

# 2024 ANNUAL REVIEW

*Our stories.  
Your voice.*



# OUR STORIES, OUR WORK, OUR COMMUNITY

At Diabetes WA, we are always focused on the people we support, from the city-dweller newly diagnosed with type 2 diabetes to a young person in the regions managing type 1. We support women diagnosed with gestational diabetes and we are always listening for new ways to support those living in remote or Aboriginal Communities

We are so proud of the work that our organisation has done over the past year – and for more than half a century before that. This year, we wanted to use our annual report to share the stories of the people who do that work.

There is a wonderful team behind Diabetes WA, many of whom have a personal connection to diabetes. This year we want to shine a light on some of the team members behind the services that are so important in supporting the community. You will meet Cate, one of our passionate and experienced educators who has helped the Diabetes WA Clinic greatly expand its operations over the past year. You'll meet Linda, one of our dietitians who leads our education programs and also spends time on Country in clinics. You'll meet Kasi, who delivers programs all over the state and also offers support through our Helpline.

Our team pride themselves on connecting and listening to what our community and individuals need. Educator Tara says the first thing she does on a call is not to talk, but listen. Our receptionist Bianca talks about how she helps new consumers or callers discover what they need from us. Nyaree talks about empowering people in remote and vulnerable communities – where medical support can be hard to access – to manage their own diabetes journey.

We are delighted to have a chance to introduce the people who provide the support, care and services that make Diabetes WA the peak state body for diabetes, but these stories aren't really about us. Our work is always about the person living with diabetes. Within these pages, you'll find the story of Yasir, who struggled to manage his type 1 diabetes after being forced to flee his native Iraq. It's an incredible tale that illustrates one of our key areas of advocacy – calling for more equitable access to diabetes technology that could make a life-changing difference to many other West Australians.

***We are proud that, this year, we have evolved the integrated diabetes care we offer to all West Australians, wherever they live.***

You will also meet Nurse Bev, who shares her story of living with type 2 diabetes and explains how helpful it was to be able to make regular contact with a diabetes educator, even when her own day job meant she had some experience of managing the condition.

We are particularly proud of the work we do with our partners all over the state. You will hear from Katie, who works for one of our partners, Panaceum Karratha. We have been working with Panaceum very successfully, operating virtual clinics that provide regular, face-to-face consultations with diabetes educators for consumers who might otherwise have to travel vast distances. Katie shares experiences of community outreach, where Diabetes WA educators have travelled as part of a care team to places such as Tom Price, to provide culturally safe support and education to Aboriginal Communities.

As Katie says, an integrated approach to diabetes care is proving incredibly beneficial in settings where traditional medical care can sometimes be seen as unwelcoming.

We are proud that, this year, we have evolved

the integrated diabetes care we offer to all West Australians, wherever they live. This is an area we will be expanding upon further in the year ahead, as we find new ways to engage with people and health professionals in parts of the state where diabetes support has not always been easily accessible.

We hope you enjoy reading our stories of the past financial year. In these stories are our people, our partners, the support and services we offer and, most importantly, the community whose voice we will always strive to represent.

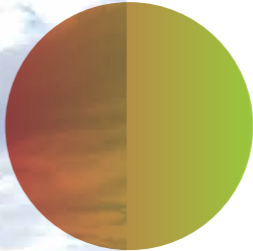


Melanie Gates  
Diabetes WA CEO



Mary Anne Stephens  
Diabetes WA Board Chair





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OUR PURPOSE

# THIS IS OUR PURPOSE

We are leading the charge against Western Australia's diabetes crisis.



OUR MISSION

# THIS IS OUR MISSION

*We offer vital support and services for those with diabetes.*

*We offer education to help people manage or even prevent diabetes.*

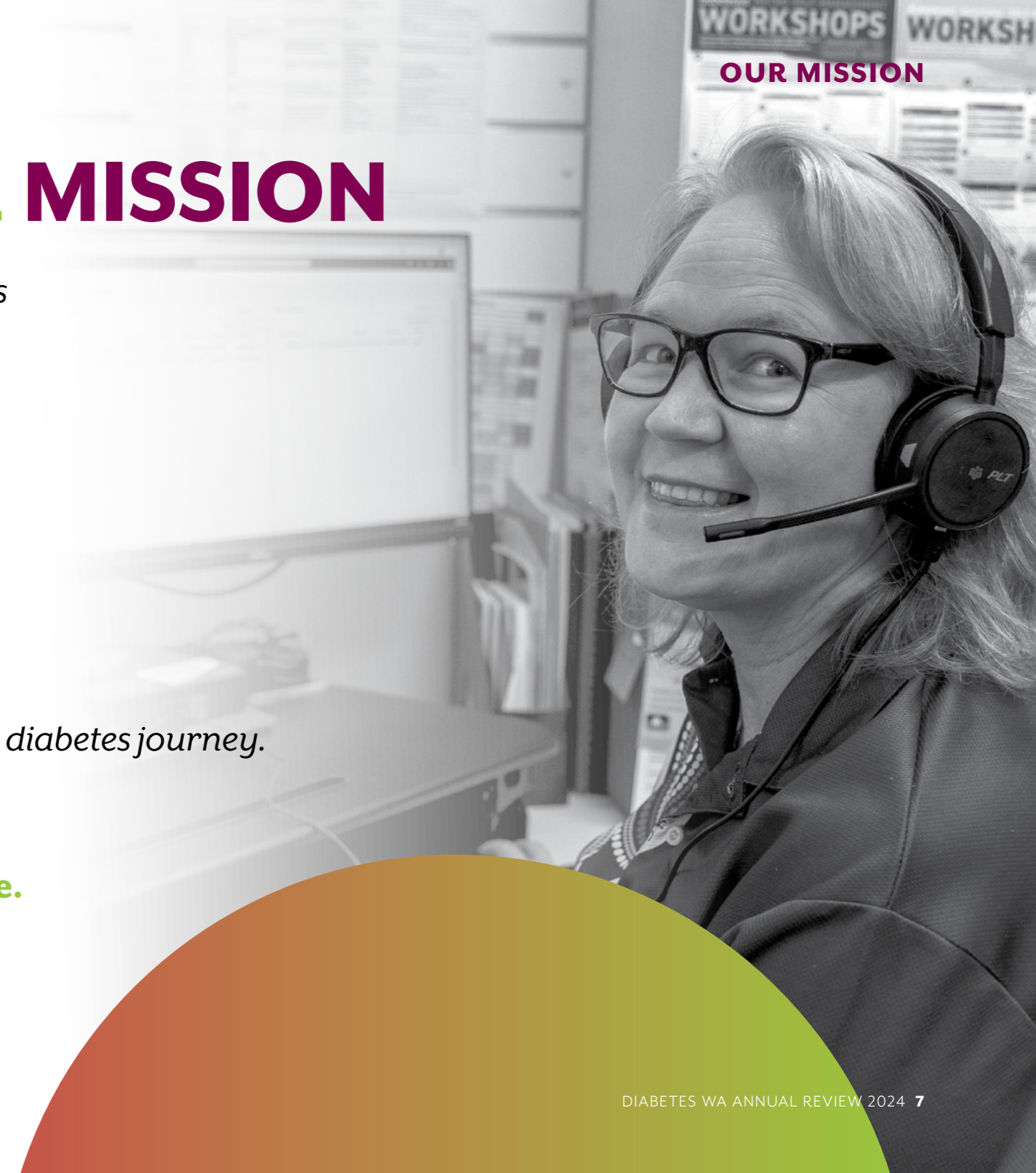
*We are the voice of every West Australian with diabetes.*

*No matter where they live.*

*No matter where they are on their diabetes journey.*

*We are here for WA.*

**Together, we make a difference.**



# THESE ARE OUR VALUES



## We care for West Australians

We support and empower people living with diabetes with respect, professionalism and empathy.



## We are committed to excellence

We pride ourselves on high quality work and efficient use of resources.



## We are solution focused

We are led by the evidence and, in turn, lead through innovation and with passion.



## We collaborate

To achieve our mission, we work in partnership with likeminded organisations.



# THESE ARE OUR GOALS

Our aspirations, strategic priorities and the core values that define and unite us.

1

Empower and engage our consumers

2

Evolve and innovate

3

Research and collaborate

4

Develop the health workforce

5

Grow and enhance our services

6

Engage our people and culture

*This is us.*

# WHO WE HELP

Western Australia is facing a diabetes crisis. As the peak state body for diabetes, we are on the front line – providing integrated support, education and clinical care for anyone affected by diabetes.

## TYPE 1 DIABETES

Almost 14,000 West Australians live with type 1 diabetes. One-third are diagnosed before age 16.

**How we help** Helpline • Telehealth • Clinic including pump services • Education programs • Advocacy • Kids camps

## TYPE 2 DIABETES

Around 200,000 West Australians live with type 2 diabetes, a number that is steadily rising. Undiagnosed cases mean the real number is likely much higher.

**How we help** Helpline • Telehealth Clinic • Education programs • Advocacy • Kids camps

## PREDIABETES

Hundreds of thousands of West Australians over 25 are believed to have prediabetes (elevated blood glucose levels), of which a third are likely to develop type 2 diabetes within five years.

**How we help** Helpline • Telehealth • Education programs

## GESTATIONAL DIABETES

Gestational diabetes is the fastest-growing type of diabetes in WA, increasing the risk of type 2 diabetes and obesity for both mothers and their children.

**How we help** Helpline • Telehealth Clinic • Education programs • Baby Steps • Advocacy

## ABORIGINAL COMMUNITIES

Aboriginal Australians in rural and remote areas are nearly four times more likely to develop type 2 diabetes. Diabetes often affects Aboriginal people earlier in life and more severely.

**How we help** Virtual clinics • Community outreach • Telehealth • Culturally safe education • Partnerships • Rural and remote product supply

## FAMILIES AFFECTED BY DIABETES

Diabetes impacts not only those diagnosed but also their family, friends and loved ones. We're proud to provide education, advice and support to anyone who may be affected.

**How we help** Helpline • Telehealth • Education programs • Kids camps • Community events • Advocacy

## RURAL AND REMOTE PEOPLE

Diabetes prevalence is higher in regional and remote areas. People in remote and very remote areas are also more likely to die from diabetes and experience much higher hospitalisation rates.

**How we help** Telehealth • Education programs • Advocacy • Rural and remote product supply

# HOW WE HELP

Integrated diabetes care



## ADVOCACY & AWARENESS

- Public awareness
- Support services
- Education and resources
- Campaigns



## EDUCATION & PROGRAMS

- Person centred education
- National Diabetes Service Scheme (NDSS) program provider
- Culturally adapted programs and services
- Health professional education
- Support worker education



## CLINICAL SERVICES

- Diabetes advice and helpline
- Statewide Telehealth provider
- Metro Diabetes Clinic
- Diabetes Connect service (launching late 2024)
- Regional and remote outreach clinics
- NDSS Product provider





# THIS IS US: HERE FOR WA

**When first diagnosed with diabetes, it's common for people to feel lost and overwhelmed.**

Adapting to life with a complex and chronic condition is a challenge. We are proud to offer the support and services that West Australians need at any stage of their diabetes journey.

Diabetes is a growing problem in Western Australia. Around half a million West Australians are at risk of, or living with, diabetes. Every month, an estimated 750 more people are diagnosed with either type 1, type 2 or gestational diabetes. As the problem grows, so do we. We are constantly finding new ways to engage with and support those who need us most.

Our helpline and telehealth services provide a vital connection to diabetes support and education, even for those living in regional areas. The Diabetes WA Clinic offers a single point of access for anyone needing expert guidance. Our evolving education and outreach programs ensure that West Australians in the most vulnerable communities receive critical and culturally safe support. This year we have expanded our collaborations in regional health and Aboriginal community care as we continue to work towards closing the diabetes gap.



Diabetes WA was born here in Western Australia and, as the peak state body, we have the experience and insight to care for its unique needs. Our organisation is driven by people who come to work every day wanting to make a difference. This year's report is a chance for us to introduce ourselves, and to illustrate the impact we have on every West Australian affected by diabetes.

Nobody's diabetes journey is the same, and everyone has a different story. These stories don't just tell us what we do, but why.

This is us. Here for WA.

## “A LOT OF MY WORK INVOLVES EXPLAINING WHAT WE DO.”

**If you've been through the doors at our Subiaco office – or even just phoned to speak to somebody – chances are you've already met receptionist and clinic coordinator, BIANCA DO ESPIRITO SANTO.**

I'm here to help people find the support they need. If someone is needing health professional advice, then I direct them to an educator. I can help them decide if they need to speak to our helpline or come in for an appointment at our clinic.

Managing the Diabetes WA Clinic is a key part of my job. I oversee educators' schedules, book appointments and greet patients when they arrive, ensuring the educator is aware of the patient's needs.

I also coordinate our clinical outreach programs, sending educators to remote areas like Karratha, where there's no local specialist. Organising these trips can be challenging but rewarding.

A lot of my time is spent explaining our services to people who call with questions about the clinic. Calls can last up to 20 minutes as I provide detailed information about our private fee-paying clinic and Medicare rebate options. Many people are self-referred and unaware they can get a

rebate through a team care plan from their GP, so I guide them through that process.

I also assist with specific queries. Some people call about managing blood glucose or diet, while others are interested in continuous glucose monitoring or insulin pumps. Recently, I've had many pump-related inquiries. People often assume they can just walk in and get one, but the process is more complex, and I need to explain the steps involved before they meet with an educator.

Providing clear, concise information is crucial because patients can feel overwhelmed, especially when seeking insulin pumps. I see it as my job to ensure they understand the process before their appointment so they're not frazzled when they arrive. I aim to give just the right amount of information without overwhelming them.

I'm always learning. As the receptionist, I'm the first point of contact and if I can't answer their initial questions, they may think, "This place isn't

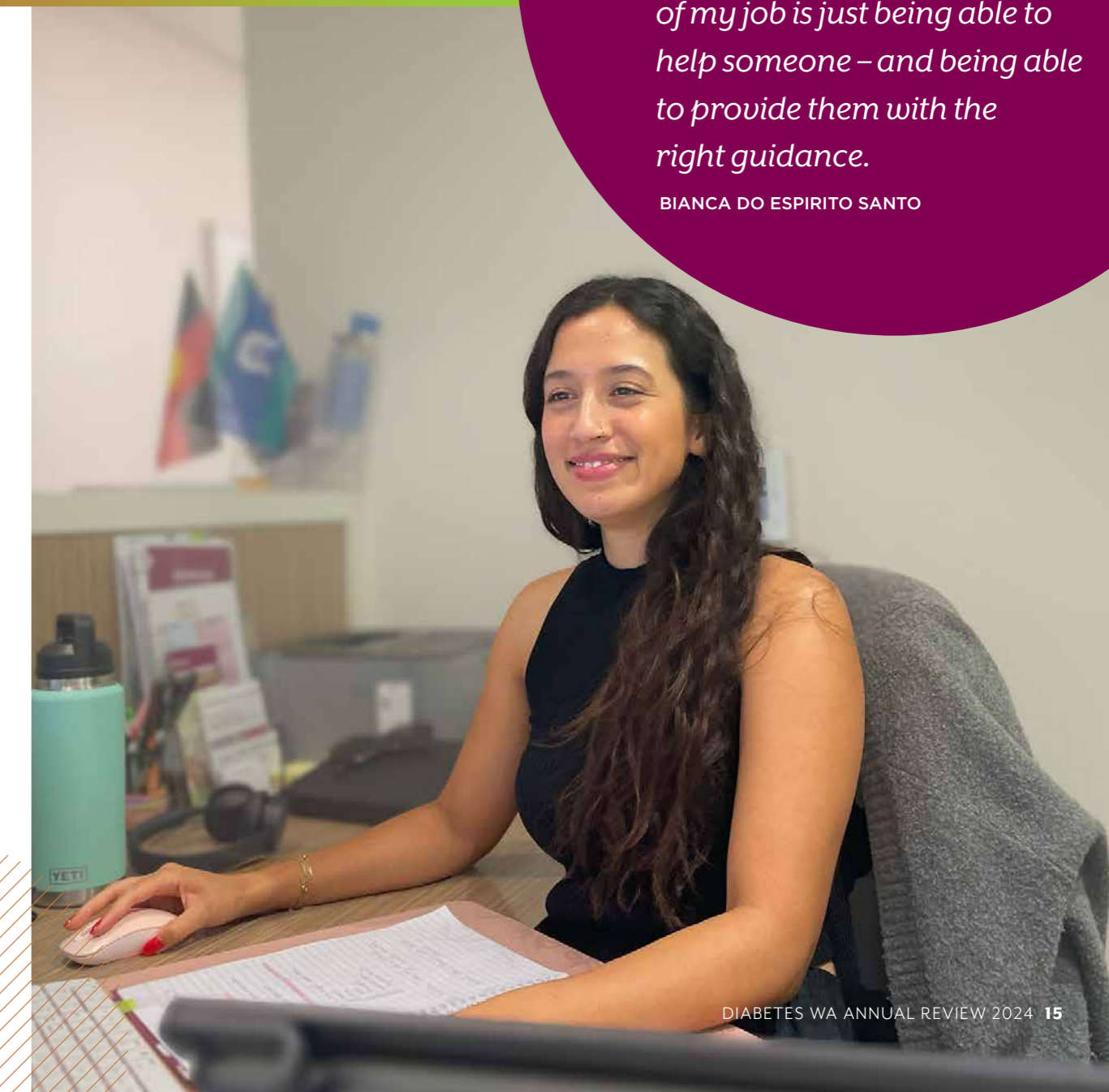
equipped to help me." I'm very mindful of that and don't like not knowing the answers. If I don't know, I find out. I always want to learn from the educators about what to ask and how to provide a good handover.

At times, I feel like I'm triaging, figuring out where someone needs to go or who they should speak to. But I also need to be mindful that when a patient calls, they don't want to explain their problems to a receptionist. They want to talk to an educator.

The most rewarding part of my job is just being able to help someone – and being able to provide them with the right guidance. It means a lot when there's a thank you or when someone leaves with a smile on their face because they've had a great experience. I like knowing we've done a good job.

*The most rewarding part of my job is just being able to help someone – and being able to provide them with the right guidance.*

BIANCA DO ESPIRITO SANTO





# IMPROVING ACCESS TO DIABETES TECHNOLOGY

**Diabetes WA is advocating for equitable access to life-changing diabetes technology, in the wake of recommendations from a national report.**

For Australians living with type 1 diabetes, automated insulin delivery systems (AID) — or insulin pumps — can mean the difference between good health and life-threatening complications. In the wake of the report into the State of Diabetes Mellitus in Australia 2024, published in June, Diabetes WA called on the Australian Government to take action to allow equity of access for all West Australians to this crucial technology.

AID technology simplifies diabetes management without the need for constant glucose checks and injections. The result is better glucose levels, a higher quality of life and reduced risk of complications and hospitalisations - making them a cost-effective investment for our health system.

Type 1 diabetes is an autoimmune condition that can affect anyone at any age. More than 134,000 Australians currently live with type 1. If not managed effectively, it can lead to dramatic complications including vision loss, kidney and

heart disease and lower limb amputations.

These complications, which AID technology is effective in preventing, are most prevalent in lower socioeconomic communities, including remote and Aboriginal Communities, where the risk of lower limb amputations is four times higher.

At present AID pumps can cost around \$10,000 each, making them simply unaffordable for many West Australians. Diabetes WA is advocating for equitable access for all Australians living with type 1 diabetes.

This call for action is in line with recommendations from the Australian Government report into the State of Diabetes Mellitus in Australia 2024.

The report recommends increasing access to technology for individuals living with type 1 diabetes and for the first time considers expanding subsidised access to continuous glucose monitors (CGMs) to the 28,000 West

Australians living with type 2 who require insulin injections.

Diabetes WA CEO Melanie Gates said there was an urgent need for wider, affordable access.

“We see the life-changing impact of automated insulin delivery systems for people with type 1 diabetes. A pump can make effective management possible for those who struggle,” Melanie said.

Melanie said it was also important that people living with type 2 diabetes - including those in remote areas and Aboriginal Communities - were given subsidised access to diabetes technologies such as CGMs.

“With many Australians facing cost-of-living pressures, it’s crucial that the government supports access to these essential products, especially for those in vulnerable communities who face impossible choices between their health and household expenses.”



## Responding to the Australian Government report into the State of Diabetes Mellitus in Australia 2024

The report, which drew on a submission from Diabetes WA, contained 23 recommendations that cover a range of issues, such as diabetes screening, access to diabetes technology and medication, diabetes research and data and diabetes care for at-risk cohorts.

“We are pleased that the committee has listened to the voices of people living with diabetes, including the submission from Diabetes WA, which featured the voices of so many from our West Australian community,” Diabetes WA CEO Melanie Gates said.

Melanie said her key takeaways from the report were:

### IMPROVED SUBSIDISATION OF DIABETES TECHNOLOGY

“We have been calling for greater access to vital diabetes technology, including continuous glucose monitors (CGMs) and automated insulin pumps because we know the difference these vital technologies can make to the lives of the West Australians who are living with diabetes.”

### BETTER ACCESS TO DIABETES SUPPORT AND SERVICES

“It’s fantastic the report has highlighted the importance of telehealth services, such as the Diabetes WA Telehealth, which provides support for West Australians living in rural and remote communities, who otherwise might be denied equity of care.”

### PREVENTION

“Our virtual services, along with education sessions and community outreach are key to diabetes prevention. As the Australian Medical Association (AMA) pointed out, preventive measures can save lives, lower the economic burden of diabetes in Australia, and ease the stress on the health system.”

## THE PUMP THAT SAVED YASIR

**Having fled his homeland of Iraq, Yasir's type 1 diabetes proved almost impossible to manage. Access to an insulin pump has made all the difference.**

By the time Yasir reached out to Diabetes WA, he had lost all hope of managing his diabetes. Health professionals had warned him of serious consequences if he couldn't bring his blood glucose levels closer to the target range, but Yasir had stopped seeing his doctors.

It had already been a long and difficult journey. Yasir was diagnosed with type 1 diabetes in 2016 while still living in Iraq. From there, he and his family moved to Turkey, but by the time they arrived in Australia, his health had deteriorated due to a lack of medical support. He had lost more than 30 kilograms and was at risk of serious complications.

Yasir's wife, Anwar, said that access to care in Australia had made a world of difference.

"We feel very safe here because we have many opportunities for treatment," Anwar said. "In our home country, he couldn't get medical appointments and there was nobody to look after him."

Despite this improved access, Yasir still struggled with managing his diabetes in Australia. Language barriers made instructions difficult to follow and the constant injections were overwhelming. He

found work impossible and even simple family outings became rare.

"We just didn't go out much anymore," Anwar said.

Hope came when a health professional suggested that Yasir be fitted with an insulin pump — technology proven to improve the quality of life for people with diabetes. However, the cost of a pump, which can exceed \$8000, put it out of reach.

"I work one day a week and we have rent and bills to pay," Anwar said, describing the financial strain on the family. "I try my best, but it's hard."

After trying to crowdfund an insulin pump, the family turned to Diabetes WA for assistance. The organisation has been advocating for more affordable access to insulin pump technology (also known as automated insulin delivery systems or AID) following recommendations from this year's Australian Government report on diabetes in Australia.

Yasir was fortunate to find a donor willing to fund the pump, which has already transformed his health. Before the pump was fitted, Anwar's hopes were modest.

*"I am so grateful for the investment Diabetes WA and the donor have made in my health. I am determined to repay them by living as well as I can and doing everything I can to look after myself."*

YASIR

"Yasir just wanted to forget he had diabetes for one or two days, without worrying about the constant injections," she said. "If that could happen, that would be great."

The reality has exceeded all expectations. Two months on, Yasir's blood glucose levels are back within range, and he has been able to pursue work for the first time in years.

"I have no doubt that getting this pump has saved my life," Yasir said. "My health has been transformed. I am so grateful for the investment Diabetes WA and the donor have made in my health. I am determined to repay them by living as well as I can and doing everything I can to look after myself."



# DIABETES TELEHEALTH SERVICE: Reaching rural and remote communities



Our unique, free Diabetes Telehealth Service is making a life-changing difference for many regional West Australians. Accessing diabetes care can be challenging for those living and working in remote areas of our state, but with telehealth, they can get the support they need, when they need it, no matter where they live.

This year, our service took 2,564 calls, representing a 101% increase over the previous year. This growth highlights just how vital the Diabetes Telehealth Service has become, particularly for vulnerable communities and areas where face-to-face diabetes services are limited or unavailable. Our telehealth services provide specialist care, education and support for people in regional WA, filling gaps where local services face long wait times or temporary disruptions.

We are especially proud of our strengthened partnerships with Aboriginal Health Services, improving access to care for remote communities and ensuring equity of support across the state. Demand for our service continues to rise, with a 12% increase in overall requests and a significant 55% increase in referrals for women in regional WA diagnosed with gestational diabetes.

Our Diabetes Telehealth Service is more than a convenience – it’s a lifeline for those who would otherwise struggle to receive the care they need to manage their diabetes effectively.



*Our Diabetes Telehealth Service is a lifeline for West Australians who would otherwise struggle to receive the care they need to manage their diabetes effectively.*

# OUR STORIES

## “IT’S NICE WHEN YOU FEEL YOU HAVE A COMFORTABLE RELATIONSHIP WITH THE PERSON YOU’RE HELPING.”

**Diabetes educator TARA SAVAGE** talks us through a day supporting regional West Australians via our Telehealth service.

Every day starts with me looking at my calendar to see who’s booked in and who’s confirmed their appointments. All our appointments are scheduled, rather than spontaneous. Sometimes it will be a new patient, sometimes someone I’ve spoken to before, but it could be someone from anywhere in regional WA.

Ours is a big state and not every country town is going to have a diabetes educator. Our Telehealth service was born on the premise that, where people can’t access a diabetes educator in their town, we will come to them. The service is funded by the West Australian Country Health Service and the West Australian Primary Health Alliance. People can either be referred to us by a health professional, like their GP, or they can refer themselves. It’s a completely free service. We can telephone them, we can speak to them via video calls, or we can do a video call with them at their local hospital or health service.

We’re here to help with anything diabetes related. We see people living with type 1 diabetes who haven’t been able to connect with a service for a long time because they are living regionally. We see women with gestational diabetes and we see people with type 2 diabetes. If someone’s been recently diagnosed, we help them learn about diabetes, how it’s affecting their body and how they’re going to manage it. If it’s someone who has lived with diabetes for many years, they might just need a refresher or help to get themselves back on track.

There is a lot of emotion involved. People can be really upset when they’re first diagnosed because it’s a lot to get your head around – where do you start? And people who have been living with it for some time are often upset or frustrated by the time they get in touch with us.

The first thing to do is just to listen and to hear their frustrations. Sometimes that first five

minutes is just letting them get it out. Once they’ve verbalised their emotions, then you turn it round into a bit of a positive and put the power back to them – what are they going to do now?

It’s always patient-centred. What do they want to know that day? What’s important to them? Often, I start by running through what’s going on inside your body when you’ve got diabetes. Once you’ve gone through that story with them, the things we ask them to do to manage their diabetes fall into place.

Hopefully people leave feeling heard, feeling they know more about diabetes and feeling empowered to manage their diabetes. I also hope they leave feeling like they have a support network around them, even if they are living in a very small regional town. They can always ring us, email us or contact us and we’ll make sure they feel supported.

The first meeting is usually the beginning of a long relationship. After we have an initial appointment, we send out an email with a whole heap of resources and links to NDSS support programs, either online or face-to-face. A lot of people are very happy for us to keep checking in with them, say four weeks down the track, just to see how they’re going. It’s nice to have that relationship continue.

The nice thing about our Telehealth service is we can offer people the level of support they

### WHAT YOU TELL US

*“It’s good to be able to talk to someone who has the time to listen.”*

*“The telehealth educators are really supportive and always listen.”*

*“There is always something new to learn.”*

*“Fantastic service – it saved me a trip to Perth.”*

need. If they’re in a really bad way and need to be supported weekly, we can do that. If they’re confident, we can meet monthly, six monthly or yearly. We’re very lucky to be able to offer that kind of support and it’s nice when you feel you have a comfortable relationship with the person you’re helping.

I love the moments when you feel you’ve helped someone understand something or to feel less anxious and alone. Recently, we helped a woman who had been put on insulin after having high blood glucose levels for some time. She was very nervous about making that change to her medication, but we were able to support her and guide her to a place where she’s really happy – and her blood glucose levels are textbook perfect! That was a standout for me.



Tara Savage

### JUST THE FACTS

#### THIS YEAR WE SAW:

**28,572** OUTBOUND CALLS

**28,807** INBOUND CALLS

#### DIABETES TELEHEALTH SERVICE

**2,564** occasions of service through telehealth

**59%** of appointments concerned gestational diabetes

**12%** increase in total referrals

**106** endocrinology occasions of service

#### HELPLINE

More than **20,000** calls from West Australians, with most inquiries related to type 2 diabetes. There were **1,907** contacts with a diabetes educator.

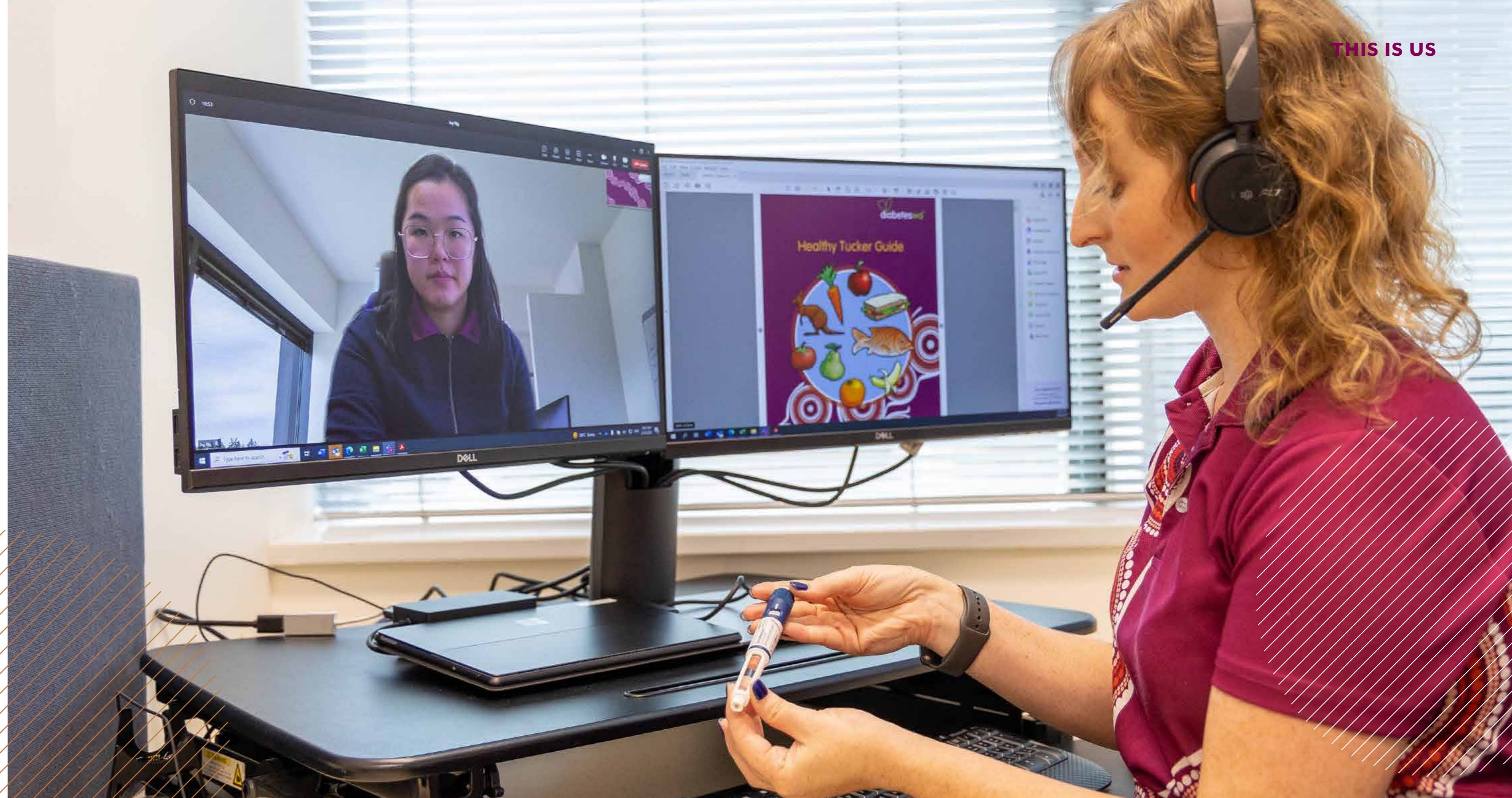
# DIABETES HELPLINE

## A vital lifeline for all West Australians

Our Diabetes WA Helpline is often the first port of call for West Australians living with diabetes, offering essential education, advice and support. Staffed by trained customer support officers, our call centre connects people with credentialled diabetes educators who provide expert guidance, ensuring that early intervention is available for those in need.

Throughout the past year, the Helpline has become an even more critical resource, as West Australians have faced significant challenges such as medication shortages and changes in access to diabetes technology. We've expanded our support for vulnerable communities, including those from non-English speaking backgrounds, offering much-needed advocacy, diabetes management education and help navigating the health system.

With our increasing range of digital solutions, the Helpline is accessible to everyone, wherever they are, and in the format that suits them best. Whether it's for people living with diabetes, their carers or health professionals, our team is here to ensure that every West Australian can get the support they need, wherever they are and whenever they need it.



## “I COME IN EACH DAY WITH NO EXPECTATIONS.”

**Diabetes educator KASI KEEFE talks us through a typical day on the Diabetes WA helpline.**

What I like about working on the helpline is that it's always different. No two days are the same. You're never bored. Even when you can answer someone's question, it often leads to you learning something new. People living with diabetes are often such experts that you find yourself with a new idea to research or follow up on. On our busiest days, an educator might take 26 calls. I've done 11 so far today and answered a heap of emails.

The questions we get are so varied and unpredictable. Just this morning, I had someone ask if removing their pancreas would cure diabetes (the answer is a definite no). The hardest ones are people who have read about miracle cures or quick fixes online. Sometimes people don't understand why Facebook will link to things that aren't true. I try to refer them to Australian websites that are more reliable.

I come in each day with no expectations. Some of the calls are simple ones asking how much sugar is in a product, while others are more complex ones about how to manage insulin doses when

they can't see their GP. Some calls are urgent ones about treating a hypo, which I might escalate to my manager. Some calls are from employers, with pointy questions about legislation and medicals.

Some calls can be quite emotional, because people living with diabetes receive so many mixed messages from different sources. We try to help them understand why they have been told the things they have been told.

The most satisfying calls for me are the ones where you have a breakthrough moment - "Oh, I get it now!" Someone who doesn't understand why their GP isn't bringing their blood glucose levels down faster, for example. When you can answer a question and help someone trust their medical professionals, that's great.

We can also provide the sort of specialised advice that other health professionals might struggle with. People using insulin - particularly those with type 1 or gestational diabetes - can require very specific support. We can offer that or at least point people in the right direction.

### WHAT YOU TELL US

*"I was made to feel important, did not feel stupid asking questions, and was made to feel everything was important. This was the best experience and care I have received in longer than I can remember - what an amazing service."*

*"I had an unusual question about diabetes that wasn't related to my care. The diabetes educator was great in listening and providing advice and support. Thank you."*

*"My wife has struggled to manage her type 2 diabetes for a number of years, but after today we have confidence in moving forward to better understand and manage her condition."*

*"I am so glad I rang today because the response I got has put my mind at rest and helped me immensely."*

*"Tremendously encouraging and informative. Lovely to hear such kind and caring voice during a 'drama'."*



Kasi Keefe

# DIABETES WA CLINIC

## A vital lifeline for all West Australians

The Diabetes WA Clinic serves as a one-stop shop for anyone starting their diabetes journey. Providing high-quality care alongside expert-led education, it equips West Australians with the knowledge and tools they need to manage their health journey and improve their quality of life.

Our clinic simplifies access to diabetes support and education, offering an integrated approach that combines expert clinical care, personalised self-management, group workshops and online education.

A diabetes diagnosis can be confronting and confusing, leaving many unsure of where to turn for the urgent support they need. Unfortunately, too many West Australians experience delays in accessing care, increasing their risk of complications and poorer health outcomes.

Our clinic offers assistance with insulin pump start-ups and troubleshooting, blood glucose monitoring, insulin adjustment, starting new medications, dietary changes, diabetes prevention, body weight management and continuous glucose monitor (CGM) start-ups.

It provides a non-judgmental space for people to address their diabetes concerns, with one-on-one appointments available both online through telehealth and in person at the Subiaco location. Clients are supported by credentialled diabetes educators, dietitians and exercise physiologists, ensuring comprehensive care for all aspects of diabetes management.

This year saw strong growth for the clinic, as demand increased month-on-month, with more than four times as many occasions of service in June 2024 than we saw in July of the previous year.



## “THEY SAY ‘I WAS READY TO GIVE UP BUT NOW I WON’T.’”

**Diabetes educator CATE MITCHELL** talks us through a day in the life of the Diabetes WA Clinic.

I'm not sure there is a typical day in our diabetes clinic as they can vary so much. But every day is talking to people and listening to stories of their diabetes, whether they are newly diagnosed or have been living with it for a long time.

We do see people with type 1 who are in their 90s and are still wanting information and support to manage their diabetes. Maybe they just want to refresh or recalibrate or maybe their health is changing and what was working no longer works. We also see people who are trying to prevent type 2 diabetes. The doctor has told them they're borderline, but they don't know what that means or what to do about it. It really is just connecting with people wherever they are in their diabetes

journey and offering the support that they've identified they need.

Everyone I speak to here has helped me on my own journey in supporting people. We have a lot of information about diabetes, but when you hear that personal approach to it, what someone is battling, what they're succeeding with, just putting things in real terms, it's priceless. That real, lived experience is something you can't get anywhere else but one-on-one in a clinic.

My primary role, when I'm initially with a client, is to create a sense of openness where that person can safely share whatever they need to say in a way that leads to real clarity and honesty. Instead of them saying what they think they should say to me, they say what they want to say. I feel like I'm open enough to let them be able to direct the session and I will just support them along the way. I'm not just an educator. I'm a mentor. I'm a confidant. I'm an instructor and a guidance counsellor.

A sense of safety is all about listening. I start by asking questions and trying to be open enough to hear the emotion behind what they're saying, rather than the words they're saying.

I always ask what they've come for, what their specific goals are and how they see me being able to help them with that. People don't always know. They'll say, "My doctor told me to come here". But that means something in itself, because it's telling me that this person is on the first step of their journey. So maybe this is the time to make sure that first step is taken with somebody by their side, so they're not alone.

I can easily change that into "Okay, so these are some things that we can talk about, are any of them of interest to you?" Once you've created that openness, you can move quickly onto things like managing your blood glucose levels.

I feel the listening component is being able to



pick up the nuances of what the real issues are, the real barriers. People with diabetes are so used to thinking that they've done something wrong, that they actually forget that sometimes they're succeeding well beyond their own expectations. It's surprising what a difference it makes when people start to think that they're not a failure, that they're actually succeeding. They go away with an extra drive to make some other small changes.

Recently, I spoke to a client who was newly diagnosed and we spent that first consultation just making sure that they had an understanding of what was happening in their body. After that

very first appointment, he sent me an email that said, "I'm so glad that I got to have my first educator session with you."

The real reward is when you see people's "aha" moments - when somebody recognises that they're not off track and that they're not doing everything wrong. Now they know what they can change. They understand something that they haven't been able to understand for a long time.

It's so rewarding when a client says to you, "I was ready to give up but now I won't". Who wouldn't want that in their day-to-day job?

*A sense of safety is all about listening. I start by asking questions and trying to be open enough to hear the emotion behind what they're saying, rather than the words they're saying.*

CATE MITCHELL

### JUST THE FACTS

**OUR METRO CLINIC SAW 202 OCCASIONS OF SERVICE**

**ATTENDANCE THIS YEAR WAS ALMOST THREE TIMES THAT OF 2023 AND IS GROWING MONTH-ON-MONTH.**

**JUNE SAW FOUR TIMES AS MANY APPOINTMENTS AS THE PREVIOUS JULY.**



# EMPOWERING OUR COMMUNITY

We know that everybody’s journey with diabetes is unique. That’s why we are constantly expanding and evolving the education, support and training we offer our community, whose needs will always vary.

We embrace new ways to make our support and education services accessible to all West Australians, wherever they may live and wherever they may be on their diabetes journey.

We are proud to have enhanced our renowned face-to-face education programs with a growing range of online resources and digital healthcare solutions. We are also expanding our training options for health professionals and schools to ensure their diabetes knowledge is up-to-date.

We are constantly learning and looking for the best way to share our own knowledge and expertise. This year, we have been working on new projects and initiatives to support regional GPs and their patients, providing easy access to a Diabetes WA endocrinologist, which will launch in FY 2024-25.

We have also been working with authorities in the Ngaanyatjarra Lands to arrange a culturally safe training session for community health professionals, scheduled for October 2024, which will bring a powerful mix of local knowledge and diabetes expertise to Communities needing critical support.

As we embrace the new, we continue to deliver and expand upon our existing diabetes education sessions for West Australians, as well coordinating delivery of all NDSS online programs across Australia.

**OzDAFNE** is a comprehensive, five-day, Australia-specific diabetes education program that helps people with type 1 learn to calculate the carbohydrate content of their food and determine the correct insulin dose, as well as how to manage exercise, illness and hypoglycaemia.

**OzDAFNE@home** is a virtual group program with online modules, enabling people to participate from anywhere in WA.

**DESMOND** is a group education program that has proven effective in helping people with type 2 diabetes build a self-management routine that suits their needs.

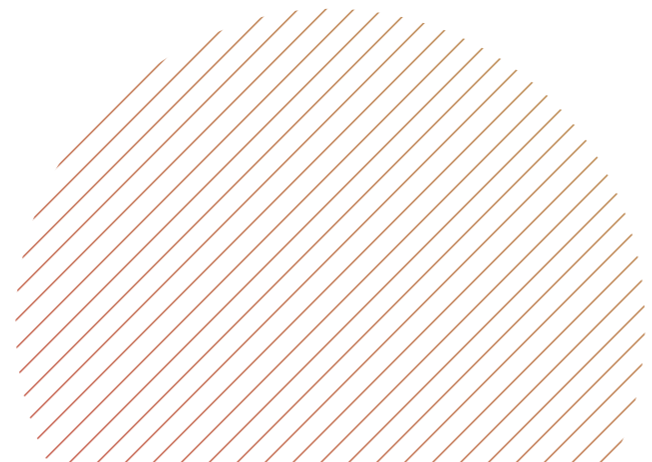
**MyDESMOND** offers an online option for broader accessibility.

**SMARTS Workshops** are half-day sessions offering education and support on specific

diabetes topics, now available online to reach everyone and ensure a welcoming experience for those who may find it challenging to attend in person challenging.

**Baby Steps** is a virtual program designed to help women with gestational diabetes reduce their risk of recurrence or future type 2 diabetes diagnosis.

**Diabetes WA Live Webinars and Online Programs** cover a broad range of diabetes management topics, connecting people with credentialled diabetes educators no matter where they live in WA. These webinars allow us to reach regional or isolated communities that may otherwise struggle to attend in-person sessions.



*This year, we have been working on new projects and initiatives to support regional GPs and their patients, providing easy access to a Diabetes WA endocrinologist, which will launch in FY 2024-25.*

## JUST THE FACTS

**DIABETES EDUCATION AND ENGAGEMENT EVENTS: 7,117** attendees, with 5,337 from the metro area and 1,778 from regional WA (includes all Education + Engagement)

**DIABETES EDUCATION SESSIONS: 3,089** attendees, with 2,411 from the metro area and 678 from regional WA (includes Self-Management sessions plus other education sessions)

**ENGAGEMENT EVENTS: 4,026** attendees, with 2,926 from the metro area and 1,100 from regional WA

**ONLINE PROGRAMS:** Coordinated **165** programs nationwide, reaching **3,361** attendees, plus 18 health professional training webinars with 405 attendees.

**CLINICAL SERVICES: 3,870** clinical appointments, with 1,860 taking place in the Pilbara region. Of these, 994 appointments served Aboriginal or Torres Strait Islander patients. Additionally, **1,516** appointments were held for 197 women with gestational diabetes mellitus (GDM).

### Supporting the type 1 community

We offer a range of targeted programs and services to assist the type 1 diabetes community, including:

- OzDAFNE
- Type 1 Tech Nights
- NDSS programs
- Diabetes WA Shop
- Type 1 camps for kids
- Diabetes in Schools program
- Insulin pump start-up clinics

About 1 in 5 calls to our Helpline provide support to someone living with type 1 diabetes, far exceeding the estimated 5-10% of cases diagnosed as type 1 in WA.

### Supporting the type 2 community

West Australians living with type 2 diabetes make up the largest share of our Diabetes WA community. To support them we offer:

- DESMOND self-management program
- MyDESMOND virtual workshops
- DESY culturally safe program for Aboriginal Communities
- NDSS programs
- Diabetes WA Shop
- Type 2 camps for teenagers

This year our DESMOND program supported 571 people with type 2 diabetes, while 574 attended our metro clinic.

### Supporting women with gestational diabetes

Gestational diabetes (GDM) is one of the fastest growing areas needing our support. We offer:

- Baby Steps education program
- NDSS Smarts programs
- Telehealth support for pregnant women in remote and regional areas

For the first time this year, GDM accounted for the majority of calls (59%) to our Telehealth Service.

## “I JUST LOVE HELPING PEOPLE.”

**Diabetes WA credentialed diabetes educator LINDA BRADBURY explains the key role dietitians play in integrated diabetes care, education, support and community outreach.**

Food and diet must be part of how anyone manages their diabetes. As a dietitian supporting someone with diabetes, you'll sometimes start with the basics about healthy eating. At other times you might be dealing with someone with type 1 who already has a solid understanding of carbohydrate counting.

The way the medical system works, you won't necessarily be referred to a dietitian when you're first diagnosed with diabetes. I think, historically, some people have avoided dietitians because they're worried about being told off, or that we'll just tell them what they can't eat. But modern dietitians are very flexible around people's dietary preferences and requirements. I feel everyone could benefit from some education on how their body works and what healthy eating looks like. But we're not here to scold anyone.

We're very aware that healthy eating is tied up in socioeconomic issues. I've spoken to people from regional and remote areas who say they just

can't afford vegetables or anything fresh. When you talk to our educators about their experiences out on the NG Lands, they'll tell you people there often have no access at all to fresh fruit and vegetables.

There's an assumption that dietitians are just here to fill people's minds with knowledge about healthy eating, that we're simply filling a knowledge gap. But many people I speak to already know what healthy eating looks like; there are just too many barriers in the way. A lot of what I do is health coaching, helping people recognise what's preventing them from eating healthily and how we can remove some of those barriers. As soon as you identify those barriers, you've already started to dismantle them.

It can take a while for people to see the impact of healthier eating on their diabetes. The advantage of being a diabetes educator as well as a dietitian is that we can help people set targets and understand the importance of finger prick tests

and blood glucose recording. This helps give them a tangible sense of how well they're doing.

It sounds like a cliché, but everyone is different. Diabetes is different for everybody, so your approach as a dietitian will always vary based on someone's specific needs. I really enjoy the variety of work I get to do here as both a dietitian and an educator. I do a weekly virtual clinic with Panaceum Pilbara on Wednesdays, and on Tuesdays I run the GDM clinic, where three of us sometimes see up to 40 women. I also do Telehealth and facilitate our OzDAFNE sessions, which always have two facilitators, including a dietitian. We're mainly there to help with carb counting, going through the calculators and apps with attendees.

It's a busy job and it can be intense, but I just love helping people. I'm always looking for new ways to help – how we deliver our knowledge, how we talk about healthy eating, how we discuss weight. If we're there to lecture, to just tell someone what they're doing wrong, they're not going to be in a position where they want to listen. I'm much more interested in helping people realise for themselves what they need to do. You let them speak, you help them use positive language, and they often leave ready to make a change.



# HERE FOR WA

We love being part of the WA community and have been proud to take part in so many events this year – supporting, encouraging and advocating for West Australians.

## Reconciliation Walk and Reconciliation Week breakfast

On 1 June, Diabetes WA staff joined the Reconciliation Walk at Langley Park as part of National Reconciliation Week, reflecting on the greater risk of diabetes faced by Aboriginal and Torres Strait Islander communities in Western Australia. Later in the week, our Reconciliation Action Plan working group attended the National Reconciliation Week breakfast at Optus Stadium, with additional team members joining virtually from Subiaco and Belmont offices. Diabetes WA's Reconciliation Action Plan guides our work in supporting Aboriginal Communities across the state.

## DAMPAA & Cancer Awareness Info Day

We were pleased to attend the DAMPAA & Cancer Awareness Info Day on 8 May, hosted by Moorditj Koort. This community info day was dedicated to elders in the DAMPAA Program, run by UWA's Dementia Prevention and Risk Management Program for Aboriginal Australians. The day was filled with invaluable health information and support from multiple

organisations. We thank The University of Western Australia, Asthma WA, Epilepsy Australia, Anglicare WA, BreastScreen WA, Falls Prevention and Yarn it Up for partnering with us to provide essential health services to at-risk communities.

## HBF Run for a Reason

This year's HBF Run for a Reason was another great success. With 360 runners, 28 teams, three ambassadors and record-breaking volunteer support, the event raised more than \$20,000. We extend special thanks to WA Premier Roger Cook MLA for joining the Diabetes WA team, helping to raise awareness about the impact of diabetes upon West Australians.

## Type 1 diabetes youth camp

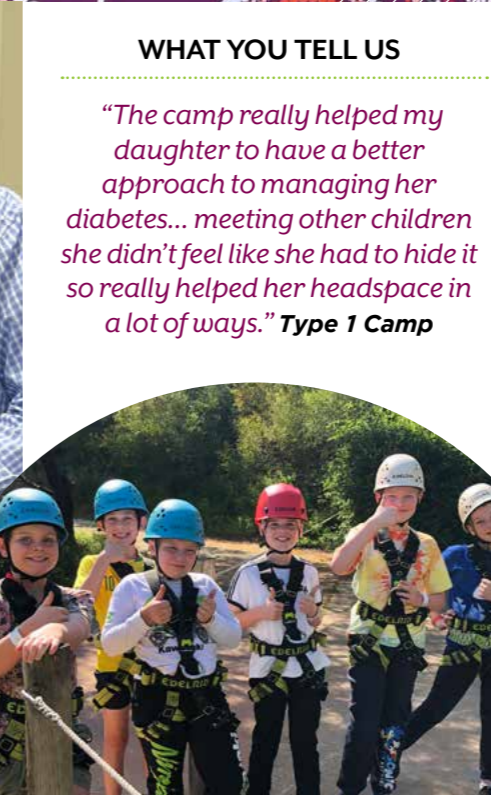
The theme of "Sporting Heroes" brought excitement to this year's Type 1 Diabetes Youth Camp, hosted by Perth Children's Hospital and Diabetes WA at Ern Halliday Recreation Camp. Campers were thrilled to meet AFL Women's league player Verity Simmons, who lives with type 1 diabetes and shared her inspiring journey from diagnosis to managing a successful sporting career.

## Type 1 Tech Night

The Type 1 Tech Night on 18 April was a fantastic success, featuring insightful discussions and the latest diabetes technology. Special thanks to our sponsors – AMSL Diabetes, Abbott FreeStyle, Omnipod Australia and Medtronic Diabetes – for sharing their knowledge and showcasing their products.

## Have a Go Day

In November 2023, the Diabetes WA team attended Have a Go Day at Burswood Park, organised by the Seniors Recreation Council of WA. The day was packed with activities and essential information on managing and preventing diabetes. It was a pleasure meeting everyone who attended and we hope participants enjoyed the event as much as we did!



### WHAT YOU TELL US

*"The camp really helped my daughter to have a better approach to managing her diabetes... meeting other children she didn't feel like she had to hide it so really helped her headspace in a lot of ways." Type 1 Camp*



## “MANY PEOPLE WITH TYPE 1 DON’T OFTEN MEET OTHERS WITH THE SAME CONDITION. SPENDING A WEEK TOGETHER CAN BE LIFE-CHANGING FOR THEM.”

**Diabetes educator NARELLE LAMPARD has been running group education sessions for more than two decades.**

No two days are ever quite the same, and that variety keeps me engaged and excited about coming into work. I only work three days a week, but even then, my roles are quite varied. One day, I might be in the clinic, seeing people one-on-one, while on another, I might be on the Helpline, talking to callers about diabetes management and answering their questions. Some days, I’m out running group education programs like DESMOND (a full-day program) or shorter, focused sessions from our SMARTS programs—such as MedSmart, CarbSmart, and ShopSmart—where we go in-depth on specific aspects of living with diabetes.

I’ve been at Diabetes WA for more than 20 years, in two separate stints. I worked here for eight years, left to do some other things for a couple of

years, then came back for a project that ended up bringing me right back into the fold. I think what brought me back, and what keeps me here, is the people and the support we have for one another. It’s a family-friendly environment, which was especially helpful when my kids were young. Plus, the team is friendly and supportive. It’s a really positive place to work.

One of the most rewarding parts of my job is running group education sessions. These sessions are crucial for our clients, especially for people who might feel isolated on their diabetes journey. For someone newly diagnosed, it can feel overwhelming and group sessions give them a chance to meet others going through similar challenges. On the other hand, for those who

have been living with diabetes for years, it’s often a refresher and a chance to reconnect and re-motivate themselves. I always find it rewarding when participants leave with a better understanding of their condition and say things like, “I’ve learned so much” or, “This has really helped me.”

Some of the most memorable sessions for me have been the week-long DAFNE (Dose Adjustment for Normal Eating) programs for people with type 1 diabetes. We do two of these a year, and over the five days, you really get to know the participants. Many people with type 1 don’t often meet others with the same condition, so spending a week together can be life-changing for them. It’s common for at least one person in each group to say that the program has been a turning point, helping them get back on track after struggling alone. Aside from the groups, I also run training sessions for health professionals and support workers, as well as for culturally and linguistically diverse groups. I’ve run sessions for Chinese mothers’ groups, seniors and even at TAFE English classes for new migrants. It’s rewarding to help people who may be facing language barriers understand what diabetes is and how to manage it.

What keeps me motivated is knowing I’m making a difference. Diabetes can be an exhausting condition to live with, so if I can help someone feel a bit more in control or more positive, then that’s a good day’s work for me.



## “WHENEVER I HAD QUESTIONS, I’D SPEAK TO A DIABETES EDUCATOR.”

**After being diagnosed with gestational diabetes, BEV OFFER was shocked to find out she had type 2, but talking it through made all the difference.**

I was diagnosed with GDM when I was pregnant with my second child, back in 1991. After I had the baby, I reverted back to being non-diabetic, but that didn’t last too long. It was only four or five years later than I was diagnosed with type 2. It was a bit of a shock, but I think I just took it in my stride, really.

I’m a nurse and I’d had a fairly large baby, which I knew was fairly typical for GDM. And I knew that when you get gestational diabetes, you’re more likely to get type 2 as well. But having to start managing diabetes while dealing with young children was a challenge. We’d also just moved from Canberra to WA, so that was quite a busy time for me.

I was pretty fit and active in those days, playing basketball four times a week, so I didn’t have to change much about my exercise regime. Exercise

has really helped me manage diabetes over the years. Back when I started, the changes were mostly about diet, making sure I was eating enough of the right things.

Getting involved with Diabetes WA really helped. Whenever I had questions, I’d speak to a diabetes educator. That helped considerably. I was also lucky because my job meant I had to help people manage their own diabetes, I had to teach them, so I was getting a lot of education at work too.

The biggest change has been in the last couple of years, when I started on insulin. That’s really helped, as it’s got my blood sugar levels under control properly. I feel so much better. Because I’m a nurse, the transition wasn’t that difficult. I think my GP thought I knew as much about diabetes as he did! He just said, start off with one or two units and see how you go. I just kept checking my blood

*Getting involved with Diabetes WA really helped. Whenever I had questions, I’d speak to a diabetes educator. That helped considerably.*

sugars a couple of times a day to check what was happening as I increased the insulin. It’s well-controlled now.

Having people to talk to about diabetes has been useful over the years. I have a number of nursing friends and other people that I’ve known for a long time and we still chat about things. Some people do just want to stick their heads in the ground and not know about it. I’ve been at a couple of education sessions where people are sure they’re going to be cured and it’s not going to come back. It’s always good to hear other people’s experiences because everyone takes in information differently.

My children are in their thirties now, so I am aware that they might be at risk of diabetes. My husband has also been diagnosed with type 2, so the kids have it from both sides. We should be talking about diabetes more, especially with our children.



# SUPPORTING ABORIGINAL COMMUNITIES

**One of our proudest achievements this year has been the expansion of our community outreach programs for Aboriginal and Torres Strait Islander Communities.**

In 2023-24, we exceeded our already ambitious targets for First Nations Community contacts, reaching 2140 occasions of service. This is significant growth on last year's numbers. At the same time, we engaged with First Nations health professionals 408 times - exceeding our target by around 25%.

This growth is critical because Aboriginal Australians living in rural and remote communities are nearly four times more likely to develop type 2 diabetes than non-Aboriginal Australians. Diabetes affects Aboriginal people earlier in life and with greater severity, driven by complex factors, including an obesogenic environment and high levels of food insecurity. Our outreach programs and virtual clinics are a vital tool in our ongoing efforts to close the gap in diabetes care for Aboriginal Australians.

The simplified view of type 2 diabetes as a "lifestyle disease" that can be easily prevented in Aboriginal communities is unhelpful, creating fear and stigma. Diabetes WA recognises that addressing this disproportionate burden requires culturally respectful approaches that empower self-determination, aligned with the National Agreement

on Closing the Gap Priority Reform areas.

Diabetes WA proudly collaborates directly with Aboriginal Community Controlled Health Organisations and various healthcare providers to better understand community needs and support locally delivered diabetes healthcare. Our work is guided by our Reconciliation Action Plan, which acknowledges the role of a just, equitable and reconciled Australia in shaping future diabetes management and prevention for Aboriginal and Torres Strait Islander peoples.

## JUST THE FACTS

**This year we far exceeded our KPIs for occasions of service in the following areas:**

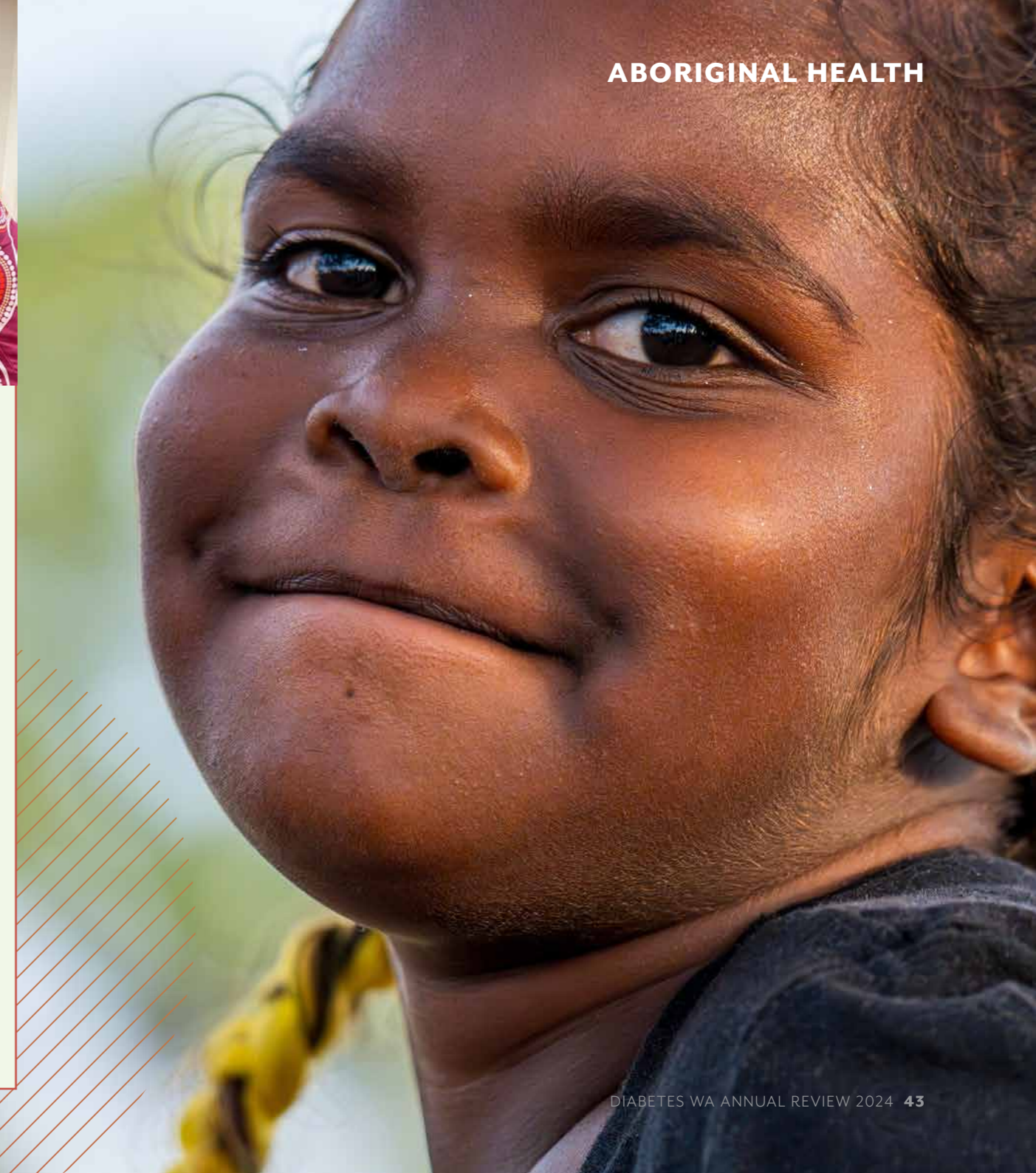
**First Nations Community**  
TARGET: 650 ACHIEVEMENT: 2140

**First Nations Health Professionals**  
TARGET: 322 ACHIEVEMENT: 408



## Taking action to close the gap

- Developing a Closing the Gap in Diabetes Strategy.
- Engaging with Aboriginal Community Controlled Health Organisations (ACCHOs) to inform Diabetes WA insights and future priorities.
- Providing clinical services in partnership with a number of ACCHOs around WA.
- Collaborating with other providers to address shared modifiable risk factors across prevalent chronic conditions.
- Engaging with Aboriginal Health Workforce to inform future Diabetes WA priorities.
- Enabling support for our Aboriginal health professionals to work to their full scope of practice.
- Distributing culturally adapted resources in Community.
- Diabetes Education Self-Management Yarning (DESY) program.



## “WE SEE THE SMILES ON THEIR FACES.”

**Diabetes WA educator NYAREE LAWLER has seen firsthand the importance of health professionals building lasting relationships with people living in remote Aboriginal Communities.**

I visit the Ngaanyatjarra Lands five times a year. It's become more of a regular thing recently but I've been travelling out there since I joined Diabetes WA eight years ago. People are starting to recognise me now. When you're working in Aboriginal health, those connections can take a long time.

People in those communities are used to health workers coming and going. Why would they invest in someone they may not see again? But I've seen firsthand how regular visits by the same person make a difference. You get to know the people you're helping and you get to know their stories.

It's nice for people out in those remote areas to see that Diabetes WA is interested and cares about them and wants to be a part of their journey with diabetes.

It's the people that make this work special for me, particularly the elders. The older ladies just have a great sense of humour. I love looking at the artwork, hearing their stories, hearing about how they get the bush tucker. They're very welcoming.

I love the connections we've made.

When I go out there, it's with a team of people, either with an endocrinologist or a renal specialist. We also have a podiatrist, an exercise physiologist and, if it's the renal team, we have a sonographer as well. One of the local GPs will often come with us as well.

We base ourselves in Warburton and do a whole day there on the Monday, before flying out to the other smaller communities across the rest of the week. One of them is Kiwirrkurra, which is the most remote community in Australia. When we get out to one of the smaller communities, we'll have a look to see who is around in the community and who is on our recall list. Nurses help us to get them into the clinic and then we work as a sort of one-stop shop, with attendees rotating between us. Usually we just have a yarn about how things are going and see what they might need.

For us, it's about having a non-judgmental conversation. Sometimes the little things can make a big difference. If someone comes into the

clinic with a sugary drink, it's an opportunity to talk about how much sugar it contains and how to read a label. Sometimes that's enough so that next time that person will come back and say, I don't drink that anymore. You've empowered them to make a change.

Other times, you might see someone who has stopped taking their medications, so you'll listen to their reasons. It can be something as simple as the tablets being too big, so we'll get the tablet changed to a smaller tablet. Next time they come in, we can talk about the improvement they've seen.

I'm aware we're probably the only diabetes education or specialists these communities get. Telehealth is available, but many of the people living there aren't keen on that. I understand. I prefer face-to-face myself. But for these communities, telehealth can be particularly challenging because it can be hard to lock in a particular time or to access the technology – and a lot of people out there have hearing difficulties or speak English as a second language.

Going out there, as often as we do, and seeing the same people is so important. When we arrive now, we just see the smiles on their faces, whereas before they were a bit tentative. You can see they're more comfortable around us and that makes it so much easier to support them.

*It's nice for people out in those remote areas to see that Diabetes WA is interested and cares about them and wants to be a part of their journey with diabetes.*

**NYAREE LAWLER**



## WORKING TOGETHER

# BUILDING UP THE PROFESSIONALS

**We can't do what we do alone. This year, Diabetes WA has expanded our partnerships with other organisations and health professionals, extending our reach further than ever before.**

We're proud to support the health professionals who serve West Australians living with diabetes. That means GPs, practice nurses, allied health practitioners, diabetes educators, community workers and aged care providers. Through a comprehensive range of training services, we are working to help health workers strengthen their expertise.

From our partnerships with universities, through training Aboriginal Health Workers, to the mentoring we offer health professionals, we are helping to develop a workforce ready to tackle the fast-growing diabetes crisis.

This year, Diabetes WA empowered health professionals from across the state and country

by supporting and running Special Interest Groups including groups for dietitians, exercise physiologists, pharmacists and those working in the diabetes in pregnancy space, providing networking, professional development and industry specific content for these health professionals.

Recognising the challenges health professionals face in attending training, we're always improving access to our education programs. By moving our DESMOND training online, we've been able to train facilitators not only across Western Australia but in other states as well, expanding access to diabetes education for communities that might otherwise struggle to find local support.

Our diabetes update sessions for health professionals have remained popular, with digital formats allowing busy practitioners to participate online. We're also committed to fostering relationships with key organisations, including the Royal Australian College of General Practitioners, WA Country Health Service, WAPHA and WA's tertiary institutions, all with the goal of supporting and empowering the health professionals who make a difference in diabetes care.



## WORKING TOGETHER

*We are helping to develop a workforce ready to tackle the fast-growing diabetes crisis.*

## EMERGING PROFESSIONALS

We know the importance of helping the next generation of health professionals to build capacity of care. Diabetes WA is proud to have mentored 24 student health professionals, student aboriginal health practitioners and diabetes educators from Universities including Curtin, Edith Cowan, Southern Cross, James Cook, Flinders and University of Technology Sydney, as well as students from North Metropolitan Tafe, and Marr Mooditj Training.



## “YOU’RE WORKING WITH THE BACKING OF AN ENTIRE ORGANISATION.”

**Diabetes WA has partnered with Panaceum Karratha to provide weekly virtual clinics and community outreach programs for remote Aboriginal Communities. KATIE WOOTTON, Integrated Chronic Disease Care program manager at Panaceum says the partnership allows for the relationship building that is key to improving health outcomes.**

I think the best thing about working with Diabetes WA over the past year is that nothing has changed since last year. We’ve had the same diabetes educators attending the virtual clinics we run. That consistency is our biggest selling point.

In the Pilbara, we have a lot of issues around a transient health workforce. When we’re dealing with Aboriginal clients who have lived with diabetes for such a long time, the big complaint we hear is they’re sick of talking to white girls who come and go. Having Kasi and Linda every week has been awesome. People really appreciate it.

At Karratha, we run the virtual clinics as if they were face-to-face appointments with clinicians. It’s a little different when we’re on an outreach in Tom Price or Onslow, because that’s when we have a budget to fly the girls up. On those occasions, we travel as a multi-disciplinary team, so I’ve

got myself a dietitian, a podiatrist and exercise physiologist, as well as our diabetes educator. Those clinics are a little less structured. We don’t necessarily have booked appointments, some people just show up. We might do a cooking class or we might do some education in the community somewhere. We’ve done some group education sessions there as well.

Delivering diabetes education in a community setting is obviously very different, but we’re aware that medical centres are not as friendly to the Aboriginal population. When we’re in Tom Price, we work from a community centre. We used to work from the hospital, but we understood that there was a bit of a barrier there for some of the community members at the hospital.

Getting outside that traditional clinical session is important, because with Aboriginal Health best

practices is going slowly to build a rapport. It’s a very white man model to think that you can just meet with an Aboriginal person and deliver healthcare straight to them, and away you go on your merry way. That’s just not how it works, especially people who live out in Community. We see those community sessions as an entry point – step one in a long journey of building a relationship with that client.

Partnerships like the one we have with Diabetes WA are great, because in the past allied health professionals sometimes felt second best. Now we’re seeing a wider recognition that a whole team approach is really important. Travelling with a team works well, because people might not come in to see a diabetes educator, but they’ll come to see a podiatrist. That’s the carrot. Everyone wants to have their toenails cut and their feet looked at, so that’s how we bring people in. Then we say, While you’re here, why not have a quick yarn with a diabetes educator? We’ll just take your blood glucose levels. With the educator in that role, as part of a team, you can start teasing out a bit of information and build it into a consultation.

We’re seeing the benefits of strong care coordination. It’s helping to break down the resistance we’ve seen to telehealth. I was working with an Aboriginal gentleman in a community called Youngaleena, which is way out into the bush and we were able to link up with Kasi while she was

here in Onslow. He sat in the car and had a consult there. It was great to see an older Aboriginal gentleman who wasn’t too familiar with technology happy to link up like that.

Engagement is always the hardest part, as is knowing how to provide education to a patient in a culturally appropriate way without scaring them off. We have to keep people interested and coming back to build relationships. Our did not attend rate has decreased. Even when people don’t show up to their appointment, now they might text or call ahead and say they’re not coming. That might seem like a small win in the Western medical system, but in the Aboriginal health world, that’s huge.

One of the most rewarding things about working with Diabetes WA is having a link with a broader team of educators. It’s not just working with a solo subcontractor, you’re working with the backing of an entire organisation, which means they’re ready to help if you’ve got additional questions. This year, we’ve had a couple of clients this year who have pumps or are interested in getting one. We’ve been able to link with Cate and the Diabetes WA pump start clinic, so she’s been there to help on those patient journeys.

Another thing I appreciate is how flexible Diabetes WA have been. [IT support] Geoff and [clinic coordinator] Bianca and the whole telehealth team are just amazing – so helpful and organised. I feel very, very lucky to have set up this partnership.



Telehealth at Youngaleena

Katie Wootton



## OUR PARTNERS

We would like to thank the following partners and contributors:

Abbott Australia Pty Ltd
Aboriginal Health Council of Western Australia
AMA Training
Ascensia Diabetes Care Australia
ATCO Australia Pty Ltd
Australasian Medical & Scientific Ltd
Australian Government Department of Health & Aged Care
Australian Institute of Management WA
City of Joondalup
Culture Care WA
Curtin University
Derbarl Yerrigan Aboriginal Medical Service
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Genesis Biotech Pty Ltd
Google
HBF Run For A Reason
Health Consumers' Council

Healthcare Logistics Australia (Trivida)
Insulet Corporation
K&L Gates
Karratha Central Healthcare
Leicester Diabetes Centre
Lions Club of Australia
Mawarnkarra Health Service
Medtronic Australasia (Pty) Ltd
Moorditj Koort Aboriginal Corporation
Multicultural Services Centre
National Diabetes Services Scheme
Ngaanyatjarra Health Service (Aboriginal Corporation)
North Metropolitan TAFE WA
Novo Nordisk Pharmaceuticals Pty Ltd
Panaceum Group Pilbara Health Centre

Perth Children's Hospital
PharmaCo
Pilbara Minerals
Point of Care Diagnostics Pty Ltd
RACGP
Roche Diabetes Care Australia
Rural Health West
Sanofi-Aventis Australia
Sigma Company Limited
South West Aboriginal Medical Service
Technical Resources
Venues West
WA Country Health Services
WA Department of Health
WA Primary Health Alliance
Ypsomed Group

A special thanks to our regular givers, individual community members and groups who have contributed to DWA and continue to support our important work.

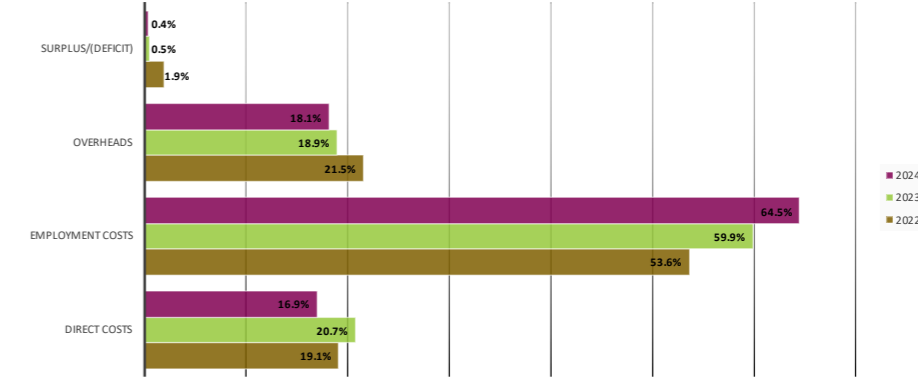
## OUR FINANCIALS

### SOURCES OF REVENUE

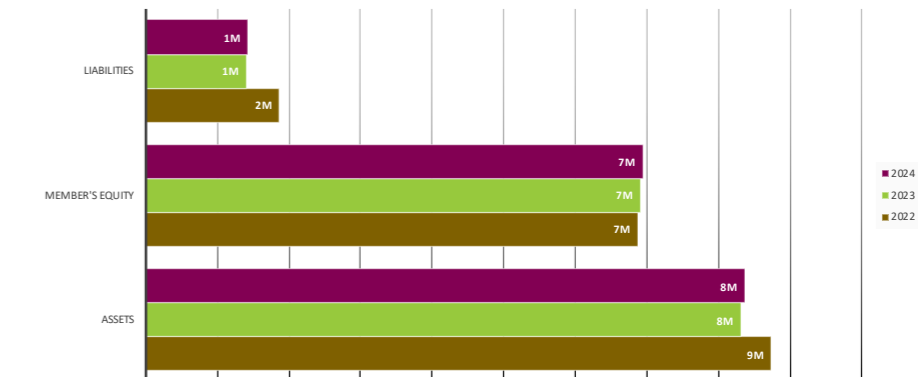


Commonwealth Govt Funding	46%
State Govt Funding	24%
Other Income	18%
Fundraising Income	11%
Goods & Services	1%

### HOW THE REVENUE HAS BEEN SPENT



### STRONG BALANCE SHEET (\$M)





Diabetes can be a complicated condition.

To assist further, we offer a range of programs, online resources, fact sheets, our Helpline and Telehealth services and the Diabetes WA Clinic. Specific resources for a variety of multicultural groups are also available. For more information visit:

[diabeteswa.com.au](http://diabeteswa.com.au)

**Follow us on social media.**



**Diabetes WA:** [diabeteswa.com.au](http://diabeteswa.com.au)

**Diabetes WA Helpline:** 1300 001 880

**Diabetes WA Clinic:** (08) 9436 6290

**Email:** [info@diabeteswa.com.au](mailto:info@diabeteswa.com.au)

**Diabetes WA – Subiaco Office**

Level 3, 322 Hay Street, Subiaco WA 6008

**Postal Address:**

PO Box 1699, Subiaco WA 6904

**Diabetes WA – Belmont Office**

172 Campbell Street, Belmont WA 6104

**Postal Address:**

PO Box 726, Belmont WA 6984

