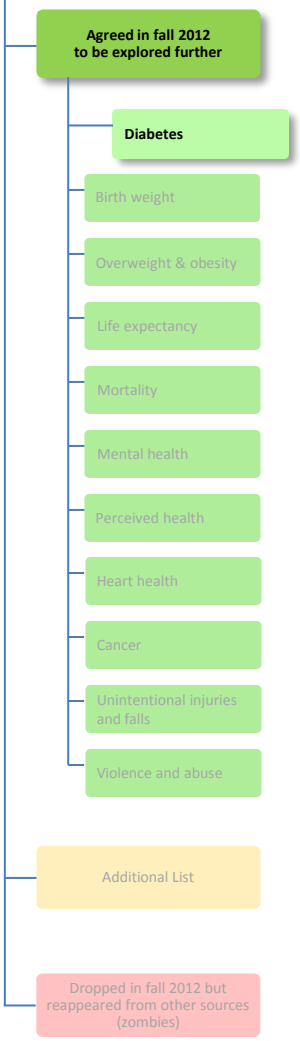
Tier 1
Health Status & Outcome

Indicator: Prevalence of diabetes



Definition

Percent of population aged 12 and older with self-reported diabetes.

Data source(s)

Canadian Community Health Survey (CCHS)

Method of calculation

Numerator: Total BC population aged 12 and older as represented in the CCHS reported having diabetes;

Denominator: Total BC population aged 12 and older as represented in the CCHS ;

Expressed as percentage; weighted and rounded as appropriate.

Relevance to equity

Diabetes is one of the most common chronic diseases in Canada. Diabetes prevalence in British Columbia (BC) is estimated to be 5.7% in 2012 based on self-report on the CCHS, with significant variations by demographic and geographic factors. Diabetes prevalence is highest among individuals aged 65 years and over (16.7%), and the population prevalence rate is higher in males (6.2%) compared to females (5.2%). Diabetes prevalence rates in Northern Health Authority (7.1%) and Vancouver Island Health Authority (6.1%) are higher than the provincial average whereas that in Vancouver Coastal Health Authority (4.9%) is lower. At the national level, Public Health Agency of Canada (PHAC) and Health Canada statistics also suggest significant variations in diabetes prevalence rates across different age and sex groups as well as a higher overall prevalence rate of diabetes in the Aboriginal population with considerable regional variation. Furthermore, evidence from domestic and global research has shown that social determinants (such as income, education, housing, and access to nutritious food) are central to the development and progression of diabetes.

Why we recommend this indicator

Diabetes and its serious secondary complications pose a profound impact on the individual and society, both in terms of its health and non-health consequences. As a PHAC report suggests, compared to individuals without diabetes, those 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 with non-traumatic lower limb amputations. Likewise, annual per capita health care costs have been estimated to be three to four times greater in a population with diabetes compared to a population without the disease. The Canadian Diabetes Association (CDA) estimates a current economic burden due to diabetes in BC of approximately $1.5 billion and predicts a 25% increase in costs by 2020. As such, from a public health perspective, it is important to monitor diabetes prevalence within BC using equity lens to identify vulnerable population subgroups that share a disproportionate burden of disease. This would facilitate the design and implementation of targeted public health interventions to lower the disease and economic burden of diabetes in the province.

Information sources

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