

diabetes matters



- * *Celebrating 60 years*
- * *Fresh summer recipes*
- * *Wound healing + diet*
- * *Eye care + diabetes*

diabetesWA
60 years by your side

From the Editor

Welcome to the summer issue of Diabetes Matters

Looking back on a year of working at Diabetes WA, what stands out to me is how many incredible stories this organisation holds, from that of its two determined founding families onwards.

It's been eye-opening to talk to people living with diabetes, who have generously shared their unique health journeys.

Sometimes they have coped alone for a long time before finding the right support, and now feel compelled to speak up about what has worked for them in the hope of reaching someone else out there. These conversations have helped me better understand the challenges that can come with managing all types of diabetes.

One such story in this issue comes from former chef Chris Ferguson, who has given us some excellent tips for cooking and eating well while managing significant health challenges.

I also have to mention my colleagues, who have explained many things to this non-health-professional with admirable patience (I imagine they are pretty good on a helpline, too.) And then there are the diabetes educators, GPs, researchers and even a wound educator who have shared their knowledge with me.

Here's to another year of learning through stories. If you would like to get in touch with an idea, please email us at media@diabeteswa.com.au.

Happy reading,

Zoe

Editor, Diabetes Matters

diabetes matters summer 25/26

Editor Zoe Deleuil

Editorial & Advertising Enquiries

Diabetes WA, PO Box 1699, Subiaco, WA, 6904

Phone 1300 001 880

Email media@diabeteswa.com.au

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Thanks to

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LiveLighter



Contributors

Julie Dawson, Zoe Deleuil, Natalie Escobar,
Charlotte Rowley.

Photography

DWA staff, Shutterstock, Adobe

Design Christine Alcorin

Print Glide Print

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A word from us

Happy new year and welcome to our summer issue.



This year, we reflect on sixty years of shared lives, shared challenges and shared strength in living with diabetes in Western Australia.

These six decades represent our story as people living with diabetes, as parents, partners, children, friends and carers, and of an organisation that has grown from two families wanting to support their community to the peak body for diabetes in WA.

To mark this important milestone, we have gone back through our archives to celebrate the people, moments and innovations that have made us who we are today.

From the very beginning, Diabetes WA has been shaped by our founders' lived experience of diabetes. Today, we continue together as people living with diabetes, asking the questions, leaning on one another, sharing what we have learned and showing up when it matters most.

When we look back, it is clear that who we are today has grown directly from those experiences. Our services, programs and priorities have evolved alongside our community, guided by real lives and real needs. Supporting people and families across Western Australia is complex and often

challenging, but it is work we carry together. It continues to strengthen us and guide the future we are building.

In this issue you will meet one of our newer team members, diabetes educator Julie Dawson. She shares why she was drawn to this role alongside her work as a midwife, and how living with type 1 diabetes and parenting a child with type 1 shapes the care and support she provides every day.

Along with stories from people within our community, we speak with researchers about a newly published study exploring the mental health impact of a gestational diabetes diagnosis; research that matters deeply to mothers and families and to all of us who understand how much emotional wellbeing shapes our health.

We understand that diabetes can affect far more than physical health and this year, we will be launching a new program focused on mental health support. We look forward to sharing more about this very soon.

At our core, we are a community united by shared experience. We are always here for conversation and connection. I encourage you to call our free Helpline with any questions

and to make the most of our clinics, programs and services as we continue to support one another to live well with diabetes.

Thank you for being part of this community and we look forward to supporting you for many more years to come.

Warm regards,

Melanie Gates
Chief Executive Officer
Diabetes WA

WHAT'S NEW IN DIABETES

New guidelines around diabetes technology in pregnancy

An international consensus statement has been published in *The Lancet Diabetes & Endocrinology* that provides clear, up-to-date guidance on diabetes technology, both for pregnant women who are already using it to manage their diabetes and those accessing it for the first time.

Diabetes in pregnancy requires careful management to support both mother and baby, and recent studies indicate that continuous glucose monitoring (CGM) and

automated insulin pumps (for women with type 1 diabetes) can improve pregnancy outcomes.

This consensus statement will support health professionals involved in diabetes and pregnancy care. It includes recommendations on optimal blood glucose targets, the best devices for pregnancy and how to use technology before conception and throughout pregnancy, labour, delivery and post-partum.



Our Aboriginal Health team visit Peel Health Campus

In December, Kathryn Huet and Sarah Kickett visited the Peel Health Campus in Mandurah to train health professionals to deliver Diabetes Yarning sessions.

These sessions give participants information about diabetes outside a clinical setting, in a culturally safe environment that allows time for questions and conversation.

Pictured above are Kathy and Sarah with the Yarning Man, a visual learning tool that is used to educate about diabetes in a clear and engaging way.

Would you like to learn to deliver Diabetes Yarning in your own community? Sarah and Kathy are currently taking bookings for health professional training throughout 2026. Reach out to aboriginalhealth@diabeteswa.com.au for information and read more about their work on page 30.



On November 12, the DWA team were at Have a Go! Day at Burswood Park. Thanks to everyone who visited our stand and said hello.

Walking together

The DWA team joined the 2025 Walk for Reconciliation at Galup (previously named Lake Monger), a place of deep cultural significance for the Whadjuk Noongar people.

Would you like some support with your health goals this year?

Our health team is here for you. Have a free chat with one of our diabetes educators on 1300 001 880. Diabetes WA also runs a range of free diabetes self-management

programs including face-to-face workshops and live online programs, on behalf of the NDSS. Visit diabeteswa.com.au or call our helpline to find out more.

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^{*}Limit of one (1) CONTOURNEXT meter per NDSS registrant in an 18 month period for those recommended to monitor blood glucose levels.

[†]Minimum accuracy requirements of ISO15197:2013 Section 6.3 standard require ≥95% of the measured values to fall within ±0.83 mmol/L at glucose concentrations <5.5 mmol/L, or within ±15% at glucose concentrations ≥5.5 mmol/L, compared to the reference method.

²An ad hoc analysis demonstrated that 95% of the results were within the error range ±0.3 mmol/L, or ±5.3% of the laboratory reference values for glucose concentrations <5.5 mmol/L, or ≥5.5 mmol/L, respectively.

³Plaut S et al. User Performance Evaluation and System Accuracy Assessment of Four Blood Glucose Monitoring Systems With Color Coding of Measurement Results. *Journal of Diabetes Science and Technology* 1-9, 2022.

⁴International Organization for Standardization. In vitro diagnostic test systems - requirements for blood-glucose monitoring systems for self-testing in managing diabetes mellitus (ISO 15197). International Organization for Standardization, Geneva, Switzerland, 2013.

⁵CONTOURNEXT User Guide, Rev. 12/21

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WHAT'S NEW

RESEARCH

Diabetes stigma and discrimination are negative social judgements, stereotypes and unfair treatment due to diabetes. A new study examines the impact of this stigma on women with GDM, writes ZOE DELEUIL.

To address diabetes stigma – a global health priority – we first need to understand it. Dr. Elizabeth Holmes-Truscott, Deputy Director of the Australian Centre for Behavioural Research in Diabetes (ACBRD) at Deakin University's Institute for Health Transformation, recently led a study exploring stigma among women with gestational diabetes (GDM).

GDM affects one in six pregnant women in Australia every year, and can result in high birth weight, pre-term birth and even stillbirth. Women are more likely to experience C-section delivery and are at elevated risk of high blood pressure, pre-eclampsia and future type 2 diabetes. There's also a significant emotional toll. Yet comparatively little research has explored diabetes stigma among these women.

Study participants were women with current or recent gestational diabetes. They reported persistent stereotypes, including that GDM is caused by an unhealthy diet, higher body weight or physical inactivity, and that they were to blame.

Comments around diet, activity levels and body shape or size came from family members, colleagues

and the wider community, including health professionals.

Some women reported that the stigma had an impact on their social and emotional wellbeing and led to them not disclosing their GDM to friends, family and colleagues, creating further isolation. Women also reported guilt, sadness, shame and disappointment in themselves and their pregnancy experience, along with ongoing health anxiety.

Within the clinical setting, some women reported being told what to do, lacking credibility due to their diagnosis or labelled 'hard work' if they queried health professionals' advice or decisions. This can have a knock-on effect, with women avoiding the uptake of insulin when needed and not monitoring or reporting blood glucose levels.

Following diagnosis, scare tactics and fear-based messaging were commonly used in maternal health care to motivate women to engage in intensive glucose management.

Women also experienced limited and inflexible birthing options, with health professionals talking about adverse or even fatal outcomes for the unborn child should women question them.

Further, GDM stigma was identified as a potential barrier to post-partum type 2 diabetes screening.

Supporting women with GDM

Physical and emotional support from family, friends and peers helped women to feel accepted and protected against internalisation of stigma. Non-judgemental and empathic communication from health professionals could support women's trust in clinical guidance. Furthermore, some health professionals were helpful in breaking down misconceptions and addressing internalised stigma by providing accurate information.

Collaborative care and informed decision making supported emotional health, optimism and engagement in GDM management.

Some women discussed self-belief and compassion as important for limiting internalised stigma. They described feeling proud of their efforts, which helped them advocate for autonomy. Participants also highlighted that access to non-stigmatising resources could support accurate beliefs about GDM risk factors.

"Our research provides a clear picture of the experiences and impacts of stigma," says Dr Holmes-Truscott. "Now we can move towards developing ways to better support women with this very common condition of pregnancy."



60 years of diabetesWA

by your side





BY YOUR SIDE



In 1965 the first Diabetes WA meeting was held in East Perth. We look back on the organisation's milestones in supporting West Australians living with diabetes and celebrate where we are today.



1961

Perth parents Ken and Betty Walker begin a desperate search for local support after their three-year-old son is diagnosed with type 1 diabetes.

1965

Ken visits the Diabetes Federation of Australia in Victoria to ask about creating a local organisation. While there, he learns that another Perth father, Reg Harle, has made a similar request. Back in Perth, the two men meet.

1965

A public meeting is held at McNess Hall in Pier Street, Perth, on August 18, with around 100 participants and guest speakers including local endocrinologist Dr John Calder. The Diabetes Association of WA is established, with Reg Harle as president and Ken Walker as joint treasurer.

1971

Sixteen children attend the first childrens' camp in Bunbury, many meeting others with type 1 diabetes for the first time.



FOR 60 YEARS

1975

The Association celebrates its ten-year anniversary with a morning tea and cutting of the cake by the current Minister for Health.

1976

A helpline is established, with nursing sister Noelene Punch answering questions about diabetes each Tuesday between 10.30am and 1.30pm.

1983

The association employs its first paid member of staff; prior to this all staff were volunteers.

1987

The National Diabetes Services Scheme (NDSS) is introduced by the Commonwealth Government, with Diabetes WA appointed the WA agent.

1988-1993

The Association begins its first studies into the impact of diabetes on Aboriginal communities and puts a strong focus on developing education programs for people living with type 2 diabetes, including the Supermarket Sleuth program.

Government funding is limited to \$1000 per year, to be spent on two youth camps.

2000

The Association expands its staff and launches a range of new projects. Staff numbers increase to 26 and the health services division focuses on several new projects including a Community Awareness Diabetes Strategy, Living with Diabetes Program, Men's Health Project and seminars on nutrition and type 1 diabetes.

2004

The Association's website goes live in May.



feature

2006

The Association officially changes its name to Diabetes WA

2007

The first online support programs launch, along with a monthly e-newsletter called e-Blast.

2010

A new partnership with the UK's Leicester Diabetes Centre brings world-leading self-management programs to WA.

2011

The first DESMOND self-management education workshop is delivered.

2014

The Telehealth Service launches, offering video call access to diabetes educators in country WA.

2015

DESMOND is adopted by the NDSS as the Australian standard for diabetes self-management. Diabetes WA develops and launches the SMARTS suite of diabetes self-management programs.

2017

Diabetes WA starts supporting the Roebourne Community at Mawarnkarra Health Service as a fly-in-fly-out workforce of diabetes educators. This model is now being rolled out state-wide.

2018

Diabetes WA hosts the first Type 1 Tech Night, giving people living with diabetes an opportunity to learn about the latest diabetes technology, hear from others with type 1 diabetes and ask questions to product experts from different device companies.

2020

Diabetes WA launches Aboriginal DESMOND – a type 2 diabetes self-management program for Aboriginal communities, and Baby Steps, an online program for new mothers previously diagnosed with gestational diabetes.

2023

The Diabetes WA Clinic opens, providing diabetes education and dietetic support for people living in metropolitan Perth, including insulin pump starts and gestational diabetes management.

2024

Diabetes WA Connect launches in October to link rural GPs with endocrinologists for support with diabetes management within their communities.

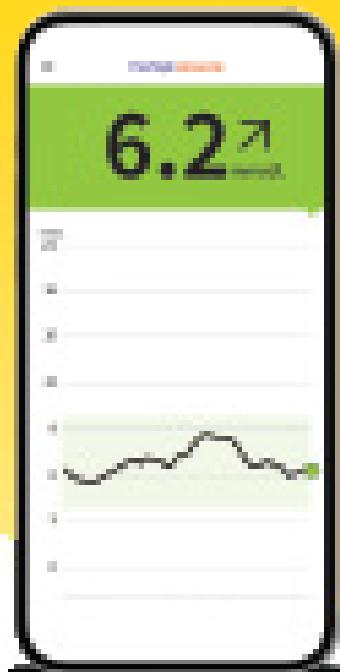
2025

We celebrate 60 years of helping West Australians with a new brand and tagline – By Your Side – to reflect our journey and who we are today.





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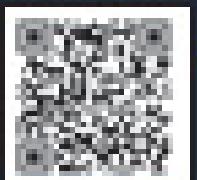


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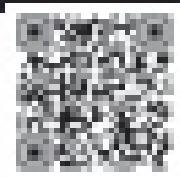
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If you need help meeting your nutritional needs, a dietitian is the most suitable person to support you. You can book an appointment with one of our dietitians at Diabetes WA at diabeteswa.com.au or find dietitians in your local area at dietitiansaustralia.org.au

How much is enough protein?

Dietitian Dr CHARLOTTE ROWLEY explains how much protein we really need, and where to get it.

This must be the most common question I get asked as a dietitian. I find this surprising because most of the time, people are getting plenty of protein! So, let's dig a little deeper to find out if you have anything to worry about.

Step 1: How much protein should we eat each day?

For most adults, aiming for 0.8 – 1.0g protein per kilogram of body weight is a good guide for working out how much protein you might need in a day.

Protein requirements change for children and through the different stages of adulthood. Some conditions, such as cancer, pregnancy and recovery from surgery, can increase our protein requirements.

For someone who weighs **80kg**, the calculation is as follows:

Grams of protein x weight

- $0.8 \times 80 = 64\text{g}$
- $1.0 \times 80 = 80\text{g}$

So, this person should be aiming for **approximately 64-80 g protein per day**. That's step one done.

Step 2: How much protein should I eat?

Let's imagine a pretty standard day:

Meal	Food	Protein
Breakfast	2 x weetbix with 1 cup milk	12.5
Lunch	Chicken sandwich	10g
Dinner	Spaghetti bolognese (with approximately one cup of minced meat per serve)	28g
Snacks	<ul style="list-style-type: none"> Hummus and veggie sticks Latte Fruit Nuts 	5g 8g 0g 5g
Total		68.5g

As you can see, we've easily reached 68.5g of protein, which is well within our target range – and this isn't what we would consider a high-protein meal plan. We could certainly optimise breakfast and dinner to increase protein intake if we wanted to, but this example shows you that, without realising it, you are probably not as far off your protein targets as you might think.

What about vegetarians?

Meeting protein targets takes more planning if you don't eat meat. Let's look at a standard day for a vegetarian (below).

Meal	Food	Protein estimate (g)
Breakfast	2 x weetbix with 1 cup milk	12.5g
Lunch	Minestrone soup	6g
Dinner	Lentil dhal	20g
Snacks	<ul style="list-style-type: none"> Hummus and veggie sticks Latte Fruit Nuts 	5g 8g 0g 5g
Total		56.5g

This meal plan gets us to 56.5g of protein, so almost at our target.

Why is there so much talk about protein?

If you do regularly skip a meal or two, or regularly eat plant-based meals, your protein intake can easily be too low. This isn't an issue for a day or two, but if it happens regularly, it can have a negative impact on your health. In particular, it can lead to muscle breakdown, which can make us more frail and likely to have falls.

We are more likely to see low protein intake in older people and people living alone. Often, we might not have the motivation to cook if it is only for ourselves and end up having toast for dinner – there's not a lot of nutrition in a piece of toast. Other meals may be similarly simple with minimal nutrients, and over time we can start losing our muscle mass.

The other, more cynical, reason for so much messaging around protein is advertising – where someone who looks like Arnold Schwarzenegger is selling you supplements to make you "healthy." Some people do benefit from these foods, but I think the messaging to the general public has been overstated.

However, if you think that perhaps you do need to add some more protein to your regular diet, here are some high-protein foods that can help you meet your targets:

100g cooked chicken, beef, lamb or pork	30g
100g cooked fish	25g
1 small tin of tuna	21g
100g tofu	10g
30g raw nuts	8g
1 egg	6g
1/2 cup beans	6g

The more, the better?

Is it always better to have more protein? The simple answer is no. Like most things we eat, your body can only digest and absorb a certain amount of protein at one time – about 20–25g. Eating more than this is not worth it because you won't be able to absorb more protein from these foods. Ideally, we will eat 20–25g every few hours with our meals or snacks.

Having too much protein takes up space for other foods that give us important nutrients. For example, if you increase your meat at the expense of your veggies, you are going to be getting less fibre. Yes, protein is important, but it is not the only nutrient, so consider what your body specifically needs.

“I would love to get more people feeling inspired about food.”

Former chef CHRIS FERGUSON, who lives with type 2 diabetes, shares his strategies for healthy, time-efficient meal planning.

Two years ago, I was at a low point. I'd got to 120 kilograms, and I needed to lose weight for necessary surgery. Plus I'd had a couple of falls.

My wife Julie had passed away and I was depressed, eating a lot of convenience food and cooking comfort food. One of my favourite meals was corned beef with cauliflower and potatoes with a white mustard sauce. I'd make my own hamburgers, and I was eating lots of bread, toast and cakes with custard and ice cream.

I needed surgery, but my anaesthetist said to me, ‘the anaesthetics are not going to touch you. I need you to be under 100 kilos.’ So, I went to my GP and said, ‘I need a dietitian to help me lose weight.’

And that was how I ended up at Diabetes WA.

With my health issues, I don't always have the energy for cooking complicated meals. My approach was to combine dietitian-approved meal replacement shakes with healthy food. I order the shakes online and they have recipes on their website and good special offers.

This has really simplified my meal planning because I always know what I'm having in advance. So today, for example, I'll have a shake plus half a cup of strawberries for breakfast. Then for lunch I'll have two slices of low-fat cheese, steamed vegetables and a shake. And tonight I'll have a chicken and asparagus stir fry. I make two batches of stir-fry at a time, so I only need to cook it once. I no longer eat high-carb foods or rice, and I fast in the mornings. I have a shake at 10am, followed by a shake at 2pm with a salad, and then a light dinner and some supper later on.

My blood glucose levels sit between 4.5 and 5.5 during the day. Overnight I can go to 6.4, but very seldom do I hit a 7. In fact, my fasting until 10am works well because I

miss the dawn phenomenon where your BGLs rise.

So far, I've lost 37 kilos. It's a big lifestyle change and it takes time, but I found that once I started losing weight I had more energy and it all got a little easier. Seeing a psychologist also made me clearer in my thinking. He got me gardening again, and as the weight came off, spring cleaning became fun.

Then I got a rescue dog, Jake, a kelpie, in August last year. Now I've got to walk every day, because if I don't the dog gets cranky, and I get cranky. After that the weight loss doubled. I've just had to buy new walking shoes as my old ones fell apart.

Healthy cooking and meal planning can be very hard for people. I'm an Air Force-trained chef, so I know how to cook food for 2000 people on base, but a lot of people don't know how to organise a shopping list, how to meal plan, or how to substitute if you're following a recipe and don't have one particular ingredient. No one is showing people how to do it.

Plus, it's hard when people are busy with work and their families – for example if Dad's a tradie and working all day, he will need carbs, but that's not necessarily the best diet for the other family members.

I'm still a work in progress and I still have my treats. But I would love to get people more inspired about food by hearing my story.

DWA note: Thank you Chris for sharing your story. Using this approach can be a helpful option for some, but shakes are only one way to support weight loss goals. What works best varies from person to person. We recommend people speak to a dietitian or their health care team to develop a plan that suits their individual needs, preferences and health circumstances.

CHRIS' TIPS FOR HEALTHIER EATING

Eat in season to save money. We've got a top end and a bottom end in Australia so there's always seasonal fresh food.

Cook for two days to save energy.

I make salads and chop up veggies for stir-fries, then cook the meat fresh. I like cos lettuce, onion, mushrooms, grated carrot and tomatoes. I add a little bit of mayonnaise, which provides enough flavour to eat all the veggies. Protein is also important to fill you up.

Keep scales in the kitchen so there's no guessing when it comes to portion size.

If you have kids, get them to join in with the cooking. Teach them to slice and dice and have everyone eating together around the table.

Keep some healthy snacks on hand.

I have a handful of nuts, hummus, some carrot sticks and hard-boiled eggs. Or for something sweet, a small apple or banana with some Greek yogurt.

Add herbs and spices for flavour.

Mint grows well in the garden. I also grow parsley, and always have curry powder, crushed chilli, ground oregano, bay leaves, lemon pepper, paprika, sage, cinnamon, turmeric and ground cloves to hand.

Keep a sweet treat on hand. I always have diet jelly in the fridge so I have something to eat if I get a sweet craving. I have it with Greek yogurt instead of ice cream.

Plan ahead for going out but relax a little.

If I'm going to see the Fremantle Dockers I take a little salad with me, a few nuts and some dried apricots, and then I have a meat pie.

“ Organisation is everything. Write a meal plan and shopping list and stick to the list at the supermarket. If you don't buy unhealthy foods, you can't eat them. ”



February to April 2026

WORKSHOPS + EVENTS



Just been diagnosed? About to start a new medication?

Need to get on track? Then come along to a free diabetes workshop.

As part of your NDSS free registration you are entitled to attend
Diabetes WA workshops.

DESMOND

For people living with type 2 diabetes. The DESMOND (Diabetes Education and Self Management for Ongoing and Newly Diagnosed) program provides you with a welcoming and non-judgemental space where you can plan how you would like to manage your diabetes.

DATES	LOCATION
Monday 16 February	Armadale
Tuesday 24 February	Heathridge
Thursday 26 February	Melville
Monday 9 March	Yangebup
Friday 20 March	Belmont
Saturday 21 March	Mandurah
Monday 23 March	Noranda
Tuesday 14 April	Thornlie
Saturday 18 April	Treeby
Thursday 30 April	Heathridge

REGIONAL

Friday 6 March	Geraldton
Wednesday 18 March	Northam

Living Well

For people living with type 2 diabetes. This free event will showcase the latest information on diabetes with a focus on living well with diabetes, delivered to you by experts in the field.

DATES	LOCATION
Thursday 12 February	Forrestfield
Friday 20 February	Rockingham
Tuesday 17 March	Banksia Grove
Friday 27 March	Warwick
Wednesday 22 April	Villagee

REGIONAL

Wednesday 11 March	York
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Beat It!

For people living with type 1 or type 2 diabetes. Beat It! is an 8-week group exercise and lifestyle program to help you better manage your diabetes and improve your general health.

REGIONAL	
Tuesday 31 March	Bunbury



Type 1 Tech Night

Thinking about upgrading your diabetes tech or just curious about what's there?

Once again, we're bringing together leading tech companies, credentialled diabetes educators and community members living with type 1 diabetes. You'll have the opportunity to ask questions, see the latest tech and hear real stories.

Type 1 Tech Night

DATES	LOCATION
Tuesday 31 March	South Perth



Can't make any of these dates or locations? Many of our workshops are also available online. Scan the QR code to find a workshop that suits you.

Community Expo

DATES	LOCATION
Tuesday 21 February	Subiaco
Friday 27 February	Byford

Do you want to learn more about diabetes, health and wellbeing?

Diabetes WA regularly attends health and wellbeing events and expos, as well as partnering with others to hold public community info sessions. Registration may be required. Contact community@diabeteswa.com.au for more information.

Community Info Session

DATES	LOCATION
Tuesday 17 February	Mandurah
Monday 23 February	Roleystone
Tuesday 24 February	Roleystone
Tuesday 3 March	Leederville
Wednesday 11 March	Brentwood

REGIONAL

Monday 30 March	York
Tuesday 31 March	Bunbury

From midwife to diabetes educator

Many people who work at Diabetes WA have a deeply personal understanding of diabetes. Our team member, diabetes educator and midwife JULIE DAWSON, shares her lived experience and career journey.

I always wanted to be a midwife – it's the happy part of the hospital. When I started out, you needed to be a registered nurse first, and it was good to have that qualification as I have fallen back on nursing at times. I worked as a midwife at King Edward Memorial Hospital for 10 years and loved looking after women and their families from diverse ethnic backgrounds.

During my first pregnancy I was diagnosed with gestational diabetes (GDM), which was a shock as I had no risk factors. I self-managed my GDM with diet and exercise and had my daughter, Ella, in 2006. My follow-up oral glucose tolerance test (OGTT) was normal.

During my second pregnancy, my blood glucose levels were above target in the first trimester and became hard to manage. Despite being active and eating a healthy diet throughout my pregnancy, I required insulin for the last six weeks to keep my glucose in target range. It was a very challenging pregnancy. Unfortunately, and unexpectedly at 36 weeks, our son Toby was born still. This was unexplained at the time.

Throughout this difficult time, I continued to test my blood glucose levels as I never felt well. They remained high, and I lost my pregnancy weight rapidly. I had an OGTT and the results were well above target range. I had an urgent appointment with an endocrinologist where I was diagnosed with type 1 diabetes, within two months of losing my son.



As I was diagnosed out of a hospital setting, I was simply given an insulin pen, minimal education from the endocrinologist and no connection with a diabetes educator. Perhaps it was assumed that as I was medically educated and well, I would know what I was doing. I navigated this challenge with the incredible support of my paramedic husband, along with family and friends, but I lost confidence in my health and socially. I resigned from work to look after my health and my daughter.

Two years later I fell pregnant with our third baby. This was a high-risk pregnancy, having both type 1 diabetes and previous still birth. I had a diabetes educator and midwife input throughout. I used multiple daily injections of insulin and finger-pricked, checking my blood glucose levels at least 6-8 times a day. At 29 weeks I had threatened preterm labour and was diagnosed with severe cholestasis, a liver condition that causes intense itching, although I had no symptoms, again extremely rare and unexplained. This was suggested as the cause for Toby being stillborn.

Karina was born at 34 weeks because of the risk for her with my cholestasis, not from the type 1 diabetes. She was premature and spent 15 days in the NICU. Once home, she thrived and I successfully breastfed, although it was challenging with many hypoglycaemia episodes. My first interaction with a community diabetes educator happened many years later at the Type 1 Diabetes Family Centre. From here I learned to adjust my insulin with day and night shifts, split doses, manage different foods, and prevent the many hypos at night, which usually followed a particularly busy day.

I returned to my passion of midwifery in 2013 at Murdoch SJOG. I loved it and was glad to be back. In 2018 I commenced self-funding a CGM, and it was approved for government subsidy in July 2022. This was life-changing in terms of being more affordable, and giving me the ability to safely manage shift work, travel, exercise and sleep, knowing the safety around the hypo alarms. It gave me incredible freedom and confidence. Covid-19 was challenging. I worked in full PPE with labouring women who were positive, which made it harder to check my CGM, so I had to rely on the alarms. I was also noticing an increase in women we were seeing with GDM. I decided to study to be a diabetes educator. Through that course I connected with a diabetes educators who got me onto trialling the In-Pen with the Guardian CGM and insulin calculator. This prepared me well for the pump start.

I was encouraged by another colleague to trial the Omnipod DASH in September 2024. I've since upgraded to the Omnipod 5, a tubeless waterproof hybrid closed loop system. I can sleep through the night without hypoglycaemia episodes and put it into activity mode to exercise safely and manage daily activities such as gardening without hypoglycaemia stopping me. It's been life changing.

In January of this year, I noticed my daughter Karina started going to the toilet more often, drinking more water, saying she was hungry and not putting on weight. I made her check her blood glucose, which was HI. Although she was not unwell, my husband and I took her to Perth Children's Hospital and she was diagnosed with type 1 diabetes by the emergency consultant, who also had type 1. She started fingerpicking herself and I was able to give her first insulin injection. The nurses were thankful as we caught the signs early. We just got on with it as we knew we were lucky to avoid an ICU admission.

Karina had a very positive experience at PCH. The diabetes educators were incredible, letting her guide their education sessions based on what she understood already from watching me. She went home with the CGM, and we were grateful for the technology and alarms in the early weeks.

She didn't want a pump at first but soon saw the benefits of my Omnipod DASH. We were happy to use our health insurance to help fund this knowing the CGM was fully subsidised for those with type 1 diabetes under 21 years.

She carried on with all her activities, including dance and sport, and went to camp independently thanks to her

attitude and technology. She has seen me work shifts, travel, swim, drive and live well with type 1 diabetes, which I think helps.

As parents we had many sleepless nights, though the pump technology has brought more flexibility. She can now have sleepovers and go to parties, navigate foods independently and self-manage hypoglycaemia.

Last year I joined Diabetes WA as a diabetes educator. Working in a hospital can be quite confronting, whereas here it's about helping people in the community to understand their diabetes, live well and avoid hospital admissions. There's a real focus on preventative care and community-based education.

As a midwife I know the importance for women with gestational diabetes of getting the support, diabetes self-management education and follow up with a diabetes educator through their pregnancy and into the postpartum period. We know GDM can lead to type 2 diabetes in the long term and presents its own risks in pregnancy, labour and birth for both the mother and baby. I believe that although it's a challenging time, if women are provided with the right information, they can help themselves to reduce the risks by following simple healthy lifestyle recommendations.

I continue to work as a midwife and am now working towards being a credentialled diabetes educator. I'm also learning about parenting a teenager with type 1 diabetes. I've always had to make a lot of decisions with my own health, but now it's like I've had to develop another sense to keep checking in on where Karina's glucose levels are at. You never really switch off.

How Diabetes WA helps women with GDM

Anyone in Western Australia can call our free Helpline for advice and support from our team with any questions related to diabetes.

Call **1300 001 880** or
email info@diabeteswa.com.au

If you're living in a regional or rural area of West Australia and are diagnosed with GDM, your GP will refer you to Diabetes WA for support and monitoring throughout your pregnancy and beyond through **Telehealth**.

We also see women living in metropolitan areas who want to come to our clinic, either through their GP or self-referral. Your first appointment will focus on self-managing your GDM, and after that we will speak every week over the phone or via email.



Eye health and your diabetes care plan

People living with diabetes are at greater risk of vision problems, but managing glucose levels and having regular eye checks can prevent or catch problems early. NATALIE ESCOBAR explains how you can protect your vision.

How does diabetes impact eye health?

Diabetes can damage blood vessels throughout the body, including the small vessels in the eyes. High glucose levels can weaken or block these vessels, causing them to leak, swell or stop supplying enough oxygen to the retina, which is the light-sensitive layer of tissue at the back of the eye.

The most common eye issues people with diabetes can develop include:

- * **diabetic retinopathy**, where damaged vessels affect how the retina works, causing blurry and distorted vision, spots, vision floaters and potentially vision loss
- * **diabetic macular oedema**, which can cause fluid to leak and swell the macula, the part of the retina responsible for central vision.
- * It is estimated that out of the 1.3 million Australians living with diabetes, 300,000 have some degree of diabetic retinopathy, a complication that can lead to serious issues with vision. Of those affected, around 20% are at risk of losing their sight.

Optometrist Dr Priscilla Ho, who is undertaking training to become a credentialled diabetes educator, says issues can start with small bleeds in the eyes.

"Early diabetic retinopathy often has no symptoms," Dr Ho says. "If the bleeds happen around your central area of vision, that is when you can notice vision changes with blurry vision, distortion or having splatters in your vision."

People with diabetes are also at a higher risk of developing cataracts earlier and more quickly, with the lens of the eye becoming white and cloudy over time, as well as glaucoma, in which increased pressure in the eye damages the optic nerve, causing reduced peripheral vision.

Dr Ho notes that when blood glucose levels are high, early signs of diabetes-related eye problems are often subtle. "One lesser known thing is that diabetes can cause temporary changes in your glasses prescription, resulting in blurry, fluctuating vision."

It's recommended that people living with diabetes regularly check for these signs and consult a professional if they notice any eye changes.

Why do regular eye checks matter?

For people with diabetes, regular eye exams are

What are the signs of diabetes-related eye problems?

- Spots or floaters
- Blurred vision
- Changes in vision
- Dark or empty areas in their vision
- Vision loss
- Trouble seeing at night
- Dry eyes

important to detect early signs of eye damage.

It is recommended that people living with diabetes have a comprehensive eye exam at least every two years. Talk to your optometrist about how often you need to get a check. Some people may be referred to a specialist such as an ophthalmologist.

Delaying an eye exam can mean that if a problem is caught too late, treatment will be more complicated and less likely to restore vision. Regular eye checks are also an opportunity to learn more about eye care.

"Our goal is to pick up any eye changes early so we can share this information with your GP or diabetes care team," Dr Ho says. "This can help guide a review of your diabetes management, supporting blood glucose levels within your individual target range."

What can you expect in a diabetes eye exam?

If you're familiar with a regular eye test, a comprehensive diabetes test will be very similar. However, the optometrist or ophthalmologist will insert dilating eye drops. These drops enlarge your pupils, allowing for a more thorough examination of the inside of the eye and helping determine whether more urgent care is needed.

"We do some imaging of the retina, where we take a picture of the back of the eyes so we can see all the blood vessels," Dr Ho says. "It's also good to have a baseline of what these look like, because small subtle blood vessel changes might be hard to pick up over

time without having a photo reference. We also do an OCT scan (optical coherence tomography), which looks at all the layers underneath the retina."

DR HO'S TIPS FOR EYE CARE

- ★ Get a dilated eye exam every 12–24 months.
- ★ If you notice vision changes, get an eye test.
- ★ Manage glucose levels and other aspects of your health including blood pressure and cholesterol.
- ★ Wear sunglasses for UV protection (Category three is recommended.)
- ★ Remember the **20/20/20 rule** with screens (every 20 minutes, try to look 20 feet away for 20 seconds).

Eye tests can be done without a GP referral and, depending on where you go, can either be bulk-billed or attract a small fee. Commonly, scans of the eyes incur an extra cost. If you need to see a specialist, private health insurance may help cover extra treatment costs, depending on your policy.



If you need a yearly reminder, you can sign up for KeepSight, a free national diabetes eye check reminder program, delivered by Diabetes Australia, that makes it easier to take care of your eye health
(keepsight.org.au)

Muscle power and diabetes

Muscles don't just help us move – they are also the makers of a range of anti-inflammatory proteins. Together, these proteins act like a powerful medicine that can only be prescribed by regular physical activity.

Until recently, the function of the body's major muscles – skeletal muscles – was largely considered to be isolated to moving the body around through daily activities and exercise.

Now, researchers have discovered that skeletal muscles are actually an active endocrine organ and the body's powerhouse makers of particular hormone-like proteins that have a profound effect on the immune system.

"We are continuing to gain an insight into why regular physical exercise is such a critical component of human health, and how exercise actually influences all the other systems within the body," says Professor Rob Newton, Professor of Exercise Medicine at Edith Cowan University.

"It's exciting because we are coming to realise that exercise is in fact a medicine, and not just one medicine but a range of different medicines, each of which can be prescribed at a specific dosage."

Skeletal muscles are those muscles that are voluntarily controlled by the brain, making up around 40 per cent of body weight.

These muscles secrete hundreds of different hormone-like proteins called myokines, which have an

anti-inflammatory effect across the entire body including fat tissue, the liver, the digestive system and the pancreas.

According to research, insulin resistance and type 2 diabetes, cardiovascular diseases, some cancers, depression and dementia are associated with chronic inflammation across the whole body. Increased myokine production through exercise can directly protect against these conditions.

It is thought that the active contraction of skeletal muscles affects the amount of myokines that are secreted, with their concentration increasing after exercise. After 30 minutes of exercise, there is a great surge in myokine production, up to 100 times the circulating resting concentration.

Myokines are especially important for people living with diabetes, and they have also been shown to improve insulin secretion in the beta cells of the pancreas at mealtimes, enhance insulin sensitivity and help to metabolise abdominal fat.

"We now know that the effect of exercise on diabetes is complex and it's likely that the myokines are signalling other organ systems in

the body, including the pancreas, and this is aiding glucose regulation," said Professor Newton.

How to increase your myokine production

Any exercise that works to continuously contract the main muscles of the body, such as the legs, buttocks and arms, will produce myokines and have a positive health effect.

You can work towards achieving this by following physical activity and exercise guidelines published by the Australian government Department of Health, Disability and Ageing. These guidelines suggest that adults aged 18–65 should be active on most, preferably all, days of the week.

Each week, aim for 150 to 300 minutes (2½ to 5 hours) of moderate intensity physical activity, such as a brisk walk, golf, mowing the lawn or swimming or 75 to 150 minutes (1¼ to 2½ hours) of vigorous intensity physical activity, or an equivalent combination of both moderate and vigorous activities.

The guidelines also recommend muscle strengthening activities on at least two days each week. Muscle strengthening activities are particularly important for myokine production.

However, if you are not achieving these recommendations at the moment, set a goal that is realistic for you. Remember that any amount of movement is beneficial.

Muscle-strengthening exercises

Strength exercises work your muscles by applying a resistance so that muscles exert a force. Gravity or a weight are forces your muscles can work against.

Some great examples of strength exercises are:

- Body weight exercises like push-ups, squats or lunges.
- Lifting weights.
- Tasks around the house that involve lifting, carrying or digging – gardening is a great example, but groceries and carrying small children also count.
- Climbing stairs instead of taking the lift or escalator.
- Resistance exercise classes like Body Pump, step aerobics or circuit classes.

Do you want to move more and feel good?

Beat It is a free 8-week group exercise and lifestyle program to help you better manage your diabetes and improve your general health.

Beat It is suitable for people living with type 1 and type 2 diabetes. Visit diabeteswa.com.au/programs-and-education for upcoming dates.

Diabetes WA runs a range of free diabetes self-management programs, including face-to-face workshops and live online programs on behalf of the NDSS. You can book online or call our free helpline on 1300 001 880.

You can also book an in-person appointment with an exercise physiologist for tailored advice. Call our clinic on (08) 9436 6290.



Muscles help build strong bones. It is widely accepted that weight-bearing and resistance exercises can help build strong bones through placing direct stress on bones, which triggers cells called osteoblasts to create new bone. It now appears that muscles also have a say in bone density, with specific myokines (as described above) produced by contracting muscles. This promotes a significant increase in bone density, while decreasing body fat. It appears one particular myokine (known as IL-15) does this without increasing body weight, almost like it transfers the weight from fat into bone.



The more exercise you do, the more you can do. Over time, regular physical activity increases the amount and size of skeletal muscle mitochondria, the body's producers of energy within the cells. The more mitochondria you have, the more energy you can generate. This is especially important for older people, as the number of mitochondria present in the body tends to decrease with age without the counter-active effects of exercise.



Muscles burn more fat. Muscles are good learners who love carbohydrate. During exercise, muscles generally prefer to use the carbohydrate glycogen (a stored form of glucose) as a quick, easy energy source. With regular physical activity, muscles learn to build up glycogen stores, gathering plenty of fuel for the next bout of exercise.

Wound healing and your diet

Cuts and wounds can sometimes take a little longer to heal for people living with diabetes. Healing takes time, but nourishing your body with certain types of foods can play a key role in helping your skin to rebuild and repair itself, says dietitian CARISA SHERIDAN.

If you're living with diabetes, you may not feel some injuries when they occur, and they may become worse before being treated. This happens because high blood glucose levels (BGL) can affect blood flow and make it harder for oxygen and nutrients to reach the skin. In some cases, nerves may also become less sensitive.

Whether it's a small scratch, a blister or something more serious like a foot ulcer, here are some foods to include in your diet to support wound healing.

1. Protein

Protein is the main ingredient your body uses to rebuild tissue. In wound healing, the amount of protein your body needs increases because it is vital for making new skin, muscle and blood vessels.

Good protein sources include:

- Lean meats like chicken or turkey.
- Fish (especially oily fish such as salmon or sardines, which also contain omega-3 fats that fight inflammation.)
- Eggs.
- Legumes (beans, lentils, chickpeas.)
- Vegetarian sources such as tofu, tempeh, nuts and seeds.
- Dairy foods such as milk, yoghurt and cheese.

These foods have the bonus of helping you feel full. When you eat them with carbohydrate-containing foods, they will also prevent spikes in your blood glucose. It is important to include a protein source at each meal to give your body enough to promote healing.

2. Vitamins and Minerals

Several vitamins and minerals play roles in wound healing:

- **Vitamin C** helps your body make collagen, the 'glue' that holds new tissue together. Find it in citrus fruits, strawberries, tomatoes, broccoli and capsicum.
- **Zinc** supports the immune system and helps form new cells. You'll find it in lean meats, seafood, nuts, seeds and wholegrains.
- **Vitamin A** helps your skin and immune system work properly. Sources include orange-coloured vegetables including carrots, sweet potato and pumpkin, as well as leafy greens.
- **Iron** helps carry oxygen around your body. It is especially important that enough oxygen gets to the wounded area to allow it to heal. Good animal sources are lean red meat and chicken. Vegetarian sources – such as lentils, fortified grains and green leafy vegetables – can be harder to absorb. Pair these with the vitamin C foods listed above to help your body absorb vegetable-based iron.

Thinking about all these vitamin and minerals in isolation can feel overwhelming. Don't worry; simply aim to eat a wide variety of colourful foods – especially fruits, vegetables and wholegrains, and you will likely get a sufficient supply of these nutrients naturally.

Sometimes a zinc supplement can be recommended for wound healing. Speak to your healthcare provider to see if this is appropriate for you.





Tips for managing wounds with diabetes

Wound clinician Lusi Sheehan says that some treatments for superficial wounds may slow down healing. The best way to look after any superficial wounds at home is to:

1. Ensure wounds are cleaned (ideally with sterile saline water) to remove debris and any germs or bacteria.
2. Most often, covering them with a quality sterile dressing will help wound healing and reduce infection risk.
3. Take photos each dressing change to track healing progress.
4. Seek professional advice early, especially if the wound is slow to heal, if you have had complications or ulcers in the past or if you have other health conditions that may slow your healing such as low immunity or circulation.

Avoid (unless on medical advice):

- Harsh antiseptic creams
- Povidone-iodine liquid left on wounds (ensure you wash after a few minutes)
- Anti-inflammatory medications
- Letting wounds "dry out" and scab

Talk to your GP, pharmacist, podiatrist or practice nurse for more advice on wound prevention or management.

3. Healthy Fats

Healthy fats, such as those from olive oil, avocado, nuts and oily fish, can help reduce inflammation and support blood circulation, both important for healing wounds. Aside from wound healing, these fats support heart health, help to lower cholesterol and can help replace less healthy fats found in deep-fried foods, processed snacks or fatty meats.

4. Hydration

Water is just as important as nutrition for wound healing. Your skin cells need moisture to form new tissue. Aim to drink water regularly throughout the day. You can include teas, coffee and milk here too. If you enjoy foods like soup or sugar-free jelly, these will also top up your fluid intake.

Balancing blood glucose for better healing

Keeping BGL in your target range helps wounds heal faster and reduces the risk of infection. Eating balanced meals that include fibre, lean protein and healthy fats can help prevent BGL spiking after

eating and help your body repair itself from the inside out.

When to seek extra help

Examine yourself every day, especially harder-to-see areas like the soles of your feet and in between your toes. Catching any injury early is the best way to prevent it getting worse. Let your healthcare team know if healing seems slow or if there are any signs of infection such as redness, swelling or the area feeling hot or painful.

For deeper wounds or ulcers, wounds that do not have pain/sensation, cold or mis-shaped feet, urgent professional medical support is essential. It is recommended that people living with diabetes visit a podiatrist at least once per year, to check the circulation (pulse) in your lower legs and feet, and to test the sensations in your feet and lower legs (nerves.) Keeping your feet clean and moisturised will also protect the skin – talk to your pharmacist and check your feet every day for small injuries or blisters.



Nutritional info

PER SERVE 1740kJ (416 cal), protein 33g, total fat 16g (sat. fat 3g), carbs 37g, fibre 4g, sodium 1130mg

- Carb exchanges 2½
- GI estimate medium
- Gluten-free option





RED CURRY PORK MEATBALL SUB

Gluten-free option

Prep: 30 minutes **Cook:** 20 minutes **Serves:** 4

Inspired by the Vietnamese bahn mi, this sub has the crunch of raw veg to contrast with tender, spicy meatballs. You could also shape the mince into koftas or burgers, then barbecue them for summery smokiness.

Ingredients

1 bunch coriander, leaves and stalks reserved
4 green shallots, whites and greens separated
1 tbsp Thai red curry paste
1 tsp fish sauce
1 tbsp salt-reduced soy sauce or gluten-free soy sauce
500g lean pork mince
2 tbsp sweet chilli sauce
4 tbsp 97% fat-free mayonnaise
2 tbsp olive oil
2 x 65g small baguettes or gluten-free rolls

Salad

2 small carrots
100g white cabbage
2 tsp rice vinegar (or white wine vinegar)
1/2 tsp caster sugar
1 Lebanese cucumber



Dietitian's note

Adding some extra vegetables and using a low-salt fish sauce and low-salt soy sauce will boost fibre and reduce sodium.

Method

- 1 **Finely chop** the coriander stalks and white parts of the green shallots and put in a bowl. Add the curry paste, fish sauce, soy sauce and mince. Use clean hands to mix until well combined. Shape the mixture into 12-14 meatballs. (See Cook's tip)
- 2 **Make** the salad. Peel the carrots into ribbons or coarsely grate, and finely shred the cabbage. Tip both into a large bowl. Add the vinegar and sugar. Toss together and set aside for at least 15 minutes.
- 3 **Stir** the sweet chilli sauce into the mayonnaise and set aside.
- 4 **Heat** the oil in a large non-stick frying pan over medium heat. Add the meatballs in batches and cook for 8-10 minutes, turning occasionally, until golden brown and cooked through – these can also be griddled or barbecued.
- 5 **Halve** the baguettes lengthways, leaving them attached. Thinly slice the cucumber and the green parts of the green shallots. Spread the chilli mayonnaise over the baguettes, then pile in the cucumber slices, green shallots and the lightly pickled vegetables. Add the meatballs and coriander leaves on top. Close the baguettes, cut in half and serve.



Cook's tip

The meatballs will keep, covered, in the fridge, for up to two days.

SUMAC CHARRED CHICKEN, PEACH & COUSCOUS SALAD

Prep: 10 minutes **Cook:** 20 minutes **Serves:** 4 (as a main)

Ingredients

700g skinless and boneless chicken thigh fillets, trimmed of fat
2 tsp sumac
2 garlic cloves, finely grated
1 tbsp olive oil, plus extra, for

brushing
120g (2/3 cup) couscous or 120g (2/3 cup) quinoa, cooked following packet instructions
1 small red onion, thinly sliced
Zest and juice 1 lemon

Small bunch mint, roughly chopped
1/2 small bunch flat-leaf parsley, roughly chopped
3 1/2 tbsp pine nuts
3 ripe peaches, cut into wedges
50g rocket leaves

Method

- 1 **Put** the chicken, sumac, garlic and oil in a shallow glass or ceramic dish. Cover and set aside to marinate while you prepare the salad.
- 2 **Put** the couscous in a small heatproof bowl. Pour over 250ml (1 cup) boiling water (or until the couscous is just covered). Cover with a tea towel and set aside for 5 minutes. Use a fork to fluff up. Stir in the red onion, lemon zest and juice, mint and parsley. Season with freshly ground black pepper.
- 3 **Heat** a medium non-stick frying pan over medium-high heat. Add the pine nuts and cook, stirring, for 2-3 minutes or until golden. Transfer to a bowl and set aside to cool. Brush the peach wedges lightly with a little oil. Add to the pan cut-side down and cook for 2-3 minutes or until charred and softened.

Set aside. Add the chicken thighs to the pan and cook for 8-10 minutes on each side until cooked through and lightly charred.

- 4 **Add** the rocket to the couscous and toss to combine. Divide the salad between plates. Slice the chicken and place on top of the couscous with the peaches. Spoon over any pan juices and scatter over the pine nuts. Serve.



For more great recipes and articles check out the latest issue of Diabetic Living.



Dietitian's note

Using skinless chicken breast would reduce the fat content of this dish.



HEALTHY GRILLED FISH WITH SALSA

Prep: 10 minutes **Cook:** 20 minutes **Serves:** 4 (as a main)

Ingredients

2 corn cobs, husk and silk removed, quartered
2 medium tomatoes, diced
1 Lebanese cucumber, diced
1 avocado, diced

1 red capsicum, seeded and diced
1/2 small red onion, finely chopped
1 long red chilli, seeded and finely chopped (optional)
2 tbsp coriander stalks and leaves, chopped

2 tbs lime juice, plus lime wedges, to serve
olive or canola oil spray
4 x 120g firm white boneless fish fillets

Method

- 1 **Place** corn in a microwave-safe bowl with a tablespoon of water.
- 2 **Microwave**, covered, on HIGH (100%) for 4 minutes or until just tender.
- 3 **Mix** tomatoes, cucumber, avocado, capsicum, onion, chilli, coriander and lime juice in a medium bowl. Toss gently to combine.
- 4 **Heat** a griddle or large non-stick pan on medium-high heat.
- 5 **Lightly spray** corn with oil then cook on pan,

turning frequently, for 5 minutes or until lightly charred; set aside.

- 6 **Lightly spray** fish with oil then cook on grill for 2-3 minutes each side or until brown and cooked through.
- 7 **Serve** fish with corn, salad and lime wedges.

Variations

Omit tomatoes, cucumber and coriander and replace with a bunch of sliced asparagus and mint.



Dietitian's note

This recipe is low in carbs, for people who are looking for that.





WALNUT AND LENTIL SALAD

Prep: 10 minutes **Serves:** 6

Ingredients

1 x 400 g can no-added-salt brown lentils, drained
1/2 garlic clove, chopped
2 spring onions (including green tops), sliced
1 bunch English spinach leaves, shredded
150g reduced-fat feta cheese, crumbled
1 punnet cherry tomatoes, halved
2 tbsp walnuts, chopped
1/2 cup low-fat Italian salad dressing

Method

- 1** **Combine** lentils, garlic, onion, spinach and feta in a mixing bowl.
- 2** **Add** tomatoes, walnuts and dressing.



Nutritional info

PER SERVE 523kJ (125Cal), protein 11.2g, total fat 6.1g (sat. fat 2.6g), carbs 4.9g, fibre 3.1g, sodium 294.1mg



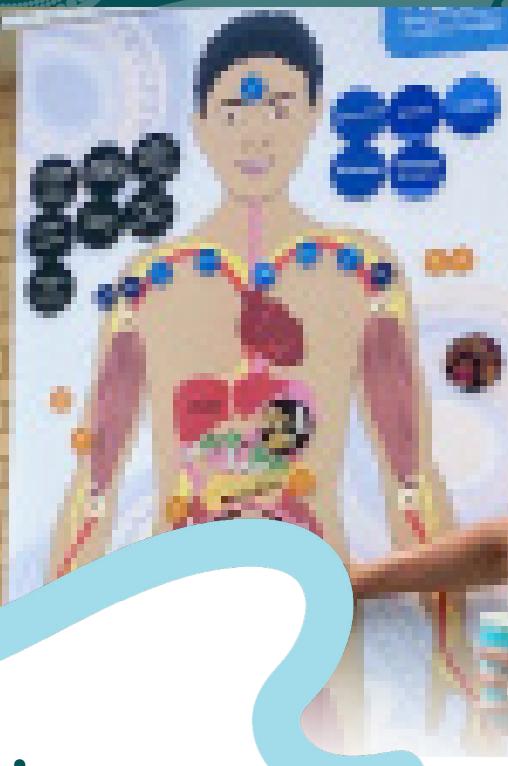
Dietitian's note

This is quite a high-protein salad option, but ideally you would pair it with another source of protein.

Variations

Make your own low-fat Italian dressing by mixing juice from ½ lemon with 1 tablespoon of olive oil and a little Dijon mustard.

Use 250g cooked green beans instead of spinach. Replace canned lentils with 1 1/2 cups cooked lentils. Always rinse lentils and pick out stones before cooking. Cook according to packet instructions. Be careful not to overcook as they will go mushy.



Yarning about diabetes

Our Aboriginal Health Team, Kathryn Huet and Sarah Kickett, visited Peel Health Campus last year to talk to staff about delivering Diabetes Yarning sessions. Here, KATHRYN HUET reflects on the benefits of these sessions for both health professionals and community.

Our Diabetes Yarning program is about getting together and having a yarn about diabetes. We talk about what diabetes is and help participants come up with their own plan to manage it. Last year, we travelled down to Peel Health Campus to teach their allied health team how to deliver the program. We always say that one of the good things about Diabetes Yarning is that it gets people talking about diabetes in a relaxed setting. If someone goes to a GP, for example, they may be told they have diabetes, be given medication and sent on their way.

But managing diabetes is about much more than taking medicine. And a lot of the management happens your day-to-day life, such as your food choices.

Plus, in a doctor's appointment, a person may not know what to ask, or they may not feel comfortable speaking up when it's a busy clinic and they only have fifteen minutes of the doctor's time.

There can also be stigma and shame about having diabetes, and people may feel shy about talking about their health issues. So, what we try to do is create a safe space for people to have a yarn and to

help people understand that a diabetes diagnosis is not something to be ashamed of.

We cover eight topics, including how diabetes works in the body, how to reduce the risk of developing type 2 diabetes and strategies to manage diabetes. Each participant receives a booklet with information to take home, and a session typically takes one to two hours.

Training people to deliver Diabetes Yarning means they can offer the program to their own communities. This training is not only for Aboriginal health professionals. It's for anyone in Western Australia who works with First Nations people and communities.

We hope that health professionals leave with a better understanding of type 1, type 2 and gestational diabetes and how to educate others. We also talk about prevention, food choices and so on, while acknowledging how hard it can be if you're living in an area with limited access to fresh food.

We always say it's not just about delivering the information like you would in a clinic, for example. It's about how you deliver it, and about being aware of your audience and checking in with them.

It's also important to leave space for questions. People can be shy, but once one person asks a question someone else will put their hand up and then you have a good conversation going.

Training other health professionals gives me a sense of purpose, because I know that the information I share will ripple out and help the community. I feel like I'm doing something good, and I'm very passionate about it.

Right now, there are only two of us covering the whole of WA, but we are expanding and will soon have another Aboriginal Health Practitioner.

These things take time, you can't just snap your fingers and it's done, but we are looking forward to the year ahead. We stay in touch with all the people we meet, and we'd love to hear from health professionals who want to learn more.

Ultimately, it's about building a relationship with the community and taking it from there.

With diabetes on the rise across Australia, this is an important topic to understand. It's a slow work in progress and can't be rushed, but the more health professionals who have a good understanding of diabetes, the better.

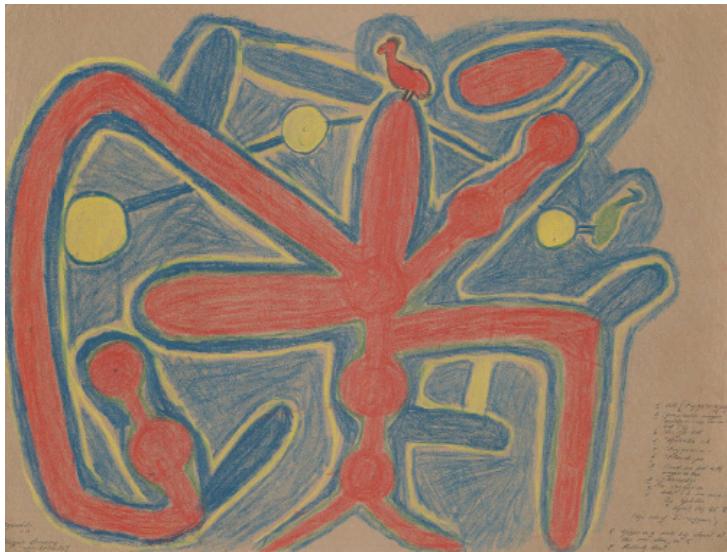


“Training people to deliver Diabetes Yarning means they can offer the program to their own communities. This training is not only for Aboriginal health professionals. It's for anyone in Western Australia who works with First Nations people and communities.”



Heading out or staying home?

Here are some events, books and TV to keep you entertained.



FESTIVAL TIME

Perth Festival

February in Perth means hot days, balmy nights and the Perth Festival, when the city welcomes international artists and celebrates local ones. This year's highlights include free music at the East Perth Power Station, outdoor cinema at the Somerville and theatre and dance performances across the city.

There are also art exhibitions, including the Birrundudu drawings, which are on display this year for the first time. In the 1940s, sixteen Aboriginal men working on the Birrundudu Station in the Northern Territory produced some 810 drawings that vividly documented their knowledge of Country, history and ceremonies. This free exhibition displays 100 artworks from the collection.

Lawrence Wilson Art Gallery, UWA, 14 February to 4 April.

PICTURE CREDIT: Splinter Dardayi Yani Jongala, Not titled (Gumurlawurru [pied butcherbird] Dreaming at Pingidjarrra Hills) (detail), 1945, Birrundudu, Northern Territory, wax crayon on brown paper, Courtesy Berndt Museum, The University of Western Australia [1945/0132]

Karla Bidi

From the hills in Mandoon to the sea in Walyalup, 6 February to 1 March

Perth Festival always puts on an amazing free community event, and this year it's Karla Bidi. Co-created by First Nations artists, this open-air sound and light installation will invite people to sit, relax and take in the sounds and sights from some of Perth's most beautiful places. Visit perthfestival.com.au for a full list of places to experience Karla Bidi across Perth until 1 March.





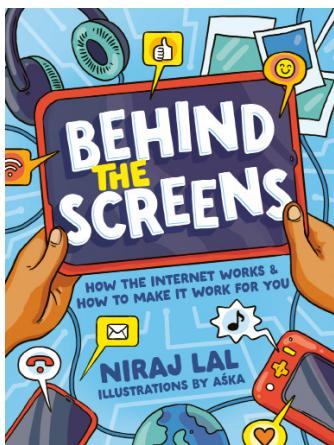
Lighting the Sound

13 March to 29 March

Looking ahead, the coastline and landmarks of Albany will be transformed over three weekends in March by the largest light installation ever to be staged on earth. Finnish light artist Kara Kola has worked with Menang Elders and the Albany community to create what promises to be a spectacular celebration of landscape and culture.

From March 13–29, visit form.net.au for more information.

BOOKS



Behind the Screens

(University of Queensland Press)

Dr Niraj Lal

This timely guide promises to help kids navigate the online world with the knowledge they need to stay safe and have fun. Written by Dr Niraj Lal, the creator of the ABC podcast *Imagine This*, it explains how the internet works in simple terms, looks at why our screens are so compelling and gives a balanced view of the pros and cons of social media.

With engaging illustrations by comic artist Aska and a friendly and accessible tone, this is a great guide for kids getting their first phone.

STAYING IN

Our resident TV critic, WENDY DOWDEN, shares her recommendations for the latest gripping shows to see out the summer.



Smother (ABC)

After her husband's shocking death, a woman investigates his past and discovers a web of betrayal in this excellent Irish thriller.



The Forsytes (ABC)

One for fans of period drama, this series follows the lives, trials and scandals of a wealthy stockbroking family in 1880s London. Reviewers are calling it 'Succession with crumpets.'



The Jetty (Amazon Prime)

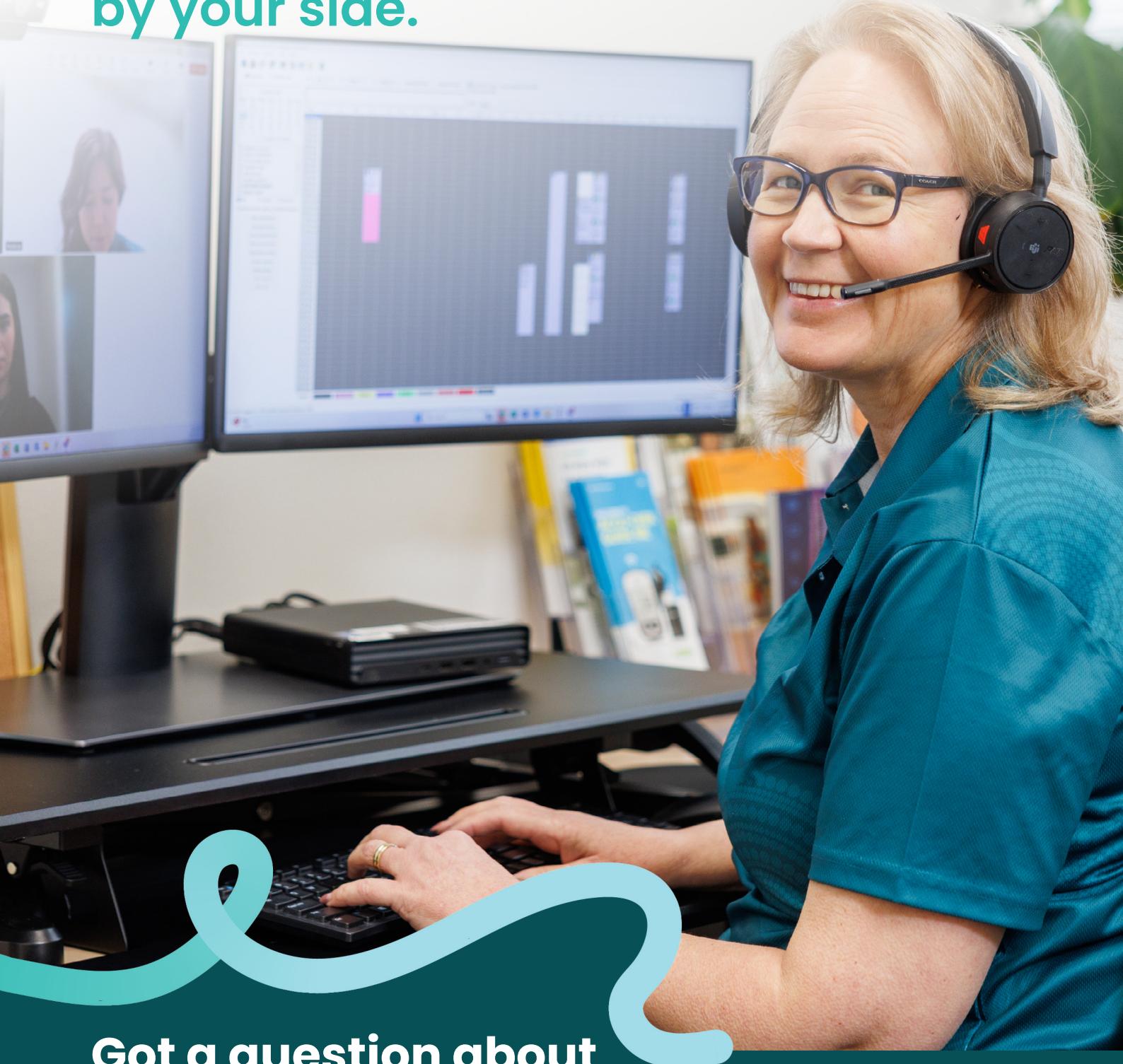
Recently widowed DC Ember Manning is on the hunt for a predator targeting young girls. Dark, funny and completely immersive.



Maigret (ABC)

Named after its hero, the charismatic Chief Inspector Jules Maigret, this detective series set in Paris has been adapted from the novels of George Simenon and delivers character, style and heart.

Wherever you are on
your journey, we are
by your side.



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Diabetes WA – Subiaco Office
Level 3, 322 Hay Street, Subiaco WA 6008
Postal Address:
PO Box 1699, Subiaco WA 6904