



NEWS RELEASE

For immediate release
October 6, 2004

B.C.'s Auditor General warns - legislators face tough choices if they want to slow the growth of diabetes in the province.

VICTORIA—Auditor General Wayne Strelieff today released a report which compares B.C.'s efforts at preventing new cases of diabetes, and at managing the health care of those already diagnosed with the disease, with a "best practices" model -- and finds the steps being taken in this province praiseworthy but inadequate to address the seriousness of the problem.

Strelieff said that although health authorities have established projects to manage better the cases of diabetes already diagnosed, far too little is being done in the area of prevention -- finding effective ways to get people to eat more healthfully and be more active -- to reduce the number of new cases of diabetes developing. Neither are any major efforts being undertaken to prevent those at highest risk of developing diabetes from going on to contract the full-blown disease. Strelieff finds that new models and new strategies would need to be adopted to have a serious effect in slowing down the growing incidence of this chronic disease.

“When we say the word ‘epidemic’, most people think of rapidly-spreading infectious diseases like SARS,” said Strelieff. “But doctors also talk about ‘slow-motion epidemics’ – diseases which steadily increase in prevalence, causing huge personal and financial costs in a community. That is what is happening with diabetes today.”

Current statistics show that 5.1 per cent of B.C.'s population is suffering from diabetes with that figure expected to rise to 7.1 per cent by 2010. Already the cost to the public health care system of providing health care to people with diabetes is estimated at more than \$750 million annually. A significant portion of that cost relates to the disease itself,

as the cost of health care for British Columbians with diabetes is about 1.7 times greater than that for their fellow citizens.

Strelieff stressed, however, that neither the health services ministry nor the health regions should be held responsible for the growing numbers of diabetes cases in the province.

"This is a very complex issue," he noted. "Prevention efforts need to occur, not just in the health care system, but right across government."

A high proportion of Type II diabetes cases occur in individuals who are significantly overweight, most often as a result of an unhealthy diet or too sedentary a lifestyle.

Strelieff concluded that government will need to look at a co-ordinated prevention program that involves several ministries, that will encourage healthier eating and exercise habits. It will, he said, need to be a long-term effort, similar to the broad-based efforts to reduce smoking rates during the past several decades.

And, he warned, it may involve making unpopular choices in areas like taxation of unhealthy products or regulation of industries, because those are the kind of steps that the "best practices" model shows will be needed to foster changes in eating and exercise patterns across the province.

Strelieff's office undertook the study of diabetes programs in part because diabetes is of itself of serious concern to the health system, but also because it serves as an example of the way chronic diseases are dealt with by government and the health care system.

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[Backgrounder attached](#)

2004/05 Report #3 – Preventing and Managing Diabetes in British Columbia.

[Download complete report in .PDF format](#) (size 855 KB)

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<http://www.bcauditor.com>

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