Aboriginal and Torres Strait Islanders and Diabetes Action Plan
THANK YOU

Diabetes Australia would like to thank the participants in the Aboriginal and Torres Strait Islander Diabetes policy forum held in Canberra on 12 March 2013, and those who assisted in the preparation of this policy document. Much of the content of this paper is drawn from presentations at the forum, and associated discussions with participants. We thank these busy people for their generosity.
INTRODUCTION

Diabetes Australia is the national body for people affected by all types of diabetes and those at risk. We are committed to reducing the impact.

Mitigating the impact of diabetes among Aboriginal and Torres Strait Islander people has been a national priority for Diabetes Australia for many years. This has extended to the National Diabetes Services Scheme, administered by Diabetes Australia.

Despite government investment in Closing the Gap and various programs, we are not seeing any reduction in the high prevalence of type 2 diabetes or the high burden of early deaths and serious complications in Aboriginal and Torres Strait Islander people. This includes higher rates of heart attack, stroke, kidney failure, eye damage and vision impairment, and other complications.

Diabetes Australia has consulted widely with Aboriginal and Torres Strait Islander community groups, clinicians, peak health organisations and researchers to develop this Action Plan for submission to the Australian Government.

Much has been achieved through the National Partnership Agreement on Closing the Gap in Indigenous Health. Including increased health assessments and falling infant mortality rates. Renewed investment in this strategy is welcomed so that the gains made can be built upon. But there is still much more to be done.

Aboriginal and Torres Strait Islander people are overrepresented as a high risk, high incidence cohort across the chronic disease spectrum. This is particularly the case with type 2 diabetes, which is Australia’s fastest growing chronic disease and also one of the most preventable.

Diabetes is one of the leading contributors to the mortality and health gap between Aboriginal and Torres Strait Islanders and other Australians. This Action Plan seeks to address this issue.
GUIDING PRINCIPLES

This Action Plan is framed by the following principles. These principles should be used to guide future approaches in Aboriginal and Torres Strait Islander diabetes policy and program development.

- **Children, family and community** are central to Aboriginal and Torres Strait Islander culture and should be prioritised when developing culturally appropriate diabetes policies to empower strong and healthy families across the lifespan.

- **Early engagement and trust-building** with Aboriginal and Torres Strait Islander communities is crucial to the development of culturally appropriate diabetes prevention and management strategies.

- Diabetes is an **intergenerational issue** and policy approaches need to focus on breaking the cycle, through pre-pregnancy, pregnancy, parent education, and school based programs in order to improve health outcomes.

- Interventions must be based on a **long term commitment** to promote sustainability and should reflect the priorities of Aboriginal and Torres Strait Islander people.

- **Effective and innovative** Aboriginal and Torres Strait Islander diabetes programs do exist and should be recognised and built upon, rather than duplicated or reinvented.

- Diabetes cannot be addressed in isolation, and **determinants** of Aboriginal and Torres Strait Islander health such as poverty, culture, racism, employment and education must be recognised and responded to as part of broader initiatives to close the gap.

- A commitment has to be made to the **cultural rights, values and expectations** of Aboriginal and Torres Strait Islander people. Aboriginal and Torres Strait Islander values should be integrated into policy and program design and implemented to support and build on positive aspects of culture.
## RECOMMENDATIONS SUMMARY

NOTE: WHILE ALL THESE RECOMMENDATIONS ARE TARGETED TO GOVERNMENT IT IS RECOGNISED THAT HEALTH PROFESSIONALS AND COMMUNITY PARTNERS ARE INTEGRAL TO DELIVERING REAL CHANGE.

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<td><strong>1</strong></td>
<td>Federal and State/Territory Governments should reconfirm their shared commitment to reduce the age adjusted prevalence rate for type 2 diabetes to year 2000 levels (equivalent to a national prevalence rate of 7.1%) by 2023 as agreed to by all governments in the National Health Care Agreement.</td>
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| **2** | The Federal and State/Territory Governments should support and fund programs which:  
  - enhance pre-conception health in Aboriginal and Torres Strait Islander women and ensure optimal antenatal education and care in order to give Aboriginal and Torres Strait Islander children the best start and prevent diabetes for mother and baby  
  - optimise early detection and management of diabetes in pregnancy (both gestational diabetes and pre-existing type 2 diabetes)  
  - provide stimulating early years education and intervention programs to help address developmental vulnerabilities and address the social and environmental determinants of Aboriginal and Torres Strait Islander health. |
| **3** | Federal and State/Territory Governments should support and fund long term programs which deliver community-wide, culturally relevant awareness campaigns about the seriousness of diabetes and its complications for Aboriginal and Torres Strait Islander people. |
| **4** | Federal and State/Territory Governments should support and appropriately resource systematic community risk assessment programs designed for early identification of risk factors and identifying high risk individuals. |
| **5** | Federal and and State/Territory Governments should investigate the potential gains of broadening access to clinical screening for diabetes and diabetes complications. This may include allowing HbA1c blood tests to be used as a Medicare-eligible diagnostic test for people at risk of diabetes, as is currently being considered by the Medical Services Advisory Committee. |
| **6** | Federal and State/Territory Governments should support and fund a national, high risk prevention program designed for Aboriginal and Torres Strait Islander people with pre-diabetes. This should include a culturally relevant lifestyle behaviour change program delivered by Aboriginal and Torres Strait Islander health professionals. |
Federal and State/Territory Governments should support and fund a national diabetes self management program for all Aboriginal and Torres Strait Islander people with diabetes that focuses on empowering people to work in partnership with health professionals to self-manage their diabetes.

Aboriginal and Torres Strait Islander people with diabetes must be supported to manage their condition by a comprehensive multi-disciplinary health care team, together with affordable and timely access to tertiary specialist services to treat and manage complications.

Federal and State/Territory Governments should allow PBS prescriptions to be supplied in hospitals, given the hospital setting is where many Aboriginal and Torres Strait Islander people access diabetes care.

Federal and State/Territory Governments should support serious interventions to increase the availability, affordability and consumption of fresh foods and clean water, and reduce the availability and consumption of sugar sweetened beverages, high fat, high sugar, high salt and highly processed foods; as well as programs to assist people to make informed and healthy choices through clearer food labelling and better pricing mechanisms.

Federal and State/Territory Governments should prioritise Aboriginal and Torres Strait Islander workforce development, including funding that will improve access to training, mentoring and the identification and promotion of structured, qualified career pathways specific to diabetes (and broader chronic disease) prevention and management.

Federal and State/Territory Governments, should support and sustainably fund community-controlled structures for Aboriginal and Torres Strait Islander health care, and improve coordination with mainstream health services through Medicare Locals or other appropriate pathways, supporting innovative, collaborative partnerships.

Every State/Territory health department should have a plan and targets to prevent the development of complications.
The overarching goal of an Aboriginal and Torres Strait Islander diabetes policy and programs should be to end inter-generational disadvantage and close the gap. To achieve this we need approaches which:

- Focus on prevention across the lifecycle, from pre-conception care to prevention of complications in people with existing (known) diabetes
- Address the social, cultural and environmental determinants of Aboriginal and Torres Strait Islander health
- Ensure the appropriate people are delivering the right services, through workforce development and governance structures

Prevalence rates of diabetes among Aboriginal and Torres Strait Islander people, as well as morbidity rates, the rates of complications arising from diabetes and the inter-generational impacts, are all at unacceptably high levels and must be addressed with urgency.

The size of the challenge before us:

- Aboriginal and Torres Strait Islander people are 3-4 times more likely to have diabetes and have one of the highest prevalences of type 2 diabetes in the world. The prevalence of diabetes is as high as 30% in some Aboriginal and Torres Strait Islander communities
- An Aboriginal and Torres Strait Islander Australian is almost 7 times more likely to die from diabetes than other Australians
- Diabetes hospitalisations for Aboriginal and Torres Strait Islander males and females are 3.4 and 5.0 times the rates of other Australian males and females
- Type 2 diabetes is the second highest condition contributing to avoidable deaths among Aboriginal and Torres Strait Islander people
- Aboriginal and Torres Strait Islander people living in remote areas are twice as likely to have diabetes as other Australians living in remote areas
- Aboriginal and Torres Strait Islander people tend to develop type 2 diabetes at earlier ages than other Australians.

RECOMMENDATION:

The shared commitment to reduce the age adjusted prevalence rate for Type 2 Diabetes to 2000 levels (equivalent to a national prevalence rate of 7.1%) by 2023 as agreed to by all governments in the National Health Care Agreement be reaffirmed.
“In every Indigenous community diabetes is a diabolical problem... prevention must be a key national priority. We must prevent people from developing diabetes, prevent the serious complications, and make communities healthier places to live. We need to do all three – hard and fast.”

Greg Johnson, CEO, Diabetes Australia

“You and I have a shared responsibility to find ways to address the diabetes issue across Australia. We need to make a difference in order to not condemn generation after generation to a very short life.”

Warren Snowden MP
Minister for Indigenous Health
PREVENTION ACROSS THE LIFECYCLE

PREGNANCY AND THE EARLY YEARS

Predisposition to chronic conditions such as diabetes starts in-utero. Addressing the health needs of the mother, and risk factors such as smoking, alcohol consumption, nutrition and physical activity, will give the baby a better start. Maintaining a healthy weight prior to and during pregnancy, 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% of other Australian women with GDM).

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 and has increased cardio-vascular risk factors as well as increased risk of type 2 diabetes.

We know that management of diabetes during pregnancy is important to reduce pregnancy related complications in both mother and baby and we must invest in early detection and management of the condition. Treating diabetes in pregnancy has been shown to improve health outcomes for the mother in numerous studies, including the clinical randomized trial conducted by Crowther et al, which showed that babies of the women in the intervention group (who received dietary advice, blood glucose monitoring, and insulin therapy as needed) had significantly lower rates of serious perinatal complications.

Continued commitment to encouraging breastfeeding should be supported, given the evidence that it has a positive effect on risks associated with weight in babies. For example, analysis by Harder et al found the risk of becoming overweight was reduced by 4% for each month of breastfeeding.

But intervention can happen earlier. Programs that assist mothers and families to establish healthy lifestyles, and encourage women to engage with community based health support prior to and throughout their pregnancy and deliver healthy babies should be supported.
The Northern Territory Diabetes in Pregnancy Partnership (funded under a NHMRC Partnership Grant) is a collaborative project between the Menzies School of Health Research, Baker IDI, NT Department of Health, Healthy Living NT and Aboriginal Medical Services Alliance Northern Territory (AMSANT). The project aims to build evidence and improve practice in relation to screening, management and post partum follow up of women with diabetes in pregnancy and their baby, and establish outcome monitoring systems to provide reliable information around future health risk for the NT population.

Key elements of the project are:

- A clinical register of referred patients
- Improved models of care and enhanced professional capacity
- Patient journey modelling
- Early and universal screening and detection of diabetes in pregnancy
- Detailed Research Study: PANDORA (Pregnancy and Neo-natal Diabetes outcomes remote Australia) funded under a NHMRC Partnership Grant to accurately document rates of DIP in NT, including the high risk Indigenous Australian population and assess demographic, clinical, biochemical, anthropometric & SES factors contributing to maternal & neonatal outcomes associated with DIP and provide evidence for clinical guidelines re the role of neonatal body composition.

The Partnership has established the clinical register and is improving models of care and is creating systems to enable close monitoring of clinical outcomes and provide reliable information around future health risk for the Northern Territory.
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 and diabetes in particular, in later life.

Investment in early years education and intervention programs such as the Australian Nurse Family Partnerships Program which employ a combination of home visitation, existing health check programs and child care services can deliver lifelong benefits for children and their families. The Closing the Gap Clearing House assessment of evidence for 2010/11 states that “home visits by nurses during pregnancy and after childbirth can improve both mother and child health outcomes during and after pregnancy.”

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 and have capacity for self regulation. This supports them as young adults to avoid lifestyle choices such as smoking, drinking alcohol and consumption of unhealthy foods.

The Family Partnership program operated by the Central Australian Aboriginal Congress in Alice Springs is an evidence-based home visiting program that provides ongoing education and support to women and their families, from pregnancy until the child is two years old. The program aims to improve pregnancy outcomes, child health and development and parents’ economic self sufficiency. It does this through home visits addressing 6 inter-related domains:

1. Personal Health (e.g. substance use, nutrition, mental health)
2. Environmental Health (e.g. safety around the home)
3. Life Course Development (e.g. resume schooling)
4. Maternal Role (e.g. physical and emotional care of baby, parenting)
5. Family and Friends (e.g. building strong networks)
6. Health and Human Services (e.g. housing)

The program has achieved results in increasing early engagement, reducing smoking, improving language development in children and has made a significant impact in promoting and supporting breastfeeding to age 2.
“Causal pathways begin in early childhood. If we can change the beginning we can change whole lives.”  
John Boffa, Central Australian Aboriginal Congress

RECOMMENDATIONS:

The Federal Government, non-government organisations and community partners should support and fund programs which:

- Enhance pre-conception health in Aboriginal and Torres Strait Islander women and ensure optimal antenatal education and care in order to give Aboriginal and Torres Strait Islander children the best start and prevent diabetes for mother and baby
- Optimise early detection and management of diabetes in pregnancy
- Provide stimulating early years education and intervention programs which help address developmental vulnerabilities and address the social and environmental determinants of Aboriginal and Torres Strait Islander health

COMMUNITY-WIDE PREVENTION AND EARLY DETECTION

Raising community-wide awareness about the seriousness of diabetes and the preventability of type 2 diabetes for those at high risk (pre-diabetes) is an important step towards curbing the diabetes epidemic.

Measures that allow all members of the community to understand what diabetes is, and the lifestyle factors that increase risk for diabetes are important. These measures will be more effective if backed up by the development of education material and programs that address the sense of inevitability that diabetes is ‘normal’ in Aboriginal and Torres Strait Islander communities. In addition, it is important for these materials to have messages about the complications of diabetes, as well as the other chronic diseases that can develop with diabetes.

Tailored Aboriginal and Torres Strait Islander diabetes prevention programs can work with communities, families and individuals to recognise their risk of diabetes and encourage them to take positive steps to lower that risk. Such programs are particularly important in childhood and adolescence, laying the groundwork for a healthy life by increasing awareness of the benefits of a healthy lifestyle. School-based education programs can help break the chain of intergenerational illness caused by unhealthy diet, physical inactivity and socio-economic vulnerability.
DEADLY CHOICES

Programs that use community leaders are effective in creating change across the community. Using culturally relevant and popular activities such as sport has been effective for the Institute for Urban Indigenous Health’s Deadly Choices program.

Deadly Choices utilises ambassadors like rugby league identities Sam Thaiday and Preston Campbell to help empower Aboriginal and Torres Strait Islander people to make healthy choices for themselves and their families – to stop smoking, to eat good food and exercise daily.

Deadly Choices’ also encourages people to access their local health service and complete a regular, preventative ‘Health Check’.

The program creates an informal self-management contract, the message being that young people value a healthy lifestyle. For example, Aboriginal and Torres Strait Islander young people participating in interstate football carnivals must commit to undertaking a regular health check, participating in school or employment, and not smoke or drink alcohol, before they receive their jersey to play. Deadly Choices partners with the Brisbane Broncos and Geelong Cats to promote the program, with similar partnerships being replicated in other parts of the country.

The program is currently being evaluated, but early indications are that young people have increased their knowledge of chronic diseases and risk factors, and have gained knowledge which has helped them to make healthier choices.
Together with broad-based community awareness programs, community leaders and family elders speaking to children about health and healthy lifestyles can also play a key role in breaking the intergenerational cycle.

Social marketing with local role models and people of respect can influence the community and increase the reach of health risk and health promotion messaging.iii

In the Northern Territory, community health programs have previously used the MARVIN (Messaging Architecture for the Retrieval of Versatile Information and News) software program to animate presentations using local, trusted Aboriginal and Torres Strait Islander entities and overlay language and music in order to increase interest and understanding.

However, the harm minimisation message is delivered with sensitivity and not seen to be forced upon Aboriginal and Torres Strait Islander communities via a one-size-fits-all approach. Rather, tailoring programs to the specific needs and individual characteristics of particular communities, with an emphasis on relationship-building and repeat activity, has been shown to have greater effectiveness.

The AIHW review of a range of programs concluded that Healthy lifestyle programs can help with these conditions. Diabetes rates in adults have been shown to stabilise and healthy lifestyles have been effectively promoted among children where programs are community-initiated, community managed and comprehensive, and where community-accepted external expertise is appropriately utilised.iii

Systematic risk assessment and earlier detection of undiagnosed diabetes in the context of primary health care must be improved so prevention and management can begin earlier. In order for this to be achieved, we need more robust and more culturally appropriate risk assessment approaches for Aboriginal and Torres Strait Islander people.

Increasing access to culturally relevant risk assessment for Aboriginal and Torres Strait Islander people, particularly in rural and remote areas, and improved coordination of services to deliver evidence based prevention programs for those at high risk is essential.

Systematic risk assessment in all initial consultations by health professionals who work with Aboriginal and Torres Strait Islander people, including opportunistic testing upon presentation in hospital settings, would ensure a greater proportion of people at high risk are identified.

One of the ways to broaden diagnosis is to consider the potential gains from enabling HbA1c blood tests to be used as a Medicare-eligible diagnostic test, not just a tool for monitoring established diabetes (as is currently the case), particularly given that oral glucose tolerance testing is not always accepted or practical, particularly in rural and remote settings. Other OECD countries, including the United Kingdom, allow HbA1c testing for diagnosis and the World Health Organisation has concluded that it is a viable test for diabetes.ix
RECOMMENDATIONS:

• The Federal Government, non-government organisations and community partners should support and fund long-term programs which deliver community-wide, culturally relevant awareness about the seriousness of diabetes and its complications.

• The Federal Government, non-government organisations and community partners should support and appropriately resource systematic risk assessment designed for early and diabetes complications and detection of risk factors which may lead to diabetes.

• The Federal Government should further investigate potential gains from broadening access to screening for diabetes and its complications. This may include allowing HbA1c blood tests to be used as a Medicare-eligible diagnostic test for people at risk of diabetes, as is currently being considered by the Medical Services Advisory Committee.

DIABETES AUSTRALIA – VICTORIA’S “ROAD TO GOOD HEALTH” PROGRAM

The Road to Good Health program is an evidence-based, behaviour change intervention designed to reduce the risk of progression to type 2 diabetes for Indigenous people at high risk. It consists of six group workshops run by Aboriginal health workers that teach people how to make long term lifestyle changes, such as improving their diet and becoming more physically active.

The program draws on a regional diabetes prevention program designed for Aboriginal and/or Torres Strait Islander communities. It was adapted by Diabetes Australia – Victoria’s mainstream Diabetes Life! Helping you prevent diabetes, heart disease and stroke program, as a strategy to engage the Victorian Aboriginal community. A Working Group including Aboriginal and/or Torres Strait Islander members and Aboriginal organisations, guided program planning to embed Aboriginal values and health promotion practices.

Evaluation shows the program is culturally relevant and valuable to users and staff trained. Facilitators are also able to embed the themes from Road to Good Health into other work such as “Mums n Bubs” programs.
TARGETED PREVENTION FOR HIGH-RISK PEOPLE

Broad based community awareness and health promotion measures must also be supported by targeted prevention and interventions for Aboriginal and Torres Strait Islander people at high-risk of developing diabetes, specifically those with ‘pre-diabetes’. These high-risk prevention programs must be culturally relevant and locally supported.

According to the AIHW Resource sheet no. 9, “Intensive lifestyle programs have been shown to be effective in reducing the incidence of diabetes developing among overweight non-Indigenous people with pre-diabetes.”

It must be a priority to implement culturally specific lifestyle behavior change courses for Aboriginal and Torres Strait Islander people identified as being at high-risk. These should be community-based programs that are easily accessible to people at high-risk.

A national diabetes prevention program for those at high-risk (with pre-diabetes) structured specifically for Aboriginal and Torres Strait Islander adults and their families, should be implemented. The core component of this program would be a group prevention course which is culturally appropriate and accepted by the community; providing participants the life skills, knowledge and support needed to make sustainable lifestyle changes to prevent the onset of type 2 diabetes (and other chronic diseases including heart disease and stroke).

RECOMMENDATION:

- The Federal Government, non-government organisations and community partners should support and fund a national high-risk intervention program, designed for Aboriginal and Torres Strait Islander people to undertake culturally relevant lifestyle change courses, delivered by Aboriginal and Torres Strait Islander health professionals.

“This is possibly our health system’s greatest challenge” Andrew Laming MP
Shadow Parliamentary Secretary for Indigenous Health
ACCESS TO CULTURALLY APPROPRIATE HEALTH CARE

Aboriginal and Torres Strait Islander people with diabetes should have access to a range of different models of culturally appropriate health care and medicines that focus on growing self-management capacity. An effective approach is urgently required to empower patients through self management education, provide good quality coordinated primary health care, and ensure access to tertiary specialist treatment when complications develop.

The primary health system should be supporting those who already have diabetes to better self-manage their condition. Aboriginal and Torres Strait Islander people with diabetes can be helped with improved self management education and better access to local multi disciplinary healthcare teams, supported by plans and targets to reduce diabetes-related complications requiring acute treatment, and in many cases hospitalisation. Such programs must be appropriately resourced for the long term in order to be successful.

Action should be taken to ensure the availability of culturally relevant services that best suit Aboriginal and Torres Strait Islander patients, including:

- Empowering Aboriginal and Torres Strait Islander people through effective self management education and support
- Strong levels of family involvement
- Involvement of multi disciplinary teams who can proactively coordinate care, supported with plans and targets to prevent complications

- A focus on trust-building and establishing equity between doctor and patient to avoid perceived power imbalances
- Appropriate access to tertiary and specialist services – physically or through investment in telehealth

The National Diabetes Services Scheme (NDSS) is an example of a national program which can provide culturally appropriate resources to support Aboriginal and Torres Strait Islander people to self manage.

Empowering Aboriginal and Torres Strait Islander people to take an active role in the management of their diabetes can prevent the onset of costly and often devastating health complications. It is well established that diabetes is a gateway to many other life threatening chronic diseases.

A diagnosis of diabetes puts people at higher risk of developing a range of complications including heart attacks, strokes, eye disease, kidney damage and nerve damage. Australians with diabetes are twice as likely to have a heart attack and four times as likely to have a stroke as those without diabetes.

Aboriginal and Torres Strait Islander people experience more complications from diabetes than other Australians, with hospitalisations for kidney complications among Aboriginal and Torres Strait Islander people being 29 times as high as for other Australian people and death rates from renal complications among Aboriginal and Torres Strait Islander people are 19 times that of other Australian people. Deaths from coronary heart disease,
stroke, peripheral vascular disease and lower limb ulcers are approximately 7 times as high. Blindness rates in Aboriginal and Torres Strait Islander adults are 6.2 times the rate in other Australians, with diabetic eye disease known to be one of the four major causes of blindness.

Access to a wide range of health services and medicines, in the broadest range of settings, will reduce the likelihood of people falling through the cracks and increase the likelihood that Aboriginal and Torres Strait Islander people receive the most appropriate diabetes management regime for their circumstances. To this end, the Federal Government should give consideration to allowing PBS prescriptions to be filled and supplied in hospitals, given the hospital setting is where many Aboriginal and Torres Strait Islander people access diabetes care.

RECOMMENDATIONS:

- The Federal Government, non-government organisations and community partners should support and fund primary care initiatives that focus on empowering Aboriginal and Torres Strait Islander people to work in partnership with health professionals to self manage their diabetes.

- Aboriginal and Torres Strait Islander people must be supported to manage their condition by a comprehensive multi disciplinary primary health care team, and access to tertiary specialist services to treat and manage complications.

- The Federal Government should consider allowing pharmaceutical prescriptions to be filled and supplied in hospitals, given the hospital setting is where many Aboriginal and Torres Strait Islander people access diabetes care.
It is critical that we recognise and respond to the fact that diabetes exists alongside a range of social determinants of a person’s health including education, employment, income, housing, environment and community functioning. All are crucial factors that influence the health of Aboriginal and Torres Strait Islander people.

There is a strong correlation between weight gain, overweight and obesity, and the development of type 2 diabetes. Aboriginal and Torres Strait Islander people are more likely to be overweight or obese than non-Aboriginal and Torres Strait Islander people. The developing diabetes epidemic in the Aboriginal and Torres Strait Islander population is a particularly serious health concern that requires prioritisation.

Despite the fact that weight gain, poor nutrition and physical inactivity are significant contributing factors to the diabetes epidemic, much of the recent Closing the Gap activities focus on smoking. While this is important, government investment to improve nutrition and physical activity and ultimately mitigate the impact of diabetes within Aboriginal communities has been inadequate.

There are a number of population-wide approaches to preventing obesity that, while not specific to Aboriginal and Torres Strait Islander people, would have a marked impact on curbing the diabetes epidemic. Population-wide measures have their greatest impact in populations of highest risk.

Potential future initiatives that would make a real difference include:

- Reducing intake of sugary drinks (e.g. soft drinks) with consideration of taxation levers
- Encouraging healthy choices through early interventions in primary health care, maternal and child health care programs, school-based programs and community based programs
- Improving the supply of healthy foods through store nutrition programs and transportation; community gardens and/or markets and traditional food projects
- Increasing capacity to improve intervention outcomes by investing in the Aboriginal and Torres Strait Islander prevention workforce and improvements in housing
- Creating environments that encourage physical activity through partnerships with local council
- Increasing access to and availability of fresh foods and clean drinking water

We need to learn from the success of reducing harms caused by tobacco and apply the same approach and investment to the obesity epidemic and food industry. This includes limiting advertising of unhealthy foods and considering taxation and pricing measures to make healthy choices easy choices.

"Diabetes is an illness of poverty – unless we address the underlying issues we’re not going to see real change...we are fast running out of time to stop this disease from creating a national disaster." Lisa Briggs, CEO NACCHO

CREATING A HEALTH PROMOTING ENVIRONMENT
Currently, foods high in saturated fats and sugars are often the cheapest foods. We need to make healthy foods cheaper, while supporting people to better understand the nutritional value of the foods they eat, through clearer food labelling (including the use of a traffic light system) and by creating environments that support physical activity.

**RECOMMENDATIONS:**

- Federal and State/Territory Governments should support serious community wide interventions to increase the availability, affordability and consumption of fresh foods and clean water as well as reducing availability and consumption of sugar sweetened beverages, high fat, high sugar, high salt and highly processed foods; and programs to assist people to make informed and healthy choices through clearer food labelling and better pricing mechanisms.
Community controlled health services can be effective in preventing and managing diabetes. Diabetes is a complex metabolic syndrome that requires lifestyle changes that are maintained and supported by the community.

Health services run by the community take a holistic view of health care, address physical, social, spiritual and emotional health of clients and are committed to community capacity building and the development of locally relevant and effective solutions.

Those services, and other primary health care services providing appropriate care, need increased availability of local diabetes-trained health professionals, nurses, allied health and support workers. Services need more Aboriginal and Torres Strait Islander staff at all levels, not just more training for existing staff.

Local availability of Aboriginal and Torres Strait Islander people across all tiers of primary health can be encouraged through greater access to training, mentoring and the identification and promotion of structured career pathways in Aboriginal and Torres Strait Islander chronic disease management, including training and expansion of access to Diabetes Nurse Educators.

Programs run through the National Diabetes Services Scheme (NDSS) demonstrate a successful model whereby Aboriginal and Torres Strait Islander workers are engaged in the delivery of modified, culturally relevant diabetes management.

Initiatives that would make a real difference include:

- Delivery of more accredited training for Aboriginal and Torres Strait Islander people in nutrition, physical activity promotion and diabetes prevention and management, particularly those that articulate into university courses
- Access to credentialed Aboriginal diabetes educators as essential members of Primary Health Care teams
- Fostering mentoring relationships for the Aboriginal and Torres Strait Islander health workforce, for example between Dietitians, Diabetes Educators and Aboriginal health workers so that cultural expertise can be exchanged with specific diabetes management expertise
- Expanding successful partnerships with universities that create pathways for Aboriginal Health Workers into post graduate diabetes education qualifications. Through the Institute of Koorie Education (IKE) at Deakin University, 16 Diabetes Educators have graduated from the Graduate Certificate of Diabetes Education in partnership with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO)
- Ensuring that there are Community Liaison staff that can bring Aboriginal and Torres Strait Islander people into clinics and practices and support their continued engagement with the healthcare system.
• Focusing on reducing staff turnover by improving career pathways and offering incentives to stay practicing locally

• Delivering sustainable funding that will remove the financial disincentives for visiting specialists to undertake outreach services

• Increase the number of financial incentives available to Aboriginal and Torres Strait Islander people to support the completion of allied health degrees (scholarships, cadetships and bursaries)

• Ensure all allied health professionals are culturally competent through mandatory inclusion of Aboriginal and Torres Strait Islander content in university courses
SYSTEMS, STRUCTURE AND GOVERNANCE

It is critical that the systems, structure and governance supporting the delivery of diabetes care to Aboriginal and Torres Strait Islander people is flexible, responsive and offers choice. It must be recognised that Aboriginal and Torres Strait Islander people access primary health care in a variety of different ways, both in mainstream and community-controlled settings.

To ensure that practitioners and patients are aware of the full suite of services available to Aboriginal and Torres Strait Islander people to prevent or manage diabetes, a system similar to that used by Department of Veterans' Affairs should be considered. This system would ensure that people who have identified as Aboriginal or Torres Strait Islander when registering for Medicare, are informed of available services. When presenting to a health service, a bring up system would highlight the full range of services the patient is entitled to.

Coordinated approaches are required to ensure diabetes prevention management programs best address the health needs of Aboriginal and Torres Strait Islander people. Medicare Locals, tasked with facilitating improvements in primary health care, need to work in partnership with properly funded community-controlled health services to provide coordinated care across the continuum.

Models that promote integration between the primary and tertiary care settings, such as up skilling GPs to better manage more complex patients, should be supported. This will help stop the one-way referral from GP to tertiary specialist (often resulting in the patient being taken out of their community and into a hospital setting).

Access to local services that provide specialised treatment, such as renal dialysis for those with diabetes-related complications, will reduce travel and ensure patients can remain
RECOMMENDATIONS:

- The Federal Government, non-government organisations and community partners should prioritise Aboriginal and Torres Strait Islander workforce development, including funding that will improve access to training, mentoring and the identification and promotion of structured, qualified career pathways specific to chronic disease prevention and management.

- The Federal Government, non-government organisations and community partners should support and sustainably fund community-controlled structures for Aboriginal and Torres Strait Islander health care, as well as improve coordination with mainstream health services through Medicare Locals or other appropriate pathways and support innovative, collaborative partnerships.

combined with flexible and responsive service delivery will enable effective programs to be delivered to Aboriginal and Torres Strait Islander people. In all cases, it is important to ensure programs and delivery models have in-built quality control and evaluation measures.

In the Northern Territory, the success of collaborative, well-funded partnerships over the long term is evident. There has been a 26% improvement in the age standardised death rate for Aboriginal people in the NT since 1998, primarily due to the collaborative needs based planning process of the NT Aboriginal Health Forum and the Primary Health Care Access Program. Initiatives such as this require sustainable funding.

among the support of family, friends and community. Breaking down barriers, such as the requirement to travel to regional centres for treatment, will also provide incentives for self-management. Maximising the range of service delivery models, such as telehealth and Point of Care testing, will support this.

The health system must support the development and delivery of these systems, structures and governance through realistic and sustainable funding models. The current system of multiple, short-term funding streams limits the medium and long-term impact of current programs and policies. A sustainable, mixed mode funding model, including a combination of grant funding, MBS, PBS,
| viii. | AIHW Healthy lifestyle programs for physical activity and nutrition. Resource sheet no. 9 produced by the Closing the Gap Clearinghouse January 2012 |
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