

Diabetes and Society

Marshalling the Troops: Advocating for the Needs of People With Diabetes

There is no doubt about the global impact of diabetes. We no longer speak of an approaching epidemic, nor are we shocked by obesity rates or the lower age at onset of type 2 diabetes. Indeed, we are living the epidemic today.

The Diabetes Council of Canada (DCC) was established in 1986 as the Canadian Diabetes Advisory Board. Originally a clinician-driven body providing technical advice to the federal government, in the mid-1990s its mandate was enhanced to include advocacy.

More recently, the DCC and its member organizations have played a central role in changing the way diabetes is addressed. (The DCC includes representation from the Assembly of First Nations, Canadian Diabetes Association, Canadian Institutes of Health Research [CIHR], Canadian National Institute for the Blind, Canadian Pharmacists Association, Diabète Québec, Heart & Stroke Foundation of Canada, Juvenile Diabetes Research Foundation, Kidney Foundation of Canada, National Aboriginal Diabetes Association and Rx&D [Canada's Research-Based Pharmaceutical Companies]).

The DCC recalls with pride its accomplishments on behalf of those with diabetes:

- Establishment of the National Diabetes Surveillance System (NDSS) and its burgeoning success as a monitoring and measurement tool. The NDSS represents great hope for a better understanding of diabetes and the ability to appropriately direct healthcare resources to needed areas.
- In 1999, after a sustained and targeted lobbying effort, the federal government announced the formation of the Canadian Diabetes Strategy (CDS), recognizing the need for coordinated efforts in the fight against diabetes.
- Recognition of the unique way in which diabetes affects Canada's Aboriginal people and the creation of the Aboriginal Diabetes Initiative (ADI).
- The birth of the CIHR and doubling of its research funding capacity from that of its predecessor, the Medical Research Council of Canada.
- The development by several provinces of diabetes-specific strategies designed to coordinate and accelerate planning and activities to address the diabetes epidemic.

Still, the DCC remains troubled by what has yet to be accomplished. It is important to note that not only are the DCC and its member organizations frustrated by a lack of movement forward, so are those who suffer from diabetes. We are dealing with a disease that hits individuals and their families very hard.

I know this all too well. For more than 20 years, I have had type 1 diabetes. I average 1 hypoglycemic event per day, yet have "acceptable" glycosylated hemoglobin (A1C) levels. This, I am told, should satisfy me. However, try telling my children that their father cannot play with them because his blood glucose (BG) crashed for the second time that day. Try getting through an important meeting with a BG level of 12.0 mmol/L. Try living with the threat of complications and wondering what the future will hold.

Those of us involved with diabetes never become numb to the disease. This is why we remain troubled by what has not yet been accomplished:

- >5 years have passed since the first announcement of federal government funding for the CDS, and much remains to be done. Two national symposia have been held, expert working groups have reported back regarding education, research, surveillance, treatment and care, and myriad recommendations for moving forward have been made. Yet, these reports and recommendations have not found their place as the backbone of a new National Diabetes Strategy.
- The 2005 federal budget allocated a woefully inadequate \$18 million annually for 5 years to a diabetes strategy.
- The CIHR funding rate for research of approximately \$600 million (Can.) is an embarrassment, compared with the ~\$30 billion (United States) funded through the National Institutes of Health.
- The NDSS does not yet distinguish between type 1 and type 2 diabetes, leaving many people to wonder if they have been ignored.
- First Nations people across Canada continue to struggle with diabetes prevalence rates that are among the highest in the developed and developing world.

It is time to put the full capacity of our collective will behind the development and implementation of a National Diabetes Strategy, with the following vision, as adopted by the Coordinating Committee for a National Diabetes Strategy: "A comprehensive framework to mobilize all sectors in developing, implementing and evaluating an integrated and coordinated approach for reducing the social, human and economic impact of diabetes in Canada."

We must move forward, now!

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