Forum commits to closing the gap

The Aboriginal and Torres Strait Islander Peoples Diabetes Policy Forum on March 12 brought together experts in Indigenous health and diabetes to develop key national priorities and an action plan to address the diabetes epidemic – set to be released this month.

Among the leaders and experts at the Forum were Minister for Indigenous Health Warren Snowdon MP, Member for Hasluck and incumbent Chair Parliamentary Diabetes Support Group Ken Wyatt MP, CEO National Aboriginal Community Controlled Health Organisation Lisa Briggs and CEO Institute for Urban Indigenous Health Adrian Carson.

“Diabetes is arguably the major health crisis facing the Aboriginal and Torres Strait Islander community,” said Diabetes Australia CEO, Professor Greg Johnson.

“Addressing the epidemic of Aboriginal and Torres Strait Islander people with diabetes and improving self management must be a national priority.

“The incidence of diabetes in this community is 4.7 times higher than the non-Indigenous population.

“Enough is enough – it’s time to act and that’s why we’re bringing together the nation’s leading experts to tackle this epidemic head on.”

Indigenous Australians are 12.8 times more likely to die from diabetes-related complications than other Australians.

“It’s a national tragedy – and it’s largely preventable,” said Professor Johnson.

Professor Johnson said the approach required working closely with Aboriginal and Torres Strait Islander communities to support the real world implementation of evidence-based programs.

Experts at the forum discussed the diabetes burden within the Aboriginal and Torres Strait Islander community, how to address the cycle of diabetes prevalence across generations, the need for a more robust Indigenous health workforce and more locally-relevant programs to increase awareness of the seriousness of this condition.

Participants considered the role of:

• Increased screening and risk assessment in Aboriginal and Torres Strait Islander communities
• Targeted prevention for high risk people and communities, including community based lifestyle intervention
• Better self management education so people with diabetes can stabilise their condition and reduce the risk of complications
• Development programs and mentoring arrangements for the Indigenous health workforce
• Programs to address social determinants impacting on

Aboriginal and Torres Strait Islander health, such as gaps in education, employment and housing.

Forum participants agreed on a shared action plan and policy priorities during a final facilitated session held at Parliament House Canberra at the House of Reps Alcove. The action plan and policy priorities will contain recommendations aimed at closing the gap and addressing the diabetes epidemic facing Indigenous Australians.

Photo: Diabetes Australia CEO, Professor Greg Johnson, launching the Aboriginal and Torres Strait Islander Diabetes Policy Forum with The Hon. Warren Snowden MP, Minister for Indigenous Health.
Indigenous children and young people are being increasingly diagnosed with type 2 diabetes – which may be associated with being exposed to diabetes during pregnancy, as well as family and community factors.

Addressing the intergenerational nature of type 2 diabetes was a strong focus of the Aboriginal and Torres Strait Islander Policy Forum.

Diabetes Queensland’s policy team has summarised below the address by Professor Louise Maple-Brown.

Pre-disposition to chronic conditions such as diabetes starts in-utero. Addressing the health needs of the mother, and in particular risk factors such as smoking, alcohol consumption and nutrition, will give the baby a better start. Promotion of healthy lifestyles and prevention of diabetes pre-pregnancy and during pregnancy provides an early opportunity for intervention in the life course of both mother and baby.

Compared to other Australian women, Aboriginal and Torres Strait Islander women are more than 10 times as likely to have type 2 diabetes in pregnancy, and 1.5 times as likely to have gestational diabetes (GDM). More than half of those with GDM are under 30 years old (compared with 30 per cent of other Australian women with GDM)\(^1\).

The risks associated with diabetes in pregnancy apply to both mother and baby. The mother is more likely to develop type 2 diabetes after having gestational diabetes during pregnancy, and to develop it rapidly – within four years. The baby is more likely to develop obesity in adolescence\(^2\) and has increased cardio-vascular risk factors\(^3\) as well as increased risk of type 2 diabetes.

We know that management of diabetes during pregnancy works to reduce complications in both mother and baby and we must invest in early detection and management of the condition.

But intervention can happen earlier. Programs that assist mothers and families to establish healthy lifestyles from the start, encourage women to engage with community based health support throughout their pregnancy, and deliver healthy babies, should be supported.

Addressing the intergenerational risk factors requires action at three intervention points:

- **Pre-pregnancy:** action to optimise pre-conception and inter-conception health in Indigenous women of childbearing age
- **During pregnancy:** action to enhance current practice around early detection and management of diabetes in pregnancy
- **After pregnancy:** action to improve rates of breastfeeding to decrease risk of obesity and diabetes in children of women with diabetes in pregnancy, and provide regular checks to prevent development of type 2 diabetes in the mother.

**Early childhood**

Both mainstream health services and Aboriginal and Torres Strait Islander health services have a role to play in building healthy families. Early childhood is the key to primary prevention of obesity, chronic diseases in general, in particular type 2 diabetes in later life.

Existing health check programs and child care services can deliver lifelong outcomes for children and their families with investment in early years education and intervention programs. Examples are the Australian Nurse Family Partnerships Program and a combination of home visitations.

Promoting healthy bodies and healthy, active minds in children through engaged learning at home, and at childcare, is essential to developing children who are resilient, make good choices, have capacity for self regulation and, as young adults, know to avoid lifestyle choices such as smoking and alcohol and consumption of unhealthy foods.

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Living well during and after gestational diabetes

Maintaining a healthy lifestyle during and after pregnancy is vital for women who experience gestational diabetes (GDM), as they are 50 to 65 per cent more likely to develop type 2 diabetes post-pregnancy.

The National Gestational Diabetes Register (NGDR) provides ongoing support to women who experience GDM to help them reduce their risk of developing type 2 diabetes.

Women who opt-in to this register receive diabetes care products at subsidised prices and resources to assist them during and after pregnancy. Registrants and their nominated GPs also receive screening reminders to prompt post-pregnancy screening.

To complement the register, Diabetes Queensland delivers a program called You2 that further encourages women in Queensland who experience GDM to live well during and after pregnancy.

Resources and services provided through the You2 program include the You2 website www.you2.org.au, ‘Live well with gestational diabetes - your guide to the health system’ brochure, and a GDM support program called You2Connect.

Contact health@diabetesqld.org.au for more information about You2 resources or services.

Resources for Aboriginal and Torres Strait Islander women with GDM

Diabetes Queensland and the Statewide Diabetes Clinical Network have updated the gestational diabetes resources that assist women living in rural and remote Indigenous communities.

The resources include:
- Gestational diabetes - What is it? How Do We Treat It?
- Eating for Gestational Diabetes
- About the Oral Glucose Tolerance Test (OGTT)
- Starting Insulin Injections
- After Baby is Born

The GDM Indigenous resources were originally developed by staff from the Cairns Diabetes Centre and the Diabetes in Pregnancy Innovation Project team as part of the CPIC Innovation Project, Diabetes in Pregnancy.

These resources can be ordered from Diabetes Queensland at www.diabetesqld.org.au
Grace Ward, Deanne Minnecon and Nicole Huxley are passionate about improving the health outcomes of Indigenous people and reducing the incidence of type 2 diabetes in the Indigenous population.

We spoke to the team to find out why they’re passionate about their work and what they think the future holds for the health of Indigenous Australians.

What drives your passion for improving the health of Aboriginal and Torres Strait Islander people?

Deanne: On a personal level, I love working for my family and community. I also grew up attending funerals – you could almost guarantee at least one funeral each year. This is unacceptable. This proves to me how important it is for all Australians to become more responsible for improving outcomes for Aboriginal and Torres Strait Islander people.

How does the incidence of diabetes among Aboriginal and Torres Strait Islander people affect communities?

Nicole: There is a level of acceptance out there in the community that diabetes is normal for Aboriginal and Torres Strait Islander people. This thinking affects the social and emotional wellbeing of the entire community and easily influences the attitudes and beliefs of the younger generations. Part of Diabetes Queensland’s role is to address the perception that diabetes is inevitable.

What do you think is the future for Aboriginal and Torres Strait Islander youth?

Nicole: We will have more youth taking the lead and making changes in their community. I believe the youth will break down the barriers that are contributing to the current health status of Aboriginal and Torres Strait Islander people and they will be the ones with the biggest influence in closing the gap.

What would you like to see changed – attitudes, expectations, awareness?

Nicole: More young ones expecting to live long healthy lives and understanding what that means in terms of attitudes and behaviours.

More adults becoming role models and leading by example. And to have more elders delivering education in their communities around better self-management practices for those living with diabetes. Most of all I would love to see the mortality rates and complications from diabetes decrease so drastically that we are out of a job.

What are the biggest challenges to achieving change in Aboriginal and Torres Strait Islander communities?

Deanne: Creating partnerships within health and various other sectors in order to collaborate and address the needs identified by Indigenous communities. It’s also often difficult to address the priorities identified by governments and communities as the two can differ greatly.

What are Diabetes Queensland’s key priority areas for the Aboriginal and Torres Strait Islander Health Program?

Grace: To engage with key stakeholders and value add to existing or planned programs by providing support and culturally appropriate resources. We also facilitate annual educational workshops for Aboriginal Health Workers so that they address diabetes more effectively when working in their communities.

What are some of the culturally appropriate resources you provide?

Grace: We’ve implemented the successful Got Suga Workshop, which delivers important diabetes health messages through theatre for change.

We also facilitate Feltman training - a diabetes education tool developed by the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and Diabetes Australia - Vic. It is used in Aboriginal communities and by Aboriginal Health Workers to explain what happens to the body of someone who has diabetes.
DQ clinicians journal club

Diabetes Queensland clinicians work hard to keep up to date with a broad range of research influencing the management of diabetes in the community. This month we share with you a brief overview of an article that was reviewed at a recent DQ journal club discussing methods and learnings on evaluating programs that target Aboriginal communities.

Title: Progressing the Dialogue about a Framework for Aboriginal Evaluations: Sharing Methods and Key Learnings

Evaluation in Aboriginal communities is often conducted by ‘outsiders’ and the information that is extracted is usually determined by the funding body, overlooking the information and answers that the community is interested in. This can lead to disempowering and disengaging the local community.

The authors suggest a number of strategies when conducting appropriate evaluations in Aboriginal communities:

• Ask the Community Council for permission to conduct the evaluation
• Plan multiple site visits in order to build rapport allowing plenty of time for each visit
• Engage the community in all stages of program and evaluation planning to find out what the community wants to learn from the evaluation
• Engage a local ‘sponsor’ to help guide evaluation and engage the community
• Provide evaluation results in a variety of formats e.g. full formal report and a community storybook.

The authors also shared some interesting evaluation techniques that can be used:

• Semi-structured interviews
• Art-based methodology e.g. asking community to express their feedback through painting or drawing
• Photovoice methodology, where participants take photos of things that are important to them in order to provide feedback.

More than one in two Queenslanders are overweight or obese. But it is not just waistlines that are straining. This troubling statistic also points to the huge economic cost of the obesity epidemic. The Second Report of the Chief Health Officer, The Health of Queenslanders 2008: Prevention of Chronic Disease, estimated the epidemic cost the State’s economy around $11.6 billion per annum. We can’t keep putting this on the credit card.

To raise awareness of the epidemic and help Queenslanders trim down, the Queensland Swap It NGO program is setting out on two regional roadshows this month. The Central Queensland Swap It Roadshow will visit Rockhampton and Mackay from 20 May – 24 May and the North Queensland Swap It Roadshow will visit Townsville and Cairns from 27 – 30 May.

These roadshows will host a number of events. Of most interest to health professionals are the Swap It Preventive Health Forums held in Rockhampton (20 May), Townsville (27 May) and Cairns (29 May). The forums are a unique opportunity to bring key players to the table and look at the obesity epidemic, its causes and possible local solutions, in a holistic way.

We know the problem is complex and the solution will be just as multi-faceted. To address this, we are partnering with academics from James Cook University and Central Queensland University, as well as local government representatives and senior health sector stakeholders in holding these forums. We hope they spark frank and constructive conversations about a complex problem. It is health professionals who are at the coalface of this pressing health issue and we want to hear about the problem from your perspective.

The team will also be launching 12 Week Swapper Challenges in all four cities. This is a free, self-managed lifestyle change program that helps people make healthier choices. It is all about shedding centimetres off waistlines and reducing the likelihood of developing type 2 diabetes, heart disease and some cancers. If you have clients or patients that you think could benefit, they can register now at www.diabetesqld.org.au

To RSVP for the forum, or if you have any questions about getting involved in the roadshow, please email the Swap It team at swapit@diabetesqld.org.au

Photo: Eric and Duncan Armstrong - Beef 2012, Rockhampton
Indigenous researchers in world first

Indigenous researchers in Aboriginal and Torres Strait Islander communities are leading the way with an exciting new technology to test for diabetes-related eye diseases such as diabetic retinopathy.

The world’s first intelligent retinal camera has been designed with the help of community-based researchers, to scan the eyes of patients in real time and detect early signs of disease, enabling better treatment, greater accessibility and affordability.

The new intelligent retinal camera technology is currently being tested in remote Aboriginal communities in New South Wales and South Australia.

More than 35 per cent of Aboriginal people have never had an eye test and rates of undiagnosed diabetic retinopathy are particularly high in remote areas. The researchers are working with the communities to ensure the new eye testing technology meets the needs of the patients in order to boost the rate of eye tests in Indigenous communities.

This new position is expected to help deliver services to Australians living in regional, rural and remote areas.

West Australian research to revolutionise type 1 testing

Researchers at the University of Western Australia have begun working on a new method for testing type 1 diabetes predicted to revolutionise testing across the globe.

The new method would make determining the genetic risk factors for type 1 diabetes faster, and would also make the test cheaper. This would enable more people from more countries to access the test, and hopefully reduce the health complications that can occur when type 1 diabetes goes undiagnosed.

For more information on all stories visit www.diabetesqld.org.au

The Wesley Centre for Hyperbaric Medicine and the treatment of Diabetic Wounds

Non-healing diabetic wounds are caused by compromised blood supply. Hyperbaric Oxygen has been proven to re-grow these small blood vessels, decrease tissue swelling and improve healing through increased oxygen supply to devitalised tissue.

A low tissue oxygen tension is the strongest indicator of a diabetic ulcer resulting in the amputation of the limb. In many well designed studies the risk of amputation following the diagnosis of a diabetic ulcer approaches 40%. This is reduced to approximately 10% following treatment with hyperbaric oxygen. The cost of Hyperbaric Oxygen treatment versus the costs involved with amputation and rehabilitation are small.

The Wesley Centre for Hyperbaric Medicine has specialist Wound Care Staff to ensure the best possible wound care during and after hyperbaric oxygen therapy.

The Wesley Centre for Hyperbaric Medicine is Queensland’s only private hyperbaric day hospital. We are fully accredited and have Hyperbaric trained doctors and nursing staff in attendance at all times.

Please contact us to arrange a comprehensive wound assessment or to enquire if we can help you.

what’s on

Calendar Dates
For further details on any of the following programs, please visit www.diabetesqld.org.au or phone 1300 136 588.

- **11 and 18 May** Eat it (6 week program) Murarrie
- **20-21 May** Swap It Roadshow Rockhampton
- **23 May** EXPOsing diabetes Hughenden
- **22-23 May** Swap It Roadshow Mackay
- **24 May** Aboriginal Health Worker Workshop Southbank, Brisbane
- **27-28 May** Swap It Roadshow Townsville
- **29-30 May** Swap It Roadshow Cairns
- **30 May** Virtual Supermarket Tour Chermside
- **04 June** Virtual Supermarket Tour Caloundra
- **04 June** Virtual Supermarket Tour Maroochydore
- **08 June** Eat it (6 week program) Coorparoo
- **11 and 18 May** EXPOsing diabetes Cairns
- **18 June** Got Suga Gladstone
- **19 June** Virtual Supermarket Tour Chermside
- **21 June** Understanding Diabetes Milton
- **02 July** Virtual Supermarket Tour Nambour
- **02 July** Virtual Supermarket Tour Kawana
- **14-20 July** National Diabetes Week

Got Suga
Got Suga is a one-day workshop that provides culturally appropriate diabetes education, through role plays and storytelling, to the Aboriginal and Torres Strait Islander community.

The Got Suga initiative empowers Aboriginal and Torres Strait Islander people to reduce the complications of diabetes, to lead a healthier lifestyle, and to educate their family and friends about how to stay healthy too.

The theatre-based program gives participants the confidence to tackle issues such as diabetes by exploring them via role play. The interactive element helps people discover solutions to their personal and community problems.

Got Suga has been co-developed by Dr Mick Adams of Fineline Consulting and Natjul Indigenous Performing Arts in partnership with Diabetes Queensland. More information about the initiative is available by contacting Diabetes Queensland on 1300 136 588 or visiting www.diabetesqld.org.au