

diabetes matters



- * *Living well with diabetes*
- * *Better digital habits*
- * *Delicious autumn recipes*
- * *Exercising for balance*

diabetesWA
by your side

From the Editor

In this issue, you'll find stories from people living with diabetes about their unique health journeys, healthy living tips and autumn recipes, plus news of our programs and events.

A recent study by BUPA reported that people are increasingly turning to AI and social media for health advice, partly due to financial pressures.

If you are wondering where to find the information you need, please know that the health content we share is always closely read (and often written) by our team of qualified diabetes educators, nurses, pharmacists and exercise physiologists for accuracy. There's no fake news here.

Please sign up for our newsletters and visit our website, call our free Helpline on 1300 001 880, or attend one of our programs or events for up-to-date advice on all types of diabetes.

Happy reading,

Zoe

Editor, Diabetes Matters

diabetes matters autumn 26

Editor Zoe Deleuil

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Thanks to

Diabetic Living magazine



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A word from us

Welcome to the autumn issue of Diabetes Matters.



You may have seen recent media coverage announcing that funding from the WA State Government has enabled Diabetes WA to expand our Diabetes WA Connect service to GPs across the state.

This service gives GPs direct access to specialist endocrinology advice, helping them support people living with diabetes earlier and more effectively in the community. Many GPs have described the service as "having a colleague in the room," and in many cases it helps avoid unnecessary referrals to hospital outpatient clinics.

As diabetes care continues to evolve through new technologies, medications and treatment approaches, we are incredibly proud to deliver a service that strengthens support for both healthcare professionals and the community.

In March, I was delighted to welcome Minister Meredith Hammat to our Subiaco office, to learn more about the services and programs delivered by Diabetes WA, and to discuss the growing needs of the diabetes community across Western Australia.

We are very grateful for the commitment this Labour government has made to

supporting diabetes programs and we look forward to providing future updates as other initiatives progress.

One recent project we're proud to have completed puts community at the heart of medication support. Guided by conversations with people living with diabetes, we co-designed practical resources focused on the everyday "tips and tricks" that make it easier to take medicines safely and consistently, from building a simple daily routine, to using visible prompts and phone reminders, or involving a support person when that helps.

I highly recommend looking at these resources; I know that I have forgotten my own medication on more than one occasion.

From the very beginning, Diabetes WA has sought to engage and empower the diabetes community, people living with diabetes, parents, partners, children, friends and carers. As we embark on an expansion of our programs and clinical services and support advancements in diabetes care, we will continue to elevate your voices and listen to you.

We are excited at the work and conversations to come and, as diabetes technology and therapies

continue to innovate, we would love to hear from you about your journey and what matters most to you.

We are always here to listen, please call our free Helpline and connect with our clinics, programs and services in a way that works for you.

Warm regards,
Melanie Gates
Chief Executive Officer
Diabetes WA

WHAT'S *NEW

IN DIABETES



Out and about with Diabetes WA

Deborah Schofield (left) and A/Prof Naomi Trengrove (right) from the Curtin School of Nursing present Cindy Ward with the Graduate Certificate in Diabetes Dux Prize at Curtin University's Celebration of Excellence on 19 February.

Kathryn Huet and Sarah Kickett from our Aboriginal Health team were in Kalgoorlie for the Binar Basketball Carnival, sharing diabetes information with players.

Diabetes WA welcomes a new board member.

We are delighted that Dr Daniel Hunt has joined the Diabetes WA board.

Daniel is a Jaru and Indjibarndi man, GP and dentist with extensive experience in the Aboriginal Community Controlled Health Organisation sector.

Dr Hunt is passionate about clinical governance and healthcare for priority populations. He is the Deputy Chair of the Blood Borne Viruses and Sexually Transmitted Infection Advisory Committee for Western Australia and is a registered supervisor for GP training for the RACGP.

He was awarded General Practitioner in Training of the Year for WA and in 2024, Indigenous Doctor of the Year, 2025 AMA (WA) Advocate of the Year and 2025 NAIDOC Person of the Year.



Diabetes WA Connect now available statewide

In April, CEO Melanie Gates and the Diabetes WA Connect team welcomed Health Minister Meredith Hammat to our headquarters to celebrate the Cook government's investment in a further four years of Diabetes WA Connect and its metro rollout.

Now, GPs across the state can book a call to speak

directly with one of our endocrinologists for timely specialist advice on all types of diabetes. Call 9436 6270 or visit diabeteswa.com.au/connect to book a call or multi-disciplinary case conference with our team.

Read more about Diabetes WA Connect on page 6.



Our Belmont shop is now closed.

If you need supplies, you can visit our clinic at 3/322 Hay Street, Subiaco, or order online at diabeteswa.com.au

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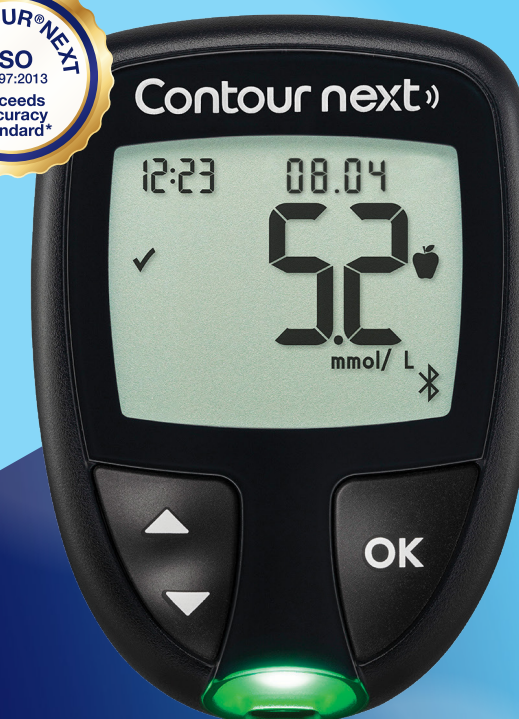
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^{*}Limit of one (1) CONTOUR[®]NEXT meter per NDSS registrant in an 18 month period for those recommended to monitor blood glucose levels.

^{**}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.

³An 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.

1. Pleus 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.

2. International 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.

3. CONTOUR[®]NEXT User Guide, Rev. 12/21

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WHAT'S NEW

RESEARCH

More CGMs are hitting the market – but are they accurate, and who can access them?

Have you noticed an increase in people wearing CGMs (continuous glucose monitors) on their upper arm? ZOE DELEUIL looks at what their growing popularity means for people living with diabetes.

Diabetes technology is a rapidly changing area of diabetes healthcare. In particular, CGMs, initially developed for people living with type 1 diabetes to track their blood glucose levels, are now increasingly adopted by people with all diabetes types, and even those without diabetes.

Diabetes WA clinical services manager Jessica Weiss sees this as a positive development, with modern diabetes technology having significant clinical and emotional benefits.

“We are seeing more people using CGMs to self-manage their diabetes,” Jessica says.

“CGMs can prevent high or low glucose levels with early warnings and alarms, reduce the need for finger-pricks – and needing to carry the equipment – and provide better information about what is influencing glucose levels. Overall,

they reduce the burden of diabetes management, specifically in monitoring glucose levels.”

New CGMs entering the market

As demand for CGMs grows, an increasing number of sensors have appeared on the market that are not funded by the National Diabetes Services Scheme, or NDSS.

In response, the Australian Diabetes Society (ADS), Australian Diabetes Educators Association (ADEA), Australasian Diabetes in Pregnancy Society (ADIPS), Australian and New Zealand Society for Paediatric Endocrinology and Diabetes (ANZSPED) and New Zealand Society for the Study of Diabetes (NZSSD) have published a joint statement calling for minimum standards regarding CGMs in Australia and New Zealand.

Jessica says that, while CGMs coming

onto the market are approved by Therapeutic Goods Administration, consumers need to inform themselves when self-funding.

“There are questions around whether CGMs targeting the self-funded market have met the same rigorous testing to prove accuracy. It’s also important to understand what their support looks like (24-hour phone lines are standard with NDSS-approved CGMs), whether they can be trusted for making clinical decisions and where user data is stored,” Jessica says.

Equity of access in remote, regional and rural Australia.

Diabetes prevalence in Australia is 1.3 times higher in remote and very remote areas compared to major cities. Teletrials are currently investigating the cost effectiveness of CGMs in regional and remote areas, how best the technology



feature

can be used to improve health outcomes and how subsidies could support equity of access.

The FlashGM Teletrial investigates CGMs as an alternative to finger-pricking, which can be painful for some and lead to a loss of feeling in the fingers due to the buildup of scar tissue over many years of multiple daily finger-pricks.

This was the case with Ezzard Flowers, a Noongar Elder who participated in the trial. He hopes that in participating he will help people better manage their diabetes and save them from going through what he has.

The argument for more equitable funding

CGM technology is currently funded by the NDSS for people living with type 1 diabetes. This provides access to a technology that has many benefits and can connect to other technology, such as insulin pumps and smart pens.

For people with type 2 diabetes and gestational diabetes, there is currently no subsidy for CGM technology. Those who can afford to self-fund their technology pay \$200 to \$300 per month.

To address this, Diabetes WA has joined forces with diabetes organisations across the country to call on the Australian Government to subsidise vital diabetes technology.

Unite for Tech is a national campaign supported by Diabetes WA and the broader diabetes sector, calling for fairer access to modern diabetes technologies.

Diabetes WA supports recommendations to improve equitable access to modern diabetes technology, including continuous glucose monitors, based on what we are hearing from West Australians living with diabetes and the health professionals who care for them.

Do you want to learn more?

Diabetes WA has joined Unite for Tech, a national movement calling for more equitable access to diabetes technology such as CGMs.

If you have a question about CGMs, diabetes technology and associated funding, you can call our helpline on 1300 001 880 to speak to one of our diabetes educators.

Or come along to a Type 1 Tech Night. Here, you’ll learn about the latest diabetes tech, hear from our diabetes educators, speak to representatives from the companies and see the devices for yourself.

It’s free, friendly, informative and light refreshments are provided.

Our next Type 1 Tech Night is on Tuesday 14 July in Mirrabooka. Visit diabeteswa.com.au for details.

More minds, more ideas, more solutions

With diabetes cases on the rise and growing demand for hospital beds, Diabetes WA Connect is here to support GPs across the state with timely advice from our team of endocrinologists, diabetes educators and Aboriginal health practitioners.

Developed in collaboration with GPs and patients, Diabetes WA Connect provides GPs with direct access to an endocrinologist and diabetes educator. Initially available for rural and remote GPs, the service can now be used by GPs in the Perth area.

While most diabetes care can be managed by a GP, endocrinologist Dr Greg Ong says that the service can be a way of getting 'more ideas, more minds and more solutions' earlier in a patient's diabetes journey, in consultation with the GP who knows them best.

Launched in October 2024, Diabetes WA Connect recently received a

further four years' funding from the state government, and one year's funding from WAPHA, in recognition of its growing reputation and strong satisfaction from GPs.

"We started the service for our country GPs," says Dr Ong. "Obviously the scale of Western Australia is huge but the concentration of diabetes services is in Perth, so if you're a Pilbara GP, you're a long way from dedicated diabetes services, as are your patients. If we can troubleshoot by phone, the patient can receive care in their local community. This not only saves the patient a long wait and journey for a hospital

appointment, it keeps their care within their existing health team."

For metro GPs and patients, as delays can still occur, Diabetes WA Connect can reduce stress and anxiety while awaiting hospital appointments.

"It's a different way of providing diabetes knowledge to the community beyond that standard referral pathway," says Dr Ong. "GPs can ring up with almost any diabetes question and put in place a plan far more quickly for their patients."

Diabetes WA Connect can provide advice through a phone call or a multi-disciplinary case conference (MDCC) with a diabetes educator also present.

The service gives the endocrinologist and diabetes educator an opportunity to hear directly from the patient's primary doctor who knows their medical history, providing invaluable context that will help support diabetes management and prevent complications.

"The questions might be around medication, insulin, side effects or anything affecting a patient's access to care. Making complex decisions around diabetes management within a fifteen-minute appointment can be challenging, but what we've heard from GPs is that getting more eyes on the situation reduces uncertainty and make that process easier," says Dr Ong.

"Some GPs have reported greater confidence in decision-making after using our service, even if their final management plan did not change."

With many GP practices now having a strong focus on chronic disease management, GPs must stay across the latest diabetes technology and medications, among many other demands on their time. Dr Ong's goal is that every time a GP uses the service, they will know more about the latest in diabetes management for next time.

"We can answer a question about a diabetes innovation that can then be implemented across numerous patients. So the impact of one question can be significant."

Dr Ong says that the goal is for every conversation to build confidence and capacity with the local workforce.

"It may be that you're a GP who is new to our health system and you want to learn more about referral pathways and the unique challenges of diabetes management in Western Australia. Or it may be about providing an educational tool for junior registrars. Our goal is that every time you talk to us, you will know more about diabetes for next time."

Kate Fulford, who is associate director

at Pramana Medical Centre in Gosnells, says that the service has given her team advice that that is applicable for many of their patients.

"Your clinical process improves, and you can take that same knowledge, and translate it to other patients," she says.

Holistic and comprehensive diabetes care in the community

Dr Ong, who has clinical appointments at Fiona Stanley Hospital and Bunbury Hospital Outpatients, knows that even if they have a referral, some patients will not attend a hospital appointment.

"Even without waitlists, there are many obstacles to hospital appointment attendance. The hospital might be too far away. They might have trust in their GP but not feel safe in a hospital. They may not realise the importance of the appointment. They might not have transport or be able to pay for parking. Diabetes WA Connect provides another option for these patients."

Diabetes educator Tara Savage, who works alongside Dr Ong, emphasises that diabetes management is going to look different for every patient and the team will adjust their approach accordingly, whether it's a multi-disciplinary case conference with a GP providing care to aged care residents or calls about the growing number of younger people and pregnant women with diabetes.

"Every situation is unique and consulting with a Diabetes WA Connect endocrinologist allows the GP to possibly explore a different approach but ultimately builds confidence that decisions are informed and balanced," she says. "The one constant is that early intervention can make a big difference to patients."

Are you a GP, nurse practitioner or practice manager and would like to get in touch with the team at Diabetes WA Connect?

Call 9436 6270

Visit diabeteswa.com.au/connect

Email diabetesconnect@diabeteswa.com.au for enquiries.

Diabetes WA Connect is supported through funding from the Australian Government under the PHN Program, commissioned by WA Primary Health Alliance, and through partnership funding from the Western Australian Government Department of Health.





Do you know the early signs of diabetes distress?

Learn more about what diabetes distress is, and how our team can help with an innovative new program.

We hear a lot about the physical side of diabetes – from counting carbs to the importance of eye checks. But we hear less about the emotional burden that can accompany the condition.

Managing diabetes requires so many extra decisions and tasks every day, such as taking medication and monitoring glucose levels, which can add up to an intense mental load.

It's common for people living with diabetes to feel frustrated, pressured or annoyed from time to time. When these feelings and the daily demands of managing diabetes become overwhelming, this is described as diabetes distress.

Mental health challenges affect half of people living with diabetes, and one in three people with diabetes may experience diabetes distress, so if this sounds familiar, you're not alone.

What are signs of diabetes distress?

- Feeling overwhelmed by the demands of living with diabetes.
- Concerns that you're 'failing' with diabetes management.

- Worrying about the risks of long-term complications.
- Feelings of frustration that you can't control your diabetes from one day to the next.
- Feeling guilty when diabetes management falls off course.

It's normal to feel like this sometimes. However, if these emotions are starting to impact your relationships, family, work, school or diabetes management, it may be time to seek help.

Diabetes distress may lead to you feeling less engaged in managing your diabetes, such as taking medication regularly and on time, eating healthy foods and getting enough exercise.

Over time, ongoing diabetes distress can sometimes lead to 'diabetes burnout,' when a person feels emotionally exhausted and overwhelmed by the demands of their diabetes and taking a break can seem like the only way to cope.

The LISTEN project

If you're feeling overwhelmed by the challenges of living with diabetes, a new Telehealth program, LISTEN, is here to help.

LISTEN was developed at the Australian Centre for Behavioural Research in Diabetes (ACBRD.) It stands for Low Intensity mental health Support via Telehealth Enabled Network.

Here at Diabetes WA, several members of our health team have recently completed training and can now deliver the program.

Sessions are delivered via telehealth by trained diabetes health professionals and use problem-solving strategies to enhance healthy coping skills.

Program participants reported feeling significant relief from diabetes distress at eight weeks and six months.

Other positive outcomes included improved emotional health and wellbeing, increased engagement in healthy eating and physical activity, increased contact with health professionals and feeling more comfortable talking about their concerns with their health professionals.

The LISTEN program is for adults with diabetes (type 1, type 2, LADA and MODY) who are feeling burned out, stressed or overwhelmed by their diabetes.

You can have up to four sessions, where you'll focus on anything related to your diabetes management that is important to you. This might include glucose monitoring, diet, meal planning, concerns about complications or relationship challenges.

LISTEN is free, and no referral is needed – call Diabetes WA on 1300 001 880 to find out more.

Coping with diabetes distress

Diabetes distress can occur when the emotional burden of managing diabetes gets too much. Here are some strategies that can help.

1. Don't blame yourself.

Diabetes can be unpredictable from one day to the next, and it's common to feel like you are not in control or are 'failing' when it comes to self-management. It's important to remember that you will have good and bad days and that your glucose level is just a number and not a reflection of who you are. Instead of blaming yourself, focus on what you can achieve, such as a walk after dinner.

2. Be kind to yourself.

It's easy to be clouded by negativity when feeling frustrated, but being kind to yourself can help to reset your mood. Have a relaxing bath, treat yourself to a massage, read a good book or watch a show that uplifts you.

3. Reconsider your goals.

If you feel like you're not hitting the 'goals' you've set yourself when it comes to diabetes management, reassess where you're at. Setting yourself one or two small, realistic and achievable goals may help boost your confidence. For example, if you want to increase your physical activity, start small by aiming to complete two doable active sessions a week and, once this is achieved, slowly build it up.

4. Connect with others.

Whether it's a close friend or a family member, talking to someone about how you're feeling can really help. Joining a peer support group and talking to others who face similar challenges can also be reassuring and a timely reminder that you are not alone. Our self-management programs are a great way to learn more about diabetes and meet others facing similar challenges.

5. Talk to a professional.

If you are experiencing diabetes distress and it is impacting your daily life, reach out to your health team, which includes your GP, endocrinologist and LISTEN-trained diabetes health professionals.

The LISTEN program is one option; depending on your situation you may be referred to a psychologist who specialises in diabetes. Ask your GP if you are eligible for a Mental Health Care Plan, which will reduce the costs.

Frequently asked questions

What happens in a LISTEN session?

A qualified diabetes health professional (a diabetes educator, nurse or dietitian) will support you through the program. Sessions last 45-60 minutes and will focus on an area of diabetes that you find challenging.

Together, you and your health professional will work through a structured, six-step problem-solving process over one to four sessions.

What does the LISTEN program offer that is different to diabetes education programs?

LISTEN is designed to build your skills to manage stress, boost confidence and improve your emotional health. In LISTEN, you choose the problem to focus on, set your own goal and work with your health professional to find solutions or create an action plan that works for you.

How do I access the program?

Email listen@diabeteswa.com.au or call 1300 001 880 to complete a short survey, and our team will reach out to go through the next steps. diabeteswa.com.au/listen

LISTEN is supported by the WA government and developed by the Australian Centre for Behavioural Research in Diabetes (ACBRD), a partnership between Deakin University and Diabetes Victoria.



5 tips for remembering your type 2 diabetes medication

Do you sometimes get to the end of the day and wonder if you took your medication? You're not alone.

We've talked to people with diabetes and come up with some easy ways to remember your medication.

First of all, why is it important to remember your medication?

Diabetes educator Dr Charlotte Rowley explains: "If you're not taking medication regularly, it means you have an inconsistent amount in your body. And that means that your blood glucose levels, and the benefits you get from your medication, are also going to be inconsistent."

Think about what happens if you forget to water a house plant for a week – it looks droopy and sad. To keep a plant healthy, it needs regular watering. Not too little, not too much. It's the same with your diabetes medication.

We talked to our community network of people living with type 2 diabetes about how they remember their medication. Here's what they told us worked for them.

1. Build a daily habit. Establish and stick to a routine where possible by taking your medication at the same time and place each day, like with your morning cuppa or when brushing your teeth.

This will make taking medication automatic. Be aware of any disruptions to your routine – illness, travel, an unexpected visitor, rushing to an early appointment – as these are the times that you may forget to take medication.

2. Involve your support person.

Taking medication regularly is easier with support. Involve your partner or caregiver by linking it with a shared routine such as breakfast.

3. Set yourself digital reminders. Use your phone or a digital calendar to send yourself a reminder each day. You can also download apps with dose trackers to remind you to refill your prescription, so you don't run out.

4. Keep your medication where you can see it. This will give you an automatic reminder. A high-traffic area, such as your kitchen benchtop or bathroom cabinet, is ideal. Or put a note where you'll see it, such as on the fridge or your bathroom mirror.

5. Use medication organisers. You can use a seven-day pill box or ask your pharmacists for prepacked doses by day and time. This can help you remember if you've already taken your medication.

I've forgotten my medication – what next?

If you are finding it hard to remember to take your diabetes medication, don't panic. Let your GP or diabetes educator know in case it affects your results.

For example, if you're not taking your medication regularly, and your blood glucose levels are increasing, you might be prescribed a second medication that you don't need.

You don't want to end up on more medication if it's a case of forgetting.

Diabetes educator Dr Charlotte Rowley says: "If we're trying to make decisions based on your blood glucose levels, but we don't have the full picture of what's going on behind the scenes, then we're going to make choices that might not be right for you. So it's really important that we understand what might be causing difficulties for you."

Forgetting to take medication is a common issue. Your health professional is a good person to help you brainstorm ideas on how to make remembering your medication easier, so talk to them!

Different ideas work for different people - talk to your health team about what works for you.

You can also call our helpline on 1300 001 880.

For more tips on remembering your medication, visit our resources page at diabeteswa.com.au/easy-meds

“My GP has told me I’ve got prediabetes – what next?”

We get this question regularly on the Diabetes WA Helpline. Read on if you’ve been told you have prediabetes and are wondering what to do next.

First things first: prediabetes versus diabetes.

Prediabetes means your blood glucose levels are higher than normal, but not high enough to be diagnosed with type 2 diabetes. This happens when the cells in the body become resistant to a hormone called insulin.

Insulin is an important hormone in our body, allowing our cells to use glucose from our carbohydrate-containing foods and drinks as fuel. This insulin resistance means the glucose ends up staying in the blood and can’t easily get into the muscle cells for fuel.

While there is a lack of recent, publicly available data on prediabetes in WA, in 2002 it was estimated that approximately one in six Australians over the age of 25 (16%) had prediabetes.

People with prediabetes have a higher risk of developing type 2 diabetes. **Does having prediabetes mean I will go on to develop type 2 diabetes?**

Not necessarily. Approximately 5-10% of people with prediabetes will go on to develop type 2 diabetes each year.

Everyone has a certain number of risk factors for how likely they are to develop type 2 diabetes.

Some of these are modifiable (including things we can change in our lifestyle), while others are non-modifiable (usually traits or genes we have been born with that we cannot change.)

It is worth understanding your own personal risk factors to identify if there is anything you can modify.

Examples of modifiable factors include losing weight (particularly the mid-section measurement), eating healthy food, aiming for 30 minutes of physical activity a day, and stopping smoking.

Note that not everyone has modifiable risk factors, and you may already be doing all these things. But that is not a sign to be disheartened – instead, you can feel encouraged to keep doing all these things that will reduce your risk not only for diabetes, but for many other health conditions as well.

Seek advice from a professional, such as a dietitian or exercise physiologist, if you would like guidance on changing these risk factors.

Other risk factors are non-modifiable, meaning you can’t change them. These include having a family history of type 2 diabetes, coming from an Aboriginal and Torres Strait Islander, Pacific Islander, South-east Asian, Asian (the sub-continent), Arabic or north African background.

Having had diabetes in pregnancy (gestational diabetes) is another risk factor.

While we can’t do anything to change non-modifiable risk factors, it helps us understand that type 2 diabetes is a complex condition, and not one caused by lifestyle factors alone.

Regardless of your background or medical/family history, it is especially important to prioritise looking after the areas you can change.

Treatment for prediabetes

If you are diagnosed with prediabetes, the treatment involves the same lifestyle changes that are recommended for people diagnosed with diabetes. For most, this will include regular physical activity, healthy eating and, if necessary, losing weight.

Strong evidence shows that type 2 diabetes may be prevented or delayed in up to 58% of cases through changes in your lifestyle around food and exercise.

Healthy eating

- ✳ Enjoy vegetables and fruit daily.
- ✳ Choose lean proteins such as meat and chicken with fat removed, fish, eggs, nuts, legumes and tofu.
- ✳ Aim for high-fibre, low glycaemic index (GI) carbohydrate (carb) foods, such as wholegrain breads and cereals, legumes and fruit.
- ✳ Replace saturated fats with unsaturated fats such as extra-virgin olive oil or avocado.
- ✳ Limit foods high in sugar, saturated fat and salt.
- ✳ Avoid high-sugar drinks such as soft drinks, cordial, iced coffee or flavoured milk.
- ✳ Limit alcohol intake if you choose to drink.

To work out a dietary pattern that’s right for you, visit an accredited practising dietitian.

If you are diagnosed with type 2 diabetes, here at Diabetes WA, we have dietitians and diabetes educators who can work with you to incorporate healthy, nutritionally balanced meals that also fit your lifestyle, preferences and goals.

Regular physical activity

Regular physical activity helps your body to use insulin better, which helps to manage glucose levels. It is useful to aim for at least 30 minutes of moderate intensity physical activity (such as brisk walking or swimming) on most, if not all, days of the week.

If you exercise vigorously (meaning you wouldn’t be able to hold a conversation during the activity) then you can exercise for a shorter duration. It is important to include some resistance training twice a week to keep your muscles strong. If you aren’t meeting these guidelines at the moment, then start with an achievable amount and gradually work up.

Finding something you enjoy can make the world of difference, as

can thinking about how feeling fitter and stronger will affect your life.

For support with incorporating physical activity into your routine, working with your other health conditions and goals, talk to an accredited exercise physiologist.

Medication

Some people are prescribed medication to manage pre-diabetes and help prevent progression to type 2 diabetes, most commonly metformin.

Metformin is a medication that treats the insulin resistance, reduces how quickly we digest our food to create glucose, and reduces how much glucose our liver produces, particularly while we sleep.

Taking metformin may reduce your risk of developing type 2 diabetes by 35%. While this is not as high as interventions mentioned above, there is no reason you can’t combine the two!

Metformin is considered a safe first-line option for treating pre-diabetes and type 2 diabetes.

Talk to your GP or pharmacist about medication and potential side effects, or call our Helpline on 1300 001 880 to talk to a diabetes educator.

May to June 2026

WORKSHOP + 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 registration you are entitled to attend Diabetes WA's workshops for free.



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
Friday 15 May	Melville
Wednesday 20 May	Midland
Monday 25 May	Kwinana
Tuesday 26 May	Noranda
Wednesday 10 June	Subiaco
Wednesday 17 June	Burns Beach
Friday 19 June	Baldivis
Friday 26 June	Bentley

REGIONAL	
Thursday 7 May	Geraldton
Friday 29 May	Karratha
Thursday 11 June	Albany

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.

REGIONAL	
Friday 12 June	Geraldton
Monday 15 June	Broome
Tuesday 16 June	Bunbury
Thursday 25 June	Kalgoorlie

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.

DATES	LOCATION
Monday 25 May	O'Connor

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
Wednesday 22 April	Willagee
Friday 8 May	Subiaco
Tuesday 12 May	Ocean Reef
Friday 5 June	Byford
Tuesday 23 June	Belmont
Tuesday 30 June (T1 audience only)	Mirrabooka
REGIONAL	
Wednesday 10 June	Albany

Type 1 Tech Night

DATES	LOCATION
Tuesday 14 July	Mirrabooka

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
Wednesday 22 April	Rockingham
Thursday 30 April	Kelmscott



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.



“It’s a unique team with a unique mission.”

Track cyclist Donovan Mackie was diagnosed with type 1 diabetes in 2021. ZOE DELEUIL catches up with him as he heads to Spain to train with Team Novo Nordisk, a professional cycling team whose members all live with type 1 diabetes.

For Donovan Mackie, 2021 was a defining year – he started track cycling, and he was diagnosed with type 1 diabetes.

“I’d ridden mountain bikes since I was eight and participated in my first bike race when I was 12. A few months after I’d started track cycling at the age of 14, I was diagnosed with type 1 diabetes,” he says. “Fortunately, it was caught early on, so I didn’t lose weight or have any serious health issues.

The main reasons for visiting the doctor were frequent urination and severe cramping, which I found out later was caused by dehydration – my blood glucose levels were so high that none of the water I was drinking was doing anything.”

One of his first questions for his care team at Perth Children’s Hospital was whether he could continue to pursue a professional career in track racing with type 1 diabetes. They mentioned Team Novo Nordisk, a sporting team where all members are living with type 1 diabetes.

“I reached out to them and, although I was far too young to join, they kept track of my development. Once I was at a level they were happy with, I was invited out to Italy to have a shot at the Talent ID camp. This was a nice eye opener into how Team Novo Nordisk operates and how the athletes are supported. The following year, after a successful season in

Belgium and across Europe, I joined the professional team.”

Donovan says his family have been ‘super supportive’ of his cycling journey from the beginning.

“From a track and road point of view, I’ve had to learn and adapt to diabetes the entire time I’ve been cycling. It’s a tough road and it’s important to have people in your corner to bounce off.”

When it comes to balancing type 1 diabetes with intensive exercise, Donovan has learned that blood glucose management while training and racing is a completely different ball game compared to when he’s not on his bike.

“Insulin sensitivity increases with exercise. You have to allow for this, but it’s especially hard during a race where you can’t control the intensity of your efforts. For example, sprints or very high-intensity moments in a race can produce adrenaline. Once this is in the mix, your blood glucose levels can be all over the place and it becomes almost impossible to stay on top of it.”

Team Novo Nordisk works with diabetes educators and doctors who specialise in managing diabetes with high levels of sport, and the racers all work closely with them to get the best out of themselves.

Donovan hopes the world’s first all-diabetes professional cycling team motivates others as much as it motivated him, back when he was first diagnosed.

“It’s a unique team with a very unique mission. I think that just seeing us racing can have a really beautiful effect on everyone

living with diabetes. I can clearly remember how I felt when I first learned about the team. Now that I’m wearing the kit myself, I hope I can inspire others in the same way.”

Is there anything Donovan wishes he’d been told when first diagnosed?

“I wish someone had told me that it’s definitely a challenge but it’s not something that can or should define you as a person or an athlete. It’s tough, but with the correct management and planning everything is possible.”

Who are Team Novo Nordisk?

Team Novo Nordisk is a global all-diabetes sports team of cyclists, triathletes and runners, spearheaded by the world’s first all-diabetes professional cycling team. Sponsored by healthcare company Novo Nordisk, the ten-rider 2026 team has cyclists from eight different countries, with an average age of 20 years. The team aims to inspire, educate and empower everyone affected by diabetes.

Exercise and type 1 diabetes

Exercise can make insulin work more effectively. This can increase the risk of hypoglycaemia, but it can be managed – talk to your diabetes educator or GP or call our helpline on **1300 001 880** for personalised information.



Finding digital balance in a 24/7 news cycle

Being constantly connected to the news via our smartphones can increase our stress levels and disrupt our sleep. NATALIE ESCOBAR has some tips for switching off.

Nowadays, most people keep their phones close by and find it hard to resist checking them. You might plan for a quick scroll before bed but then realise it's already midnight.

Or you start browsing while watching TV, then realise you have barely watched the show at all.

Resisting the urge to pick up your phone can feel like a near-constant challenge, especially when breaking news is just a tap away. One headline leads to another, and suddenly you've fallen down a rabbit hole of different stories about the same event.

Since the internet became public in 1993, it has transformed how we share information. This led to digital journalism and, more recently, social media

platforms becoming key sources for breaking news.

The 2025 Digital News Report found that one in four Australians now use social media as their main news source, more than those who use online news websites. Among younger audiences, social platforms are even more influential, with Instagram (40%) and TikTok (36%) the top news platforms among 18–24-year-olds.

Consuming a constant feed of news from the nearest screen is now easier than ever. And when global or politically significant events happen, the noise across social media can become overwhelming.

Dr Jennifer Pinkerton, a media and journalism lecturer at Charles Darwin University, says this constant stream of updates can lead to headline fatigue.

“News is driven by lots of things, but for the most part conflict and drama. This means much of the news we consume

is overly negative – and even scary,” says Dr Pinkerton.

She explains that a constant cycle of often negative news has driven some people to avoid it altogether.

“News avoiders say they do so because news has a negative impact on their mood, can be untrustworthy, and simply wears them out.”

Frequent updates on social media can also spread false reports, making people feel stressed and uncertain.

To avoid this, Dr Pinkerton recommends sticking to reputable news outlets.

“Diving into weekend papers, longer reads, or other publications and sites can offer deeper insight into issues, as opposed to blow-by-blow shorter stories or posts about unfolding events, which can trigger anxiety and become addictive once you're hooked into a given narrative.”

It might sound simple to break the habit of always checking your phone, but it can be tough in practice. Since we rely so much on our phones, small routines can help us break the cycle and reduce headline fatigue.

Dr Pinkerton suggests taking Sundays as a ‘digital sabbath’ to give your mind a break from news stress.

“I stay off my phone and therefore don't read or stream news on Sundays. I also take a longer digital sabbath when the news is stressing me out, and I can afford to engage less intensely.”

She recommends using this time to be with loved ones, enjoy outdoor activities or pick up non-digital hobbies. These can help you recharge and feel refreshed. Remember too that your social media feed is shaped

by an algorithm that responds to what you look at. If you often read news articles or watch news videos, your feed will give you more of that content.

The health impact of headline fatigue

While staying up-to-date on current affairs has many benefits, the feeling of being ‘always connected’ to your devices, the never-ending negative headlines and elevated stress, particularly about things that are outside your control, can start to impact your emotional and physical health, and can even elevate your blood glucose levels.

Over time, this may affect your mood, eating habits, social connection and motivation to exercise.

Digital habits can also affect how well you sleep. Scrolling through news late at night can make it harder to relax, both mentally and physically. Notifications, bright screens and emotional news stories can keep your mind active long after you should be resting, which can lower your sleep quality. Sleep is crucial to our long-term health, and being tired can even increase our appetite, further disrupting our blood glucose levels.

Being aware of your digital habits and taking time away from your device can help you find more time to rest and focus, which supports your health and daily routines.

Remember, even one small step can make a real difference. Try focusing on starting with a single, manageable habit and build from there at your own pace. Each positive change adds up over time, helping you feel more in control and balanced.

6 TIPS FOR DIGITAL BALANCE

Be mindful of what you consume

You can make your online space feel less overwhelming by unfollowing accounts that share upsetting or unreliable news, muting certain keywords, using ‘see less’ or ‘hide’ options on posts that make you anxious. Seek out news sources or social media accounts that you enjoy, rather than simply looking at whatever is delivered to you.

Focus on credible health sources. This is particularly important when reading about health conditions such as diabetes. Be wary of ‘health influencers’ who appear to have perfect lives and profit from spreading inaccurate or unachievable health information to their followers.

Log out and put your phone away

Put your phone in another room for a few hours, or even an entire day, to give yourself a break from the news and constant scrolling. Logging out of social media accounts, not saving passwords and putting time limits on social media accounts on your phone will all make it easier to stop scrolling.

Don't take your phone to bed

To improve the quality of your sleep, start a screen-free wind-down routine before bedtime. Avoid screens at least one hour beforehand and instead engage in activities like reading or meditation.

Seek out non-digital and high-quality news sources

If you like to stay informed, make some time for longer reads, quality magazines and books to gain a better understanding of a news story.

Take up a non-digital hobby

Put your phone away and find something you enjoy – cooking, crafts, hiking, running, swimming, knitting or just pottering around the house or garden.

Maintain your balance

Exercise is an excellent way to improve your balance, which is key to preventing falls and staying active, says exercise physiologist GEORGINA KEOGH-FISHER.

If you've ever felt a bit unsteady on your feet, noticed your walking pattern has changed or found yourself worrying about falls, you're not alone. Balance is one of those things we mostly take for granted, until it starts to feel different. A small change in stability can make tasks like stepping onto a curb or walking on uneven ground feel harder than they used to.

The good news is that exercise, particularly programs targeting balance and muscle strength, is one of the most effective strategies for improving balance, building your strength and preventing falls.

Regular physical activity significantly reduces the risk of falls, particularly in active older adults who do not have any barriers to physical activity.

However, balance is not just about reducing your falls risk. Balance is the ability to maintain the body's centre of mass within the base of support, whether standing, sitting, or moving. This means keeping your "centre of gravity" (roughly behind the belly button) positioned directly over your "base of support" (the area of contact with the ground, like your feet) to prevent falling. So balance is also important for everyday activities that require balance, such as gardening or washing the car.

Diabetes and balance

Adults living with diabetes, particularly those with peripheral neuropathy, a condition affecting the feeling in the feet, have an increased risk of falls due to loss of sensation and reduced proprioception, which is the body's ability to sense where it is in space.

These diabetes complications can affect stability. However, a combination

of balance and strength exercise can help to reduce falls risk by improving the strength and coordination of the leg muscles.

Falls can often be predicted by assessing a combination of risk factors. Talk to your health care team if you notice any of the following:

- ✦ Feeling unsteady on your feet, stumbling or bumping into things or finding simple tasks such as walking confidently or turning quickly harder than they used to be.
- ✦ Reduced muscle strength, which can sometimes be noticed when standing up from a chair or trying to undo jars.
- ✦ Feeling slower on your feet and noticing changes in your walking pattern, such as shuffling.

All these risk factors can be improved through targeted exercise.

Other falls risk factors, such as impaired vision, being on multiple medications and poor nutrition, require additional strategies.

Increasing exercise intensity

Programs that are functional, progressively challenging and ongoing, particularly those combining balance and strength training, offer the greatest benefit.

You can increase their intensity of a balance exercise by:

- ✦ Reducing the base of support (for example, standing on one leg.)
- ✦ Adding dynamic movements (turning, stepping, reaching.)
- ✦ Incorporating resistance (such as bands or weights.)
- ✦ Reducing sensory input (eyes closed, unstable surfaces)
- ✦ Performing a memory or coordination task while doing a balance exercise.

It's also important to consider safety.

Your exercise program needs to suit your abilities and current state of health and be supervised if necessary. It's also a good idea to have some support within reach, such as a wall or sturdy chair.

An exercise physiologist can design and supervise an exercise program for you.

Maintaining the benefits

Exercise is a powerful, evidence-based tool for preventing falls in older adults and improving any balance-related activities you want to do, no matter your age.

However, the benefits of exercise are not permanent. When you stop an exercise program, any improvements in strength and balance, and the associated reduction in falls risk, are gradually lost. Therefore, ongoing participation is essential.

Do you want to improve your balance with exercise?

You can book an appointment with an exercise physiologist here at Diabetes WA.

We also offer Beat It, an eight-week group exercise and lifestyle program that includes balance-based exercises. Beat It is suitable for people with both type 1 and type 2 diabetes, is available online and face to face, and is offered free on behalf of the NDSS.

Call 1300 001 880 or visit diabeteswa.com.au to find out more.



“My type 2 diabetes diagnosis was the motivation I needed to truly make a change.”

Journalist ARA JANSEN was diagnosed with type 2 diabetes last year. With the support of her health team and after attending a DESMOND program, she’s now feeling stronger in both body and mind.



At the end of November, I abruptly found out I had type 2 diabetes when I took myself to the emergency department of a local hospital. A wound hadn’t healed after a week of bombing it with oral antibiotics and injections. Something was definitely up.

The endocrinologist started by listing all the things I couldn’t eat (which seemed really long) and what I could eat (which seemed way shorter). In that dazed moment I thought I’d be doomed to eat mung beans and sprouts forever.

Once I got home, and without thinking too hard, I boxed up every item with sugar and donated them to grateful neighbours. It wasn’t long before Christmas, so the house was full of chocolate, shortbread and other yummy things I was definitely looking forward to eating.

When I told my personal trainer I had been diagnosed with Type 2 diabetes, he was excited. Too excited. How dare he be that gleeful!

I hate that he was right, but he was. I’d been trying for a long time to lose weight, kick my soft drink and sugar addiction and learn to cook. We

agreed that my diagnosis would be the motivation I needed to truly make a change.

In order to centre myself, I put my journalist hat on and started talking to people, researching and learning. I borrowed dozens of books from the library, including a stack of cookbooks, and worked through the shopping lists I had been given at the hospital.

Seeing what I could actually eat really helped calm me and I felt more in control. There looked to be a lot of choice. It was so very different from the sugar-laden, takeaway and carb-heavy diet I’d been eating for decades. Taking inspiration from the cookbooks, I decided to use the plate method to get my eating on track and my blood sugars under control – half a plate of greens and vegetables, a quarter of a plate of protein and a quarter of a plate of carbohydrates.

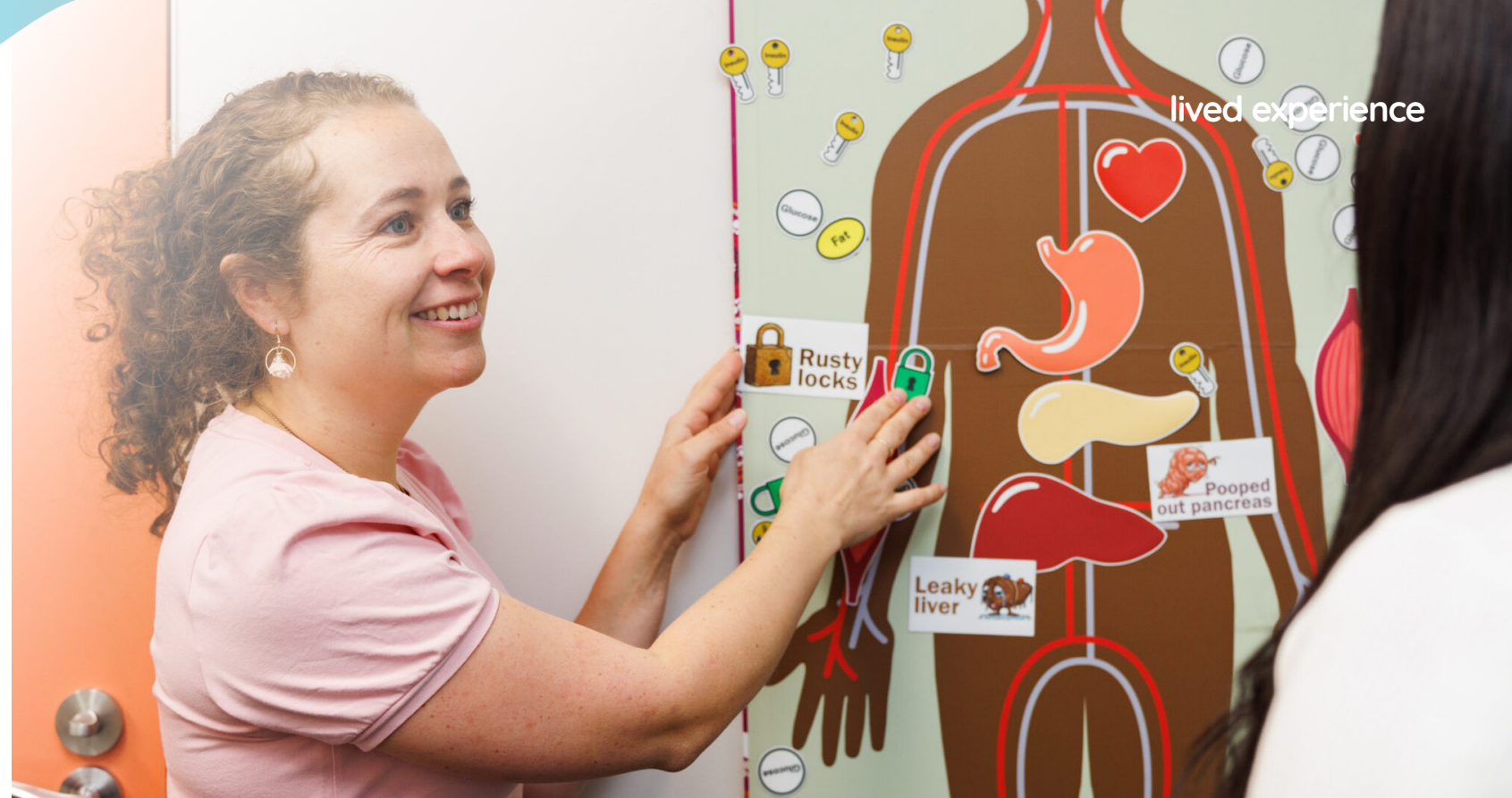
I started teaching myself to cook and making all my meals from scratch. As a life-long sugar addict with little ability to moderate volume, I decided if I was going to heal, I was going cold turkey. Sugar would now come from fruit,

yoghurt, a square or two of very dark chocolate and the odd something I missed in a jar.

After a short-lived experiment of artificially sweetened drinks, I decided that, while it might contain no calories, the sugar messaging to my brain would be a gateway to more. That was the end of it for me.

I kept learning as much as possible and attended a DESMOND course (Diabetes Education and Self Management for Ongoing and Newly Diagnosed) with a small group of people, most recently diagnosed with type 2 diabetes. It was useful to hear other people’s stories and get clearer on the science of blood glucose and insulin resistance in a way that was easy to understand, as well as learning what foods are carbohydrates and how these turn into glucose in the blood.

Further helping to keep me on track and in focus, I’ve brought together an amazing team who are wisely guiding and cheering me – a personal trainer and exercise physiologist, a diabetes educator, a dietitian and two coaches. I also continue scouring the library



for cooking and health inspiration.

Alongside my friends, these generous people have been kindly responding to all the food photos I’ve been bombing them with. My favourite creation, which has become a weekly staple, is homemade hummus under oven-baked chicken and roast vegetables – carrots, red onion, capsicum, sweet potato, broccoli and zucchini.

I’ve kept my diet pretty tight because, as someone pointed out to me, I am a bit of an all-or-nothing gal. Sometimes I think, ‘what if I can never eat a donut, a regular chocolate bar or a biscuit again?’ That thought is too depressing. Instead, I remind myself that those foods are just not for this season – and keep moving.

When I met the endocrinologist in hospital, the first question I asked was how long it would take to get off the drugs and into remission. I thought five years was a safe bet.

“Life is short,” he smiled. “Two years.” I said I’d hold him to that and do everything I could to hit that goal.

I’ve lost more than 15kg so far and the gym weights continue to go up slowly,

my blood glucose levels are well in range and I’m looking forward to seeing my next HbA1C. I’m still not as active as I’d like, but I’m working on small wins. When I’m at my desk writing I move for two minutes on the hour. I might dance, do a yoga pose or stretch, or do the dishes with oomph.

My goals for the next two years are to lose weight, get off all medication and keep my blood glucose levels in a good range with food and exercise.

As a recovering sugar addict, I’m also determined to learn the lessons of healthy eating I missed along the way. At the end of these two years, I want to feel about sugar the way I feel about Brussels sprouts or coffee – totally and utterly ambivalent. All the while knowing my body and my mind are better for it.”

DESMOND (Diabetes Education and Self Management for Ongoing and Newly Diagnosed) is a free interactive workshop to help you manage your type 2 diabetes, your way.

Call our Helpline on 1300 001 880 or visit diabeteswa.com.au/programs for upcoming dates.



LAMB & MUSHROOM PIES WITH MUSHY PEAS

Prep 20 minutes **Cook** 40 minutes **Serves** 4 (as a main)

Ingredients

2 x 200g sheets Pampas 25% Reduced-Fat Shortcut Pastry	1 x 60g egg, lightly whisked
400g button mushrooms, chopped	400g frozen peas
400g lamb mince	1 tbsp extra virgin olive oil
250ml (1 cup) bottled tomato & basil pasta sauce	1 tsp chopped mint
	1 tsp reduced-sugar tomato sauce, per person, to serve

Method

- 1 Preheat** oven to 180°C (fan-forced).
- 2 Cut** one sheet of pastry into four squares. Spray four 9.5cm (base measurement) pie tins with cooking spray. Line the tins with pastry, trimming any excess pastry. Place the tins on a baking tray lined with non-stick baking paper.
- 3 Heat** a large non-stick frying pan over medium-high heat. Once the pan is hot, add the mince and cook, stirring often, for 3-4 minutes or until the mince changes colour. Add the mushrooms and cook, stirring occasionally, for 5 minutes or until the mushrooms soften. Stir in the pasta sauce. Season with freshly ground black pepper. Set the mixture aside to cool.
- 4 Fill** the pastry cases with the lamb mixture. Brush the pastry edges with egg. Cut four rounds from the remaining pastry sheet, large enough to cover pie tops. Cover the filling with the pastry rounds, pressing edges together with a fork to seal. Brush the pastry with egg. Use a small sharp knife to make small cuts in the top of each pie. Bake the pies for 25 minutes or until browned.
- 5 Remove** the pies from the tins. Return the pies to the tray and cover loosely with foil. Bake on bottom shelf of oven for 5 minutes or until the pastry bases are cooked through.
- 6** Meanwhile, **boil, steam** or **microwave** the peas until tender. Drain. Put the peas, oil, mint and 1 tbsp boiling water in a small food processor. Pulse until coarsely crushed. Season with freshly ground black pepper.
- 7 Serve** the pies with peas and tomato sauce.



Nutritional info

PER SERVE 2470kJ (591Cal),
protein 35g, total fat
25g (sat. fat 9g), carbs
50g, fibre 9g, sodium
808mg • Carb exchanges
3½ • GI estimate medium



Cook's tips

- 1** It's important the lamb mixture is cooled before filling the pie cases as it's easier to handle and won't melt the pastry.
- 2** Using a fork to seal the pastry lids also creates a decorative edge. Make a small cut in the top of each pie to let steam escape.
- 3** Use only short bursts of the food processor when making mushy peas, so you get the perfect mushy consistency.



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



Gluten-free option and Lower Carb

HARISSA CHICKEN TRAYBAKE

Prep 20 minutes Cook 40 minutes Serves 4 (as a main)

Ingredients

4 chicken legs

2 tsp harissa paste or gluten-free harissa paste

1 garlic bulb, broken into cloves

1 lemon, cut into wedges

400g cherry tomatoes on the vine

350g Spud Lite Baby Potatoes, unpeeled, halved, if large

50g (1/2 cup) Kalamata olives, pitted and chopped

1 tbsp olive oil

Green salad

80g rocket leaves or baby spinach leaves

1 avocado, sliced

Drizzle fresh lemon juice

Method

- 1 **Preheat** oven to 170°C (fan-forced). Line a roasting tin with non-stick baking paper. Score deep lines in the chicken legs, then rub in the harissa. Season well with freshly ground black pepper. Place the chicken in the lined tin.
- 2 **Scatter** the garlic over and around the chicken. Squeeze the lemon wedges over, then put in the tin with the tomatoes, potatoes and olives. Season with pepper. Drizzle over the oil and toss briefly to combine.
- 3 **Roast** for 45 minutes -1 hour or until the chicken is cooked through and golden.
- 4 To **make** the green salad, toss all the salad ingredients together.
- 5 Serve the chicken traybake with the salad.



Nutritional info

1630kJ (390Cal), protein 24g, total fat 24g (sat. fat 5g), carbs 12g, fibre 8g, sodium 440mg • Carb exchanges 1 • GI estimate medium • Gluten-free option • Lower carb



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



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The FreeStyle Libre 2 Plus CGM System and the FreeStyle Libre 3 Plus CGM System is indicated for measuring interstitial fluid glucose levels in people (aged 2+) with diabetes.

[#]Finger pricks are required if your glucose readings and alarms do not match symptoms or expectations.

*The FreeStyle LibreLink app is only compatible with certain mobile devices and operating systems. Please check www.freestylelibre.com.au/compatibility for more information about device compatibility before using the app. Use of FreeStyle LibreLink requires registration with LibreView. [^]FreeStyle Libre 2 Plus is available as a standalone device and pairing with Omnipod[®] 5 System is optional. FreeStyle Libre 3 Plus is only compatible with the mylife Loop system. [†]Data based on the number of

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users worldwide for FreeStyle Libre family of personal CGMs compared to the number of users for other leading personal CGM brands and based on CGM sales dollars compared to other leading personal CGM brands [†]The FreeStyleLibre.com.au '\$15 Trial Offer' is a special offer and is only valid in Australia for a limited time. T&Cs apply. [∞]Eligibility criteria apply. ^αPercentage saving based on the comparison to purchasing 12 sensors at full price with the average Australian shipping cost of \$8.36. Actual discount may be higher or lower depending on the shipping charge to your destination. T&Cs apply. [§]Based on the daily cost of continuous usage of 12 sensors purchased through a FreeStyleLibre.com.au Subscribe & Save plan, compared to the daily cost of continuous usage of 12 sensors purchased individually from FreeStyleLibre.com.au. As of Feb 2026.

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“When it comes to meeting people, we go to them.”

Diabetes educator KATHRYN HUET explains why cultural safety is central to her work as a diabetes educator.



Here at Diabetes WA, our Aboriginal Health Team spends a lot of time out in community – yarning, listening and building knowledge together. We travel across the state and visit people in their own communities. Our programs include diabetes education sessions, community health promotion, group yarning sessions and screening events. An important part of our work is promoting cultural safety in everything we do. This means slowing down, respecting story, understanding different worldviews, and making space for mob to feel

seen and heard. People we talk to about diabetes tell us that they want clear information, given in a way that makes sense to them and fits in with their daily lives. Many tell us that they feel overwhelmed or unsure of where to start, and they appreciate it when someone takes the time to sit, listen and explain things without judgement. When it comes to reaching people, we go to them and connect in places where people feel safe. This might be a community centres, outdoors, around a cuppa, or

wherever mob feel most comfortable. We avoid the pressure of clinical or hospital environments whenever we can, because we know cultural safety and trust are key. A lot of our work involves meeting people where they're at and building long-term relationships. We focus on supporting local health workers, families, Elders and community leaders so diabetes knowledge stays in the community and not just with visiting staff. When it comes to talking about touchy subjects, we take our time, we listen first, and we focus on strengths.

We respect people's lived experience and acknowledge the challenges they face. We break information down gently and yarn in a way that keeps dignity at the centre of every conversation. We also train community health professionals so they can deliver these programs to their own mob. Community-led education is powerful – people respond differently when the message comes from someone who knows their Country, their kinship and their lived realities.

It's about making sure our workforce feels ready to support mob in ways that truly work for them, because health information is more meaningful when it comes from within community.

Some of the changes we've observed are people feeling more confident to ask questions, families walking together on their health journey, and communities supporting each other to make small but powerful changes.

One of my favourite wins was when we ran the DESY program out in the Ngaanyatjarra Lands. We were yarning about physical exercise after meals, and the whole group decided, right then and there, to go for a half-hour walk after lunch.

Seeing everyone get up, get moving, and support each other was deadly – a simple moment, but such a strong example of what can happen when community takes ownership of their health journey.

Here at Diabetes WA my role is to walk alongside Aboriginal people, families and community and to support them in understanding and managing diabetes in ways that feel safe, respectful and culturally meaningful. I help yarn about prevention, early detection and living well with diabetes, and I support communities to build their own capacity to keep their mob strong.

I do this work because I care deeply about the health and wellbeing of Aboriginal people, and I love seeing mob feel in control of their health.

Supporting people to take strong steps for themselves and their families is what keeps me passionate about this work every day. Every yarn, every group, every journey – it all matters. And I'm proud to be a part of it.

Everyone deserves access to diabetes information that is culturally safe, clear and empowering.



diabetesWA by your side Supporting the West Australian diabetes community

Would you like our Aboriginal Health Team to visit your community? Or find out more about our resources and culturally safe education for Aboriginal communities?

Visit diabeteswa.com.au/aboriginal-health to get in touch with our team.

Heading out or staying home?

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OCEANXPERIENCE

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Step aboard the OceanXplorer research ship and choose your own adventure in OceanXperience. This immersive exhibition dives deep under the sea to help us better understand the work of marine biologists through expedition footage, engaging technology and hands-on environments.

Museum Boola Bardip, Perth, 4 April to 11 October.

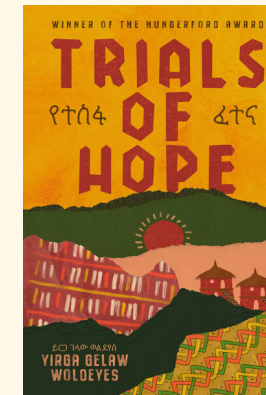
Can't make it to the museum in person?

Visit it virtually instead! Following a successful physical exhibition at the WA Museum, Spinifex People: Art and Stories from the Pila Nguru invites you into the lives and incredible creativity of the Spinifex community in the Great Victoria Desert. With artworks, film and an account of the community's successful fight for Native Title, this unique online exhibition is educational and moving.

Head to visit.museum.wa.gov.au for more information.



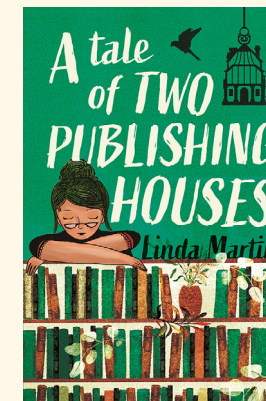
BOOKS



Trials of Hope

Yirga Gelaw Woldeyes (Fremantle Press)

Written in both English and Amharic, *Trials of Hope* by Yirga Gelaw Woldeyes is a unique work of poetry and memoir. The author invites the reader into his Ethiopian homeland, sharing both childhood memories and more recent insights into the country's conflicts, now seen from afar. Drawing a vivid picture of a land of rich tradition and enduring spirit, this is a generous and beautifully written memoir.



A Tale of Two Publishing Houses

Linda Martin (Fremantle Press)

West Australian publisher Fremantle Press was founded fifty years ago this year, and in this charming part-memoir, part-history, Linda Martin delves into its origins and best-loved books, including Australian classics such as *A Fortunate Life* by Albert Facey (delivered to the press in a handwritten bundle tied up with string) and Sally Morgan's milestone autobiography, *My Place*. Martin co-founded Night Parrot Press, and shares her own experience of getting a publishing house up and running. A celebration of West Australia's unique publishing landscape and the dedication, passion and graft of those who transform manuscripts into books.

WATCH



Battle of Britain (Imprint Films)

The New Avengers: Complete Series (Imprint Films)

The paradox of our content-heavy streaming age is how hard it is to find the good stuff. Australian studio Imprint are leading the way in unearthing buried treasures, be they classic film or TV, each presented in luxurious boxsets.

Made in 1969, **Battle of Britain** is a starry, if earthy take on Blighty's spirited defence of their skies from the makers of James Bond. Michael Caine, Lawrence Olivier and Christopher Plummer lead a massive cast, although the main attractions are the meticulously recreated aerial battle scenes. A masterclass in stiff upper lips, the film has enough grit to swerve clear of shameless propaganda or mythologising. Despite the scattered scale of its storytelling, it's surprisingly coherent and never less than engaging.

Making a surprise appearance in high definition, **The New Avengers** is the perfect antidote to streaming age telly. Blending 60s whimsy with gritty 70s action, this surreal adventure series (starring a young Joanna Lumley) has the vibe of Roger Moore-era Bond and the budget to match. Clever without being cynical, it's shamelessly fun.

Myke Bartlett

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