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The Practical Application of Statistics in Nova Scotia Diabetes Education Centres. PEGGY DUNBAR, CARRIE DEWAR, SONIA SALISBURY.
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Collecting data has the potential to provide the staff of diabetes education centres (DECs), program planners, and policy makers with the necessary evidence to support decisions related to program delivery, resource allocation, and best care practices.

Using standardized collection tools, the DECs provide information for two separate databases maintained by the central DCPNS office: 1) DEC Monthly Statistics 2) DCPNS Registry. Collected since 1992, monthly statistics reflect all visits to every DEC. They reflect the area in which the DEC service is delivered (inpatient, outpatient, and satellite), the visit type (follow-up or new), and diabetes treatment type. Also collected are BMI status (> 27), age categories (youth and adult), and insulin starts, if initiated by DEC staff. Data on the newly diagnosed population (diabetes < 6 months) has been examined in detail. Information gathered from a 3-copy non-carbon standardized physician referral form forms the basis for the DCPNS Registry. The Registry collects individual demographics and comorbidities.

Over 2,500 newly diagnosed people with diabetes were referred to Nova Scotia DECs in 1996/97. Referral rates per 1,000 population vary by each of the four Health Regions with a provincial four year average of 2.73 per 1,000 population. At initial visit, diabetes treatments for this population are as follows—52% diet only, 42% oral agents, and 6% insulin. Seventy-nine % of all newly diagnosed referrals have a BMI greater than 27, ranging from 61% in the insulin treated group to 85% in the diet only group. Outpatient initiation of insulin by the staff of DECs has increased from 48% in 1992/93 to a high of 73% in 1996/97.

In conclusion, the referral rate, though not an incidence figure, exceeds the American incidence rate (2.42 per 1,000) and have provided support for innovative programming. There have been significant advances in diabetes care with the trend towards outpatient initiation of insulin therapy.