Our Story
From 100 – 10,000

Our story starts in 1961 when Ken and Betty Walker’s three-year-old son was diagnosed with type 1 diabetes. A search for information on the condition found there was little available and that local support was non-existent.

In 1965 Ken visited the Diabetes Federation of Australia in Melbourne and asked them to help him set up a similar organisation in WA. It was here that he learned a fellow Western Australian, Reg Harle, was seeking to do the same thing.

The Harle and the Walker family joined forces to set up the Diabetic Association of Western Australia – the very first incarnation of Diabetes WA.

More than 100 people turned up to the first meeting of the fledgling organisation on 18 August 1965.

Together they worked to foster a strong diabetes community and created an organisation that would inform and support those affected by diabetes.

From this inaugural meeting we are now the state’s peak body for people living with diabetes – with a membership close to 10,000 people. We inform, educate, support and advocate on behalf of the ever-increasing number of Western Australians who live with this chronic condition.

Our Mission

Our Mission is to support those living with, or at risk of diabetes and related chronic conditions by undertaking the following activities directly or through financial support of other organisations with similar objectives:

1. Promoting, providing and coordinating services to those living with diabetes and/or related chronic conditions as well as those identified as at risk of diabetes.

2. Supporting the development of capacity within the health system to maximise the quality and availability of service options to those with diabetes and/or related conditions as well as those at risk of diabetes.

3. Providing information, education and interaction about prevention to people with diabetes-related conditions, or people who are at risk of diabetes.

4. Collaborating in, engaging in and funding research related to services that prevent or reduce the impact of diabetes and/or its related chronic conditions.

5. Advocating on matters relevant to those whose health is affected by diabetes, those with a related chronic condition or those who are at risk of diabetes.
Empowering Health Solutions

The greater a person’s confidence, the more likely they are to adopt a behaviour or attitude.

Instead of taking control of a person’s health and telling them what to do, increasing their confidence and equipping them with the tools they need to manage their own health ensures they embrace their own informed choices, which in turns encourages sustainable change.

By allowing someone to take ownership of their own diabetes management, people living with, or at risk of, diabetes become empowered to find solutions to their own health issues and choose how they wish to best manage them.

PERSON-CENTRED CARE

Diabetes WA has an organisational commitment to a person-centred philosophy of care that supports people in making informed decisions about their diabetes management and determining what will work for them and their life.

Person-centred education is defined as education that establishes individual needs and responds to and adapts to the preferences, needs and values of all people in the group.

It has been shown to provide participants with the confidence and skills to make informed decisions about their own health. This mode of learning has been shown to improve health outcomes.

OUR DEDICATED TEAM

This year at Diabetes WA we introduced staff values that reflect the cultural objectives and priorities for our team. They speak of Empowering Individuals, Focusing on Solutions, Committing to Excellence and Leading through Collaboration.

Instead of boasting that we are experts in our field, we want to make those living with this challenging condition the experts.

To encourage this we are committed to supporting individuals affected by diabetes with respect, professionalism and empathy.

We strive to lead through innovation, enthusiasm and passion while embracing continuous development, providing evidence-informed solutions that go beyond best practice.
Our staff is made up of:

- a dedicated customer service and call centre
- diabetes educators including dietitians, nurses and exercise physiologists.
- DESMOND Trainer & Quality Development Assessors
- marketing, events and communications specialists
- accounting, finance and HR professionals
- a team of health professionals and program coordinators
- business growth and development team
- a supply, access point and logistics team.

This year, four of our diabetes educators became accredited as Credentialled Diabetes Educators (CDE). The Australian Diabetes Educator Association (ADEA) grants status as a CDE in recognition of demonstrated experience and expertise in diabetes education and commitment to professional development and ongoing learning. Recognition as a CDE is ADEA’s assurance to people with, or at risk of, diabetes, their families, carers and health care providers that they can expect to receive quality diabetes education and advice when consulting a CDE.

Two team members in management received scholarships to further develop their leadership and business skills – a Graduate Certificate in Business and a Diploma of Leadership and Management.

Average number of staff: 64

- Health Services 47%
- Supply & Support Services 18%
- Executive 14%
- Communications & Marketing 11%
- Corporate Services 10%
A newspaper article recently quoted Westpac CIO Dave Curran as saying: “We’ve got 21st-century technology smashing into 20th-century business process and, to make it worse, those processes are still working under 19th-century governance.”

This commentary was an excellent snapshot of the strategic journey we are tackling at Diabetes WA.

Where the challenges of the health services sector (exponential growth in demand for services) collide with the transitional environment of the community not-for-profit sector, you find an operating environment that simply demands change.

Re-shaping Diabetes WA is essential to enable us to meet these challenges and this work has been a significant focus for us in 2016/17.

EMBRACING TECHNOLOGY

This year we increasingly embraced technology in the delivery of our service platforms. With support from our health sector stakeholders, we reached out to West Australians in new ways, delivering programs to consumers in remote and regional locations through our telehealth services. While it sounds simple, the execution can be anything but – presenting many challenges as we reframe historic business processes and wrestle with the practice, policy and procedural issues that support traditional approaches.

While challenging the rewards for those who pursue change are significant, those previously without access now have it. Those who previously had to travel long distances to receive a service can now receive it at home. Where the system has previously been too costly, we can see savings emerge. In this year alone the work done by Diabetes WA and its Telehealth team has saved a whopping 800,000 kilometres of travel (go to page 23 for more on Telehealth).

A NEW CONSTITUTION

In 2016/17 Diabetes WA became Diabetes WA Ltd, registering as a company limited by guarantee under the Corporations Act and developing and adopting a new constitution. Supported by over 95% of our membership, this transition has provided Diabetes WA with a new governance framework – the first in more than 50 years (go to page 37). The new governance framework embraces the contemporary operating challenges we face and at the same time provides a platform from which the organisation can launch its next 50 years.

BEST PRACTICE

We continued our relentless pursuit of quality and best practice adopting the ISO 9001:2015 quality framework as a platform on which to build our growth and improvement (go to page 40). With final audits due later in the year, we are excited by the opportunity to develop our continuous improvement culture.
EVIDENCE-BASED SOLUTIONS
We recognise that no improvement will be achieved without access to high quality management information. In 2016/17 Diabetes WA expanded its program evaluation process to now measure, report and test the validity of all of our core programs. With access to this information we will continue to identify, develop and acquire the evidenced-based technologies that will support our service expansion. This approach saw Diabetes WA DESMOND (our structured self-management program for people with type 2 diabetes – go to [page 14]) and our Smart programs (topic-specific education for people with diabetes – go to [page 15]) embraced as national platforms within the Commonwealth’s National Diabetes Services Scheme.

FIVE-YEAR STRATEGIC PLAN
Providing structure and governance to these, and many other activities, the Board of Diabetes WA adopted a new five-year strategic plan, embracing the vision of Diabetes WA eventually operating as a health hub for consumers, health professionals and research facilities. This model recognises the challenges diabetes presents to all West Australians and provides a framework to empower health solutions for all our consumers.

With so much going on at Diabetes WA, it is very pleasing that once again Diabetes WA has been able to finish the year with a small financial surplus of some $460,000.

We commend the Diabetes WA Ltd Annual Review for 2016/17 to you.

“With so much going on at Diabetes WA it is very pleasing that once again Diabetes WA has been able to finish the year with a small financial surplus of some $460,000.

Andrew Wagstaff
CEO

Moira Watson
President and Board Chair
Leading through Collaboration

Supporting people affected by diabetes in Western Australia can only be achieved through the joint efforts of many individuals and organisations. Diabetes WA is a leading project and business partner, working both within the organisation and across organisations to achieve the best outcomes for people affected by diabetes.

Following is a list of collaborations and projects we have undertaken in partnership this year to ensure we make a significant and positive impact on the issue of diabetes in our state:


- Diabetes WA has representation on the Diabetes KPI working group which seeks to advise and make recommendations to key stakeholder organisations on the development and use of Key Performance Indicators (KPIs) in relation to the WA Framework for Action on Diabetes and Diabetes Service Standards 2014.

- Collaboration with Southern Inland Health Initiative to support health professionals in the delivery of the DESMOND Program.

- Grant agreement with WA Country Health Service to fund the Diabetes Telehealth for Country WA service (go to page 23).

- Membership of Chronic Disease Alliance WA with Cancer, Heart, Stroke and Kidney Foundations.

- Aboriginal, Regional and Remote Eye Health Planning Group (WA) chaired by WA Country Health Service.

- Rural Health West partnership providing upskilling for rural GP’s (go to page 21).

- University of Western Australia partnership to accept 3rd year medical students on long term placement.
Collaboration with Mawarnkarra Health Service to work through models of diabetes care in Roebourne.

University of Leicester, UK – partnership and collaboration through a sub-licence arrangement with DESMOND UK.

Participation in Western Australian Primary Health Alliance driven initiatives, including contribution to the development of the Primary Care Health Pathway system.

Working through the Parliamentary Diabetes Support Group to advocate for diabetes.

Collaborating with local government to better engage with the diabetes community.

Presentations at a number of key conferences and events in the Australasian Region, sharing knowledge and ensuring Diabetes WA is using the best interventions for its consumers.

Working closely with the diabetes team at Princess Margaret Hospital to support activities such as the Kids Camps for children with type 1 diabetes, implementation of the new Continuous Glucose Monitoring scheme (go to page 32).

Rural and Remote Supply Scheme, supporting diabetes product distribution to Aboriginal Medical Service, in Australia (go to page 19).

Collaboration with Asthma WA to work together on Telehealth for chronic conditions.

Working with Charles Darwin University and key indigenous researchers around Australia in a National Health & Medical Research Council research partnership to develop a culturally adapted version of the DESMOND Program for Aboriginal people (go to page 25).

Involved in the Emojifit Application Program with Design Support Analytics offering highly accessible diabetes self-management support.

Member of the Course Accreditation and Standards in Practice Committee for the Australian Diabetes Educators Association.

Leading through Collaboration
Reducing the Risk

Research has shown that more than 60% of chronic diseases such as type 2 diabetes can be prevented through health behaviour change and lifestyle modification.

Interventions that target lifestyle modification in those at high risk of developing chronic disease have the ability to slow or stop the progression of disease and significantly reduce the impact to the healthcare system.

Diabetes WA remains committed to the prevention of type 2 diabetes. Commonwealth and State funding for prevention initiatives across the country was reduced in 2016/17 and it became necessary to discontinue many of our prevention programs.

Despite this, we made the decision to invest in maintaining some of our well-established programs to position ourselves to be ready for the introduction of new initiatives and funding opportunities in the coming year. Two core programs, specifically created for people who might be time-poor and find the support of friends and colleagues motivating when trying to stay healthy, were continued this year.

At the end of the 2016/17 financial year, we introduced a prevention and newly diagnosed strategy with the support of the Country WA Primary Health Alliance in the Pilbara. Read more about this on page 26.

Get on Track

PROGRAM OUTLINE
getontrackchallenge.com.au

The free Get on Track Challenge pits teams against each other in a race around a virtual online track. Diabetes WA coordinates several official challenges each year, but participants can create their own with friends or colleagues at any time.

YEAR IN REVIEW

Diabetes WA ran three DWA Get on Track Official Challenges with 106 independent challenges also being completed online.

Of the 827 participants that completed post-evaluation surveys after completing the program, 470 participants reported a drop in their body mass index (BMI), bringing 373 participants into the healthy BMI category.
**FAST FACTS**

**Get on Track Challenge**

*July 2016 - June 2017*

**Gender**

- Male: 23.4%
- Female: 76.6%

**Age**

- Average age: 27.6 years

**Diabetes Risk Score**

- Pre: 3.1
- Post: 3.8

**Mean number of days of physical activity per week**

- Pre: 5.0
- Post: 5.9

28 participants moved from the obese category to the overweight category; 26 participants moved from the overweight category to the healthy weight category.

* represents a significant change between pre and post scores

**Community outcomes with significant changes in meeting recommendations**

- Fruit intake: 63% increase
- Vegetables intake: 35% increase
- Physical activity: 56% increase

Reducing the Risk

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My Healthy Balance

**PROGRAM OUTLINE**
myhealthybalance.com.au

Designed by health professionals, My Healthy Balance is a free online program that equips people with the knowledge and confidence to make informed decisions about their health and helps them to sustain healthy changes in the long term. Offered as a four, six, eight or twelve week program, guidelines are based on a personal health profile developed by the participant.

**YEAR IN REVIEW**

My Healthy Balance has been maintained for the last 12 months on a smaller scale. A complete review is expected in the year ahead, with the growth of the prevention team within the organisation.

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**Year Ahead**

In the year ahead, Diabetes WA will be investing in a Prevention Coordinator to drive our activities in this important area. Following a proposal that we submitted in April 2017, the Government announced that $2.1 million has been allocated in the 2017/18 health budget to pilot our Let’s Prevent Diabetes by DESMOND program in regional WA.

Developed on the back of five years of research, the program is a structured group lifestyle education program aimed at increasing knowledge and promoting the adoption of healthy behaviours to prevent type 2 diabetes.

Delivered widely in the UK under the National Health Service (NHS), it is designed to support the person with pre-diabetes, and other lifestyle related conditions, to become the expert, and reduce their risk of developing type 2 diabetes and other lifestyle-related chronic conditions.
**FAST FACTS**

**My Healthy Balance**

Demographics July 2016 to June 2017

594 participants registered

**Gender**

- **Male**: 16.3%
- **Female**: 83.7%

**Diabetes Risk**

- **Low**: 25.80%
- **Intermediate**: 34.80%
- **High**: 39.40%

**Age**

- **Under 20**: 0%
- **20-29**: 10%
- **30-39**: 20%
- **40-49**: 30%
- **50-59**: 26%
- **60 or over**: 8%
Support for People Living with Diabetes

The evidence-based diabetes self-management programs that Diabetes WA delivers are models of quality and consistency and set the standard for WA. Our programs are focused on empowering people by equipping them with the knowledge, skills and confidence to manage and live well with diabetes.

Our vision for diabetes self-management embraces four core principles:

1. To slow the growth in diabetes diagnosis, the principles of self-management must apply equally to those at risk as they do to those diagnosed.

2. Diabetes self-management is a process, not an event and must be capable of delivering complete cognitive engagement spanning awareness, comprehension, acceptance, intention and action over an extended period.

3. Self-management interventions must be engaging, motivating and capable of evolving a sustainable relationship between service provider and service recipient.

4. One size won’t fit all. The populations of both those people at risk of diabetes and those people already diagnosed with diabetes are not homogenous on any dimension.

This vision has led Diabetes WA to establish key objectives for the development of an enhanced suite of diabetes self-management programs:

- To develop a range of diabetes self-management programs that suit individuals and respond to their individual needs and different life circumstances.
- To develop initiatives that enable routine quality assessment and curriculum update across all diabetes self-management program curriculums.
- To maintain and develop population health resources that create and nurture engagement with at-risk populations over extended timeframes.
- To build the diabetes workforce through the development and delivery of capacity building initiatives for health professionals working with people with diabetes and their families.

People with type 2 diabetes remain the largest target group contacting our DIAL information service, representing 77% of those that called.

Diabetes education and information remains the main reason for contacting the service with 68% of people indicating that was the reason for their call.
Only seven people required referral to the emergency department with the majority of issues being managed by the DIAL diabetes educator or by referral back to the GP.

An evaluation undertaken of DIAL suggests the service is of great value to people with diabetes and their friends, families, and GPs. Almost all respondents were satisfied that their reason for calling the service was addressed and would recommend the service to others. Most agreed or strongly agreed that the diabetes educator supported them to make their own informed decisions about their diabetes self-management following advice.

**FAST FACTS**

<table>
<thead>
<tr>
<th>Reason for Call</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Information on own diabetes</td>
<td>73%</td>
</tr>
<tr>
<td>Calling on behalf of a friend or family member</td>
<td>12%</td>
</tr>
<tr>
<td><strong>TOTAL CALLS TO DIAL</strong></td>
<td>2082</td>
</tr>
</tbody>
</table>

**YEAR IN REVIEW**

In the first half of the 2016/17 financial year there were changes to the National Diabetes Services Scheme (NDSS) contract and there was uncertainty around the future of the Diabetes WA 1300 number, which is used as a conduit to DIAL. A new 1300 number was established in Western Australia and will be actively promoted over the coming year.

People with type 2 diabetes remain the largest target group contacting the service, representing 77% of people with diabetes contacting the service. Diabetes education and information remains the main reason for contacting the service with 68% of people indicating that was the reason for their call.

As a result of contacting the DIAL service, the majority of people were referred to primary care or Diabetes WA services that are funded under other Department of Health contracted services such as telehealth and self-management programs.

**It was my first call to DIAL. I have already recommended it to others with diabetes. I appreciated the great attitude of the educator and the time spent to understand the reason for my call.”**

- DIAL caller with type 1 diabetes
DESMOND

PROGRAM OUTLINE
DESMOND (Diabetes Education and Self-Management for Ongoing and Newly Diagnosed) is the collective name for a family of group self-management education modules for people with, or at risk of, type 2 diabetes. DESMOND modules are evidence-based and are delivered by trained health professionals using specially developed resources. The program is highly interactive and person-centred and is delivered in one full day or two half days.

YEAR IN REVIEW
In recognition of the standard of excellence of Diabetes WA’s DESMOND, the program was endorsed as the comprehensive structured diabetes self-management program offered nationally under the NDSS, giving access to quality diabetes education to people with diabetes across Australia.

DESMOND was conducted in a variety of suburbs and towns across metropolitan and regional areas of WA including Rivervale, Mirrabooka, Cannington, Melville, Caversham, Forrestfield, Wanneroo, Joondalup, Kalamunda and Subiaco in the metropolitan area.

Through the adapted DESMOND program (go to page 25 for more information) it was delivered in; Albany, Tambellup, Kojonup, Katanning, Kendenup, Denmark, Pingelly, Northam, Beverley, Lancelin, Jurien Bay, Merredin, Gingin and Southern Cross.

Evaluation showed that DESMOND is making a significant difference to the wellbeing of people with type 2 diabetes, with those attending the program having significantly reduced distress associated with their diabetes. This research found that the earlier that someone attends DESMOND after being diagnosed, the bigger the impact on their wellbeing. Participants were also found to feel more empowered and confident that they could self-manage their diabetes.

2016/17 was the first year that DESMOND was measured for customer satisfaction. Surveys conducted of participants’ experience of the service showed the overall Net Promoter Score (NPS) for DESMOND programs conducted in Western Australia is 70.8. (Go to page 28 for a background on Net Promoter Scores). This is an excellent result when given the context that the average NPS quoted in the NPS Benchmarks survey across all industries was 44. For information on DESMOND delivered in regional WA and in Aboriginal and Torres Strait Islander communities go to page 25.

Training other health services to deliver Diabetes WA programs increases the reach beyond the metropolitan area. Go to page 22 for a discussion of the DESMOND training program for health professionals.

FAST FACTS
DESMOND program delivery

| Total number of metro DESMOND workshops delivered | 64 |
| Total number of participants attending programs | 530 |

Impact of attending a DESMOND Workshop on the outcomes of diabetes empowerment and diabetes-related distress.
PROGRAM OUTLINE
The Smart programs are a range of group workshops designed to help people to better navigate their diabetes. The two and three hour workshops are focused on the different aspects of diabetes management that affect people’s lives, providing education and practical tips for self-management of the condition.

YEAR IN REVIEW
This last year has seen big changes for the Smart programs. To ensure national consistency and quality of programs delivered under the NDSS, the Smart programs were reviewed against the NDSS Standards for structured self-management diabetes education.

They were also assessed against the behaviour change theory – Social Learning Theory. Training content and program activities were then adjusted to ensure the Smarts created an environment that empowers people with diabetes and increases their confidence and skills to self-manage their condition.

As a result of this quality improvement, a pilot Smarts training program was conducted in conjunction with Diabetes Tasmania.

The pilot was a success and the Smart programs have now been approved to be adopted by other Diabetes Australia organisations in a move to provide high quality, nationally consistent services and programs.

A new suite of program resources were developed in preparation for training 32 health professionals across Australia from July 2017.

FAST FACTS

<table>
<thead>
<tr>
<th>Smart Workshop</th>
<th>Sessions</th>
<th>Total attendees</th>
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</thead>
<tbody>
<tr>
<td>ShopSmart (Classroom)</td>
<td>11</td>
<td>101</td>
</tr>
<tr>
<td>ShopSmart (Supermarket)</td>
<td>20</td>
<td>141</td>
</tr>
<tr>
<td>CarbSmart</td>
<td>21</td>
<td>209</td>
</tr>
<tr>
<td>MedSmart</td>
<td>8</td>
<td>74</td>
</tr>
<tr>
<td>FootSmart</td>
<td>14</td>
<td>105</td>
</tr>
<tr>
<td>MeterSmart</td>
<td>13</td>
<td>98</td>
</tr>
</tbody>
</table>

“Having the variety of programs specific to a topic to help me manage my diabetes really allows me to focus on the parts that I need extra help with. The supermarket tour is so useful!”

– Smarts Participant
DAFNE

PROGRAM OUTLINE
DAFNE (Dose Adjustment for Normal Eating) is a group workshop designed for adults with type 1 diabetes. The five-day comprehensive program equips participants with strategies to self-manage their insulin doses to match in with carbohydrate intake, exercise, illness, and alcohol intake, to ensure diabetes fits within their lifestyle, rather than the other way around.

YEAR IN REVIEW
In 2016/17 the DAFNE program became a free service with funding under the NDSS. It was also confirmed as the national program in the type 1 space, being offered across other state diabetes services.

Evaluation of DAFNE in WA showed significant reductions in diabetes distress for participants and the program obtained a Net Promoter Score of 78.6 (go to page 28 for information about Net Promoter Scores). Participants’ feelings about their facilitators were on par with those that attended a DESMOND program, as previously outlined, with most feeling respected by their facilitators for making their own health decisions – a score of 55 out of 60.

FAST FACTS

<table>
<thead>
<tr>
<th>DAFNE</th>
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</thead>
<tbody>
<tr>
<td>Sessions</td>
</tr>
<tr>
<td>Attendees</td>
</tr>
</tbody>
</table>

Type 1 Tactics

PROGRAM OUTLINE
Type 1 TACTICS for exercise is a free workshop designed to give people the tools and tactics they need to safely and effectively manage blood glucose levels surrounding exercise.

The three-hour group workshop provides the opportunity to learn, problem solve and strategize with peers and a credentialled diabetes educator/accredited exercise physiologist.

YEAR IN REVIEW
Type 1 TACTICS was a new program introduced in 2016/17 and is the subject of a master’s thesis at Curtin University. Three sessions were run in March and April 2017 with positive feedback from participants.

Evaluation results showed that participants obtained an increased confidence in exercising to manage their blood glucose levels and they had a modestly decreased fear of hypoglycaemia as a barrier to physical activity.

FAST FACTS

<table>
<thead>
<tr>
<th>Type 1 Tactics Pilot</th>
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</thead>
<tbody>
<tr>
<td>Sessions</td>
</tr>
<tr>
<td>Attendees</td>
</tr>
</tbody>
</table>
Culturally and Linguistically Diverse (CALD) Health

This year, our CALD program was based around Feltman sessions – using the life-sized felt image of the human body, showing the systems and organs relating to diabetes, to educate this priority population about diabetes prevention and management.

YEAR IN REVIEW

Diabetes WA has doubled the contract target for CALD programs, with eight being delivered in this financial year. This has resulted in 165 people within high risk priority populations receiving basic diabetes awareness.

Early results from the formative evaluation in the ATSI DESMOND project show that the Feltman education tool should continue to be used in the CALD communities where adapted self-management programs are not yet available.

Multicultural Feltman presentations were delivered at various locations, some using interpreters. Cultural groups targeted in the last twelve months were from Iranian, Asian, Spanish, Sikh, Samoan and Chinese backgrounds. By conducting these sessions, there is a twofold benefit: raising the awareness of diabetes in CALD communities and building working relationships with key stakeholder groups in readiness for more substantial engagement as funding allows.

PROGRAM OUTLINE

As part of the Diabetes Australia Federation, Diabetes WA has supported a national project to develop a diabetes education framework for CALD communities.

FAST FACTS

<table>
<thead>
<tr>
<th>CALD Programs and Activities</th>
<th>Language</th>
<th># of programs</th>
<th>Attendees</th>
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<tbody>
<tr>
<td>Feltman Session at Kondoola Integrated Service Centre</td>
<td>Mixed</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Feltman Session at Australian Asian Association WA</td>
<td>Iranian</td>
<td>1</td>
<td>15</td>
</tr>
<tr>
<td>Feltman Session at Australian Asian Association WA</td>
<td>English speaking Asian group</td>
<td>1</td>
<td>15</td>
</tr>
<tr>
<td>Feltman Session at Australian Asian Association WA</td>
<td>English speaking Sikh group</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>Feltman Session at Australian Asian Association WA</td>
<td>Spanish</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>Samoan Community Event at Department of Sport and Recreation</td>
<td>Samoan</td>
<td>1</td>
<td>15</td>
</tr>
<tr>
<td>Chung Wah in Balcatta</td>
<td>Cantonese</td>
<td>1</td>
<td>35</td>
</tr>
<tr>
<td>Chung Wah in Willeton</td>
<td>Mandarin</td>
<td>1</td>
<td>35</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>8</td>
<td>165</td>
</tr>
</tbody>
</table>
Aboriginal and Torres Strait Islander (ATSI) DESMOND

PROGRAM OUTLINE
ATSI DESMOND is a version of our DESMOND program adapted to suit Aboriginal and Torres Strait Islander communities.

The program aims to help people living with type 2 diabetes manage their diabetes better and allows them to share their story and learn about diabetes in a group setting.

YEAR IN REVIEW
In July 2016, Charles Darwin University, in partnership with Diabetes WA successfully applied for funding through the National Health and Medical Research Council (NHMRC) to determine:

• whether the DESMOND program adapted for Aboriginals is experienced as culturally appropriate, safe and secure.
• the effectiveness of the program to enhance individual’s self-management capability, improve their social-emotional well-being, reduce smoking rates and improve metabolic markers of diabetes control.
• how to enable long-term sustainability and fidelity of the DESMOND program in regional, rural remote and Aboriginal community contexts.

The successful NHMRC grant application has resulted in further targeting of specific regions in WA, to assess the impact of the adapted DESMOND program in a variety of different areas and settings.

Over the last six months there has been a renewed focus on identifying and securing partnerships with key Aboriginal health organisations in the Perth Metropolitan region as well as the South West and Pilbara regions.

Since work commenced to trial DESMOND with Aboriginal communities, Diabetes WA have collected comprehensive feedback and suggestions from participants, facilitators and health services to determine the effectiveness and appropriateness of the program.

A thorough consultation process was undertaken to utilise this feedback, ensuring culturally-suitable adaptations were made.

An adapted facilitator guide, participant booklet and other program resources have since been created and used in programs delivered as part of the research.

FAST FACTS

<table>
<thead>
<tr>
<th>ATSI Programs delivered</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATSI DESMOND programs delivered</td>
</tr>
<tr>
<td>Number of participants attending</td>
</tr>
</tbody>
</table>
Yarn Up

PROGRAM OUTLINE
The objective of the Yarn Up session is to use the interactive Feltman tool to explore diabetes, including signs and symptoms, causes, treatments and complications of diabetes. The session is person-centred, with the group encouraged to explore their barriers to healthy eating, including food security and literacy.

YEAR IN REVIEW
Diabetes WA successfully applied for funding through Rural Health West to deliver a number of Yarn Up sessions across the Pilbara. Diabetes WA engaged Mawarnkarra Health Service and Wirraka Maya Health Service to deliver Yarn Up sessions to Aboriginal Health Practitioners and community members. Everyone who attended the sessions seemed very engaged and interested in Feltman. A community cooking session was also added to the end of several yarning sessions involving the use of cheap, easy and healthy ingredients.

Rural and Remote Product Supply Scheme

PROGRAM OUTLINE
Changes to the National Diabetes Services Scheme (NDSS), that saw a transition to pharmacy-based supply of diabetes products, (go to page 29) resulted in the Commonwealth Government identifying a gap in the provision of diabetes product delivery in regional WA.

From 1 July 2016, Diabetes WA engaged with the Commonwealth to provide a product supply service to Aboriginal Medical Services and people living in rural and remote locations that may be disadvantaged in the new NDSS supply arrangements.

YEAR IN REVIEW
In its first year of service, the rural and remote supply team provided product, information and materials to Indigenous and Non-Indigenous registrants of the NDSS, and also processed orders and arranged supply for rural and remote medical clinics.

FAST FACTS

<table>
<thead>
<tr>
<th>Location</th>
<th>Number of Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wirraka Maya in Hedland</td>
<td>1</td>
</tr>
<tr>
<td>Roebourne on behalf of Mawarnkarra Health Service</td>
<td>3</td>
</tr>
</tbody>
</table>

TOTAL PARTICIPANTS 44

<table>
<thead>
<tr>
<th>Product</th>
<th>Total Supplied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insulin Pump Consumables</td>
<td>10,133</td>
</tr>
<tr>
<td>Strips</td>
<td>21,746</td>
</tr>
<tr>
<td>Sharps</td>
<td>6,174</td>
</tr>
<tr>
<td>CGM Sensors and Transmitters</td>
<td>31</td>
</tr>
</tbody>
</table>

TOTAL PRODUCTS 38,084
Year Ahead

A new self-management program contract with the Department of Health for 2017/18, along with the Pilbara Diabetes Strategy funded by the WA Primary Health Alliance (go to page 26 for details), will enable Diabetes WA to take an active role in the coordination, administration and capacity building of DESMOND programs in country Western Australia. This will reduce barriers, such as a lack of administration and marketing support, to rural and remote health professionals delivering DESMOND locally. It will also improve the accuracy of the data being collected and enable consistent evaluation to be incorporated into all DESMOND programs.

We are hopeful, with the help of our Diabetes Telehealth service, to take DAFNE to a rural and remote area (most likely the Great Southern).

Now that new resources and manuals have been prepared for the Smarts program, 32 health professionals will be trained as facilitators nationally in the next 12 months.

The plan for the NHMRC Aboriginal DESMOND research project for the coming year is to finalise delivery of programs and commence data collection and analysis early 2018 with a plan for results to be published by the end of 2018. We are also hoping to work with suitable organisations to facilitate a number of Yarn up sessions for Aboriginal groups across Perth Metropolitan area.

Diabetes WA is planning to host an Annual Aboriginal Health Forum in May 2018.

“You allowed us to speak. You didn’t come in here and tell us how it is supposed to be. Noongars have their own feelings and their own opinions and ways to be and it has been valuable to have you here, letting us ask questions and get answers, from each other. We all look out for each other and this information is useful and helpful so that we can do that.”

– Harvey woman
Engagement with Health Professionals

Professionals who are already working in the health arena are often the first point of call for people with a health concern. It is often the point in the system where most direct care is delivered.

This refers not only to primary care providers, such as General Practitioners, but also community workers, aged care providers and allied health practitioners.

We provide valuable training courses, study days and workshops to keep professionals updated with the latest knowledge and best practice in the area of diabetes management and prevention. We also train health professionals who are interested in learning how to deliver our evidence-based programs to patients in their own areas.

Workshops and Upskilling

PROGRAM OUTLINE

We offer a range of training workshops to assist health professionals and other community members from the community health, primary care, aged care, private health and not-for-profit sectors to support people at risk of, living with, and affected by diabetes.

YEAR IN REVIEW

In a year of successful collaborations, Diabetes WA worked with the Australian Centre for Behavioural Research to conduct upskilling in the newly launched ‘Diabetes and Emotional Health Handbook’ with Associate Research fellow Jennifer Halliday.

While continuing to deliver our training and upskilling workshops, we also collaborated with Leading Aged Services Australia to conduct diabetes upskilling for aged care health professionals and carers, including the promotion of the new manuals: ‘Diabetes Management in Aged Care’ and ‘Fast Facts for Care Workers.’

We continued a successful partnership with Marr Mooditj to upskill Aboriginal Health Workers in nutrition and diabetes and the biannual ‘Diabetes Update for Health professionals’ continued to be a popular and well attended event.

General Manager of Health Services, Deb Schofield, presented at the Western Pacific International Diabetes Federation Conference in Taiwan in November 2016.

Two of our educators, Sophie McGough and Kylie Mahony were selected to deliver oral presentations at the Australian Diabetes Society (ADS) and the Australian Diabetes Educators Association (ADEA) Annual Scientific Meeting 2016 in the Gold Coast, with Kylie winning the Best Novice Oral Presentation Award for her presentation on our DESMOND program.

Diabetes WA were also invited as guest speakers to present at two ADEA Client Centred Workshops in Victoria.

FAST FACTS

<table>
<thead>
<tr>
<th>Workshops and Upskilling</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Sessions</td>
<td>138</td>
</tr>
<tr>
<td>Attendees</td>
<td>1107</td>
</tr>
</tbody>
</table>
Telehealth Upskilling

PROGRAM OUTLINE
The Diabetes Telehealth: For Country WA service works to provide upskilling and professional development opportunities for regional health professionals to increase their capacity to effectively manage patients with diabetes.

YEAR IN REVIEW
Two health professional upskilling sessions are delivered each month via the Telehealth video conference technology. These are available to all regional and remote health professionals. Topics covered included medications, diabetes equipment and products, CGM training, related chronic conditions, healthy eating, diabetic retinopathy and general diabetes management.

FAST FACTS
<table>
<thead>
<tr>
<th>Telehealth Upskilling</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sessions provided</td>
<td>17</td>
</tr>
<tr>
<td>Hours of service</td>
<td>18.25 hours upskilling</td>
</tr>
<tr>
<td>Total attendance:</td>
<td>478 health professionals</td>
</tr>
</tbody>
</table>

DESMOND – Train the Trainer

PROGRAM OUTLINE
There are currently around 100 trained facilitators actively delivering DESMOND around Australia and New Zealand. DESMOND training focuses on both the quality of delivery and the program content. Facilitators are guided through a mentoring and assessment process to ensure they incorporate the learning theories and philosophies of DESMOND within their delivery of the program.

YEAR IN REVIEW
This year Diabetes WA trained all state-based diabetes organisations around the country in DESMOND in preparation for the national roll out of the program under the NDSS in 2017/18. Additionally, previously trained DESMOND health professionals continued to progress through their DESMOND quality development (QD) pathway and are coming forward for mentoring and accreditation. Ensuring facilitators complete the QD pathway is important in maintaining the fidelity of the DESMOND program.

FAST FACTS
<table>
<thead>
<tr>
<th>Program</th>
<th>Sessions</th>
<th>Attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td>DESMOND Training</td>
<td>4</td>
<td>24 x Health professionals</td>
</tr>
<tr>
<td>DESMOND Study Days</td>
<td>2</td>
<td>17 x DESMOND facilitators</td>
</tr>
<tr>
<td>Total</td>
<td>6</td>
<td>41</td>
</tr>
</tbody>
</table>

Year Ahead
In 2017/18 Diabetes WA will be introducing a new strategic initiative in Primary Care. The aim of this project is to embed Diabetes WA and its services into the primary care system and support general practices to provide quality diabetes services for their consumers. A national initiative under the NDSS will also see us working in partnership with aged care providers to promote and facilitate the use of the NDSS aged care diabetes audit tool, to advocate for quality diabetes care in aged care facilities.
In the Regions

Diabetes WA recognises the value of sharing their knowledge and resources with those in vulnerable and isolated communities.

A priority for the organisation is to address inequity of diabetes services in rural and remote locations, due to the vast geographical expanse of WA, scattered population concentrations outside of the Perth metro area and gaps in service across parts of the state. This year, we have been continuing to work through our health services and programs to help to address these needs.

Telehealth

PROGRAM OUTLINE

Diabetes Telehealth: for Country WA is a free education and support service for people living with diabetes in rural and remote areas of Western Australia. The service was commissioned by the Department of Health WA to be delivered by Diabetes WA in November 2014 and has been operational since March 2015.

The Telehealth service is not designed to replace or substitute existing resident services but instead aims to increase community access to diabetes education, working in partnership with local GPs and health services where possible.

Telehealth also works to provide upskilling and professional development opportunities for regional health professionals to increase their capacity to effectively manage patients with diabetes (see previous page for more information on this area).

The service has been made possible with the continued support of the Western Australian Country Health Service (WACHS), through the Southern Inland Health Initiative (SIHI), as part of the State Governments Royalties for Regions program, along with investment from Diabetes WA.

YEAR IN REVIEW

Over the past year, the Diabetes Telehealth: for Country WA service has continued to establish itself as a quality option for people living in regional WA that require access to diabetes education and upskilling in diabetes self-management.

Patients are experiencing a direct impact of reduced travel for appointments with this figure now around 350,000km over the past two years.

In November 2016, Telehealth was a Finalist for the category of Overcoming Inequities in the WA Department of Health’s Excellence Awards.
Evaluation of the service has shown an overwhelmingly positive impact on the patients engaged with the services and health professionals who accessed professional support through this service. Evaluation results are summarised in the infographic below.

Of significance is the close working relationship that Diabetes WA now has with Asthma WA in some of the operational aspects and evaluation of both services. Both services are continuing to explore other ways to align and collaborate in tangible ways. Added to this, WACHS and WAPHA have commissioned an important piece of work to progress with scoping a Chronic Conditions Telehealth model that will lay the foundation of a combined service approach that will see other chronic conditions serviced through this technology.

**FAST FACTS**

**Diabetes WA Telehealth**  
*March 2015 to June 2017*

- **791** total referrals
- **1579** occasions of service
- **1229** clients seen
- **618** clients discharged

**Number of referrals by region:**

- Goldfields: **121**
- Great Southern: **236**
- Midwest: **33**
- Pilbara: **98**
- Southwest: **120**
- Wheatbelt: **175**
- Other: **3**

**What people say about the service:**

- “Gained a better understanding of all aspects of diabetes and its management.”
- “Just to be able to talk to someone and know you are doing the right thing.”
- “[It was helpful] being able to talk to a professional who seemed to be caring, interested, sympathetic and informative without having to travel!”

**Impact of health professional upskilling on clinical practice**

- **49.25** hours of upskilling provided to health professionals in country WA
- **1105** attendances

- “By having improved my knowledge about the medications it has enabled me to be able to feel more confident with my patients.”
- “Awareness of new guidelines and resources, [...] will implement into my practice.”
- “Overall refreshed knowledge and understanding. Extra information to impart to patients.”
- “Troubleshooting tips and reinforcement of procedural care and contraindications. Very good.”

Evaluation of the service has shown an overwhelmingly positive impact on the patients engaged with the services and health professionals who accessed professional support through this service. Evaluation results are summarised in the infographic below.

Of significance is the close working relationship that Diabetes WA now has with Asthma WA in some of the operational aspects and evaluation of both services. Both services are continuing to explore other ways to align and collaborate in tangible ways. Added to this, WACHS and WAPHA have commissioned an important piece of work to progress with scoping a Chronic Conditions Telehealth model that will lay the foundation of a combined service approach that will see other chronic conditions serviced through this technology.
Adapted DESMOND

PROGRAM OUTLINE
A Department of Health (WA) special project funded in the Wheatbelt and the Great Southern (2015 - 2017) to address barriers to delivery of structured education in the regions found that the biggest barrier to implementing quality self-management programs was not about lack of capacity, numbers, access or technology. Regional health professionals identified that they did not have the time nor the skills to complete the project coordination, administration, bookings and marketing required for successful implementation.

The aim of Adapted DESMOND therefore changed from exploring an alternative mode of DESMOND delivery in these areas, to providing this central administration, marketing, coordination and evaluation of regional programs in the Wheatbelt and Great Southern areas.

YEAR IN REVIEW
This year Diabetes WA continued to explore ways of further supporting health professionals in rural and remote areas to deliver and promote DESMOND workshops in their region, ensuring these resource-poor factors were considered. We also extended the delivery sites to provide DESMOND programs close to home for participants.

As a result of this project, there has been significant upskilling of rural and remote health professionals in the delivery of quality, evidenced base group education programs and an increase in the skill base of those health professionals working within an empowerment, person-centred care approach.

This project has highlighted the potential future role of Diabetes WA as the central coordinator of structured self-management programs across the state, in a hub and spoke model where training, administration, promotion and evaluation support is provided centrally to ensure client awareness of, and engagement with, a consistent and quality diabetes service.

FAST FACTS
The two graphs below show the significant impact that adding Diabetes WA project coordination and marketing support had on the delivery of DESMOND in these regions in the previous financial year 2015/16.

In the Regions

Great Southern DESMOND programs 2014-2016

Wheatbelt DESMOND programs 2014-2016
Pilbara Diabetes Strategy

PROGRAM OUTLINE
Working in collaboration with WA Primary Health Alliance (WAPHA), Diabetes WA is venturing into the Pilbara with the Pilbara Diabetes Strategy Project. This project involves two phases of activity, both delivered by Diabetes WA:

Phase One
The implementation of the Pilbara Diabetes Strategy, which will include the training and qualification of health professionals in the Pilbara as DESMOND Newly Diagnosed and Foundation and Walking Away facilitators. This will enable those trained to then deliver these programs throughout the region as required. DESMOND is described previously. Walking Away is an interactive group education program for people who are at risk of developing type 2 diabetes and are interested in trying to prevent it.

Phase Two
In addition, Diabetes WA has partnered with Charles Darwin University to undertake a partnership research grant to pilot a revised and culturally adapted DESMOND program for Aboriginal and Torres Strait Islander (ATSI) people. The intention is to deliver this revised program to ATSI communities in 2018. The research grant requires three regions to participate as trial sites and the Pilbara has been identified as a suitable region. (go to page 18 for more detail on ATSI DESMOND)

YEAR IN REVIEW
As the project was only newly introduced (April 2017), the end of this financial year was spent on Phase One, focused on stakeholder engagement and sourcing people that were interested in undertaking training. With the assistance of WAPHA, time was also spent with resident organisations gathering local knowledge and feedback about how to promote programs in the region.

Consultation with Aboriginal Medical Services and establishment of partnerships to conduct ATSI DESMOND Research also commenced to provide foundations for Phase Two of the project.

Year Ahead
Work will continue in 2017/18 on the Pilbara Diabetes Strategy project with training, consultation, support and assessment taking place throughout the year.

There is now a specific focus on increasing the relevance and reach of the Telehealth service into Aboriginal and CALD communities in Country WA. Models of care have already been explored and this work will continue through 2017/18. Specific strategies and resources are required such as flexibility, trialling new methods to improve service access, development of trust and confidence and ongoing resource from Diabetes Telehealth to sustain referrals. Reach into vulnerable communities remains a high priority for this service.

Endocrinologist Dr Gerry Fegan will also start conducting Telehealth appointments from the Diabetes WA Subiaco offices in August 2017.

Diabetes WA continues to engage with many organisations, particularly within the health sector, to encourage a consistent and evidence-based approach to self-management education. There is an emerging role for Diabetes WA to assist in the strategic planning of diabetes services within regional areas where there are multiple stakeholders, fragmentation and issues with sustaining a quality, well-resourced diabetes workforce. Diabetes WA plans to play a significant role in 2017/18 in not just offering training in DESMOND, but other programs and services.
Measuring Our Impact

Evaluation allows us to monitor the impact and quality of programs and their suitability and relevance to our target audience. It provides the opportunity for reflection and continuous quality improvement to ensure our programs meet the needs of our consumers and assist them in their journey with diabetes.

Year in Review

Since the previous annual review, all Diabetes WA self-management programs have been assessed against, and met, the NDSS quality standards. As a result, Diabetes WA programs, DESMOND and the Smarts series, were selected by the NDSS National Services Group and Diabetes Australia to be delivered nationally as evidence-based, theory driven programs with an underlying philosophy of care and clear quality improvement pathways.

Under the NDSS National Evaluation Framework, which was developed by an evaluation team based at Diabetes WA, two key measures for structured self-management programs are: increased empowerment for diabetes management; and reduced diabetes distress.

**Diabetes empowerment:** Empowering people in making choices regarding their diabetes management encourages a sense of self-determination likely to result in adherence to self-management goals in the long term.

**Diabetes-related distress:** A reduction in diabetes distress – which encompasses general emotional distress, depression, diabetes self-care behaviours, and diabetes coping and health behaviours – is predictive of better health outcomes and reduced risk of complications in the long term, especially when combined with increased empowerment in self-management.

A review of our health services throughout this report outlines the success of our programs in meeting these outcomes.

**IDENTIFYING THE IMPORTANCE OF EARLY REFERRAL**

Evidence shows that a person’s beliefs about diabetes are formed quickly after diagnosis and that these beliefs can determine later psychological distress and self-management behaviour. This makes it essential to encourage people to attend a self-management education program, such as DESMOND, as soon as possible after diagnosis.

Measuring the impact of DESMOND has demonstrated that the program’s effect on reducing diabetes distress is greatest among those who attend DESMOND within the first three months after diagnosis. This outcome will be a key concept promoted to primary care providers.

**THE IMPACT OF FACILITATOR DELIVERY**

Diabetes WA has an organisational commitment to a person-centred philosophy of care that supports people in making informed decisions about their diabetes management and determining what will work for them and their life.

The way in which a facilitator delivers a program can greatly affect participants’ level of self-determination and empowerment for diabetes management. Diabetes WA, therefore, measures the extent to which the facilitator/s support the participants’ autonomy in making decisions about their own diabetes management.
Recent analyses of evaluation data from our programs has confirmed that the more a facilitator supports autonomous decision-making, the greater their impact on increasing diabetes empowerment and reducing diabetes distress.

**NET PROMOTER SCORE**

Consumer satisfaction can be measured using the Net Promoter Score (NPS), an internationally recognised assessment that measures the likelihood that someone will recommend a product or service to others, based on their own experience. It is the core measurement for customer experience management programs world-wide. A score above 0 is generally considered good, and above 50, excellent. Our health services all received excellent scores when measured. To add context, the average NPS quoted in the NPS Benchmarks survey across all industries is 44.

<table>
<thead>
<tr>
<th>Program</th>
<th>NPS</th>
<th>Program</th>
<th>NPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>DESMOND</td>
<td>71</td>
<td>FootSmart</td>
<td>82.4</td>
</tr>
<tr>
<td>DIAL</td>
<td>93</td>
<td>MedSmart</td>
<td>81.8</td>
</tr>
<tr>
<td>DAFNE</td>
<td>78.6</td>
<td>MeterSmart</td>
<td>84.6</td>
</tr>
<tr>
<td>ShopSmart</td>
<td>80.6</td>
<td>Telehealth</td>
<td>73.3</td>
</tr>
<tr>
<td>CarbSmart</td>
<td>72.5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For more results on evaluation measures and outcomes for our prevention and diabetes management programs, see individual reports throughout this Annual Review.

**Year Ahead**

**Maximising response rates**

Despite our best efforts to obtain feedback from participants after utilising one of our health services or attending one of our programs, it can be a challenge to ensure all people complete an evaluation form. Diabetes Telehealth is identified as a priority area for monitoring and evaluation, however there are unique challenges to evaluating this service that often result in low response rates.

In the year ahead, the evaluation team will be implementing new strategies to increase response rates for our Telehealth consumer evaluation surveys. Evidence suggests that making the evaluations more personable can increase response rates. The evaluation team will trial methods such as personalised cover letters, offering respondents the results of the evaluation, and including a colour photograph of their diabetes educator along with the evaluation forms in an attempt to improve response rates.

**Patient activation**

In 2017/18 Diabetes WA will begin to trial the use of the Patient Activation Measure (PAM) – a unique measure of engagement and empowerment that can be used to evaluate the effectiveness of interventions and to measure the performance of health care services in involving patients in their own care. This form of measurement not only captures a person’s beliefs about their ability to self-manage but also the likelihood that they will put these beliefs into action. Individuals who are more highly activated are more likely to adopt healthy behaviours, adhere to medications and to manage their health conditions more effectively. Intervening to increase patient activation can therefore improve a patient’s engagement with health services, involvement in their own health care, and ultimately, their long term health outcomes.
Supply and Support

The National Diabetes Services Scheme (NDSS) is an initiative of the Australian Government that provides a range of health services for people living with diabetes. Diabetes WA administers the NDSS in Western Australia.

At the outset of this past financial year, the Federal Government introduced changes to the NDSS, with the development of a new contract arrangement that meant state and territory diabetes organisations were no longer involved in the provision of diabetes product supply, only health services.

A potential gap in service provision was identified in the transition to the new pharmacy-based supply scheme, and Diabetes WA were appointed as an Access Point to continue providing supplies to Aboriginal Medical Services and rural and remote locations in WA (go to page 19).

IN 2016/17 OUR SUPPLY AND SUPPORT TEAM:

- 9,144 new NDSS registrations
- 12,104 replacement registration cards
- 1,150 replacement registration cards
- Provided information sessions to 165 GP practices, reaching 741 GP’s
- Added 900 registrants to the CGM
- Completed 320 GP site visits
- Distributed 11,053 hard-copy education resources
- Supported 562 Access Points in the transition to the new NDSS arrangements
- Provided training to 800 pharmacists and assistants within NDSS Access Points
Committed to Our Community

Diabetes WA is dedicated to raising awareness of diabetes and promoting more understanding of the condition within our community. A strong focus is to engage with communities affected by all types of diabetes.

By partnering with identified individuals, communities, schools and organisations, we strive to foster productive community-wide relationships.

Our approaches and activities are as diverse as the people we work with.

Awareness Events

On World Diabetes Day in November 2016, Diabetes WA joined 230 diabetes organisations from around the world to share the International Diabetes Federation’s (IDF) message about the importance of early diagnosis of type 2 diabetes to reduce the risk of complications.

Perth celebrities, politicians, health facilities, school groups and Diabetes WA staff donned a pair of round-frame blue paper glasses to mark the ‘Eyes on Diabetes’ theme. The blue circle glasses represented the global symbol for diabetes awareness and were available to download online via the Diabetes WA website.

For National Diabetes Week, the focus was on feet. The event in July puts the spotlight on diabetes throughout the nation, raising awareness of the condition and its growing prevalence in the community. Damage to the feet is one of the most common diabetes complications, and we used the opportunity to highlight the importance of caring for your feet and recognising possible problems before it is too late, while promoting our relevant health services, such as FootSmart.

During this week we also celebrated nine Kellions, including two siblings, who have managed their diabetes through thick and thin. The Kellion Victory Award Scheme recognises and commemorates Australians and their carers for having lived with diabetes for 50, 60 and 70 years.

St John Ambulance paramedics

Kellion Victory Award recipients, siblings Noreen Hall and John McLaughlin.
Community Information Sessions

Together, Diabetes WA and Princess Margaret Hospital hosted community information sessions and clinics;

- Maggie Dent, well known author, educator, and parenting and resilience specialist, presented on “Taming the Stress Monster in Adolescence”.
- The Diabetes Research and Information Update was an event for parents and young people living with type 1 diabetes. With a focus on technology and physical activity, the event featured presentations from the PMH Diabetes Research Team. UK ultra-marathon runner Gavin Griffiths and Dr Martin De Bock, Paediatric Endocrinologist.
- The Diathlete Sports Clinic was an event for kids with type 1 aged 10-17 years. Special guest, Gavin Griffiths ran the session focused on exercise and sport.

‘Reconnect with your Diabetes’ is a free practical seminar that assists people in the community to better understand and manage their diabetes. Sessions were held in Rockingham, York and Cannington. Topics include healthy eating, understanding nutrition panels, medication, and general diabetes information. The session also aims to connect participants with diabetes services in their area.

FAST FACTS

<table>
<thead>
<tr>
<th>Community Information Sessions</th>
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</thead>
<tbody>
<tr>
<td>Total Attendees to DWA and PMH hosted events</td>
<td>153 parents and young people</td>
</tr>
<tr>
<td>Reconnect</td>
<td>100 participants</td>
</tr>
</tbody>
</table>

Volunteers

Without the support of our committed volunteers we would not be able to operate as we do. We appreciate their selfless dedication and contribution.

921 Hours of voluntary office support
190 Hours of voluntary exec Board work

$53,846 Total equivalent of paid wages saved

EXPOs

We attended the following expos:

- Women of the World Expo
- Fremantle Women’s Expo
- Positive Ageing Expo
- Seniors Have A Go Day
- Every Woman Expo
- Samoan Multicultural Rugby Harmony Day
Young People

CGM TRAINING
In April 2017 the Federal Government launched an initiative to subsidise the cost of Continuous Glucose Monitors (CGM) for those under 21 years with type 1 diabetes through the National Diabetes Services Scheme. The response was overwhelming. Diabetes WA supported PMH by running workshops to initiate and train new users of the CGM device. Without this support many families were looking at waiting many months to be able to access this incredible technology.

FAST FACTS

<table>
<thead>
<tr>
<th>CGM Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>CGM Sessions</td>
</tr>
<tr>
<td>Total Family Members Attending</td>
</tr>
</tbody>
</table>

AWARENESS IN SCHOOLS
Diabetes WA recognises the important role educators can play in assisting young people to manage their diabetes. Diabetes Awareness in Schools is a training program designed to increase levels of understanding and knowledge of diabetes management among school employees. This training program has been developed with input from PMH. We also offer additional school camp training sessions for individual teachers, education assistants, school nurses and outdoor education staff. This training utilises the new checklist and management plans for families and school staff to use in preparation for school camps.

School training numbers have continued to increase, with the number of schools trained increasing by 10 from last year. School camp training has been very well received, and the newly introduced Action and Management Plans for schools, which are in line with other states, were also well received and are being widely used.

KIDS CAMP
In April 2017, in conjunction with PMH, we hosted a camp for kids, aged 11 and 12 years, with type 1 diabetes. This was the first opportunity for kids to trial the CGM under the new government initiative, with the help of PMH staff and diabetes educators. Community interest to understand and use this technology was reflected in the number of applicants we received to attend.

Activities at the rockstar-themed camp were run by Sports Challenge Australia and included craft, adventure activities, yoga, a disco and an air guitar competition. A Westpac rescue helicopter also visited the group.

FAST FACTS

<table>
<thead>
<tr>
<th>Kids Camps</th>
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</thead>
<tbody>
<tr>
<td>Kids with Type 1 Diabetes</td>
</tr>
<tr>
<td>Total Family Members Attending</td>
</tr>
</tbody>
</table>
LEEUWIN
Each year, thanks to a generous donation from a kind supporter, Diabetes WA sponsors two young people, aged between 14 and 20 years, with type 1 diabetes to take part in the Leeuwin Ocean Adventure Ultimate Challenge. The challenge is specifically designed for young people with limitations and gives participants the opportunity to increase their self-confidence on the rewarding five-day adventure.

This year, an extra participant was also chosen to undertake the Challenge in March 2017.

FAST FACTS

<table>
<thead>
<tr>
<th>Leeuwin Ultimate Challenge</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 2016</td>
<td>2</td>
</tr>
<tr>
<td>March 2017</td>
<td>1</td>
</tr>
</tbody>
</table>

JAMIE’S MINISTRY OF FOOD

Jamie Oliver’s Ministry of Food program aims to increase awareness and knowledge around the importance of healthy eating. Diabetes WA sponsored six teens with type 1 diabetes to attend the program’s educational mobile kitchen cooking classes to learn to cook simple, healthy and tasty meals using fresh ingredients. Though the classes do not specifically have a diabetes focus, healthy eating is essential for diabetes management and we provided diabetes support from a diabetes educator at the classes.

FAST FACTS

<table>
<thead>
<tr>
<th>Jamie’s Ministry of Food</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Young people and their families</td>
<td>6</td>
</tr>
</tbody>
</table>
Fundraising

Every year, individuals and groups throughout Western Australia generously raise money to support Diabetes WA. Fundraisers come from all walks of life. Most have been touched by diabetes in some way and some simply recognise the ever-increasing impact of the chronic condition on people’s lives.

Generous fundraisers raised $40,742 from the HBF Run for a Reason, including $7,340 from the tenacious Carly Pink O’Sullivan.

$679,665
Total Fundraising Income

The Kindness of the Community

• Kassandra Chilcott – hosted the All Good Blue Bazaar which raised funds through donations from the community and businesses, kids activities, sausage sizzle and photo booth.

• Kerry Fletcher – held an album launch in memory of a friend. Funds raised through donations made by attendees in place of entry fees.

• My Affordable Dentists, Subiaco – fundraised throughout September for Sugar Free September. Funds raised through donations collected by staff and patients.

• The Shire of Merredin – held a Fun Run. Funds raised through entry fees, donations and raffles.

• Employees of Walker Wayland – gave up sugar for eight weeks. Funds raised through donations collected by staff and a donation made by the employer.

• Yutika Donohue and the WA Primary Health Alliance – donated funds raised through donation boxes and general donations during National Diabetes Week. They also made sock puppets and employees could wear slippers to work.

• Jetts Bassendean – initiated the Vital Movements Project at their gym with funds raised through entrant fees and donations.

We also undertook our own fundraising activities, administering three raffles ($153,170), selling Entertainment Books and running a Christmas appeal.

For more information on supporting our work, visit Support Us on our website.
Spreading the Word

As part of our approach to community engagement and education, our communications team strive to raise the profile of Diabetes WA, along with raising awareness about the impact of the chronic condition. We do this in a number of ways;

**Diabetes Matters** - members' magazine that is distributed to more than 11,000 people each quarter, including GPs, health professionals, government offices and local libraries.

We offer people the opportunity to share their thoughts with other followers and occasionally we look at the lighter side of the condition, using memes (themed, captioned photos that are intended to be funny), along with promotion of Diabetes WA health services, events and relevant issues that hit the media.

**Website** – our website is one of our main channels of communication. Information can be found on all of our health services, upcoming events, diabetes news, tips on managing your diabetes and lots more. Our new-look website was launched at the very end of the 2015/16 financial year, so this year has been focused on getting it right and making the most of the new features and format.

**Corporate Lunch** – our annual Corporate Lunch event at Fraser's Restaurant, allows members of Perth’s business community to network and hear about the work Diabetes WA is doing. Guest speaker at this year’s event, Woodside CEO and Managing Director Peter Coleman, addressed the 200 guests and spoke on navigating a changing operating environment while managing stakeholder expectations.

**In the News** – we are fortunate to have the support of local and national media in helping us to raise awareness of our cause and our organisation. Diabetes WA appeared in community, trade, state and national publications, on news, community and organisational websites. We featured in current affair and news television programs, ran advertising campaigns on GWN, and conducted interviews for metro and regional radio stations.

**www.diabeteswa.com.au**
Members of Diabetes WA are connected to a community of more than 200,000 people across Western Australia living with, or at risk of, diabetes.

We keep our members informed, provide them with support and information, offer them discounts and access to events and programs, and also give them a platform for their voice to be heard on issues relating to their condition.

Our members are important to us and we are proud of the benefits we offer;

• quarterly editions of Diabetes Matters magazine
• monthly e-newsletters
• information resources including fact sheets, wallet guides and booklets
• access to free advice from our diabetes educators
• discounted or free attendance at educational workshops
• discounts and promotions with our member benefit partners including podiatry services, insurance, gym memberships, first aid courses and ShopRite (a discount buying service) to name a few.

**FAST FACTS**

<table>
<thead>
<tr>
<th>Membership as at 30th June 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members</td>
</tr>
<tr>
<td>Life members</td>
</tr>
<tr>
<td>New members</td>
</tr>
<tr>
<td>Membership fees generated</td>
</tr>
<tr>
<td>Additional donations from members</td>
</tr>
<tr>
<td>Annual membership fee</td>
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Our Governance

Diabetes WA Ltd is an Australian Public Company, limited by guarantee. We are driven by our dedicated staff, the guidance of our volunteer Board and a strict adherence to sound governance principles.

Effective from 13 June 2017 we completed transition from an Incorporated Association to an Australian Public Company limited by guarantee. Our existing constitution was repealed and replaced with a new constitution with a slightly different structure, but with the same objective.

Our Constitution
Diabetes WA is established as a charity whose object is to support those living with diabetes or at risk of diabetes and suffering from related chronic conditions. We do this by undertaking activities directly or through financial support of other organisations with similar objects. Click here to read our Constitution.

This change is important from a strategic context as the scale and scope of Diabetes WA’s activities, both now and in the future, is better suited to this new structure and will further enable the organisation to progress our strategic goals.

Governance Framework
Governance is the system by which Diabetes WA is directed and managed. It is the framework within which the organisation works to achieve its goals and fulfil its Mission.

Governance influences how objectives are set and achieved, how to monitor and assess risk and how performance is optimised. Our governance structures are modelled on best practice and assist in ensuring innovation, development, prudent stewardship and accountability.

### Constitution
- Sets in stone our legal framework
- Establishes ownership (the financial Members)
- Defines who we are

### Board of Directors
- Established by the Constitution
- Delegated authority by Members to determine how the organisation’s resources are used

### Directors
- Have a group authority
- Decisions are made by a collective of the Director’s wisdoms

### Committees of the Board
- Support the Board in carrying out its role by providing advice
- Committees can not act for the Board

### CEO
- Appointed by the Board
- Delegated the Board’s authority to determine how the organisation’s resources are sourced and used
- Resources used within the boundaries set by the Board (Strategic Plan, Annual Operating Plan and Budget, and Board delegated authorities - Policies and Procedures)

### Executive Positions
- Appointed by the CEO
- Plan, organise, staff and manage the work required by the Strategic and Annual Operating Plan and Budget in Divisions

### Divisions
- Staffed and managed by a member of the Executive
- Do the work as defined by the Strategic and Annual Operating Plan and Budget
OUR BOARD

Our operations are administered by a Board of eight dedicated voluntary directors who are legally responsible and accountable for the organisation’s ongoing stewardship and strategic development.

Board members are selected for their varied and complementary skills and are drawn from a wide range of backgrounds.

The Board meets every two months and scrutinises strategic, management and operational reports provided by the CEO.

The Board met eight times in this financial year – six standard board meetings and two strategic planning days with the management team.

BOARD TRAINING

All Board Members undertake a comprehensive induction which outlines their legal responsibilities as a director and provides general information about Diabetes WA and relevant policies.

These policies include – but are not limited to – our code of conduct, conflicts of interest, decision making framework, contentious issues and stakeholder engagement.

OUR COMMITTEES

The Board also forms two specialist committees based on experience and qualifications for further independent scrutiny of management and policy.

- **Finance, Audit and Risk Management (FARM) Committee**
  4 members met 5 times.

- **Governance Committee**
  4 members met 5 times.

BOARD PROFILES

Dr Moira Watson (PhD)
President
Member since: 2006

Moira has been President since 2009 and also sits on the Board of Diabetes Australia Limited. She is a delegate to the International Diabetes Federation (Western Pacific Region) with qualifications in management and education.

Paul Vivian
Vice-President
Member since: 2010

Paul is currently General Manager (Products and Pricing) for Bankwest. He has more than 20 years of experience in financial services management roles both in Australia and internationally. He has held the role of Vice-President since 2011.

Andrew Burnett
Secretary
Member since: 2009

Andrew is Counsel at Squire Patton Boggs. With some 30 years of experience in workplace law, Andrew has assisted government and private employers on managing legal, commercial and reputational risks associated with employment, occupational health and safety and industrial relations issues. He is also chair of our Governance Committee.
Gary is a chartered accountant and consultant and was previously the Chief Executive Officer of the WA Football Commission and the Chief Operating Officer of the Fremantle Football Club. He has been both treasurer and chair of our Finance, Audit and Risk Management Committee for seven years. Professionally, Gary has championed the need to build strong commercial management principles and procedures within the not for profit environment. He has had type 1 diabetes since he was 12 years old.

Tony is a founding Partner of Lester Blades, a Western Australian executive search and recruitment firm. He has almost 30 years’ experience in executive level recruitment and has been exposed to the operations and activities of companies in the private, public and not-for-profit sectors. Tony has type 1 diabetes as does one of his children.

Jim is Director of Environmental Health of the Public Health Division within the Department of Health Western Australia. He has been active in the field of environment and health for over 30 years, having worked in various Australian state and federal governments, as well as holding international roles with development and aid organisations.

Alan is a general practitioner and brings to Diabetes WA a sound knowledge of the biopsychosocial impact of diabetes on individuals and the community. He is active in education and currently holds the Chair of Communication and Clinical Practice at the School of Medicine at the University of Notre Dame Australia. In addition he is involved in GP education, particularly in the areas of diabetes, men’s health and obstructive respiratory disease.

Mary Anne is a senior executive and non-executive director with more than 25 years’ experience leading teams within the financial services, IT and not-for-profit sectors in Australia and the United States. She is currently the Chief Financial Officer for Amana Living Inc.
ISO CERTIFICATION – A FOCUS ON QUALITY

As part of our Strategic Vision, Diabetes WA is committed to continuous improvement. This ensures we will continue to provide quality programs and services to people with diabetes in WA.

ISO 9001:2015 *Quality Management Systems – Requirements* is an international standard that helps ensure that an organisation’s customers get consistent, good quality products and services. Last year Diabetes WA undertook significant work towards achieving certification under ISO 9001:2015. To be a certified organisation, an independent auditor must ensure that all the requirements of the standard have been met in relation to the way the entire organisation is run. This includes evidence of a strong customer focus, the motivation of top management, the process approach and continual improvement.

**FAST FACTS**

<table>
<thead>
<tr>
<th>ISO Certification</th>
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</thead>
<tbody>
<tr>
<td>ISO (International Standards of Organisation) is a range of recognised management concepts, principles and practices that are combined into a set of standards to form a Quality Management System.</td>
</tr>
<tr>
<td>Helps improve Diabetes WA’s overall performance and provide a platform to continue to expand and develop and demonstrate a commitment to quality improvement.</td>
</tr>
<tr>
<td>This year we have been working towards accreditation and will continue to do so.</td>
</tr>
</tbody>
</table>
Stewardship: (noun) the responsible overseeing and protection of something considered worth caring for and preserving.

Focusing on our mission to improve the lives of those at risk of, living with or affected by diabetes, we recognise the importance of responsible financial management to achieve our organisational goals and strategies.

Financial stewardship represents the care, conservancy, planning, attention, upkeep, and management of our financial resources and assets. Below we detail revenue, spending, assets and liabilities for the financial year 2016/17.

**SOURCES OF REVENUE**

- Commonwealth Government Funding 48.7%
- State Government Funding 27.9%
- Fundraising 9.1%
- Memberships 3.7%
- Product Sales 3.2%
- Other Funding 2.5%
- Fee For Service 2.3%
- Investments 1.9%
- Other Revenue 0.4%
- Lotterywest Grants 0.3%

**EFFICIENT OPERATIONS**

Direct costs are spent in delivering our services. Indirect costs are overheads such as power, rates, and rent.
EXPENSES BY FUNCTION

2016/17 $7,028,766

- Health Service Programs 62.9%
- Administration 20.9%
- Product Subsidy Program 10.7%
- Marketing & Business Development 5.5%

In 2016/17 Diabetes WA delivered a surplus of $460,808, which will be set aside for future projects.

STRONG BALANCE SHEET

A copy of the audited financial statements can be found on our website. Visit diabeteswa.com.au/annual-review
A Special Thank You.

Diabetes WA would like to acknowledge and thank the generous contributions that have been made by these organisations and individuals. We are enriched by their involvement.

Ailsa Fitzpatrick  
Anthony Bryson  
Beryl Meldrum  
Carly Pink O’Sullivan  
Carol Sharbanee  
Fred Marx  
Gavin Bunning  
Georgia Smith  
Ian Anderson  
Jane Davies  
Jenni Parker  
Jodie Scott  
Kassandra Chilcott  
Kathleen Wallace  
Matt Pontel  
Matthew Roberts  
Nancy Warner and family*  
Renee McKenna  
Stephen Orner  
Tracey Keeney  
All Saints’ College  
BDO Audit (WA)  
Beef By The Reef  
City Of Gosnells  
Commonwealth Bank  
Curves  
Donna Barlow Corporate Travel  
Entertainment Publications Of Australia  
GWN  
HBF  
Inner Wheel Club Of Scarborough  
Iona Presentation College  
Irwin District Charity Ball  
John Curtin College Of The Arts  
John Septimus Roe Anglican Community School  
LSA  
Quality Press  
Royal Antediluvian Order Of Buffaloes  
Royal Lifesaving WA  
Santa Maria College  
Shire Of Merredin  
St Hilda’s Anglican School for Girls  
Tanita Electronic Scales  
Time Conti Sheffield  
WA Business News  
West Australian Marathon Club  
Willcraft

*A generous act by Nancy Irene Warner on her passing left a legacy that will significantly contribute to improving the lives of those living with a condition that was close to her heart. Nancy left a generous portion of the sale of her estate as a bequest to Diabetes WA. We thank her family and friends for assisting with the completion of this request.

If you would like to know more about donating, fundraising or leaving a bequest to Diabetes WA, please visit our website or get in touch with us at fundraising@diabeteswa.com.au or call us on 1300 001 880.

Nancy Warner with son Ross.
The Scope – why we do what we do

Scope: (noun) the extent of the area or subject matter that something deals with or to which it is relevant.

(as at 30 June 2017)

Diabetes is the world’s fastest growing chronic condition and there is no cure.

124,294 people known to be living with diabetes in WA, that’s 4.8% of the population of WA. 27 West Australians are diagnosed with diabetes every day.

PERCENTAGES BY AGE, WESTERN AUSTRALIA:

- Under 15 <1%
- 16-29 years 2%
- 30-59 years 34%
- 60-79 years 49%
- 80 years+ 14%

PERCENTAGES BY TYPE:

- 11,494 people living with type 1
- 109,065 people living with type 2
- 3,735 living with gestational or other form of diabetes

Estimated annual financial impact of diabetes in Australia $14.6b

These statistics are provided by the National Diabetes Services Scheme dependent on registrants with the NDSS. For every person diagnosed, it is estimated that there is at least one other person living with pre-diabetes or undiagnosed type 2 diabetes.