research hospitals across Canada, such as those conducting research on diabetes.

In 2018, CIHR hosted diabetes researchers and experts to identify research gaps and priorities to inform future investments. An initiative was subsequently launched with key partners, including Diabetes Canada and JDRF Canada, to celebrate the 100th anniversary of the discovery of insulin in 2021 (*100 Years of Insulin: Accelerating Canadian Discoveries to Defeat Diabetes*). To date, it represents a total commitment of approximately \$46 million over 8 years (\$30 million from CIHR; \$16 million from a range of provincial, national and international partners).

As referenced earlier, Budget 2021 proposed an investment of \$25 million over 5 years for additional investments for research on diabetes (including in juvenile diabetes), surveillance,

and prevention, and to work towards the development of a national framework for diabetes.

Tax Relief

In November 2017, the Minister of National Revenue announced the re-instatement of the Disability Advisory Committee (DAC) to provide the Canada Revenue Agency with a formalized means of collaborating with various stakeholders.

Since the release of the committee's first annual report in 2019, the Government has introduced many improvements to its administration of the Disability Tax Credit (DTC), including to its communications and outreach activities.

In Budget 2019, the Government announced important changes to Registered Disability Savings Plans (RDSP). First, it proposed to remove the requirement to close an RDSP when a plan beneficiary no longer qualifies for the DTC. Allowing a beneficiary to keep their RDSP open during periods in which they do not qualify for the DTC will ensure RDSP beneficiaries are not required to return grants and bonds they received during a period when they were eligible for the DTC. Second, it has exempted RDSP assets from seizure in bankruptcy, with the exception of contributions made in the 12 months prior to bankruptcy, similar to the treatment of Registered Retirement Savings Plans (RRSPs). Together, these measures will better protect the long-term savings of RDSP beneficiaries.

Through Budget 2021, the Government is taking further steps to support Canadians with disabilities by improving the eligibility criteria for the DTC. With respect to qualifying for the DTC because of the need for life-sustaining therapy, Budget 2021 proposes to reduce the minimum required frequency of therapy and recognize more therapy-related activities in determining whether an individual spends a sufficient amount of time on therapy to qualify. It is expected that, as a result of these changes, more Canadians undergoing insulin therapy will have better access to the DTC and other related support measures like the RDSP and the Child Disability Benefit. To ensure these changes enable applicants to have a fair and proper assessment of their eligibility for the DTC, the Government will undertake a review of these changes in 2023. Taken together with other proposed changes to improve the DTC, these proposals represent \$376 million in additional support for Canadians over five years, starting in 2021-22.

Access to Medications, Supplies and Equipment

Canadians pay among the highest prices in the world for prescription drugs. Paying for drugs such as diabetes medications is difficult for some families. The Government has committed to implement national universal pharmacare and Budget 2019 announced initial steps toward this goal, including:

- A Canadian Drug Agency (CDA) that can lay the foundation to strengthen partnerships with patients, add value for provinces and territories, and support system coordination and improvements. The Canadian Drug Agency Transition Office is developing a plan to

establish the CDA based on engagement with PTs and stakeholders, including examining how to support important pharmaceutical system functions such as assessing the effectiveness of new prescription drugs, and managing a national formulary.

- The development of a national formulary—a comprehensive, evidence-based list of prescribed drugs—that would provide the basis for a consistent approach to formulary listing and patient access across the country.
- Working with provinces, territories, and partners, the Government is developing a national strategy for high-cost drugs for rare diseases, starting in 2022-2023, to help Canadians get better access to the effective treatments they need. This is an important first step in expanding drug coverage through federal support.

In Budget 2021, the Government reaffirmed its commitment to directly engage with willing partners on national universal pharmacare, including working with provinces, territories and stakeholders to build on the foundational elements that are already in progress. To maintain momentum, the government will proceed with its announced plan to provide ongoing funding of \$500 million for the program for high-cost drugs for rare diseases.

In addition, to improve the affordability of prescription drugs in Canada, Budget 2017 invested \$25 million over 5 years and \$6 million ongoing to enable the Patented Medicine Prices Review Board (PMPRB) to operationalize a modernized regulatory framework. The proposed new regulatory framework will provide the PMPRB with new economics-based price regulatory factors, which will allow it to regulate patented drug prices based on the value of the drug and its impact on the health care system. It will also enable the PMRB to take into consideration the number of Canadians the drug will treat. The proposed amendments would save approximately \$13.2 billion over 10 years on patented drug costs. Lower prices would alleviate financial pressures on public and private drug plans and improve affordable access for Canadians paying out-of-pocket.

ISC's Non-Insured Health Benefits (NIHB) Program provides over 880,000 eligible First Nations and Inuit clients with coverage for a range of health benefits, including prescription and over-the-counter medications, dental and vision care, medical supplies and equipment, mental health counselling and transportation to access health services not available locally. In support of this Program, Budget 2021 proposes to provide \$774.6 million over five years to maintain medically necessary services provided through NIHB. Given that this is a national program, NIHB-eligible First Nations and Inuit clients are less likely to experience variability in coverage or accessibility. As of March 31, 2019, there were 873,312 eligible First Nations and Inuit clients. In 2018-19, total expenditures were \$1.3 billion. The Program provides nationally consistent, portable coverage for a range of diabetes medications, supplies and equipment. As a national program, eligible First Nations and Inuit clients of the program are less likely to experience variability in coverage or accessibility.

Access to Health Services, Including in Rural and Remote Communities

The Government collaborates with jurisdictions on digital health solutions through the Canada

Health Infoway. This is a federally-funded, independent, not-for-profit corporation mandated to support and work with provincial and territorial governments to implement digital health technologies. In support of provincial and territorial government efforts, Budget 2017 announced a \$300 million investment in Infoway over five years to expand e-prescribing and virtual care initiatives that support patients in their home and help patients to access their own health records electronically. Specific to diabetes, Infoway has collaborated with the provinces and territories on initiatives such as remote patient monitoring and tele-ophthalmology. The Government is supporting First Nations and Inuit to influence, manage and increase control over health programs and services that affect them and improve access to quality health services, including in relation to diabetes prevention and management. To advance this support, and in keeping with the federal agenda of furthering Reconciliation with Indigenous Peoples, ISC maintains partnership tables with First Nations and Inuit in every region to support joint health planning and priority setting. These tables include bilateral tables with First Nations and Inuit, as well as trilateral tables that include provincial and territorial governments.

ISC recognizes the interplay of factors contributing to the high rates of diabetes in Indigenous communities. Various program investments aim to improve access to preventive and management services. These include:

- The First Nations and Inuit Home and Community Care program provides a continuum of basic home care services that enable First Nations and Inuit people to receive the care they need in their homes. Services are currently available in 98% of First Nations communities and 100% of Inuit communities.
- In 2018/2019, the First Nations and Inuit Home and Community Care program provided in-home care to 5,598 clients with diabetes; provided 13,663 hours of nursing foot care services; and 3,366 hours of nutrition counselling. Nurses also do health teaching with clients with diabetes and their informal caregivers, as well as case management and medication management.

Under ISC's First Nations and Inuit Home and Community Care Program, funds are transferred directly to some communities through contribution agreements, and they in turn, deliver health services. ISC also funds or delivers primary care services through the Clinical and Client Care program in 79 health facilities serving approximately 114,000 First Nations clients in remote, semi-isolated and isolated First Nations communities, where access to provincial health care services is limited or non-existent.

Conclusion

The Government of Canada has a comprehensive suite of investments and activities to prevent diabetes and other chronic diseases and support people living with diabetes. These include: prevention programs; surveillance; funding diabetes research; providing tax relief for eligible individuals living with diabetes; working with provinces and territories to make prescription drugs more affordable for Canadians; and working in partnership with First Nations, Métis, and Inuit communities to deliver culturally appropriate health services and health benefit programs.

Taken collectively, these activities represent a comprehensive approach to diabetes and its risk factors. The Government's approach broadly aligns with the thematic areas of HESA's recommendations.

COVID-19 has undeniably affected the way Canadians live, learn, work and play, and many may be struggling with how daily routines have changed. It is more important than ever for all Canadians to make healthier choices given the potential benefits for overall health and well-being during the COVID-19 outbreak and beyond. The Government is working toward adapting its policies and programs to reflect this new challenge.

This year marks the 100th anniversary of the discovery of insulin by Canadian researchers at the University of Toronto in 1921. The Government is working in collaboration with key stakeholders to commemorate this remarkable Canadian discovery which has saved millions of lives world-wide. In particular, on April 14, 2021, the World Health Organization and the Government of Canada co-hosted the Global Diabetes Summit, with the support of the University of Toronto, to celebrate this important milestone and to increase political and public awareness and action to address the growing global burden of diabetes.

The Government also announced through Budget 2021 new investments for diabetes for the development of a national diabetes framework and support for diabetes research, surveillance and prevention initiatives, as well as improvements to the Disability Tax Credit.

The Government thanks HESA for their work on this important health issue. As expressed above, addressing diabetes and its risk factors requires efforts from a wide variety of sectors and partners.

The Government trusts that this Response demonstrates its commitment to helping all Canadians live healthier lives by providing the tools and resources to prevent and manage chronic diseases, including type 2 diabetes, for current and future generations.



Honourable Patty Hajdu
Minister of Health

