



A Profile of Alberta Health Services – Calgary and area

Alberta Health Services (AHS)–Calgary and area is comprised of more than 1,191,791 individuals. This is roughly 40% of the Alberta population. In 2006, the ADSS estimated there were 47,878 people with diabetes living in Calgary and area. After adjusting for age differences across the province, AHS–Calgary’s diabetes rate is 3.9%, slightly lower than the provincial average of 4.4% (Figure 1). Perhaps of greater

Calgary has the lowest age-adjusted diabetes prevalence rate in the province at 3.9%.

importance is how these diabetes cases are distributed within the region. This type of information is important when planning health care service delivery and identifying higher risk communities. AHS–Calgary and area is divided in to 19 different social districts (Figure 2), which vary greatly in terms of diabetes rates (Figure 3).

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What’s New: www.albertadiabetes.ca

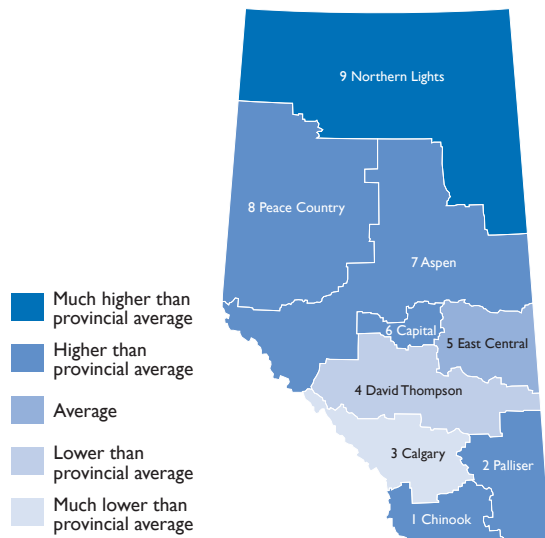
We are pleased to announce that our ADSS website is now live. Our website contains information about the Alberta Diabetes Surveillance System, and contains links to all of our published reports, such as the 2007 Alberta Diabetes Atlas, ADSS Newsletters, the Alberta Diabetes Fact Sheet 2008 and more.

The ADSS website also has an ‘On the Move’ section which describes our active dissemination efforts around the province. This section also contains all of the PowerPoint presentations that we have given in the different health regions. These presentations contain region and community-specific numbers and rates of people with diabetes – information that is important for community stakeholders and essential for health-care delivery planning.

Early next year, users will have access to an even more powerful tool on the ADSS website. We have begun work on an interactive aspect of the website which will enable individuals to find the answers to community-driven queries. This will lead to improved access of timely community-level diabetes data and will ultimately increase the capacity of Alberta communities to locally address key diabetes issues.

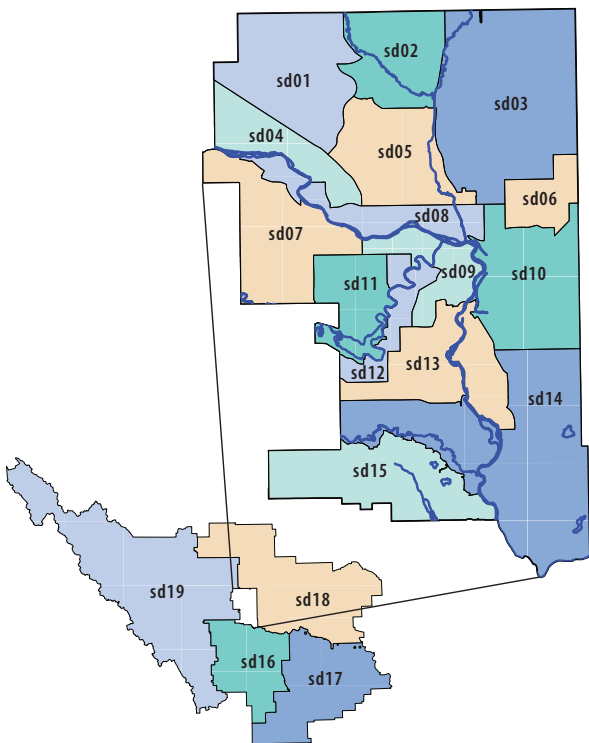


Figure 1: Age-Adjusted rates of Diabetes in Alberta (2006)



Social districts 3, 6, and 10 are located in the northeast quadrant of the Calgary urban area. The populations in these districts are disadvantaged in terms of socioeconomic status (SES) indicators, including income and education levels and have

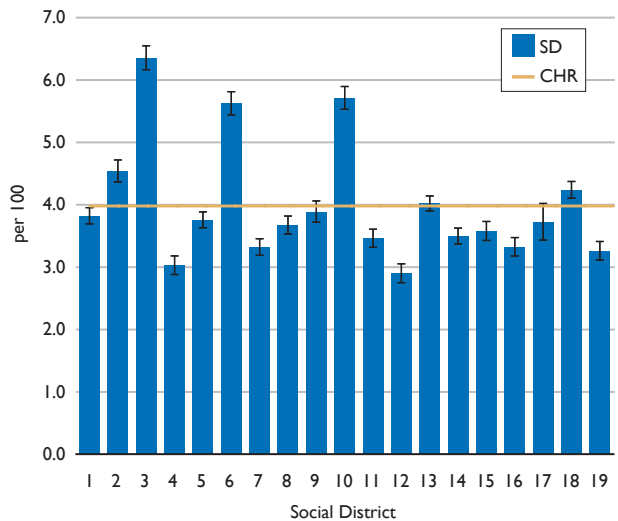
Figure 2: Alberta Health Services – Calgary and area Social District Map



higher rates of immigrant populations known to be at greater risk of diabetes. These districts also have higher risk factors (e.g., smoking rates, obesity) associated with chronic diseases including diabetes.

Information about risk factors that is known to AHS–Calgary, along with ADSS information generated by administrative physician billing codes and hospitalization records, are useful to identify high risk populations in terms of targeting primary and secondary prevention efforts. As examples, an increased health promotion presence, diabetes screening and increased screening for complications of diabetes may be warranted in these districts.

Figure 3: Age Standardized Diabetes Prevalence Rates by Calgary Social District, 2006

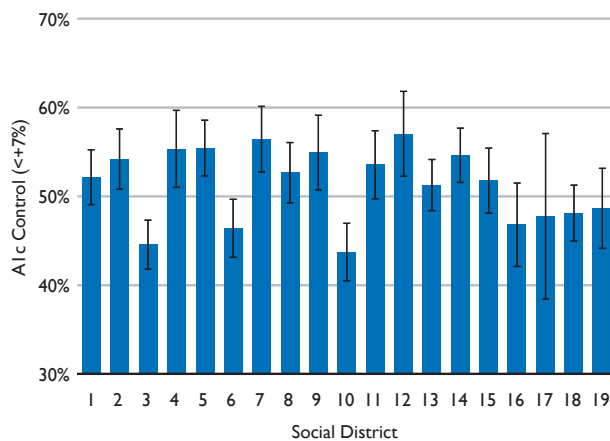


AHS–Calgary Chronic Disease Management (CDM) Program has examined the blood sugar control among the diabetic population in their service registry and found that the same three northeast social districts that show the highest diabetes prevalence rate also have the poorest blood sugar control (Figure 4).

Knowing the distribution of diabetes within a larger geographic area is important to identify higher risk populations, and knowing where to target health care resources.

The combination of diabetes prevalence information and blood sugar control information suggest that these social districts are doubly disadvantaged. These data suggest a need for enhanced diabetes disease management services in these social districts.

Figure 4: Calgary Laboratory Data showing HbA1c control in people with diabetes by Social District, 2007



AHS-Calgary's CDM infrastructure was successful in improving the proportion of patients with desirable blood sugar control by 16% over a one year period.

Using the information contained within the ADSS allows us to produce a snapshot of how diabetes is distributed at the provincial, regional and community/

neighborhood level. This is important in understanding the burden of diabetes at a local level, and is helpful in guiding health care delivery accordingly.

The regional data that describes patterns of HbA1c values is also helpful in knowing where to target health care resources and health promotion and prevention strategies. Other laboratory values that would provide information about diabetes control are lipid and creatinine levels. These laboratory values as well as the frequency of testing among different physicians are also informative when aiming to evaluate the quality of care for people with diabetes.

The ADSS together with regional laboratory data can complement each other and have the potential to provide enhanced surveillance in order to better evaluate diabetes control in individuals across the province.



Diverse populations, including ethnic minorities, are at increased risk for diabetes and its complications.

Feature: Targeted Chronic Disease Management and Prevention Program for Diverse Populations – The Calgary Health Region Approach

Calgary has rapidly become more diverse in its population. In 2006, nearly 238,000 individuals who belonged to a visible minority group lived in Calgary, an increase of 44.3% from 2001. At 22.2%, Calgary has the fourth highest proportion of visible minorities in Canada. Significant proportion of the visible minority populations reside in NE quadrant of the city.

Individuals of South Asian, Chinese, African and Latin ancestry who comprise 80% of the minority groups in Calgary, are at significantly higher risk of developing diabetes, a grossly under-estimated reality which has not been adequately addressed in diabetes surveillance, program planning and provision. There is a serious lack of targeted programs addressing the unique needs of the ethno-culturally and socially diverse populations. In addition, diabetes disparities are well documented among the Aboriginal and other socially disadvantaged populations.

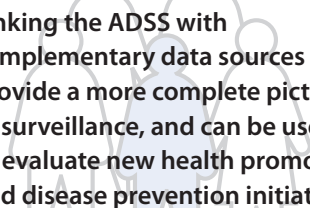
Since 2002, the Chronic Disease Management for Diverse Population Program within the Calgary Health Region has delivered targeted, innovative and community-based chronic disease prevention and management programs to increase access of diverse populations to the mainstream Chronic Disease Management Program.

Currently targeted diabetes and other chronic disease programs are available to Calgary's Indo-Asian and Chinese populations and similar programs are being developed for the Vietnamese, Filipino, Aboriginal and homeless populations.

The programs are delivered by multi-disciplinary and multi-lingual teams in accessible community-based settings. Strong community partnerships are instrumental in the development of these targeted programs. In 2007-08, with funding from the Public Health Agency of Canada, a Post-Gestational Type 2 Diabetes Prevention Program was successfully developed for the Indo-Asian women. Currently in partnership with the Calgary Drop-In and Rehabilitation Centre, a diabetes prevention and management program targeting homeless people in Calgary is being piloted to identify the best strategies for meeting the unique needs of this vulnerable population.

This innovative and targeted approach has resulted in optimization of services, increased access and improved health outcomes.

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Linking the ADSS with complementary data sources can provide a more complete picture of surveillance, and can be used to evaluate new health promotion and disease prevention initiatives.

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ADSS
Alberta Diabetes
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