Diabetes
AUSTRALIA

Submission from Diabetes Australia to the Select Committee on Regional and Remote Indigenous Communities

Position Paper

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Turning diabetes around

Diabetes Australia

Submission to the Select Committee in Diabetes and Regional and Remote Indigenous Communities

1. Introduction

Diabetes Australia is the national peak body for diabetes in Australia providing a single, powerful, collective voice for people living with diabetes, their families and carers. Diabetes Australia works in partnership with diabetes health professionals, educators and researchers to minimise the impact of diabetes on the Australian community. Diabetes Australia is committed to turning diabetes around through awareness, prevention, detection, management and a cure.

In collaboration with our member organisations and through the administration of the National Diabetes Services Scheme (NDSS), Diabetes Australia provides practical assistance, information and subsidised products to approximately 900,000 Australians diagnosed with diabetes.

Diabetes Australia works to raise awareness about the seriousness of diabetes, promoting prevention and early detection strategies and lobbying for better standards of care. Diabetes Australia is also a significant financial contributor to research into prevention, better treatments for diabetes and the search for a cure.

Diabetes is the world's fastest growing disease. It currently affects 246 million people worldwide and the number is expected to rise to 380 million by 2025. In Australia the prevalence of diagnosed diabetes in people aged 25 years and over was 3.7% in 2000. Including those with undiagnosed diabetes, the prevalence doubles to 7.4%.

Translated into numbers, approximately 1.5 million Australians are estimated to have diabetes, but only half are aware they it. By 2031 it is estimated that 3.3 million Australians will have type 2 diabetes. Around 275 adults in Australia develop diabetes every day. Internationally and in Australia, diabetes has become an epidemic. In 1996, Australia recognised diabetes as a national health priority.

2. Indigenous Health

There is an increasing incidence of diabetes, especially type 2 diabetes among Aboriginal and Torres Strait Islander peoples. There is a growing need to address the social determinants of health and to have an inter-sectoral approach to combating the alarming rate of diabetes in Indigenous people. Aboriginal

and Torres Strait Islander people suffer a greater burden of chronic disease than the rest of the Australian population. The current diabetes epidemic in Australia has had a disproportionate impact on the Australian Indigenous population compared with the total Australian population. The greater burden of diabetes in the Australian Indigenous population is largely due to higher rates of modifiable risk factors, such as obesity, which are related to the social disadvantage experienced by Aboriginal and Torres Strait Islander peoples.

Reduced or limited availability and utilisation of health care services for diagnosis and treatment also adversely influence health outcomes for Indigenous people with diabetes and related complications. Aboriginal and Torres Strait Islander people do not use health services with the same frequency as other Australians, and many communities and individuals do not have ready access to services.
Difficulties with spoken and written English, lack of available transport, financial difficulties and the proximity of culturally appropriate healthcare services, present barriers to Aboriginal and Torres Strait Islander people accessing health care. Feelings of marginalisation also present barriers to the efficacy of diabetes prevention strategies and treatment.

Around 25% of the Indigenous Australian population live in areas classified as 'remote' or 'very remote', compared with only 2% of the non-Indigenous population.

Aboriginal and Torres Strait Islander people are disadvantaged across a range of socio-economic factors reported upon in the 2001 Census. They experience lower incomes than the non-Indigenous population, higher rates of unemployment, poorer educational outcomes and lower rates of home ownership - all of which can impact upon a person's health and wellbeing.

3. Community Engagement

In order to make essential changes throughout Indigenous populations there is a need to include community members in the development and utilisation of culturally appropriate health services. Community development and program implementation must engage the people from within the targeted area and involve them from the early planning stages through to the ongoing administration and evaluation. Effective chronic disease prevention and management strategies within Indigenous communities must be sustainable which means building the capacity of the community to encourage access and maintain utilisation. Indigenous people are much less likely to utilise health care services than non-indigenous people, so actions must be taken to find appropriate measures to encourage

people to visit existing health services and return for regular checkups. Communities must have alternative options or existing practices need to be more accessible and flexible through the reduction of language barriers, helping reduce financial strain and travelling distances. Community based programs that assist with screening and education can reduce significantly the number of people with diabetes complications and can also help to prevent the onset of type 2 diabetes.

Education on lifestyle choices and dietary intake as well as adequate levels of physical activity will assist Indigenous people in regional and remote areas. However, education needs to focus on the family and community environment. Culturally sensitive information should be developed in conjunction with members of the community.

Secure long term funding is required for implementation, monitoring and evaluation of all programs and educational initiatives. Shifts in lifestyle management require best practice interventions that support training and recruitment of people from within the community. This will help build capacity of communities to make the right healthy choices and will be an investment for the future health and wellbeing of the population.

4. **Dietary changes**

Increased cost and limited availability of healthy food choices such as lean meats, fresh fruit and vegetables and whole grains make it very difficult to make healthy dietary choices. Especially as there is a high rate of disadvantage in regional and remote localities compared to urban environments. Energy dense processed foods high in saturated fat, sugar and salt are more readily available for a cheaper price. People who are disadvantaged tend to maximise calories per dollar spent on food for the lowest cost option. Since food choices are very limited, consumption of energy dense foods creates an overweight and obese population. Being overweight and obese is a modifiable risk factor for diabetes. A reduction in the rate of consumption of processed foods would greatly decrease the incidence of type 2 diabetes. Therefore remote and regional communities need to have access to more affordable healthy food options coupled with education for the whole family around selecting and preparing meals.

5. **Health Services**

GP involvement and cultural training is imperative to increase the understanding of Indigenous populations and to produce a health services environment that is conducive to uptake and continued

use. GP practices and hospitals need to collaborate with the Aboriginal Community Controlled Health Services (ACHHS) and Aboriginal Medical Services (AMSs) so that the best available care is one that makes the individual feel comfortable and encourages routine checks. ACHHS are a primary health care provider that were initiated and continue to be operated by the local Indigenous community. They have a comprehensive, flexible and culturally appropriate approach that provides community members with a place to seek help and advice in a safe, familiar environment. In addition, AMSs employ around 70 percent of their staff who have Indigenous background. This removes one of the barriers to access for community members. However, these facilities do not have a great deal of access to specialised resources targeting diabetes that the GP practices do, such as educational information and accredited diabetes educators.

Training of Aboriginal Health workers in diabetes care and strengthening the relationships between GP's, allied health professional and Aboriginal Health workers would greatly increase the available resources for regional and remote communities. Increasing the capacity of the Indigenous health sector is a necessary strategy if we want to see improved health and wellbeing in these communities.

6. Health in all policies

The prevention and management of diabetes in regional and remote indigenous communities cannot focus on changing behaviours alone. There needs to be an integrated and cross-sectional approach that involves multiple levels of government, private industry and the community sector. Social and economic factors have a strong influence on health. The social determinants of health need to be addressed in order to change the prevalence of chronic diseases such as type 2 diabetes. Social factors that can be impacted by public policy include social status, employment conditions, unemployment, levels of stress, social exclusion, transport, access to basic community infrastructure and housing. These factors individually and collectively have a significant impact on the overall health and wellbeing of an individual and of a community. Indigenous people in regional and remote areas not only face social isolation they face a deep sense of disempowerment and multiple barriers to equitable access to health care and support.

7. Holistic Approach

Equity must be the focus for future change in Indigenous communities, however it needs to be equity in regards to access to basic fundamental rights that align with the needs and culture of the community.

Non-indigenous communities may have a very different view of how people should be living and what resources they need in order to do that. We cannot expect an individual to properly self manage their diabetes when they do not have a refrigerator to store their insulin, nor a safe location to store their needles, out of reach from children. There is a need make provisions within the community for these requirements. Traditional living may not allow for amenities like refrigerators, so the community must be consulted and educated in order to understand what is required for best health practices. They then need to agree on the most effective way to make this possible. At present policy and processes are not supporting the supply of medications and food which are fundamental to good health.

Indigenous health traditionally takes a holistic approach and focuses on connections between the body, mind, spirit and the environment. Studies have shown that positive results can be achieved in obesity prevention in some communities when there is traditional consumption of bush foods and ownership and access to homelands. This sense of belonging coupled with a traditional diet based on lean meat low in saturated fats and uncultivated plant foods has shown successful rates of prevention. Health services could effectively contribute to the prevention and early detection of both non-communicable and communicable diseases if they understood and encouraged more traditional ways of living.

8. Conclusion

The call to action to government is also a universal challenge to our society. Australia needs a new vision for prevention especially in regional and remote Indigenous communities. Different ways of thinking and acting on the determinants of health need to be developed and implemented from evidence based best practice. Without a new vision and different ways of thinking and working, inevitably we will be faced with a much larger, more serious problem with chronic diseases like diabetes in the very near future but with fewer resources and other means to address them. We must act decisively, now.

Key components of effective interventions include:

- Effective partnerships between community members, government and the organisation involved in programs and initiatives has resulted in increased capacity to make informed decisions.
- Cultural understanding and methods for effective feedback to individuals and families.
- Community involvement throughout the intervention program from initial consultation through to ongoing administration and monitoring.
- Community development in some cases resulting in employment for local indigenous people.

Diabetes Australia is committed to reducing the incidence of diabetes and acknowledges that improving the health of the Indigenous population is paramount to controlling the alarming increase in type 2 diabetes and other chronic diseases. To do this Diabetes Australia suggests that targeted interventions should be the principal strategy and community development the main approach. The overall aim is to address concurrently the behavioural risk factors for diabetes along with systems changes that act on the social determinants of health. Partnerships and collaborations are a crucial component to improvements to health at a population level. There is a call for action that a health in all policies approach be adopted in order to attain sustainable health improvements.

Diabetes Australia thanks the Select Committee on Regional and Remote Indigenous Communities for the opportunity to comment on the health of the nations Indigenous peoples. Diabetes Australia welcomes any further opportunity to discuss any of the above issues or points of view raised that may be of interest or assistance in the progression of the aims of the Select Committee on Regional and Remote Indigenous Communities.