

2025 ANNUAL REVIEW



diabetesWA
by your side

A photograph of two people in yellow kayaks on a calm river, surrounded by lush green trees. The scene is reflected in the water. A teal text box is overlaid on the right side of the image.

By your side every step of the way

As we look back at the past year at Diabetes WA, we feel proud of the strong connections we have built and the many achievements we've made together.

Kaya, and what a wonderful year it's been.

The launch of our new brand, "By Your Side," has been a meaningful step forward. It captures what we stand for, being there for people in Western Australia wherever they live, and at every stage of their diabetes journey. Our vision is simple but powerful, that everyone, from Perth to the Pilbara to the Ngaanyatjarra Lands, can get the care, education and support they need to live well with diabetes.

Supporting health professionals is a key part of bringing this promise to life. Over the past year, we've shared education, resources and hands-on support with GPs, nurses and allied health professionals across the state. By helping them stay up-to-date with the latest evidence and practical tools, we're making sure people with diabetes receive consistent, quality care no matter where they are. Working closely with healthcare providers continues to strengthen the network of support around every West Australian affected by diabetes.

Every conversation, appointment and community visit is part of a bigger story built on compassion and commitment. We're especially grateful to our Diabetes WA team, whose dedication drives positive outcomes every day. Whether it's delivering care in our clinics, supporting people in rural and remote areas, answering calls on our helpline or working behind the scenes, their efforts make a real difference.

One of the standout moments this year was the launch of Diabetes WA Connect, an innovative new service that puts community-based care into action. With just one phone call, regional GPs can now speak directly with one of our endocrinologists. This new model aims to ease pressure on hospitals and remove the need for costly travel and potentially long outpatient wait times for people living with diabetes. The service was developed in close consultation with consumers and clinicians, and it's already changing care for the better. As one GP described it, "It felt like having a diabetes masterclass in one phone call." Watch this space for future developments for this wonderful service.

Our achievements wouldn't have been possible without the support of our many partners, from local community organisations and other health services to research institutions and government agencies. Together, we're creating a future where nobody faces diabetes alone. Our partners' expertise, resources and shared commitment have helped us grow our reach, shape new programs and respond to the needs of communities across the state.

To our clinicians and staff, you exemplify care, skill and kindness in everything you do. To our partners, funders and supporters, your collaboration makes real impact possible. To those living with diabetes, thank you for generously sharing your time and lived experience, and for trusting us to walk alongside you.

As we look ahead, we are excited about what's next. With new opportunities and initiatives already in the works, we remain committed to being by your side every step of the way.

Melanie Gates

Chief Executive Officer,
Diabetes WA



Mary Anne Stephens

Chair, Diabetes WA



By your side

“Our mission is to improve the lives of individuals affected by diabetes through comprehensive, person-centred care, education and support.”

We see the difference that community-based support can make every single day.

The work done by community health organisations like ours often makes the difference that keeps someone well at home and out of hospital.

We are committed to advancing innovative solutions that empower people to manage their diabetes, prevent complications and live full and healthy lives.

Our vision is supporting people with diabetes to **live well and thrive.**

Our mission

Our services and support



Virtual care & telehealth



Diabetes WA Helpline



Awareness & engagement



Diabetes WA Connect



Metropolitan & outreach clinics



Self-management programs and health professional education

Our goals

Our goals and values guide Diabetes WA, shaping our decisions and actions to ensure safe, high-quality diabetes support and care. They keep our consumers, community and team at the heart of everything we do, driving our success now and in the future.

1

Engage & empower the community

Create a connected community and elevate consumer voices.

2

Research & innovate

Improve health outcomes and quality of life, and promote a more sustainable healthcare system.

3

Strengthen the workforce

Build the confidence and capacity of the health workforce to better support people and prevent complications.

4

Expand access & support

Expand our clinical services and health programs to effectively support more consumers to live well with diabetes.

5

Advocate & collaborate

Champion change to tackle the unmet and emerging needs of the diabetes community in WA.

Our values

Caring for people

Empowering individuals living with diabetes and treating them with respect, professionalism and empathy.



Solution focused

Leading through innovation, passion and enthusiasm, and providing evidence-based solutions.

Committed to excellence

Priding ourselves on high-quality work and efficient use of resources.



Leading through collaboration

Working in partnership with each other and like-minded organisations to achieve our mission.

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By your side

Western Australia's health system is under increasing pressure. The causes are complex, but one part of the solution is clear: keeping people well and supported in the community to avoid hospitalisations.

As the peak state body for diabetes, this principle underpins our commitment to connected diabetes care. We know that when people are supported with education and clinical care to manage their diabetes, they are far less likely to experience the complications that lead to hospitalisation.

By working alongside hospitals, GPs, allied health professionals and community providers we aim to support individuals to stay well while improving health outcomes for people with diabetes.

The growing challenge of diabetes

About 1 in 13 West Australians are known to be living with diabetes, although the true number is likely higher. Its complications are life-changing for individuals and place significant strain on hospitals and the broader health system.

With the right support, most people with diabetes can manage their condition well. Ensuring that support is available and accessible is what connected diabetes care is all about.

...for connected diabetes care

A connected approach

We believe it takes a village to support each West Australian living with diabetes. This village includes general practice, community services, aged care providers and hospitals.

This approach reflects the reality of living with diabetes. Managing diabetes is not something that happens only in a consulting room. It is part of everyday life – at home, at school, at work and in the community. By ensuring ongoing, wraparound support, we help people stay healthy where they live, not only when they are unwell enough to need hospital care.

At Diabetes WA, our role is to stand alongside people living with diabetes and ensure they have the care and support they need, when and where they need it.

Connected diabetes care is not just a model for supporting people with diabetes – it is vital to building a stronger and more sustainable health system.



Who we support

Approximately 1 in 13 West Australians (8%) live with diabetes. Over the past year, Diabetes WA has expanded our reach, strengthened our partnerships and continued to innovate in the way we deliver services.

Diabetes WA provided clinical appointments with diabetes educators across the state, including 37% in the Pilbara region. Appointments serving Aboriginal or Torres Strait Islander clients accounted for 27% of our appointments.

TYPE 1 DIABETES

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

PREDIABETES

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

ABORIGINAL COMMUNITIES

In remote Aboriginal communities, such as the Kimberley region, the prevalence of diabetes is as high as 29.2%, with an additional 8.6% having prediabetes.

TYPE 2 DIABETES

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

GESTATIONAL DIABETES

Approximately 1 in 7 women who gave birth in WA in 2024 (15.1%) were diagnosed with gestational diabetes. This puts them at higher risk of developing type 2 diabetes.

RURAL AND REMOTE PEOPLE

Diabetes prevalence in Australia is 1.3 times higher in remote and very remote areas compared to major cities.

How we help

Services

- Helpline
- Telehealth and virtual clinics
- Diabetes WA clinics
- Diabetes WA Connect
- Rural & remote product supply

Programs

- Community programs
- Online programs
- Training for health professionals

Community

- Kids camps
- Community outreach
- Community events
- Partnerships

Advocacy

By your side

In 2025,
Diabetes WA
celebrates
60 years
of supporting
West Australians.

To celebrate our anniversary, we have redesigned our brand to better reflect our contemporary, leading organisation and the role we have played in Western Australia across 60 years.

We had a dream – to refresh our look in a way that honoured both our long journey as a health organisation and the unique country we work upon.

Given how long we've been around, this wasn't about creating something from scratch, but about uncovering the essence of who we are and what we do – and communicating that to the West Australians who need our support.

The first step was talking to West Australians to find out what Diabetes WA means to them. Through a series of focus groups, with a range of stakeholders including Aboriginal Elders, people living with diabetes and the Diabetes WA team, we were able to uncover what makes the brand special.

The result was a
message that summed up
the role of Diabetes WA in
the lives of people
affected by diabetes –
By Your Side.



The idea of Diabetes WA being by your side, of walking with you, meant something to everyone we spoke to. “By your side” is relevant, simple and easy to translate across cultures.

With the message established, the next task was to introduce a more contemporary look that highlighted our long connection to Western Australia. Diabetes WA is embedded in the lives of communities across the state, so our new palette needed to reflect the diverse colours of its landscape, from the cool green forests of the southwest to the rich ochres of the north.

To connect the old brand with the new, we incorporated Indigenous artwork, previously commissioned from artist Bec Morgan.

The final piece of the puzzle was a signature squiggle we're calling a journey line. The journey line represents the Derbarl Yerrigan, or Swan River, a body of water with great spiritual and cultural significance for the area's Traditional Owners, the Whadjuk Noongar people.

The journey line also reflects the idea that everyone living with diabetes is on a journey. No two are the same, and none are linear.

Our new brand



The launch of Diabetes WA Connect

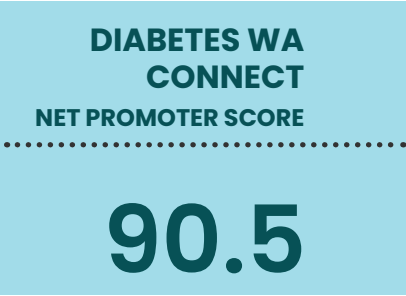


The launch of Diabetes WA Connect was a highlight of the year.

Collaboratively designed by GPs, tertiary clinicians, people living with diabetes and community health, the service has received incredible feedback from its users.

By connecting GPs and nurse practitioners in rural and remote areas of WA with Diabetes WA Connect endocrinologists, it allows them to talk through complex diabetes cases with a colleague, while saving patients long journeys and longer wait times to see hospital specialists.

With the health system under increasing pressure, connecting GPs directly with endocrinologists can reduce referrals to hospital outpatient clinics and keep people living with diabetes in their communities.



GPs can call directly or book a callback for direct advice on all diabetes types, either over the phone or as part of a multidisciplinary case conference with a credentialed diabetes educator or an Aboriginal health practitioner.



Dr Gregory Ong
Endocrinologist

Dr Greg Ong is a consultant endocrinologist who holds clinical appointments at Fiona Stanley Hospital, Fremantle Hospital and Sir Charles Gardiner Hospital.



A/Prof Seng Khee Gan
Endocrinologist

A/Prof Seng Khee Gan is a consultant endocrinologist with a clinical appointment at Royal Perth Hospital.

By your side

“This service is useful for more complex patients with other conditions and issues where the standard care just isn’t working. It’s helpful for giving reassurance around management and troubleshooting.

It’s also very quick and easy to book an appointment online. I also like that you get paid for that time, which you don’t when you’re ringing around for a second opinion in your own time.”

Dr Grace Morley GP
Bunbury

Our stories

Dr Cara Sheppard works one week a month in the Pilbara for the Puntukurnu Aboriginal Health Service (PAMS), across five locations in the western desert. For her, Diabetes WA Connect helps her stay across all patients in the region, not just the ones she sees personally.

"There's not always a doctor on the ground here, so I may be getting a phone call from a nurse and making decisions about a patient's care remotely," Cara says.

"I'm generally ringing about the more complex patients – someone with an intellectual disability, co-morbidities, poorly controlled diabetes or those who are not engaging with the health services."

She finds that, on a practical level, being able to book a time to talk to an endocrinologist is more effective than trying to catch a hospital registrar on the phone. Diabetes WA Connect provides time to talk in detail. "We can really dig into the complexities, go back over the results and look into the history of a particular patient. There is time for a more in-depth conversation."

Cara says it's helpful that Diabetes WA Connect endocrinologists have a strong understanding of the context of regional and remote medicine.

"Some of the more junior registrars don't appreciate the constraints within which we're working. How long it takes us to get blood test results, how far away we are from services such as X-rays. The more experienced endocrinologists have been in the system long enough to understand the logistical issues."

Diabetes WA Connect also offers a necessary sounding board for GPs in more isolated regions.

"It's less about the minutiae of management, because for my patients there's sometimes a lot more complexity. And it's a safety net where I can document in my notes that I've spoken to an endocrinologist. We talk and throw ideas out there – are we doing the right thing, what else could we do?"

She plans to make more use of the service's multi-disciplinary case conferences.

"I've been thinking about pulling a list of our poorly controlled patients and having a case conference, because we only have an endocrinologist visiting Newman three times a year."

Diabetes WA Connect can also make up for the lack of a permanent diabetes educator in remote and regional communities. Cara says a diabetes educator comes every six weeks, but that doesn't really work for insulin, where you need more regular contact.

"If I was in Perth, I would not put someone on insulin until they had seen a diabetes educator, whereas out here I don't have that luxury."

Diabetes WA endocrinologist Dr Greg Ong says that in a healthcare setting where there are significant challenges, every opportunity counts, because you don't know how many chances you'll have to intervene.

"Then there are more practical issues to consider, from reliable refrigeration to food security to dealing with extreme weather and the distance to services, and it can be harder to know what the safest option is," Greg says. **"GPs can also call Diabetes WA Connect and feel empowered to make decisions for patients they don't know well."**



"We can really dig into the complexities, go back over the results and look into the history of a particular patient. There is time for a more in-depth conversation."

Dr Cara Sheppard, Pilbara GP

By your side

The Helpline is there not only for those living with diabetes,

but also for carers and health professionals seeking guidance.

No matter who is on the line, our team is committed to being by your side.

... on the Diabetes WA Helpline

We have expanded our support for vulnerable communities, particularly people from non-English speaking backgrounds, by providing advocacy, education and guidance to help them navigate the health system.

With an increasing range of contact options, the helpline is now more accessible than ever. Whether through a phone call, online support or referral to one of our wider services, people can connect with us in the way that suits them best.

For many West Australians living with diabetes, the **Diabetes WA Helpline** is the first place they turn for support. It offers more than just answers to questions — it provides reassurance, expert advice and a connection to care when people need it most.

Staffed by trained customer support officers and credentialed diabetes educators, our helpline ensures that early intervention is always within reach. A single call can help people stay on track with their diabetes management and avoid preventable complications.

The helpline is there not only for those living with diabetes, but also for carers and health professionals seeking guidance. No matter who is on the line, our team is committed to being by your side, ensuring that every West Australian can access the advice, support and care they need.



This year we saw

20,030 Inbound calls

1784 Contacts with a diabetes educator

DIABETES WA HELPLINE
NET PROMOTER SCORE
97

By your side



For many people living in regional and remote WA, getting timely access to diabetes care can be a real challenge.

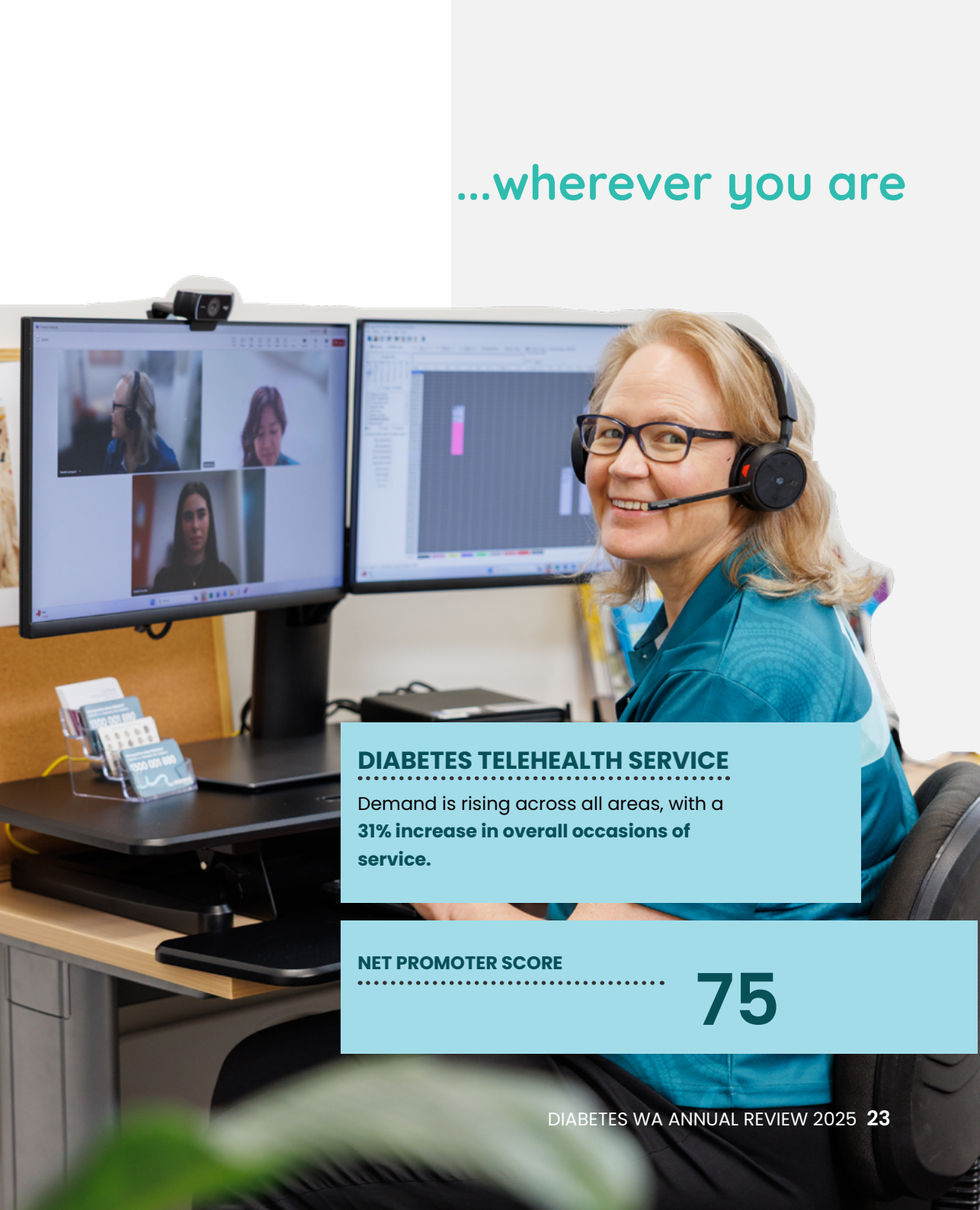
Distances are vast, local services may be limited and wait times can be long. Our free **Diabetes Telehealth Service** improves access for regional and remote communities and ensures equity of care across the state.

Over the past year, demand for our Telehealth services increased by 31 per cent. This rapid growth shows just how vital Telehealth has become for vulnerable communities, especially in areas where face-to-face services are unavailable or disrupted.

We are especially proud of our strengthened partnerships with Aboriginal Health Services and continue to deliver culturally safe services, seeing a 75% increase in clients identifying as Aboriginal, Torres Strait Islander or both.

For many, the Telehealth service is far more than a convenience. It is a lifeline — connecting people to expert care, reducing barriers, and ensuring that no matter where they live, West Australians can know that Diabetes WA is by their side.

...wherever you are



DIABETES TELEHEALTH SERVICE

Demand is rising across all areas, with a **31% increase in overall occasions of service.**

NET PROMOTER SCORE

75

By your side

Our Telehealth service allows us to connect with West Australians who might otherwise struggle to access the support they need, including women in rural and remote areas diagnosed with gestational diabetes mellitus (GDM), currently the fastest growing diabetes in Australia.

Tara Stevens, diabetes educator and clinic leader, founded the Telehealth GDM clinic in late 2020, and sees around 25 clients at any one time.

The clinic has since expanded to a team of three diabetes educators, and Tara, who has a nursing background, works alongside a dietitian and a pharmacist, a shared skill set that works well for clients.

A typical Telehealth GDM appointment can run from 15 minutes to an hour based on what treatment the women are on; this can include monitoring blood glucose levels, reviewing carbohydrate intakes or introducing new medications and insulin.

For women who want postpartum support, Diabetes WA also offers Baby Steps through the NDSS, a convenient online program that empowers women to implement lifestyle changes that will reduce the risk of developing type 2 diabetes and provides a supportive online community of new mothers.



DID YOU KNOW?

Across our statewide services, including Telehealth, we saw a 17% increase in appointments for women in regional WA diagnosed with gestational diabetes, with 55% of our Telehealth services concerning gestational diabetes.

GDM Telehealth clinic





By your side

This year the Diabetes WA Clinic has seen strong growth, with demand increasing month on month and expansion into new locations in Port Kennedy and Maddington, in addition to our Subiaco clinic.

... face-to-face

By June 2025, **demand for our services increased by more than 170% compared the previous year.** We supported **people living with type 1 diabetes on insulin pump therapy**, and have trained **four diabetes educators** towards becoming accredited pump trainers. This growth reflects the vital role the clinic plays in helping people start their diabetes journey with confidence.

Additionally, our contracted clinical services provided services for our partner organisations across the state, including for Aboriginal Community Controlled Health Organisations (ACCHOs), regional health services and a private prison, with 66% of these appointments delivered in-person and the remainder via virtual care.

Our clinic provides an integrated approach that combines personalised self-management support and one-on-one clinical care with group workshops and online education. People can access assistance with blood glucose monitoring, insulin adjustment, new medications, dietary support, diabetes prevention, weight management and continuous glucose monitor (CGM) and insulin pump start-ups and troubleshooting.

Most importantly, the clinic offers a non-judgmental space where people feel safe to ask questions and address their diabetes concerns. Care is delivered by our credentialled diabetes educators who may also be dietitians, pharmacists, nurses and exercise physiologists, ensuring comprehensive support across all aspects of diabetes management.

Our stories

"I'm glad I found the right support when I really needed it."

Greg Bird, Diabetes WA member

Greg Bird's first encounter with Diabetes WA was through his local pharmacist, when he went in for health advice and left in an ambulance.

He shares his experience of getting back on his feet.

"Last October I went into my local pharmacist as I was feeling crook.

I had been hitting it pretty hard on all fronts, knocking back the booze and not eating a balanced diet. They gave me some medication, but the next day I was still feeling bad, so I went back. This time, the pharmacist called Diabetes WA and was advised to call an ambulance immediately.

I was taken to Midland Hospital before being transferred to Royal Perth Hospital, where I was put in an induced coma for 20 days. Although I had some awareness of what was going on at times, I couldn't talk, and I was hallucinating and delusional.

Since getting out of hospital I've done a lot of research into type 2 diabetes and how it relates to diet and lifestyle. My approach was to start with step one, which is keeping a journal of what I'm doing and eating, writing down my meds and how much insulin I've had and monitoring my blood glucose levels over the day. You're never going to remember it all, so if you write it down it's easier to keep track and you can gauge your progress. You do get a bit obsessed.

What I've found most helpful is the regular contact with a Diabetes WA diabetes educator, because it means there's some accountability.

What I've found most helpful is the regular contact with a Diabetes WA diabetes educator, because it means there's some accountability.

I can send them my readings to check, and I know when there's a call coming in. This helps to keep me on track, because I don't want to disappoint them or myself. Obviously, they can't be with me 24 hours a day, so I need to help myself, but they have been there to answer a few things that were confusing me about type 2 diabetes

The tricky bit is convincing someone to make a small step. And then maintaining that behaviour. Type 2 diabetes is a slow creeper. You might have a mild version and think you can buy some time, but then it catches up with you and it's horrendous and suddenly you have to make huge changes.

It's been six months since I got out hospital and I'm feeling pretty good. Avoiding that whole scenario again is enough of a motivator, but it's also about quality of life and being around for my six kids and twelve grandkids. I've been to hell and back and come out riding the horse.

I'm glad I found the right support when I really needed it."

By your side

This year, we continued to strengthen our education services for people living with diabetes — while also supporting the health professionals, schools and communities who work alongside them.

Our **training programs for health professionals** ensure diabetes knowledge across WA remains current, practical and accessible. We delivered training to **539 health professionals, 57 of whom were First Nations health professionals**.

We are proud to be expanding the reach of our renowned education programs through a growing range of **online resources, virtual programs and digital health solutions**. These innovations ensure that distance is no barrier to connection, learning or support.

In partnership with authorities in the **Ngaanyatjarra (NG) Lands**, we have worked to arrange a **culturally safe training session for community health professionals**. This collaboration combines local knowledge with diabetes expertise to deliver meaningful, community-led care in some of the most remote parts of our state.



... for education and support

While we embrace new ways to support our community, our established education programs remain at the heart of what we do.

- OzDAFNE
.....

A comprehensive, five-day course for people with type 1 diabetes, helping participants calculate carbohydrate content, adjust insulin, and manage exercise, illness and hypoglycaemia.
- OzDAFNE @Home
.....

A virtual version of the program, combining live group support with online modules so people can participate from anywhere in WA.
- DESMOND
.....

Group education program for people with type 2 diabetes, supporting self-management and confidence through shared experience.
- MyDESMOND
.....

An online option offering the same support and flexibility for people unable to attend in person.
- SMARTS Workshops
.....

Focused half-day sessions covering specific diabetes topics, including food labels, footcare, medication and carb counting.
- Baby Steps
.....

A virtual program for women who have experienced gestational diabetes, helping them reduce their risk of recurrence or developing type 2 diabetes in the future.
- Live Webinars and Online Programs
.....

Covering a broad range of diabetes management topics, connecting people with credentialed diabetes educators no matter where they live.

EDUCATION PROGRAMS AND COMMUNITY ENGAGEMENT

DIABETES EDUCATION SESSIONS: 3,796 attendees, with 3018 from the metro area and 778 from regional WA. Of these, there were 2,231 attendees at **DIABETES SELF-MANAGEMENT WORKSHOPS** with 1,653 from the metro area and 578 from regional WA.

ENGAGEMENT EVENTS: 3,436 attendees, with 2,422 from the metro area and 1,014 from regional WA.

We also recorded 2,231 access point engagements, and 4,755 rural and remote access point engagements (such as people accessing diabetes equipment from their local health centre or receiving support with the NDSS.)

Our stories

Twenty years on, the OzDAFNE program continues to transform the lives of people living with type 1 diabetes.

Taking five days out of your routine to learn more about managing type 1 diabetes is a significant commitment. But for Ruth Hansen it has been life-changing.

"I've managed quite well over the years, so I was reluctant to do OzDAFNE, and extremely reluctant to try carb counting," Ruth says.

"It also meant taking a week off work to fly to Perth. But Linda, my diabetes educator, strongly encouraged me as there were some things I couldn't manage, including my morning highs. So I gave it a go."

A key tool of the program is a daily worksheet that records each participant's food intake, insulin dose and glucose level. By analysing results as a group, everyone gains a better understanding of hypos and the impact of diet, exercise and other factors.

"We'd start the day by going through everyone's worksheets and work out what changes we could make," says Ruth. "If you do it together you feel more confident adjusting your insulin."

In bringing together a small group of people from a diverse range of backgrounds – young and old, newly diagnosed or living with type one diabetes for many years – participants also gain valuable new insights into living well with diabetes.

"We had a couple of family members whose child had a recent diagnosis. It was good for them to meet people with more experience in handling hypos and to get a sense of the longer-term medical impact – but also to see us getting on with our lives.

Brainstorming practicalities as a group is a key part of the program, with participants sharing tips, stories and even recipes.

"One participant was newly diagnosed and wasn't sure if he'd be able to continue sailing," says Ruth.

"We worked through all the practical considerations, including what to wear, how to keep his insulin cool, how to think about his glucose levels – and all that gave him confidence that his diagnosis didn't have to stop him doing something he loves."

"We worked through all the practical considerations, including what to wear, how to keep his insulin cool, how to think about his glucose levels – and all that gave him confidence that his diagnosis didn't have to stop him doing something he loves."

The program also covers physiology, tech for type 1 diabetes and the newer drugs.

"One thing I was advised was to consider going on an insulin pump, which I'd never wanted to do, but I'm now reconsidering it. It reset my frame of mind around the tech that's available."

Analysing her results has also enabled Ruth to reduce her insulin. "I was always having insulin that I felt was forcing me to eat, now I eat when I'm hungry. My insulin is down to a third of what I used previously, my time in range is now up to 78% from 50% and I've lost weight. It's about making the tech and medicine and systems work for your life."

"Sometimes you lose confidence in the way that you are managing life, but in fact you're doing really well."

OzDAFNE helped me to realise that."

Ruth Hansen, Diabetes WA member



Our stories

Dietitian and diabetes educator
LAURA MARTIN facilitates DESMOND
(Diabetes Education and
Self-Management for Ongoing and
Newly Diagnosed) community
workshops in the Wheatbelt.



"I first came to work in the Wheatbelt as a dietitian from South Australia ten years ago. During my first few years here, I noticed the high number of clients living with diabetes and so I went back to study diabetes education.

I have now been involved with delivering the DESMOND course, an interactive workshop for people living with type 2 diabetes, for ten years.

It was one of the first up-skilling courses I took. I remember going to Diabetes WA's Subiaco office for the training with other health professionals and then starting the quality development training with a DESMOND assessor. It was good to self-reflect on my progress and get feedback from others.

In the Wheatbelt we mostly deliver DESMOND as a one-day group program, although it can also be delivered over two days. It is always a great day that encourages all our attendees to share their story and diabetes journey with each other through topics and sessions that we, as DESMOND facilitators, guide.

There are activities with food models and exercises to keep the day interesting, along with take-home information for participants to look back on.

In terms of feedback, I find that people are pleased with the program and how it is delivered. It involves and engages all attendees in conversation and learning rather than asking them to sit and listen to information about diabetes all day.

It's also really powerful for people living with diabetes to share stories and learn from each other as it is those participants and their loved ones who are living with the condition daily.

In my experience, people often remember the information and feel more empowered to make changes when they have discovered the answer to a question themselves.

The more programs we can offer in rural areas, the more opportunity we have to assist and support those who can really benefit from them."

Laura Martin
DESMOND facilitator



By your side

Advocating for access: making life-changing diabetes technology affordable for all.

For many West Australians living with type 1 diabetes, automated insulin delivery systems — or insulin pumps — have the potential to transform life. These small, intelligent devices automatically adjust insulin delivery based on continuous glucose monitor (CGM) readings, helping to prevent dangerous highs and lows and reducing the mental load that comes with managing diabetes.

But while the technology exists, affordability remains a major barrier. As West Australian Alain Watson discovered after attending a Diabetes WA Tech Night, the out-of-pocket costs can quickly become overwhelming. Even with private health insurance, there are waiting periods and ongoing expenses that place this life-changing technology out of reach for many.

As the peak body for diabetes in Western Australia, Diabetes WA continues to advocate for equitable access to diabetes technology and support services. CEO Melanie Gates says that subsidised access to insulin pumps and CGMs is essential to improving quality of life and reducing the long-term health impacts of diabetes.

“We have been calling for greater access to vital diabetes technology, because we know the difference these tools make to the lives of the West Australians who are living with diabetes,” Ms Gates says. “No one should be denied access to better health because of cost.”

Following the Australian Government’s State of Diabetes Mellitus in Australia 2024 report — which recommended improved and subsidised access to diabetes technology — Diabetes WA has reaffirmed its commitment to pushing for change.

For Alain, and for thousands like him, this advocacy offers hope. “There’s a strong link between accessing diabetes technology and reducing the burden of living with diabetes,” he says. “Subsidies would make a real difference. It’s amazing technology — it just needs to be within reach.”

... advocacy

“We have been calling
for greater access to vital
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difference these tools
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West Australians who are
living with diabetes.”





Diabetes WA Community Network member Alain Watson believes that subsidising diabetes technology would greatly improve the lives of people living with type 1 diabetes.

New technology, including insulin pumps, has the potential to ease the mental load carried by many people living with type 1. The problem is not everyone can afford it.

As someone who works full time in IT and lives with type 1 diabetes, Alain was understandably excited when he heard about the latest insulin pumps at a Diabetes WA Type 1 Tech Night. But after crunching the numbers, he realised he wouldn't be able to justify the cost.

"When I went spoke to different suppliers on the night, the first question I was asked was 'do you have private health insurance' and the second was, 'are you covered for an insulin pump?'" Alain says.

"For the applicable hospital cover tier, I'd need to pay an extra \$40 a week. On top of that, I'd be paying for the pump itself over four years, plus consumables."

These costs can quickly add up, as can the stress. As a member of the Diabetes WA Community Network, Alain is familiar with the many extra decisions that people living with diabetes need to make each day, from counting carbs to working out how much insulin to inject after a meal.

A pump doesn't remove all decision making but, by delivering insulin continuously for up to seven days, it removes the need for multiple daily injections. Newer pumps are smaller and offer a range of options to fit your lifestyle, including waterproof and tubeless, exercise modes or features to help manage if a bolus for a meal was missed.

All in all, it means a better night's sleep for people living with diabetes, along with fewer hassles when working, swimming or exercising.

"I turn a lot in the night and would find cables hard, but one of the newer pumps doesn't have these," says Alain.

"It would be great if we had the option to use a pump and have the need for injections removed."

Diabetes WA has been calling for greater access to vital diabetes technology, including continuous glucose monitors (CGMs) for the type 2 community and automated insulin pumps for people with type 1 diabetes. We know the difference these vital technologies can make to the lives of the West Australians who are living with diabetes.

Over the past year, the Diabetes WA Community Network is increasingly playing a role in driving this sort of advocacy.

Our members contributions have been invaluable, from providing thoughtful feedback through surveys, sharing their personal diabetes journeys on film, offering insights on resource development, participating in interviews about the impact of diabetes and consulting on our strategic direction and new branding.

Members have even played a key role in research design with external stakeholders.

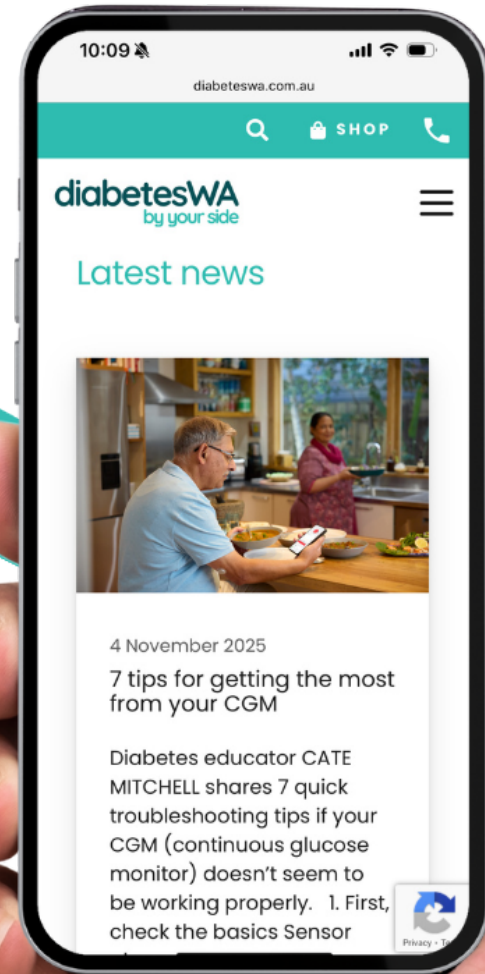
Community Network

We are deeply grateful for the enthusiasm with which members continue to engage with the network. It helps us truly amplify the voices of West Australians living with diabetes.

Their willingness to be involved in our organisation ensures that the lived experiences of West Australians with diabetes are truly reflected in everything we do at Diabetes WA.



By your side



We continue to **listen** to
and **amplify** the voices of every
West Australian affected
by diabetes.

This year has seen a dramatic
expansion in our engagement with
the media, our core audience and
West Australians everywhere.

We are proud to be the first place West
Australians affected by diabetes turn
for advice or support. A key part of this
support is making sure that people living
with diabetes hear their voice and interests
reflected in the content we produce. We
want to make sure we are telling the stories
of the people we serve.

Over the past year, we have greatly
increased the amount of content we have
produced for our website, e-newsletters
and quarterly magazine. Our website is
now updated with features, news articles
and advice several times a week. This
expansion of our content offerings has led
to dramatic growth in users for our website.

Our email open rates continue to sit
well above the industry standard,
with our dedicated Type 1 newsletter
regularly recording between 30
and 40%. We have also expanded
our digital offerings by introducing
a Diabetes Matters newsletter,
collecting the best of our website
content for a general audience.

This year has seen us place more
stories in the traditional media,
including local and state-wide
newspapers and television news. This
boost in our profile is driven by our
mission to listen to and amplify the
voices of all West Australians affected
by diabetes. The more visible we
are, the greater our opportunities
for advocacy.

... in the media



This year we saw

167.9% growth in website users

57.2% growth in page views

By your side

Delivering connected diabetes care in Aboriginal and Torres Strait Islander Communities

This year, our work with Aboriginal Communities across Western Australia continued to grow, building stronger relationships, deeper understanding and greater access to diabetes care in remote regions.

In 2024–25, we continued to expand our community outreach programs, exceeding targets once again. Our team delivered thousands of occasions of service in Aboriginal Communities and engaged with hundreds of Aboriginal health professionals through training, education and mentoring.

These numbers represent much more than contact — they reflect ongoing trust, collaboration and shared effort to close the gap in diabetes care.



Lived experience and leadership

Our Aboriginal health team grew this year with the appointment of Aboriginal health coordinator Sarah Kickett, who brings lived experience and cultural insight to her work.

Sarah travels widely across Western Australia, delivering Diabetes Yarning and DESY (our culturally adapted DESMOND program), as well as health promotion and education sessions at community events. The Aboriginal health team continues to co-design culturally safe resources such as the popular Tucker Plate, which helps families visualise balanced meals using familiar foods and local examples.

Respect, collaboration and reconciliation

Our work continues to be guided by our Reconciliation Action Plan and the Priority Reform areas of the National Agreement on Closing the Gap. We collaborate closely with Aboriginal Community Controlled Health Organisations and local health providers to ensure programs are designed and delivered in partnership.

.... on Country

We are proud to walk alongside our Aboriginal health partners and clients as **they build skills and knowledge.**

Our stories

For Aboriginal health coordinator Kathy Huet, a highlight of the year was our first diabetes educator training on the Ngaanyatjarra Lands.

Led by myself and Sarah Kickett, this initiative brought diabetes training directly to health workers, teachers and community leaders. Running training out in the Ngaanyatjarra Lands was a completely new experience for me. We'd done the DESY training plenty of times before, but always in metro areas, never in such a remote setting. This was a whole different world, which made it exciting and challenging in equal measure.

One of the biggest hurdles for us was the language barrier. Many of the participants don't speak English as their first language. We had to rethink how to get the content across. Our content has been carefully designed in consultation to be culturally safe, but when it came to actually running the sessions, we had to rethink some of our assumptions around simple things like timekeeping.

While we had planned to start and stop at particular times, we found that schedules had to bend and flex to fit the reality on the ground. Interruptions were constant — cars pulling up outside, people calling out, children running in and out. It wasn't the structured environment I was used to, but we adapted.

Each night, we'd go back, regroup and plan for the next day. But no matter how carefully we planned, the day rarely went as expected. You couldn't just show up and deliver training. One thing we hadn't planned for was this unspoken responsibility to take care of the community Elders first — to make them a cup of tea in the mornings, fix them some toast and make sure they were comfortable. It's just how things are done out there; the mob looks after their Elders and we had to step into that role when we were on their land.

What really stuck with me was how eager the participants were. They soaked up everything we taught, even though some of it was completely new to them.

You don't always know how the content is connecting with the participants, particularly when there's a bit of a culture gap. One woman had been so quiet that we thought she was just doodling in her notebook, but it turned out she was meticulously writing down every word we said. It was incredible to see that level of dedication.

The training itself focused on equipping people to take what they'd learned back to their own communities—things like teaching kids in schools about healthy eating and better choices. But thinking about how they would share the knowledge they'd gained during training was really hard for some of them, especially if they had to do it in English.

They could demonstrate concepts like how glucose works in the body, but translating that into teaching someone else? That was a challenge.



Still, we had a great mix of participants — from strong women in the community to health workers and educators — and that created a powerful dynamic. These people are the glue that holds their communities together, and now they have tools to create real change.

It wasn't easy. The days were long draining and by midweek, everyone — trainers and participants alike — was feeling the exhaustion. But we kept going, and by the end, there was a real sense of achievement.

For me, the most rewarding part was building connections with participants from such a remote part of Australia — an area where this sort of training hasn't been run before. It was great listening to their stories and knowing that the information I was passing on could ripple through their communities. They've got the knowledge now and it's just the beginning. We'll check in, mentor them and hopefully secure funding to do more.

“At the end of the day, it wasn't just training—it was about meeting them where they are, respecting their ways and finding ways to make a lasting impact.”

Kathy Huet



Our stories

Like many people at Diabetes WA, Sarah Kickett, our new Aboriginal health coordinator, has family experience of diabetes and brings this knowledge to work that takes her all over the state.

“Having family members with diabetes means I have seen firsthand the emotional and financial impact of a diagnosis. Emotionally it’s hard because when someone has diabetes they want to go out and live life and have fun, but in their head they know they have to take it easy.

For some people there’s the added impact of being away from Country when travelling to hospital appointments – for example if you’re travelling from up north to down south, it can be quite isolating.

Financially it can also have a huge impact, even with support. There are the costs of travel, appointments and so on that all add up, as well as more serious costs. For example, if you get an amputation, it will cost thousands for physio and equipment, and not everything is covered.

With three family members all diagnosed with type 2 diabetes I had already learned a lot about diabetes, and it’s a big thing in our Aboriginal culture. When I started training for my Aboriginal Health Practitioner qualification I did a two-week skills course at Diabetes WA.

Soon afterwards, an opportunity for a full-time health practitioner came up. I got the job and officially started as an Aboriginal health coordinator here last year. Since joining Diabetes WA, I have learned a lot more. I knew that there was type 1 and type 2 diabetes, but I didn’t know there was gestational diabetes, prediabetes and type 3.

A typical week for me is a mix of being in the office organising events and being out and about. Our Aboriginal health team travels up north and down south to more remote areas where they don’t get as much support.

We deliver clinics and build awareness of diabetes at community events, and we develop Aboriginal health resources such as our popular Tucker Plate.

In May we travelled to Melbourne to meet up with other Aboriginal healthcare professionals from around Australia.

“Everyone’s different in how they take in information, but I prefer hands-on learning with demonstrations and showing people things in a practical way.”

Sarah Kickett



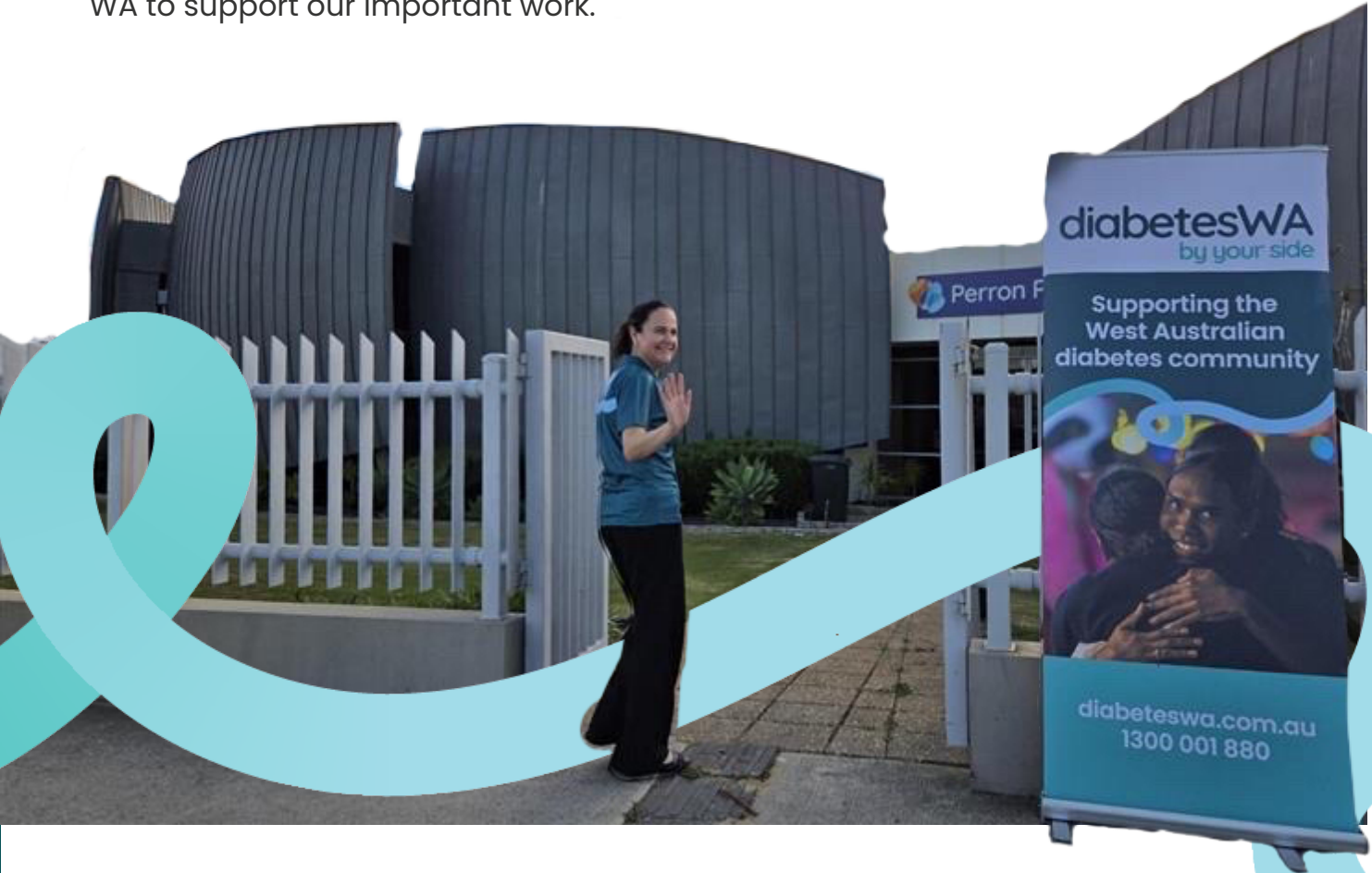
Our partners

We would like to thank the following partners and contributors

Abbott Australia Pty Ltd	Healthcare Logistics Australia (Trividia)	Point of Care Diagnostics Pty Ltd
Aboriginal Health Council of Western Australia	Insulet Corporation	RACGP
AMA Training	K&L Gates	Rio Tinto
Ascensia Diabetes Care Australia	Karratha Central Healthcare	Roche Diabetes Care Australia
ATCO Australia Pty Ltd	Leicester Diabetes Centre	Rural Health West
Australasian Medical & Scientific Ltd	Lions Club of Australia	Sanofi-Aventis Australia
Australian Government Department of Health & Aged Care	Mawarnkarra Health Service	Sigma Company Limited
Australian Insitute of Management WA	Medtronic Australasia (Pty) Ltd	South West Aboriginal Medical Service
City of Joondalup	Moorditj Koort Aboriginal Corporation	Technical Resources
Culture Care WA	Multicultural Services Centre	Venues West
Curtin University	National Diabetes Services Scheme	WA Country Health Services
Derbarl Yerrigan Aboriginal Medical Service	Ngaanyatjarra Health Service (Aboriginal Corporation)	WA Department of Health
East Metropolitan Health Services	North Metropolitan TAFE WA	WA Primary Health Alliance
Eli Lilly Australia	Novo Nordisk Pharmaceuticals Pty Ltd	Ypsomed Group
Genesis Biotech Pty Ltd	Panaceum Group Pilbara Health Centre	
Google	Perth Children's Hospital	
Health Consumers' Council	PharmaCo	
	Pilbara Minerals	

diabetesWA
by your side

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



Our financial results 2024/2025



Our financial results this year highlight our commitment to sustainability, prudent management and responsible resource stewardship.

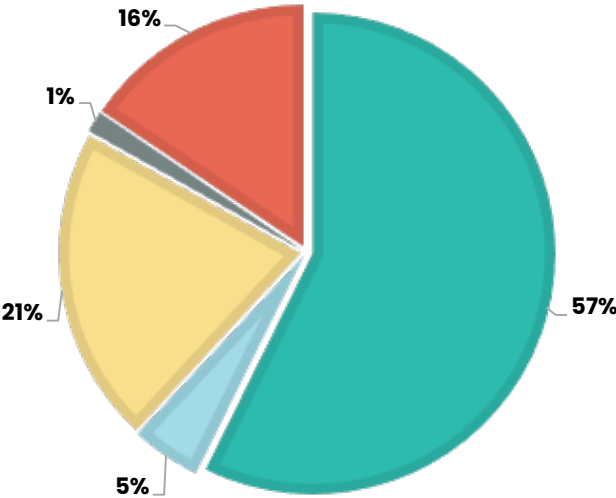
By controlling costs, prioritising strategic expenditures and efficiently allocating funds, we have maintained financial stability while supporting initiatives that deliver substantial community benefits.

With strong governance, transparent reporting and a focus on long-term viability, we are well-positioned to remain resilient amid changing circumstances and continue to fulfil our mission.

Melanie Gates
Chief Executive Officer
Diabetes WA

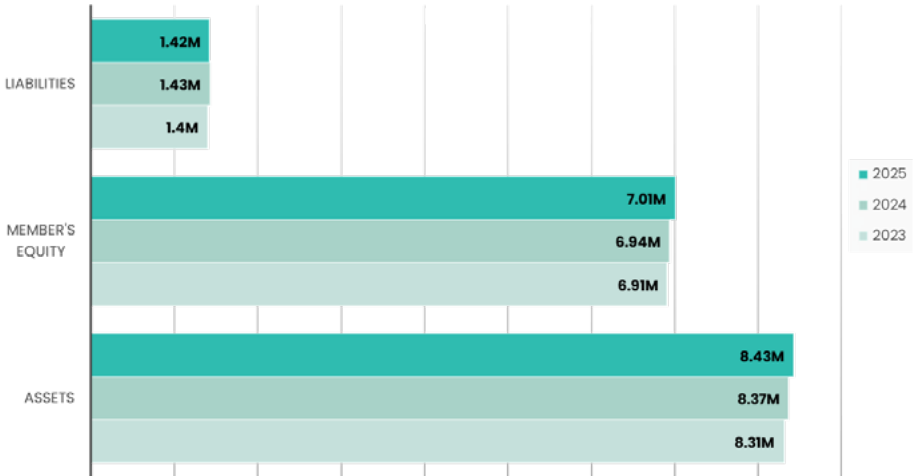


REVENUE SOURCE

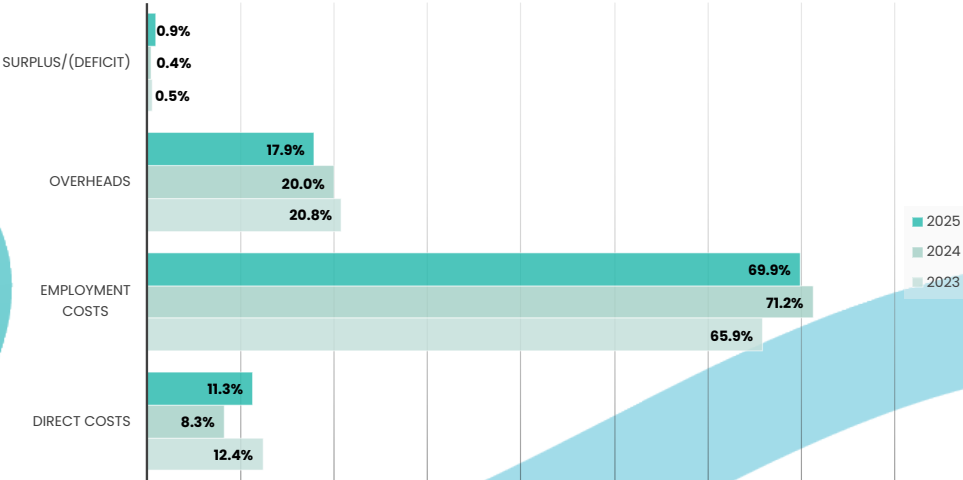


- Commonwealth Govt Funding
- Fundraising Income
- Other Income
- Products & Services
- State Govt Funding

STRONG BALANCE SHEET



How the revenue was expended



Acknowledgement of Country

Diabetes WA acknowledges and recognises Aboriginal and Torres Strait Islander peoples as the Traditional Owners and Custodians of the lands where we live, learn and work.

We pay respects and acknowledge the important role of Elders past and present, for they hold the memories of the traditions, cultures and aspirations of Australia's First Nations peoples, and have taken on the responsibility to protect and promote the culture and leave a legacy for future Elders and leaders. We acknowledge any Sorry Business that may be affecting individuals, families and communities at this time.

As an organisation, we acknowledge the impact that diabetes has on Aboriginal and Torres Strait Islander peoples across Australia and as such we promise to be respectful, take lead from the community and walk together with Aboriginal and Torres Strait Islander peoples, communities and organisations in our journey to reducing the impact of diabetes for the First Nations Peoples of Australia.

diabetesWA
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