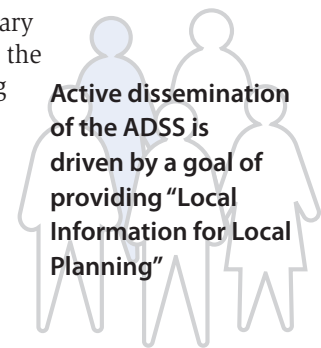


Active Dissemination of the ADSS

As we reported in our last Newsletter, the ADSS received a grant of over \$150,000 from the Public Health Agency of Canada to support active community-based dissemination of ADSS information. This funding has supported visits to 6 Health Regions thus far, and has enabled the ADSS team to reach a variety of audiences, such as policy makers at the regional and provincial levels, health care providers, primary care networks (PCN), the public and different community and advocacy groups. The local information that we have provided these stakeholders facilitates local planning and allocation of resources in order to best serve their diabetic population.

Our active dissemination efforts began in August 2007 where we visited Lethbridge, in the Chinook Health Region. There, we made five presentations in the span of two days to the Regional Health Authority/PCN

leadership, multidisciplinary health care providers and the public. Besides presenting region-specific diabetes numbers and trends over the last decade, we highlighted trends that were unique to the region. For example, Chinook has the highest age-adjusted diabetes prevalence in their First Nations population; 16% of First Nations adults living in Chinook have diabetes, which is over three times as high as the overall provincial rate. High rates of diabetes can also be found in the under 20 year old First Nations population in Chinook, a topic that is featured in a recent ADSS Newsletter. *(continued on page 2)*



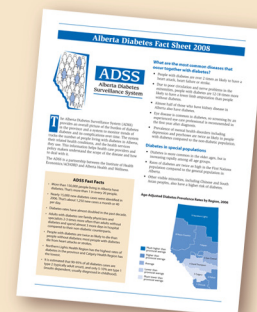
Active dissemination of the ADSS is driven by a goal of providing "Local Information for Local Planning"

What's New – Alberta Diabetes Fact Sheet 2008

From the time that the ADSS originated, we have been receiving many questions with regards to overall Alberta diabetes facts such as:

- How many people in Alberta have diabetes?
- How fast are diabetes rates growing in Alberta?
- What health regions have higher and lower rates of diabetes in Alberta?
- Are there certain populations that have an increased risk of diabetes?
- How does Alberta compare nationally in terms of diabetes rates?

These questions, in addition to others are answered in the Alberta Diabetes Fact Sheet. As part of our dissemination activities, we created this double-sided reference sheet to distribute liberally during our cross-Alberta ADSS tour. Visit the ACHORD website to download a copy: www.achord.ca



We picked up our active dissemination again in January 2008, when we visited Palliser Health Region. Prior to this visit, as part of our planning process, we were in touch with the VP of Community Services who asked us to profile five different communities within Palliser region, in terms of diabetes rates: Medicine Hat, Brooks, Oyen, Bassano and Bow Island. One particular community that they were interested in was Oyen, who they suspected was having a ‘diabetes crisis’. When we created a figure comparing incidence rates of the different communities, it was clear that

there was something different about Oyen (Figure 1). In 2006, Oyen had 2-3 times higher incidence rates compared to the other communities that were profiled.

In order to investigate a little further, we looked at prevalence rates in Oyen over the last decade (Figure 2). After 2002, diabetes rates appeared to increase substantially. Sex differences were also apparent with higher diabetes prevalence in women at the earlier part of the past decade, which transitioned to a higher prevalence in males in more recent years.

Figure 1: Age-Adjusted Diabetes Incidence Rates for Select Communities in Palliser Health Region, 2006

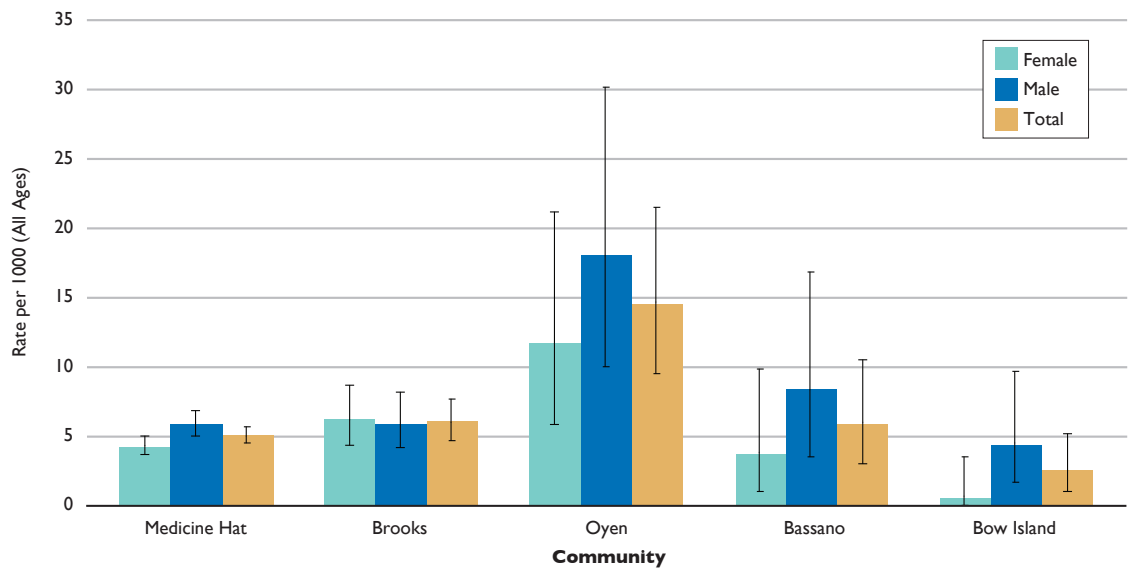
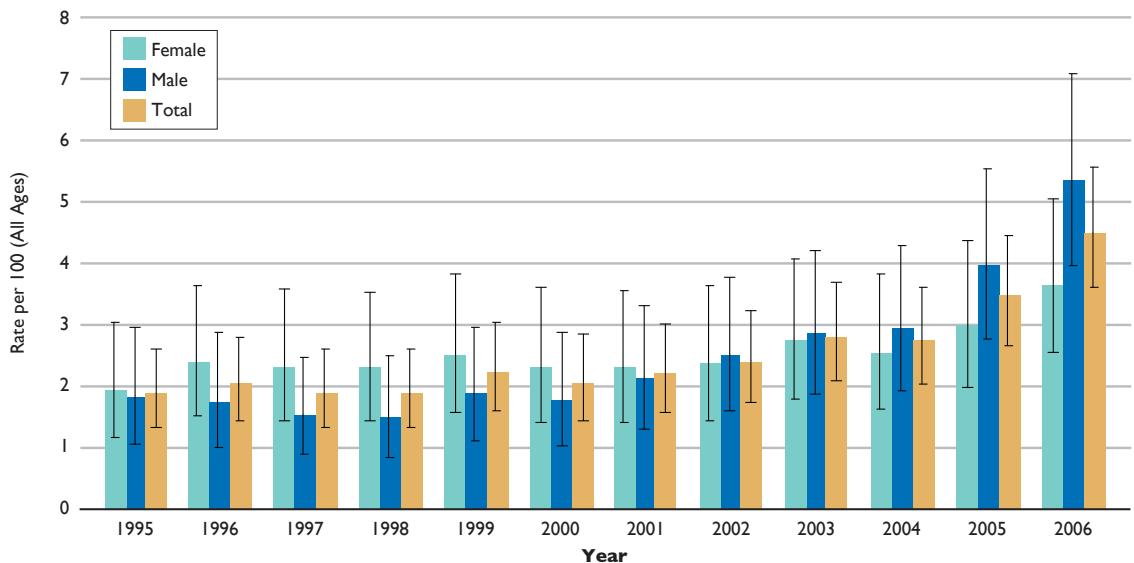
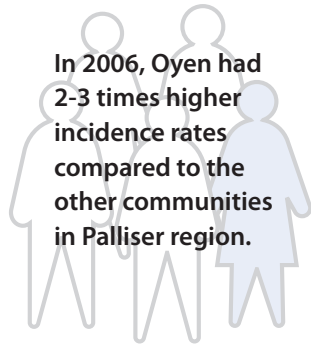


Figure 2: Age-Adjusted Diabetes Prevalence Rates in Oyen (1995-2006)



After sharing these figures with the region, different individuals approached us with possible reasons for these trends. One possible explanation was that during the time period in question, a physician working in Oyen transitioned from a surgical practice to a family medicine practice. This physician was also said to have an increased interest in diabetes once this transition occurred. Therefore, it is likely that additional screening (particularly in men) allowed our system to identify these additional diabetes cases. Although this is indicative of ‘case finding’, these newly identified diabetes cases in Oyen still represent an increased burden to this community.



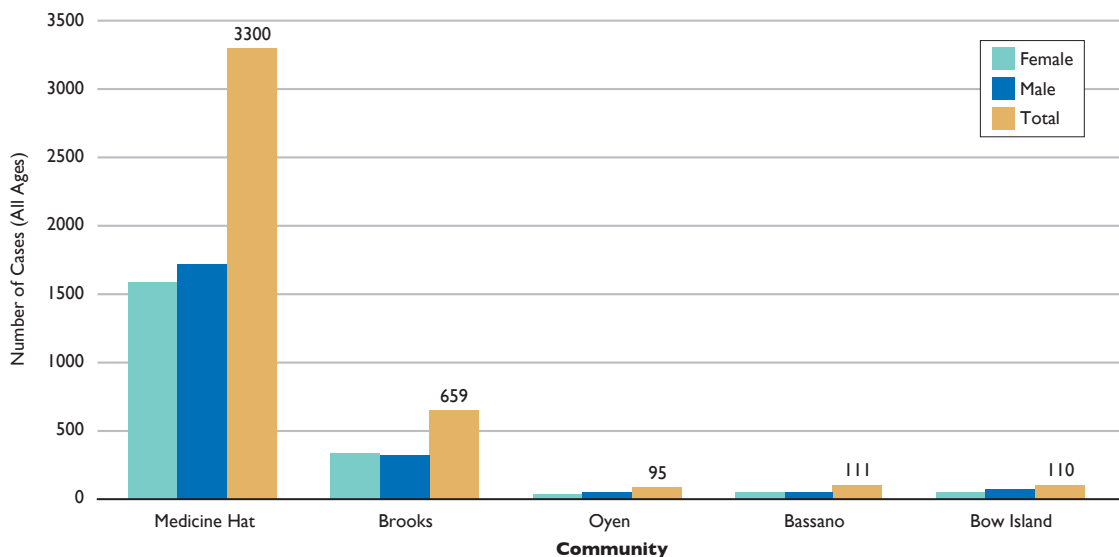
In addition to monitoring trends of diabetes rates across communities in Palliser, we are also able to estimate absolute numbers of people with diabetes at the community level (Figure 3). It is these numbers that represent the true burden to local health care systems, and these numbers that are necessary for the regions to plan adequate distribution of resources. For example, although we estimated that only 95 people living in Oyen had diabetes in 2006,

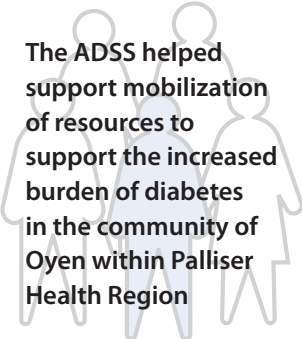
this still represents a substantial burden for such a small community. Overall, adults with diabetes see family physicians and specialists 2-3 times more often than adults without diabetes and spend almost 3 more days in hospital compared to their non-diabetic counterparts. Therefore, it is important for health regions to know where people with diabetes are living in order to have adequate services available.

The information was clearly supportive of the local sense that Oyen and area was in need of additional support and resources. Jill Forsyth, the manager for CDM in Palliser Health Region invited the ADSS team back to Medicine Hat in February, to present to the Board and several members of the Executive team. As a result of the ADSS data confirming what Palliser Health had suspected about Oyen, the region mobilized a diabetes outreach clinic to help the community service these individuals. We recently made a third visit to Medicine Hat, to take part in the CDM workshop for health professionals in the Palliser region.

The sharing of information with Palliser Health Region is a successful example of knowledge translation. We are excited to continue to be an active partner with Palliser, as well as the other health regions and PCNs. As we said at the beginning, the goal of our active dissemination activities for ADSS is to provide local information for local planning and evaluation.

Figure 3: Diabetes Prevalence Case Counts for Select Communities in Palliser Health Region, 2006





The ADSS helped support mobilization of resources to support the increased burden of diabetes in the community of Oyen within Palliser Health Region

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ADSS
Alberta Diabetes
Surveillance System



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