
Diabetes
SA
Support
Always
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Annual Report

The Association

Bankers Bank SA Torrensville Branch, 143 Henley Beach Road, Mile End SA 5031
Auditors BDO Australia, Level 7, 420 King William Street, Adelaide SA 5000
Consultants and Advisors (Honorary)
Consultant Endocrinologist, Dr Anthony Roberts (MBSS, FRACP)

Office Bearers

Patron His Excellency The Honourable Hien Le AC, Governor of South Australia

Cover image: Norraine, Diabetes SA Liaison Officer
Inside cover image: Tom & Dr Foorough, Diabetes SA Research Projects Officers

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Message from the CEO & President

2019/2020 was certainly a year of many contrasts. With a relatively normal start, 2019/2020 marked the final year of our three-year strategic plan. The Association was focused on delivering increased access to information, education, services, working collaboratively, building relationships, and advocating across all sectors for people at risk or living with diabetes. The result of this was the steady increase in education attendance, the uptake of other services and broader reach into the community.

And then we saw unprecedented time as the world faced a pandemic.

For the team at Diabetes SA this meant COVID lockdowns and learning to work from home and implementing new safety precautions. It was a challenging time but undeterred, we fast tracked our digital offering embarking on a project to increase our digital reach. We were pleasantly impressed by the results, with more than double the number of members registering for the online LIVE webinars than our face-to-face programs.

To continue to deliver our messages to our Members and the broader community, we stepped up our email and social media communications. We wanted to ensure people knew we were here to support them by offering telehealth services through phone calls and video conferencing and continued with online retail sales to ensure people could still receive their product needs.

We also continued to move forward with key program development, and in April 2020, we welcomed Dr Natalie Luscombe-Marsh a research scientist from CSIRO to lead our Research & Program Development Area under the direction of Executive Manager Fiona Benton. Significant work has been completed on the type 2 diabetes prevention program AUS2PREVENT that will now see the randomised control trial implemented in 2021.

Working hand in hand with the prevention program, is our program for early detection of diabetes. A three-year, multistage detection strategy has been developed that addresses risk awareness, risk assessment and risk management. The aim of this strategy is to raise awareness of the signs, symptoms, and risk factors for diabetes, identifying people at high risk with screening. It will also look at how we can improve our capacity to work with GP's and allied health professionals, to provide better support, lifestyle interventions and diabetes management. Of particular focus here will be our culturally and linguistically diverse communities where there is high incidence of diabetes.

Our work in prevention and detection has resulted in collaborations with external experts, including Flinders University, for the health economic analysis, and the design of a randomised control trial for the prevention program. Whilst these programs have been seed funded through the generosity of our members and supporters, the challenge will be to secure external funding to support the implementation of these programs in the community.

One of the most promising of new relationships has been with the Chronic Conditions Collaborative (CCC). Whilst originally established through the Primary Health Networks in South Australia, the collaborative has evolved to become a collective

group of organisations who represent people living with chronic conditions. The aim is to amplify consumer and community voices, and champion care that supports people living with multiple chronic conditions to thrive. We also formed a strategic alliance with our counterparts in Western Australia and the Northern Territory – areas of the country which face similar geographical and community challenges as South Australia. By working together and exchanging program and service technologies our collective goal is to improve opportunities for people living with or at risk of diabetes to receive the best available support options that they require.

During the 2019/2020 financial year, the Board welcomed three new Board Members – John Jovicevic, Lis Burtnik and Gary Neave, each from diverse backgrounds. As a result, we established the Finance, Audit and Risk Committee, the Corporate Governance and Remuneration Committee, and the Building Development Committee. One of the major projects that resulted was the review of the Association's Constitution and By-laws.

It is with sadness that we say goodbye to two of our longest serving Board members, Geoff Weeks, and Monika Kruger. Geoff, thank you for your contributions to the Board as the Vice President and as a Board Member. Your leadership of the Research Grants Sub-Committee was invaluable in ensuring that we can continue to provide external funding for vital diabetes research. Monika, thank you for your contribution as Vice President and as a Board member and your involvement with the Ladies Auxiliary. Your consumer lens has guided many conversations and has been invaluable in ensuring a focus on the person with diabetes.

As the inaugural 2018 round of six research funding projects is closing, the Association was fortunate to work further with Professor Paul Ward and Heath Pillen from the College of Medicine and Public Health at Flinders University. Their initial funded project focused on stigma and blame for people living with type 2 diabetes. Our Board and internal staff undertook a deliberation to consider what could diabetes organisations do to address the issues of stigmatization. This was an important and valuable exercise that we will now explore further to determine what action the Association can take to reduce the stigma associated with type 2 diabetes.

In line with our strategic direction, a three-year marketing and communications strategy plan was approved by the Board. This plan will guide our activities and support the new strategic direction of building awareness of our brand, and the programs and services we offer to our member base and the wider community. The three-year IT strategy and plan will support this direction and will see the Association invest in innovative technologies that support simplifying, integrating, and automating work practices to reduce operating costs.

The Associations commitment to funding external research through the Diabetes SA Research Grants Program continued in the second round of the program with $300,000 being awarded to three South Australian researchers:

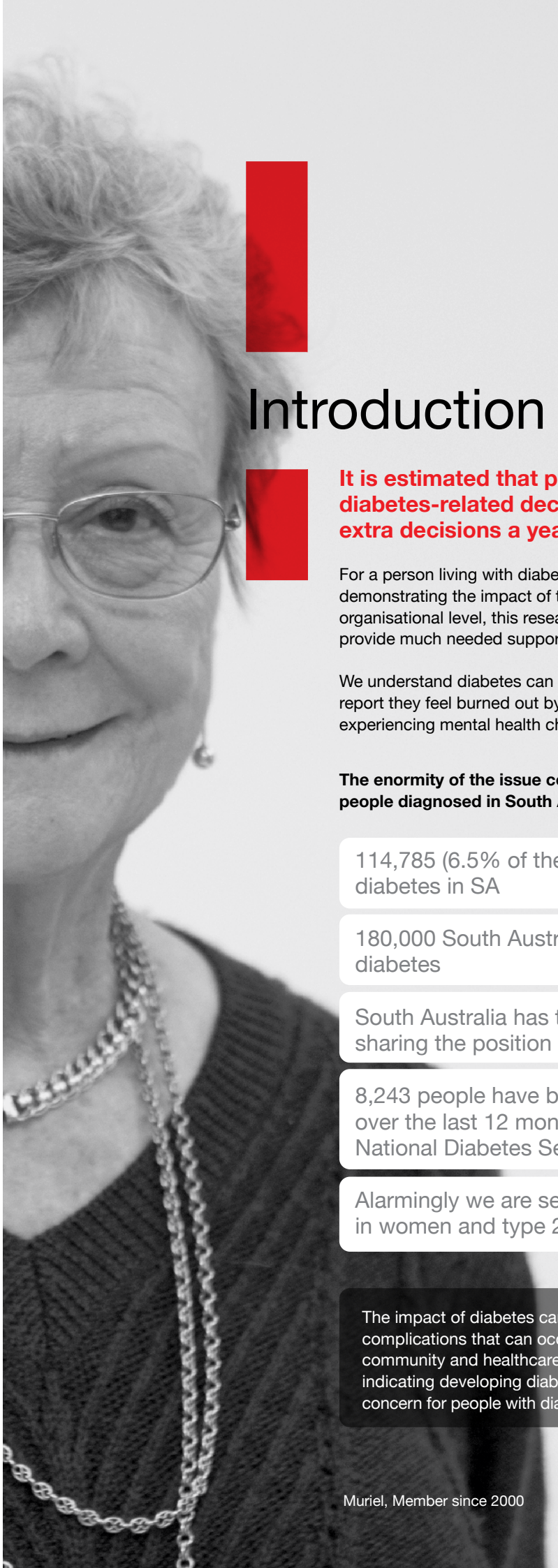
- Dr Cher-Rin Chong for a novel strategy for cardiovascular protection in type 2 diabetes.
- Dr Megan Penno for deep profiling for early bi-markers of progression to islet autoimmunity and type 1 diabetes in mother-infant dyads participating in the ENDIA study.
- Dr David Jesudason for addressing life threatening ketoacidosis associated with sodium-glucose cotransporter-2 inhibitors and key antidiabetic medicines.

We will have the pleasure of communicating the successes and findings of the three researchers over the next two years and welcoming them to future speaking engagements.

As we reflect over the year, what has been amplified is the level of strength and resilience, we have all needed to navigate such a disruptive year. There is no doubt that COVID-19 has impacted our lives, but it has also brought many positives including our ability to come together to support one another and the opportunity to reconnect. We have been most proud of our Board for their stewardship during this time, the executive team, managers, and staff for the way in which they have all risen to the challenge, and our members and supporters for continuing to support the organisation and embracing new approaches to service delivery.

Peter Crouch
President

Angelique Pasalidis
CEO



Introduction

It is estimated that people with diabetes face up to 180 diabetes-related decisions every day (more than 65,000 extra decisions a year).

For a person living with diabetes, a carer or support person, the research demonstrating the impact of the condition will be of no surprise. At an organisational level, this research is used to guide and deliver services that provide much needed support to people at risk or living with diabetes.

We understand diabetes can be challenging for many. Over a third of people report they feel burned out by managing diabetes, and nearly 50% report experiencing mental health challenges.

The enormity of the issue comes to light when we look at the number of people diagnosed in South Australia.

- 114,785 (6.5% of the population) have diagnosed diabetes in SA
- 180,000 South Australians are at risk of developing diabetes
- South Australia has the highest prevalence of diabetes, sharing the position with Northern Territory
- 8,243 people have been diagnosed with diabetes over the last 12 months and registered on the National Diabetes Services Scheme (NDSS) in SA
- Alarmingly we are seeing a rise in gestational diabetes in women and type 2 diabetes in younger people

The impact of diabetes can be measured by the serious complications that can occur as well as the cost to the individual, community and healthcare system. This is evidenced in research indicating developing diabetes-related complications is a major concern for people with diabetes.

Muriel, Member since 2000

What is diabetes?

A serious and complex condition that occurs when the body's ability to produce or respond to the hormone insulin is impaired, resulting in high blood glucose levels.

There are 3 main types of diabetes:

Type 1 Diabetes

Type 1 diabetes is an autoimmune disease. This means that the body's own immune system has attacked the insulin producing cells of the pancreas. The pancreas can no longer produce insulin when this occurs. Currently type 1 diabetes cannot be prevented or cured.

Type 2 Diabetes

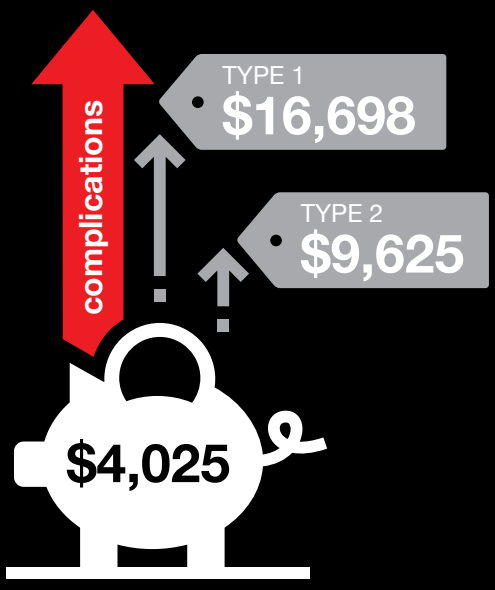
Type 2 diabetes occurs when the pancreas does not produce enough insulin, or the insulin being produced does not work effectively (this is called insulin resistance). Research shows type 2 diabetes can be prevented or its onset delayed in 58% of cases.

Gestational Diabetes Mellitus (GDM)

GDM occurs during pregnancy when the pregnancy hormones block the action of insulin.
This leads to insulin resistance and high blood glucose levels.
Many women cannot prevent GDM. However, women can reduce their risk through a healthy lifestyle.

For the person with diabetes, the average cost of having the condition is $4,025 if there are no complications.

For those with complications, the cost ranges from $9,625 (type 2 diabetes) to $16,698 (type 1 diabetes).



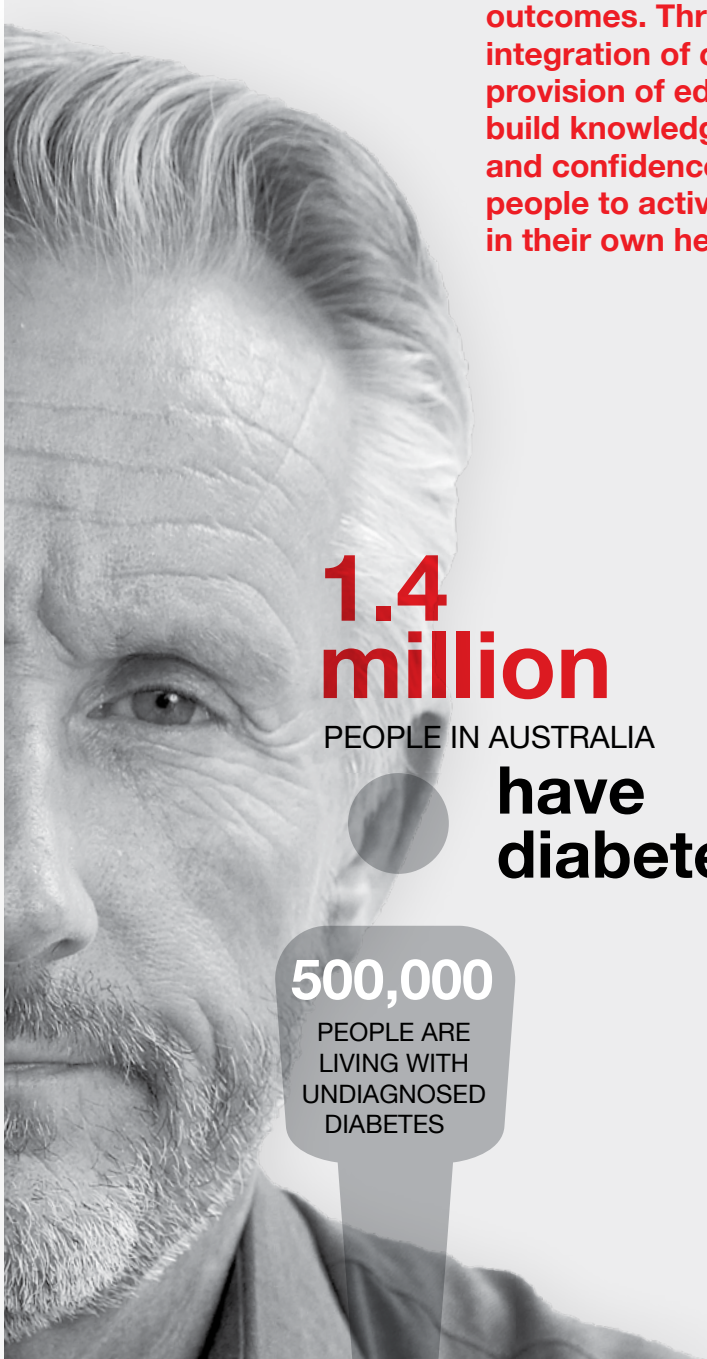
Diabetes SA ‘Support Always’

As innovators in health services we lead and partner to improve health behaviours and health outcomes. Through the integration of care and provision of education we build knowledge, skills and confidence enabling people to actively engage in their own healthcare.

Our mission and vision serve to guide our organisation every step of the way. Our ‘Support Always’ theme has been built on our values of honesty, empathy, leadership and of course our passion.

Our strategic plan is underpinned by the National Diabetes Strategy, with state government strategies and plans providing further guidance. Through the pillars of **Detection**, **Prevention**, **Management** and **Research** we aim to have a significant positive impact on the health and wellbeing of people through education, advocacy, support and research.

Our work is informed by research, our services and programs are evidence based and best practice, and at the heart of what we do is the person who may be at risk of or diagnosed with the chronic condition of diabetes. We understand that diabetes shares many risk factors with other common chronic conditions, and the impact of our work can reap great benefits. Empowering and enabling individuals to take action to live their best lives in a state of good health is a goal shared with our partners.



Principles

Our work is guided by the following principles and our ability to achieve success is enabled by good governance within the organisation:

Collaboration - understanding that diabetes impacts the individual, family, community and health system; employing a co-design approach based on equity, inclusion and designing together. Capacity building health professionals and health workers through education and support, in addition to working with stakeholders such as workplaces. Working with our consumers and stakeholders to integrate best practice care and referral pathways.

Co-ordination - facilitating linkages between consumers and health professionals, reducing the burden on consumers navigating complex systems and increasing efficiencies in service provision.

Person Centred - developing and delivering health care that is respectful of, and responsive to, the preferences, needs and values of consumers, and advocating for this approach with key stakeholders.

Health equity - focusing on priority groups experiencing inequity, acknowledging everyone should have the opportunity to live well.

Health Literacy - enabling individuals to access, understand and apply information to make effective health related decisions.

Cultural appropriateness - understanding the cultural determinants of health, tailoring interventions to reduce health disparities, improve access to health that is responsive to the needs of the individual.

Evaluation - measuring, monitoring, analysing and reporting on programs and services to ensure we achieve our objectives (e.g. changing health behaviours and outcomes) and demonstrating health and cost benefits; building the evidence base for implementation of scalable programs, using data to inform our strategic direction and investment in research with a focus on translating research into practice.

Digital by design - implementing a digital by design and innovative approach that facilitates increased access to information, education and services for all South Australians living with or at risk of diabetes.

Ilonka, Member since 2012

Delivering on our commitment to our Members

This year we worked with Emergent Consulting on a significant piece of work with the purpose of enhancing the Member experience, including the development of Member Journeys, and the exploration of providing high quality education and support in an online medium.

A Member Experience framework was developed in collaboration with a group of our Members with type 1 and type 2 diabetes. The 6 facets of customer experience are represented in the diagram (see right). As an organisation we learnt what is important for Members and the outcomes they seek. Our Journey Maps included the following groups: people at risk of diabetes, people newly diagnosed with type 1 or type 2 diabetes, people living with type 1 or type 2 diabetes, women diagnosed with gestational diabetes, and Health Professionals.

The journey mapping provided great insight into our Members needs and preferences, and will guide us to continuously improve our services and programs. The resulting report defined an enhanced Member experience and provided the basis for the online Member engagement project with the vision 'To empower our Members to self-manage their diabetes by having access to education and information delivered in a variety of channels that allows Members to access anytime and from anywhere."

The Member engagement project identified that each Member has their own preferences when engaging with Diabetes SA, ranging from physical face-to-face engagement to digital engagement. Our Members typically expect us to engage in ways that are most suitable or preferable to them. 'Levers of engagement' were identified to establish what can improve engagement more broadly (the levers are: leadership within the diabetes community, relevant programs and services, Member support and experience, marketing and targeted promotion, accessibility of programs and services, and affordability).

Adam, Beck & Charlie, Members since 2015

How have we been delivering on our vision and mission in 2019-2020

In line with the strategic objective of increasing our range and accessibility, we focused on delivering our support services and programs through new channels and an increased presence in Country SA.

Whilst COVID-19 restrictions impacted the delivery of our face to face offering it drove us to implementing online and telehealth services so that people living with diabetes could receive the support at a time when this was desperately needed.

We quickly turned to online webinars to provide the support and information for people newly diagnosed, or for those needing a 'refresher' or access to the latest information. Our team of Health Professionals developed content to conduct twice weekly webinars. Again, we collaborated and tested our webinars with a group of our Members to ensure we were meeting our Member's needs. We were very grateful for their input, not only did it help us deliver a quality program, we also increased our learnings about how to co-design for maximum benefit. We also filmed the content that was being delivered in our country sessions, making this available on our website for people to view.

We developed a Telehealth Framework and procedures, ensuring we were compliant with government guidelines and offered this service to people requiring the support of our Health Professionals. People now have a choice of how to access our Health Professionals; face to face, video or phone.

To inform the planning of our services, we drew on data from a number of sources:

- Diabetes Services in SA database (information about the service provision across the state)
- National Diabetes Services Scheme (NDSS)
- Australian Diabetes Map
- Australian Institute of Health and Welfare (AIHW) (information and statistics to inform and support better policy and service delivery decisions)
- Primary Health Network (PHN) Needs Assessment Report.

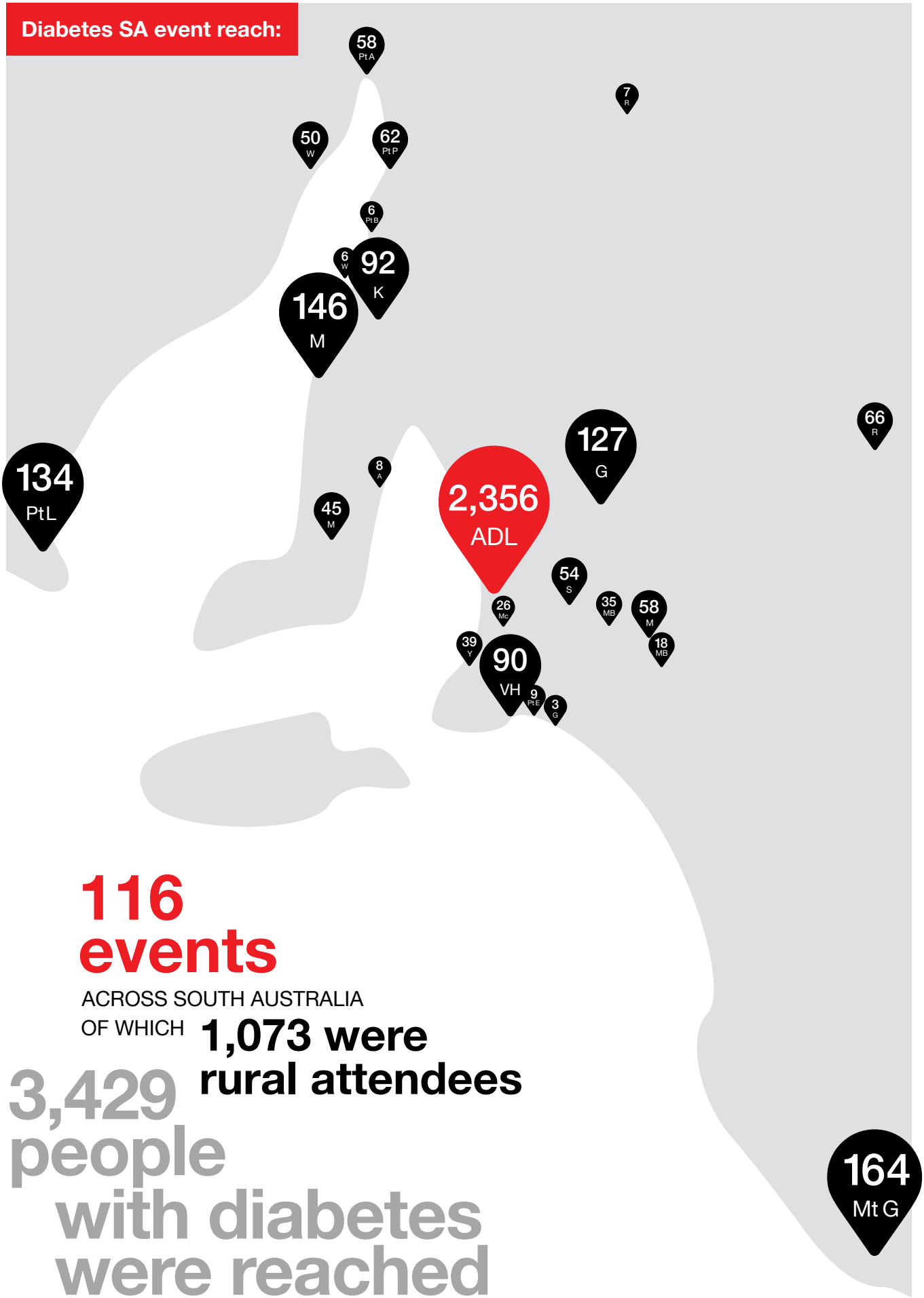
Our planning is informed by state and national strategies and plans.

Each year we review the services and support we have provided, developing evaluation reports which are then analysed and used to continuously improve our service offering.

Grace, Member since 2017

Over the 2019/20 year we had the following reach.
In total (across the state):

- We delivered 67 sessions to 609 Health Professionals and health workers spanning aged care, mental health, Aboriginal health, allied health and primary health, upskilling and building capacity of the health workforce which translates to better care for people at risk of or living with diabetes (including 29 sessions with 218 attendees in country areas)
- We delivered 116 sessions to 3,429 people with diabetes and 169 carers (including 27 sessions with 1,073 attendees in country areas)
- We provided phone or email support to 2,273 people
- We provided 288 people with heath professional support in our retail area (brief interventions)
- We conducted 283 consultations with our credentialled diabetes educators and accredited practising dietitians
- We delivered 40 guest speaking events reaching 344 people
- We reached over 7,000 people newly registered on the NDSS with a follow up phone call or email to ensure they were aware of the support services Diabetes SA had to offer
- We assisted over 555 people with the selection and use of an appropriate blood glucose meter in our retail shop
- The Diabetes SA website provided access to current resources and information, during 2019/20, 2,253 engaged in one of our online programs
- For the May-August period 497 people accessed our live webinars and 1,179 registered to view the webinar at a later time.



116 events

ACROSS SOUTH AUSTRALIA

OF WHICH **1,073 were rural attendees**

3,429 people with diabetes were reached

Type 1

Andy was just 13 months when mum Kate noticed he had an insatiable thirst and was very lethargic. She was advised to take him to the Women's and Children's Hospital where he underwent many tests. The diagnosis - Andrew had type 1 diabetes and he was in diabetic ketoadidosis, a life-threatening side effect of type 1 diabetes.

"The overwhelming feeling of numbness, shock, disbelief, and just this blur was all consuming. All I could concentrate on was helping my baby", said Kate.

Diabetes became a 24/7 part of family life, and they became regular visitors to Diabetes SA.

Andrew endured constant finger pricks day and night, multiple insulin injections, and constant monitoring of his food intake and physical activity.

At age 8, Andrew changed to an insulin pump which gave him more flexibility in managing his diabetes, particularly at school. He also became a regular at the Diabetes SA Camps.

"For me, the Diabetes SA camps were really one of the best times I had. I was with other kids with type 1, I didn't feel different from anyone, and made great friends," said Andrew.

Now nearly 19, Andrew laments, "Looking back, I guess I didn't really understand much about diabetes, but I now know that I need to look after myself to stay healthy. I'm thankful that I know I can just call Diabetes SA and talk to the experts."

Andrew is now working full time, planning to start University in 2021, and get his driver's licence! He goes out with his friends and leads a very active lifestyle.

"There is nothing you can't do if you just work out your diabetes plan, and there are people to help you at Diabetes SA. You definitely are not alone.

There are currently

9,269

South Australians living with type 1 diabetes.

Strategic pillars of Detection, Prevention, Management and Research

1 Detection

A recommendations report and strategy for a Detection Program was delivered to Board in 2020 advocating the importance of early detection for people at risk or living with undiagnosed diabetes. The strategy aims:

1. To raise awareness about the signs and symptoms of diabetes to enable early detection of the condition and prevention of complications.

2. To raise awareness of the risk factors for type 2 diabetes and the screening available to enable early intervention to prevent or delay the progression to diagnosis of the condition.

In 2021, a community program will be implemented focusing on high risk groups with the rollout of community awareness and screening activities. Engaging Health Care Professionals to work within primary through to tertiary sectors, will be important to ensure we maximise our reach and impact.

A number of funding submissions are in progress to support this important work.

We aim to have the following impacts:

- Earlier detection of type 1 and type 2 diabetes leading to earlier management and prevention of diabetes related complications
- Earlier detection of type 2 diabetes, particularly in populations at highest-risk and need
- Prevent or delay the onset of prediabetes and/or type 2 diabetes
- Empower more South Australians to live a healthy life and maintain a high level of wellbeing

Throughout the year we encouraged community members to visit our website and check their risk for type 2 diabetes or complete the paper version of the AUSDRISK tool. We aim to further strengthen referral pathways so that people can access information and support in a timely manner.

Diabetes is the fastest growing chronic condition in Australia; increasing at a faster rate than other chronic diseases such as heart disease and cancer.

FASTEST GROWING
chronic condition

2

Prevention

Our objective is to reduce the number of people who are at risk of developing type 2 diabetes through increased access to evidence-based behaviour modification programs. This will be achieved through:

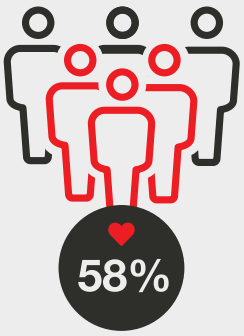
1. A trial of a year-long, clinically proven, community-based, type 2 diabetes prevention program.

The trial team will recruit 600 South Australians who are at high risk of developing type 2 diabetes, or with pre-diabetes, to determine the feasibility, acceptance, effectiveness and cost-benefits of a group-based lifestyle change program (AUS2PREVENT).

2. Establish a partnership with a provider of evidence-based, digital health technologies that have been clinically proven to improve population health.

Whilst we delayed the recruitment for the AUS2PREVENT trial, we are on track for a 2021 commencement. We are partnering with Flinders University to undertake the rigorous evaluation that is required to demonstrate the benefits of the program with the anticipation that it will be rolled out across SA in the future. The organisation seeks funding to progress and support this work.

Strong international evidence shows diabetes prevention programs can help prevent type 2 diabetes in up to 58% of cases.



There has been extensive work undertaken to scope a digital offering for a diabetes prevention and diabetes management program, with the aim of increasing access to an evidence based program that has demonstrated health outcomes.

We aim to have the following impacts:

- Reduce the number of people who are at risk preventing the transition to type 2 diabetes, particularly in the most vulnerable communities
- Reduce the personal and financial costs associated with being at high risk of diabetes
- Empower more South Australians to live a healthy life and maintain a high level of wellbeing

Ultimately we want to see the current rate of type 2 diagnoses in the state progressively decrease, resulting in a turnaround from being one of the leading states with the number of people diagnosed with type 2 diabetes to the state with the lowest rates of newly diagnosed type 2 diabetes.

3

Management

Diabetes self-management education is of paramount importance for improving a person's quality of life. Empowering people with the knowledge, skills and confidence is vital to reduce the occurrence of diabetes related complications. Structured evidence based diabetes education is recommended for all people newly diagnosed with diabetes, at key points throughout their life and on a regular basis.

Currently we have a focus on the priority areas of older people, younger people, Aboriginal and Torres Strait Islander people, culturally and linguistically diverse people, mental health, and rural and remote communities, and we have commenced a much needed focus in the area of disability.

Our programs are diverse in offering, some of which are funded by the National Diabetes Services Scheme (NDSS) or Primary Health Networks (PHN) accessible to all, and then our Member Exclusive program provides Members with access to expert speaker sessions, online live webinars, small group education, consultations with a Health Professional (face to face, over the phone or telehealth) tours and a podiatry clinic.

We use a raft of validated surveys and collect demographic data about people accessing our programs to drive improvements and demonstrate effectiveness.

The overarching objective for this area of focus is:

To deliver person-centred education and support that empowers individuals to acquire and apply the knowledge, confidence, problem-solving and coping skills needed to manage their life with diabetes.

We aim to:

- Reduce the number of complications experienced by people with established diabetes, particularly in the most vulnerable communities
- Reduce the personal and financial costs associated with diabetes
- Empower more South Australians with diabetes to live a healthy life and maintain a high level of wellbeing

Our Research & Program Development team have worked closely with the Health & Service Delivery team to develop and plan our programs. A number of projects have been progressed including a co-design framework, peer support service, and our Health Professional program development. A significant body of work is underway in relation to a review of the literature to inform a guiding document on nutrition and diabetes (a cornerstone of diabetes management).

We are achieving our aims through a number of programs and services delivered over the past year as outlined.

$14.6 billion is the estimated total annual cost impact of diabetes in Australia.

Expert speaker series

Every month we have an expert in their field present to our Members the latest information on diabetes related topics. This outstanding series is very popular and when possible we have presented the session as a webinar and face to face session, thereby increasing accessibility. Our Members indicated that they were very highly likely to recommend the program, and stated:

'The information was very clear to understand and covered a very wide range of subjects with how to find the information you need'.

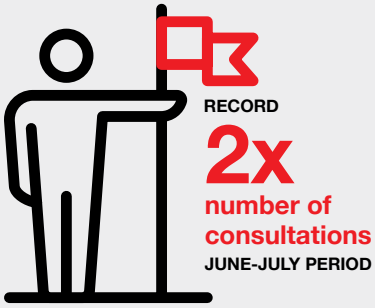
'Presentation (was) engaging, interesting and informative'.

'A reminder to put myself first'.

Supermarket and Central Market tours

A unique experience for our Members, the monthly Supermarket and Central market tours provides an opportunity to access practical advice to apply, or as we often say to *'provide another tool for your kit when it comes to managing your diabetes'.*

Small groups facilitated by our Accredited Practising Dietitians found the sessions invaluable, with attendees reporting the *'information was clear and very helpful'*.



Podiatry clinic

Our Members are able to book into a 45 minute appointment and receive a comprehensive assessment and education, and where necessary a referral for treatment if required. The clinic, facilitated by the UniSA Podiatry faculty is quite unique; it's free, people can access the service annually or more often as required, and time is taken to provide people with the information and skills to ensure their feet are in the best shape possible.

Live webinars

Our live webinars have been a great success with 2,750 people accessing education in this format between May – August this year alone. The webinars are delivered by our Credentialled Diabetes Educators and Accredited Practising Dietitians. Our attendees reported:

'Presenter was easy to follow, great presentation, easy to link in'.

"Easy to connect and participate. Makes it easy to sit back and enjoy'.

'The graphics are very helpful and simplify the complexity of the condition'.

From our demographic data we know we reached people across the state from Eyre Peninsula to Mt Gambier.

Consultations

A record number of consultations were delivered by the Health and Service Delivery team in June and July, seeing the number more than double for the period. Our Credentialled Diabetes Educators and Accredited Practising Dietitians provide a service that is highly valued for people living with diabetes. Consultations were extended and delivered by Telehealth from April in response to the COVID-19 restrictions.

The Association rapidly developed a policy and procedures in line with government and professional body guidelines. This gave our clients an option to receive the consultation via phone or video, ensuring that the support required during lockdown was readily available. Whilst most of our clients prefer a face to face consultation, people who have limited access due to physical or geographical constraints now have an option to access support and education.

Country seminars

Our half day country seminars, titled 'A Prescription for Health & Wellbeing' reached 414 people with diabetes and their support people over 7 months, providing education on essential areas of diabetes management including the annual cycle of care, diabetes complications and nutrition. In addition, where possible, we connected local Health Professionals with attendees, which for many people was invaluable. Our attendees stated:

'Easily understood & covered all areas well'.

'Beneficial for newly diagnosed'.

'Easily accessible in country area'.

'Great refresher & new information, tips & suggestions'.

'Brilliant presenters'.

DESMOND
(Diabetes Education and Self-Management for Ongoing and Newly Diagnosed)

Diabetes SA facilitated DESMOND workshops for people living with type 2 diabetes, extending to outer Northern and Southern suburbs.

DESMOND is a full day workshop providing practical skills, with a focus on:

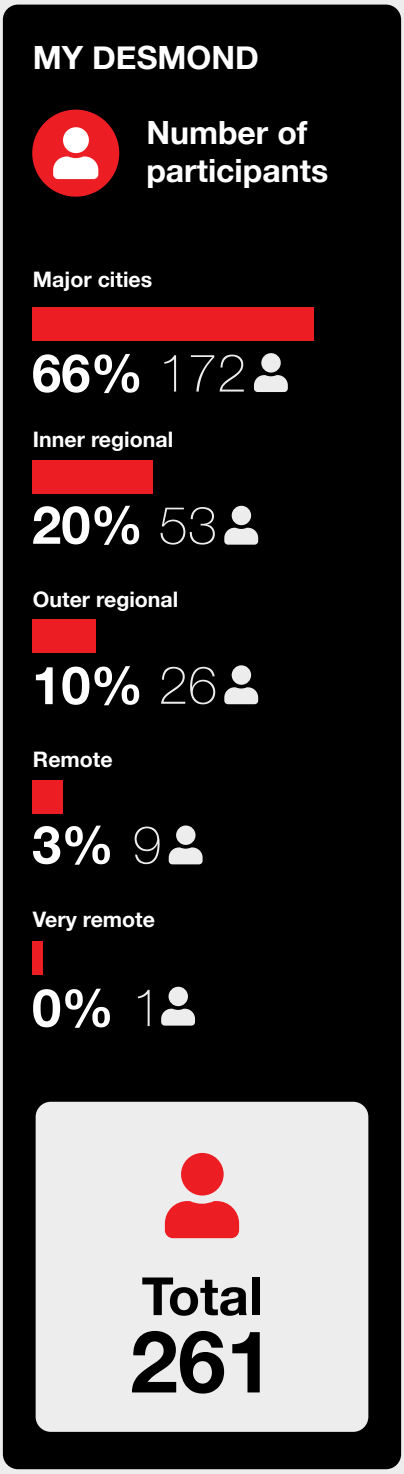
- Developing a better understanding of diabetes
- Improving blood glucose levels
- Improving physical activity levels
- Steps to manage weight and overall health
- The development of a personal plan with personal goals

Our DESMOND educators undertake comprehensive training and a quality development pathway.

Our attendees indicated that they were highly likely to recommend the program to others, and that they were activated to make positive changes to improve their health and wellbeing. Some of the goal's participants set ranged from reducing blood pressure, increasing blood glucose monitoring, and reducing their waistline!

In April Diabetes SA participated in a pilot of MyDESMOND, an online NDSS funded type 2 diabetes education program (a digital adaptation of DESMOND). During April to June, 261 South Australians engaged in the program. Results to date have been very positive, with one of our participants stating that the online program was a great complement to the workshop she had previously attended at Diabetes SA, and that it was most helpful at a time she could not access further group education. The program will be rolled out nationally over the next year.

Here's a snapshot of our reach for the pilot:



Attendees stated:

'I feel more confident about the future'.

'It was great to attend - reinforced my way of thinking and gave me ways to improve'.

Topic specific education

A suite of sessions addressing all the pertinent areas of diabetes management is offered for people with type 1 and type 2 diabetes, including ShopSMART, CarbSMART, FootSMART, MedSMART, Monitor SMART, ReadySetGO, Living with Insulin and a Pump workshop.

As with the DESMOND workshops we delivered the sessions in outer metro areas. The sessions were well received, here's what our attendees stated:

CarbSMART
'I have been coming to Diabetes SA for a number of years. Best informative educational session. Excellent group work'.

ShopSMART
'I learn something every time I come to these programs'.

One of the tools we use to evaluate our programs is The Patient Activation Measure (PAM) which can be used to determine the effectiveness and cost-effectiveness of health care interventions. PAM is used to assess engagement with health behaviours associated with improved clinical outcomes, and a predictor of cost savings to the healthcare system.

Our participants showed an increase in activation for the DESMOND sessions and Topic Specific sessions, additionally when we reviewed the Net Promoter Scores (a validated measure of how likely a person is to recommend a program to others), participants were highly likely to recommend the programs.

Our structured diabetes self-management programs (Topic Specific and DESMOND) have been estimated to save the health system between $627 and $874 based on the observed changes in patient activation.

"(The workshop) increased my confidence in making decision affecting my diabetes."

Seminars

Each year we present a number of seminars, over the last 12 months we presented the World Diabetes Day seminar, held at the Adelaide Convention Centre and filmed for people to access at their convenience. The focus for the seminar was innovation and emerging trends in managing diabetes. Concurrent seminars for people with type 1 diabetes and type 2 diabetes were run, with some of South Australia's leading experts in their fields presenting.

Our National Diabetes Week seminar was conducted virtually this year. 'Taking action for your Health and Wellbeing' was presented by three guests covering endocrinology, psychology and podiatry, with online attendees being given an opportunity to respond to poll questions and ask questions. The seminar was also recorded and made available for people to access at a later time.

Attendees responded positively when providing feedback and interestingly the majority noted they intended to attend more education sessions and discuss what they had learnt with their GP or Health Professional as well as other family members.

Rebecca & Laura, Diabetes SA Dietitians

Kids and Teen Camps

Our Kids and Teen Camps provide our young people living with type 1 diabetes an opportunity to meet and interact with their peers in a supportive and safe environment, to learn and practice skills that will help them self-manage their diabetes; and participate in activities that may not ordinarily be accessible to them.

The 2019 Kids Camp held at Woodhouse saw 31, 10-12 year olds enjoy two days packed with activity. Our data indicates that the majority of attendees were living in the outer areas (i.e. 17% were living in metro areas), and a significant number were living in areas of high disadvantage. For many children this was the first time away from home, and the first opportunity to meet with other children living with diabetes. Feedback from campers and parents was very positive. Campers reported benefits included feeling supported, making friends and meeting other kids living with diabetes; other benefits mentioned included learning about insulin adjustment with food and exercise, hypoglycaemia treatments and how to count carbohydrates. Parents and carers reported that the campers gained confidence and support, felt less alone and more 'normal' and gained strong friendships from attendance at camp. They also highlighted the benefit of being able to spend time with other children/ family members without having to think about diabetes management.

So what did our campers learn in their own words:

'that diabetes is not something to be taken lightly and I should never be afraid to ask for help'.

'got the chance to practice coping with my diabetes without my parents'.

'to check my number before I go to sleep and before I eat'.

…and the best part of camp:

'meeting new friends and not being the only person with type 1 diabetes'.

'all the activities and meeting new people'.

'new friends. new experience'.

'making friends and having fun'.

'it was amazing'.

Parents and carers overwhelmingly reported that camp helped their children feel accepted, rather than feeling isolated.

'it's great for these kids to feel normal and watch other kids their age go through the same things'.

'my son came back so happy and couldn't stop talking about camp. He loved every second of it and wants to go back again next year. Great opportunity for kids to feel confident having a night away from home and their family'.

'I felt very secure knowing there were so many trained staff'.

Urshuler, Member since 2019

Cooper, Member since 2013

Diabetes in Schools program

The new Diabetes in Schools program, funded by the Australian Government through the National Diabetes Service Scheme, has been established to give families and schools the education and support they need to help kids with type 1 diabetes thrive at school.

Diabetes SA is very pleased to be the state coordinator of the Diabetes in Schools program for South Australia, having been involved with the initial program development and now delivery. Whilst we have delivered education and support to the school community for many years, we are very excited to be a part of this nationally consistent program, so students with type 1 diabetes can be supported to manage their condition at school.

There are about 11,000 school aged children living with type 1 diabetes, 8% of whom live in South Australia. For young people and their families a diagnosis of type 1 diabetes can be overwhelming and challenging. School staff can also feel anxious and unsure about how to best care for a child in their classroom. The program provides access to a range of tools, resources, information and support to help parents and school staff.

As the program is further rolled out in 2021 our involvement in coordinating the program will expand.

Out and about at community events

Throughout the year we were invited to attend a number of community events to meet the locals and provide education and information to a range of communities. We are constantly reminded by the need in the community for education around healthy living that is easy to understand, is relatable and practical. The events are always well supported. This year we participated in Aboriginal community events and Cultural community events, with welcoming arms!

P

Priority areas

We work across a number of priority areas in alignment with the National Diabetes Strategy. We delivered education to the Aboriginal Community, as well as to Aboriginal Health Workers undertaking studies through the Aboriginal Health Council of South Australia, we visited Aged Care Facilities to upskill Health Professionals and health care workers across the state and delivered sessions to culturally and linguistically diverse communities. As coordinators and chair of the Mental Health Practitioner Network we engaged Health Professionals in the importance of mental health for the person living with diabetes, utilising a series of presenters at network meetings. Recently we extended our reach through offering the sessions as webinars as well as hosting the event locally. Establishing referral pathways and building knowledge has been an important focus for the network.

Over the next year we aim to further our work in the focus area of disability. Whilst we have been increasing our efforts over the last year we will dedicate our efforts and expand our support across the sector, which is greatly needed.

Guest speaking

Diabetes SA continued to provide a guest speaking service in the community, reaching a total of 344 people with 40 sessions. Some of the places visited included schools in Adelaide and in the country, childcare settings, community groups, Adelaide University, a variety of workplaces across the private and government sectors, home support services and an ever expanding interest withing the disability sector. This is a fee for service activity, generating a small income for the Association to enable the ongoing, highly valued service.

Attendee feedback indicated the service was highly valued and informative:

'I found all aspects of the program to be useful and informative - thank you'.

'Everything was done very well and professionally'.

'Informative and answered questions that were specific to our situation'.

We offered the service as a webinar when we were unable to conduct a face to face service; this was well received and is an ongoing option.

Gerhardt, Member since 2005

Health Professional Awareness program

Our Diabetes SA Engagement Officer provides a service to GP practices and Health Professionals raising awareness of the importance of registering people newly diagnosed with diabetes on the NDSS and promoting the services offered by Diabetes SA to support their clients. Our Engagement Officer visits practices across the state, and feedback from very busy GPs and Health Professionals is overwhelmingly positive.

Provisioning practices with resource kits and updated information helps us to ensure people with diabetes are provided with the information from their GP or Health Professional to assist them to tap into education and support that is available. During 2019/20, 176 GP practices were visited, reaching 530 GPs. In addition, 253 Health Professionals were visited in their healthcare settings.

Feedback is always sought from session attendees, and here's what they had to say:

'Updating on latest services - more opportunities to assist patients'.

'Very informative on the updates with lots of information brochures & fact sheets'.

'Combination of Information in one session and roadway how to do things'.

'Very informative for my role and management care for diabetics'.

'Good to find out about educational programs available for (patients)'.

Health Professional education

Late in 2019 we surveyed Health Professionals to understand what they would like to see included in our education program. The outcome was an overhaul of our 2 day session aimed at Registered Nurses and Allied Health Professionals. We now offer a program: Diabetes Essentials and Diabetes Extensions whereby depending on an individual's existing knowledge and need to up skill, the appropriate session can be selected. We were very pleased to receive endorsement from The Australian Primary Health Care Nurses Association (APNA), the peak professional body for nurses working in primary health care.

Professional advice, consultation and advocacy

During the 2019/20 period Diabetes SA contributed to a number of consultation forums, workshops and projects. As a community organisation representing people at risk of or living with diabetes we aim to ensure the needs and wants of our community are represented.

Here is a snapshot of some of the work we were involved in:

South Australian Aboriginal Diabetes-Related Foot Disease Strategy: 2020-2025

Diabetes SA was invited to contribute to the strategy through the SA Aboriginal Foot Complications Implementation Group. The project, coordinated by the SA Aboriginal Chronic Disease Consortium, South Australian Health and Medical Institute and funded by the Commonwealth Government, is in response to the high prevalence of foot complications and amputations in Aboriginal and Torres Strait Islander people.

National Preventive Health Strategy Consultation Paper

We responded to an invitation to provide feedback. The Strategy maps the long term approach to prevention in Australia, identifying the areas for focus for the next 10 years.

National Obesity Strategy

A 10-year framework for action to reduce overweight and obesity. A consultation process to inform the strategy was undertaken late in 2019, and Diabetes SA participated in a community forum supporting the notion of a holistic, equitable and systems approach to the prevention of overweight and obesity.

The Australian Centre for Social Innovation (TACSI) co-design project funded by Asthma Australia

Diabetes SA was invited to participate in a series of workshops regarding Chronic Conditions, with the learnings being shared through the Chronic Conditions Consortium (a group Diabetes SA is actively involved in). The project opportunity was framed as: How might the management of multiple chronic conditions be responsive to lived experience so that people living with chronic conditions can easily/safely access quality supports when they need to in order to live their best lives?

The SA Chronic Conditions Collaborative

Made up of leading organisations working in chronic disease working together to improve health outcomes for people living with chronic conditions in South Australia. The mission of The Collaborative is to amplify consumer and community voices and boldly champion care that supports people with multiple chronic conditions to thrive.

Diabetes and stigma

26% of people living with diabetes say other people's attitudes, views and stereotyping impacts their mental health.

Through the inaugural Diabetes SA Research Grants Program we were able to fund a research project 'Reconstructing stigma and blame: a critical pedagogy of stigmatised persons living with type 2 diabetes'. This later resulted in a series of workshops for Diabetes SA Board Members and staff. The aim of the workshop was to identify what diabetes organisations, like Diabetes SA, can do to address the issue of diabetes related stigma.

We understand that diabetes distress, anxiety and burnout are significant complications of diabetes, and the stigma that is often felt by people with diabetes contributes to the burden further. Our future work in this area will focus on how we act on the findings of this research considering what should diabetes organisations do to address the issue of diabetes related stigma.

Type 2

Seven years ago, Sandra remembers feeling increasingly tired over several weeks, and noticed that she was more thirsty than usual. As she was working full time and had a lot of other activities on the go, initially she dismissed the strange feelings to "over doing it".

But as the weeks rolled on, and she was still "not feeling right", she took herself off to her GP.

"He immediately ordered blood tests, and I remember even as I sat waiting for my turn, I was nearly falling asleep!"

"Even with a family history of diabetes, I genuinely never thought it could happen to me! After all, it was only the men in the family that had diabetes," Sandra recounts.

But then came the result – Sandra had type 2 diabetes.

The shock, disbelief, and overwhelming panic washed over her like icy water. She asking herself…

- What is my life going to be like now?
- Is it all over for me?
- Will I die sooner?

In her overwhelmed state, Sandra reached out to the people she knew could help her navigate this devastating diagnosis – the team at Diabetes SA.

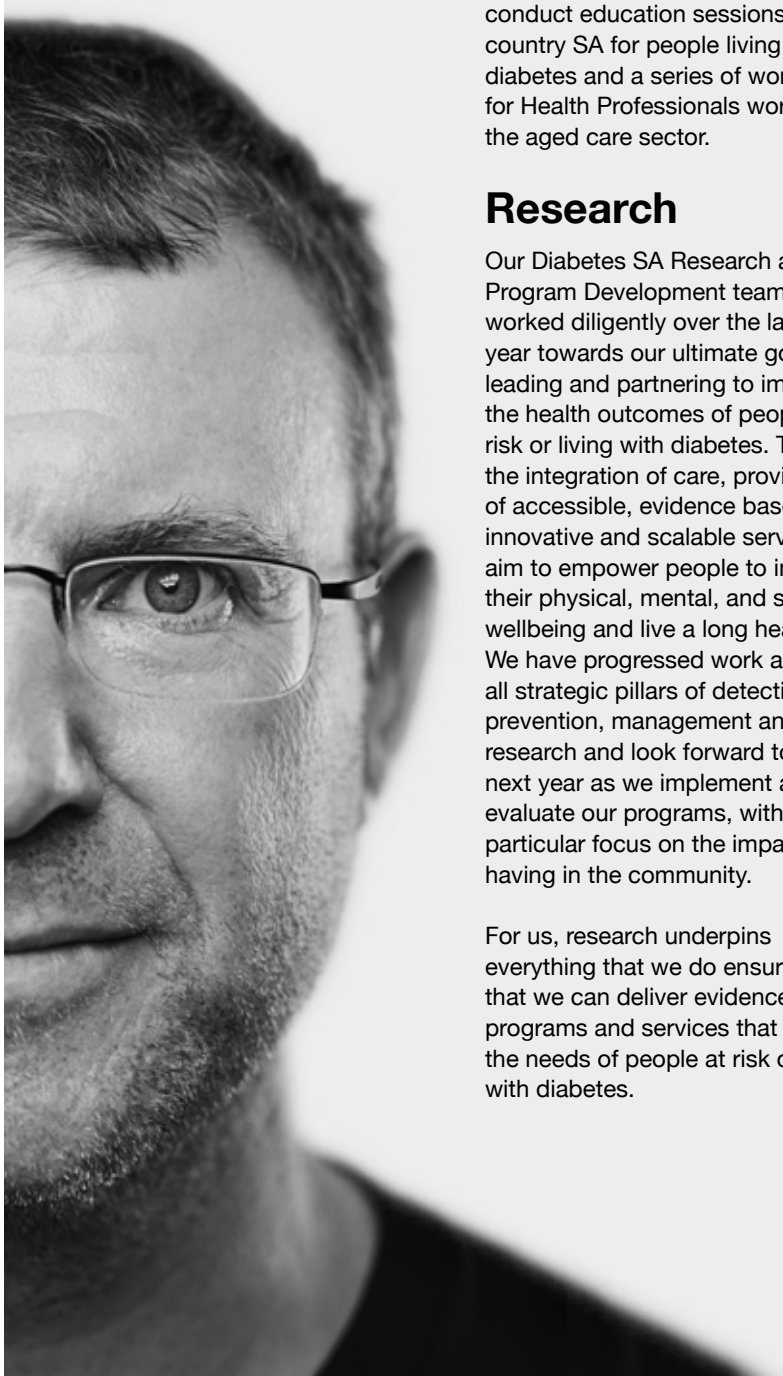
"From the moment I called them to make my first appointment, and every day since, I have felt supported, comforted, and thankful that I was in the right hands," said Sandra.

"I have a team around me now who help me navigate the challenges of diabetes, but one of the best things I did was increase my overall diabetes knowledge by attending the Diabetes SA education sessions."

Sandra feels empowered to manage her diabetes, providing independence to enjoy walks on the beach and coffee with friends.

"With the help of Diabetes SA, the diagnosis of diabetes has not prevented me doing anything I wanted. I live a full life doing what I enjoy doing! I haven't given up anything, but I've gained so much!

An estimated 2 million Australians are at high risk of developing type 2 diabetes



Funding

As a not-for-profit, charitable organisation our work is funded from many different streams from our operations such as membership, retail and fundraising to external funding that supports the delivery of the National Diabetes Services Scheme. In order to increase our reach and accessibility this year a number of submissions for grant funding were submitted and we were very pleased to have received funding from Country SA PHN to conduct education sessions in country SA for people living with diabetes and a series of workshops for Health Professionals working in the aged care sector.

Research

Our Diabetes SA Research and Program Development team have worked diligently over the last year towards our ultimate goal of leading and partnering to improve the health outcomes of people at risk or living with diabetes. Through the integration of care, provision of accessible, evidence based innovative and scalable services, we aim to empower people to improve their physical, mental, and social wellbeing and live a long health life. We have progressed work across all strategic pillars of detection, prevention, management and research and look forward to the next year as we implement and evaluate our programs, with a particular focus on the impact we are having in the community.

For us, research underpins everything that we do ensuring that we can deliver evidence based programs and services that meet the needs of people at risk or living with diabetes.

Evaluation

Evaluation is important for the continuous improvement and future development of our services and programs, providing insight into the needs of our community and determining the effectiveness of our activities. Our decision making is based on the evidence that we collect.

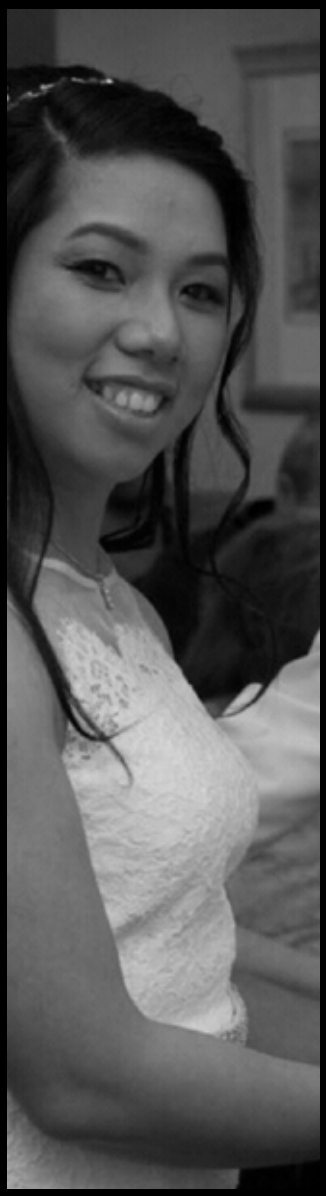
A snapshot of some our evaluation activities undertaken by our Evaluation Officer include:

- implementing a framework that encompasses monitoring, evaluation, reporting and improvement functions
- capturing feedback from our consumer and Health Professional education sessions, analysing the information and preparing reports that help shape and improve our education offering
- conducting a COVID-19 survey of our Members which gave us insight into how people with diabetes were managing during the lockdown and how we could best support our Members during these times
- employee engagement surveys which resulted in a series of recommendations fostering stronger engagement between sections of business
- developing a survey for Health Professionals to inform the development of our Health Professional program

L-R Heath Pillen & Professor Paul Ward, Flinders University

Gestational

In Australia, between 12-14% of pregnant women will develop gestational diabetes (GDM) as a result of insulin resistance caused by the hormones produced by the placenta. It is the fastest growing type of diabetes in Australia, and it is estimated in the next decade alone, over 500,000 women will develop GDM.



Cambodian born Sophie is pregnant with her second son, due early February 2021. She describes her pregnancy as a bit "*up and down*" but nothing really any different to her first pregnancy.

That was until, at 27 weeks, she was diagnosed with gestational diabetes.

"Because of my ethnicity, I was advised to have two glucose tests. I was shocked and really surprised to learn that the one I had at 27 weeks showed I had developed gestational diabetes and my blood glucose was high." Sophie said.

Once she was given the diagnosis by her obstetrician, she was referred to Diabetes SA, who gave her all the information she needed to know to manage her new condition.

Sophie said, *"I think I was the most surprised because no one in my family, or my husband's family, have diabetes. I really didn't know much about it, and I initially felt a bit on my own with the diagnosis. I was just told to talk to a diabetes educator and buy a blood glucose machine – it really wasn't explained well by the obstetrician."*

Even with an active 13-month-old, Sophie has continued to test 4 times a day and at this point, is successfully managing her blood glucose levels through changes to her diet.

"I wanted to join as a Member of Diabetes SA not only for the access to information and Health Professionals, but also to support programs for people living with type 1 or type 2 diabetes too. I also know that I have a higher chance of developing type 2 diabetes in the future, so I want to be sure I have access to all the education and services to try and prevent this happening." she said.

Sophie has been told that a complication of gestational diabetes is a tendency for much larger babies, and this little one is already in the 98th percentile.

She finished by saying, "*There is a real chance that I will be induced early because of his size so I'm getting everything as ready as I can, while I can."*

Sophie knows that the team at Diabetes SA will be here to support her if needed after the birth and we wish her and her family well for the impending birth.

> *"I think I was the most surprised because no one in my family, or my husband's family, have diabetes.*

Research

Our vision to fund research through the Diabetes SA Research Grants program is one of our key strategic priorities that will enable us all to change the future for all people living with and at risk of diabetes.

With a vision to grow the research funding so as to have a greater impact, the Board set a target of awarding $300,000 in total to three researchers extending applications across all research areas for prediabetes, type 1, type 2 and gestational diabetes. CEO of Diabetes SA – Angelique Pasalidis said "Being able to offer double the amount of funding provided to a researcher in the last round was a priority".

President of the Association, Peter Crouch stated "In our second round of grant funding we have been astounded by the quality of applications received some 18 in total seeking $1.8m collectively in funding. Through the expertise of the co-opted specialist advisors including Professor Toby Coates, Professor Jennifer Couper, Honorary Consultant Endocrinologist to Diabetes SA Dr Anthony Roberts, Dr David Jesudason and Dr Helen Banwell the Board are confident that the three researchers and their respective research will have a direct impact on people living with diabetes".

Chair of the Research Sub-Committee, Geoff Weeks said "As a not for profit, Member based organisation who has been providing services to people living with and at risk of diabetes for over 67 years, we are particularly proud to be able to provide funding for vital research and without the generous support of our Members and donors we would not be able to offer such significant funding or support the work of these researchers. Our sincere appreciation must also be extended to the five co-opted specialist advisors who each were very giving of their time, knowledge and expertise in the review process. Thank you also to the Board Members who supported the committee including Vice President Monika Kruger and Committee Member Gary Neave."

We wish Dr Penno, Dr Jesudason and Dr Chong every success and will look forward to bringing you regular updates as they each progress their research areas.

Research grant recipients – 2020

In 2018, the Association launched the inaugural Diabetes SA Research Grants Program and awarded $270,750 to six researchers.

Fast forward to 2020, and a further $300,000 has been awarded to three South Australian researchers. These researchers will all be working hard finding answers to questions that will impact people living with diabetes in the future. We will regularly be hearing about the progress of their important work over the next two years.

Dr Cher-Rin Chong

The University of Adelaide – for a novel strategy for cardiovascular protection in type 2 diabetes

Dr Cher-Rin Chong never dreamed of becoming a researcher but her natural curiosity and interest to understand the dynamics and processes of medications and their guidelines, had other ideas for her.

Dr Chong was born and raised in Malaysia but came to Adelaide to study to be a pharmacist at the University of South Australia. She describes her seven-year career at the Queen Elizabeth Hospital as “rewarding” but decided to undertake a PhD, securing a place under esteemed cardiology Professor John Horowitz.

When asked about what the most surprising learnings from her PhD were, Dr Chong said it was the “soft skills” she had not expected this to improve many aspects of her life. “I learned things like project management, time management, critical thinking and problem solving” she said.

After her PhD, Dr Chong applied for a Fellowship at the prestigious Oxford University and was successful in attaining a 3-year placement. In 2019, Dr Chong applied for the Diabetes SA Research Grants Program and was absolutely astounded to be selected as one of only three recipients of $100.000.

Her research project looks at the diabetic heart, and the higher risk of developing heart disease. Heart disease is the biggest cause of death for people with diabetes and it takes many different forms; heart attack, heart failure and atrial fibrillation (unusual heart rhythm). We are all very much looking forward to coming along on the journey of Dr Chong’s research project and welcoming her to future guest speaking engagements.

Dr David Jesudason

The Queen Elizabeth Hospital - for addressing life threatening ketoacidosis associated with sodium-glucose cotransporter-2 (SGLT2) inhibitors and key antidiabetic medicines

Dr David Jesudason came to Adelaide from Singapore with his family when he was 6 years old. He went on to study to be a doctor at the University of Adelaide, ultimately becoming a leading endocrinologist. After receiving further training in London, he returned to Adelaide working at the Royal Adelaide Hospital and in private practice. Dr Jesudason is married and has a son, and a daughter.

In 2007, Dr Jesudason commenced his PhD at the CSIRO. The PhD looked at comparing high and normal protein diets and their effect on bone health. After he completed his PhD, Dr Jesudason worked full time at The Queen Elizabeth Hospital as the Head of Endocrinology Unit but also worked in Aboriginal health clinics in Ceduna, Port Augusta and Yalata.

The Diabetes SA Research Grants Program will fund the research into the SGLT2 inhibitors which are an excellent new class of drug used for people living with type 2 diabetes. The drug is used to lower blood glucose, but there has been a rise in the number of type 2 patients developing diabetes ketoacidosis when using it. It is found to develop when the patient is unwell or when undergoing major surgery, but was a condition normally found only in people with type 1 diabetes.

"By understanding how ketoacidosis develops in type 2 diabetics on these medications, we are hoping to predict who are most at risk so we can take preventative measures", said Dr Jesudason. "From a clinician's point of view, the Diabetes SA Research Grants Program is an excellent initiative and made possible by the generosity of their donors. This investment will ultimately give back to the community in the future", Dr Jesudason concluded. We look forward to seeing the outcomes of this important project and welcoming Dr Jesudason at future guest speaking engagements.

Dr Megan Penno

The University of Adelaide – for deep profiling for early biomarkers of progression to islet autoimmunity and type 1 diabetes in mother-infant dyads participating in the ENDIA study

From growing up in country Victoria, to a PhD exploring protein in sheep, Dr Penno has always held an interest in what causes conditions and finding the first biological "red flags", or biomarkers, that something is going wrong.

She came to SA in 2006, after graduating from the University of Melbourne, and joined a newly opened proteomics laboratory at The University of Adelaide. There she worked with a team looking for biomarkers of stomach cancer with the aim of creating an early diagnostic test.

Dr Megan Penno has remained at The University of Adelaide and since 2012, has been the National Project Manager for the Environmental Determinants of Islet Autoimmunity (ENDIA) study (endia.org.au). The project is focused on identifying ways to prevent type 1 diabetes and has recruited 1500 women and children across Australia.

Dr Penno and her team intend to look at the link between environmental exposures early in life that trigger the body's immune system to attack and destroy the insulin producing cells in the pancreas, which leads to type 1 diabetes. Understanding what causes type 1 diabetes and identifying biomarkers of the earliest stages of the condition will open a doorway to preventing type 1 diabetes in the future.

Dr Penno said, "Programs such as the Diabetes SA Research Grants Program are extremely important since national funding programs are becoming increasingly competitive and SA is leading the way with this ENDIA project". We wish Dr Penno and her team all the very best and look forward to welcoming her to future guest speaking engagements.

Research grants round 1 – findings

In 2018, the Board of Diabetes SA were committed to funding research that would lead to better outcomes for people at risk or living with diabetes. They invested over $270,000 in six research grants and this investment is now returning outstanding findings that will impact this state, but also nationally and internationally.

A bitter tale of artificial sweeteners in type 2 diabetes

Associate Professor Richard Young, Adelaide Medical School – The University of Adelaide.

Low calorie sweeteners (LCS) are considered 'healthy' but studies of disease origins have linked high daily consumption to an increased risk of type 2 diabetes. We have shown that LCS supplementation worsens blood glucose control in non-diabetic subjects by increasing glucose uptake, reducing glucose disposal and changing gut bacteria. We are investigating LCS effects in type 2 diabetes.

Major findings:

- Patients with type 2 diabetes have altered control of gut sweet sensors and faster glucose uptake
- New treatments that block intestinal sweet sensors have the potential to optimise control glucose uptake and disposal in type 2 diabetes

The impact of modifiable exposures in the parent's and child's environment on the risk of type 1 diabetes

Dr Rebecca Thomson, Robinson Research Institute and Adelaide Medical School, The University of Adelaide

This research looked at looked 1,511 participants, Australia wide, during pregnancy and after birth, with a first degree relative with type 1 diabetes. The research investigators were looking at the impact of parents' nutrition and lifestyle on the development of islet autoimmunity in their child's blood, which is highly predictive of diabetes onset.

Major findings:

- ENDIA mothers consumed inadequate vegetables, grains and meat during pregnancy
- Poor-quality diets in adolescents and having type 1 diabetes while pregnant can impact the types of bacteria found in your gut

Understanding the regulation of gut derived glucagon and its implications for type 2 diabetes treatment

Professor Damien Keating, College of Medicine – Flinders University of South Australia

Glucagon is a hormone present in the pancreas and gut. It raises blood glucose levels (BGLs) and restricts the function of insulin. Glucagon levels are higher in people with type 2 diabetes – but why?

The focus of this research was to discover detailed knowledge of the function of gut glucagon to uncover new ways to target diabetes treatment.

Major findings:

- Glucose can trigger glucagon release while other nutrients cannot
- The pancreas does not impact glucagon release in the gut
- Gut glucagon can help to regulate cholesterol uptake from food
- Levels of gut glucagon are the same for people with type 2 and without, so hyperglycemia is a result of pancreatic glucagon not gut glucagon

Effects of acute hyperglycaemia on the slowing of gastric emptying induced by short acting GLP-1 receptor agonists in type 2 diabetes

Dr Chinmay Marathe, Adelaide Medical School – The University of Adelaide

This study is examining the action of GLP-1 based medications on slowing stomach movement (gastric emptying) after a meal during conditions of high and normal blood sugar. If there is excessive slowing of gastric emptying during high blood sugar conditions, it may be detrimental to the patient and this delay is likely to impair nutrient and oral medication absorption. The complexity of techniques in this research study can only be undertaken by a handful of laboratories globally. This study is still ongoing as it was impacted by COVID-19 restrictions and some key team members had to return overseas.

Evaluation of the topical application of high density lipoproteins on wound healing in patients with diabetic foot ulcers – a phase ½ clinical trial

Associate Professor Christina Bursill, South Australian Health & Medical Research Institute (SAHMRI) and Royal Adelaide Hospital

The relationship between the rate of wound healing, in particular foot ulcers, and HDL or 'good cholesterol', is the focus of this research work that has recently progressed to clinical trial (COVID-19 impacted commencement). The research used a combination of 3D camera, blood samples and wound biopsies to analyse. Major pre-clinical findings: Anti-inflammatory properties of HDL have already shown promise in pre-clinical findings.

Aims for clinical trial:

- Identification of new biomarkers that help predict diabetic foot ulcer healing success
- Significant change in wound care strategies that can prevent future amputations in people living with diabetes

Reconstructing the stigma and blame, a critical pedagogy for stigmatised persons living with type 2 diabetes

Professor Paul Ward, College of Medicine and Public Health – Flinders University Heath Pillen, PhD Candidate, Flinders University College of Medicine and Public Health

How do people think about type 2 diabetes and stigma? At its core, stigmatisation exists when certain groups of people with diabetes are made to feel inferior in some way. The problem with this feeling is that it is usually difficult to identify a specific grievance. Our research has shed light on how this grievance might be identified, so to progress stigma-reduction work.

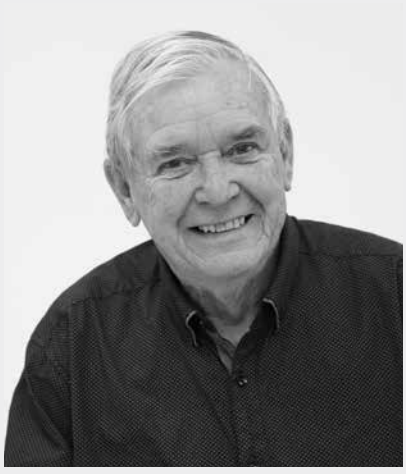
Specifically, persons involved in this work should ask themselves four questions: who exactly is seen as inferior; is this inferiority fair; how is this group made to feel inferior; and how can we look at diabetes differently so that we don't end up with inferior/stigmatised groups? How would you answer these questions?

Email us at
info@diabetessa.com.au

IV Membership

The impact of COVID-19 saw the organisation pivot in a new direction with the development of new channels for the delivery of education and information.

The result of this saw the rapid development and delivery of 'Member only' live webinars on various topics, and the delivery of telehealth services to meet the gap in the health system. Our commitment to our Members strengthened to ensure that value was retained in membership including a price freeze in membership subscriptions.



Geoffrey, Member since 2018

As part of extensive work with the Corporate Governance Committee, the Association's Constitution was reviewed along with the member classifications. Of note to Members is the extension of membership to people at risk, as well as people living with diabetes and their carers/families, and the introduction of new classes of membership. The introduction of membership for Health Professionals and corporate organisations recognises the role each plays in the health of people at risk of or living with diabetes.

The reinstatement of honorary and life membership enables the organisation to recognise a person who has rendered outstanding or exceptional service to Diabetes SA. We are pleased to advise that a new nomination process has also been implemented for both, with nominations to be received by the end of April each year.

The Board resolved to continue to offer concession pricing for our General Members whether this is for a single person or a family upon the provision of a government approved concession card including seniors' card and will continue to offer one and two-year options for membership. We are also pleased to confirm that for eligible Department of Veterans Affairs clients living with diabetes the Department of Veterans Affairs will pay the individual's Diabetes SA membership. These clients are also entitled to a range of diabetes products provided free under the Australian Government's Rehabilitation Appliances Program (RAP).

Some new services have recently been added to our membership offering these include partnerships with Scammell & Co and Amplifon. Scammell & Co have provided an opportunity for Members to access exclusive information sessions and discounted legal advice relating to Wills and Estate Planning which can save Members up to 20%. Amplifon have provided free and exclusive to Members hearing screening and assessments along with maintenance, battery supply and discounted hearing accessories. Our aim will be to expand these service offerings to ensure that we continue to meet the needs of our Members by adding value to the membership offering.


NEW MEMBERS
2,012
TOTAL MEMBERSHIPS
21,976
$161,792
MEMBER DONATIONS
3,315

Fundraising

Fundraising plays an important role in raising funds to support the development and delivery of services we provide.

This year there is no question that fundraising has been impacted by COVID-19 within our organisation and across the not-for-profit sector. Experts are predicting that fundraising will decrease in the order of 15% and in many ways, this has resulted in amplified trends of reduced new donors, shift to digital channels, development of virtual events and increased focus on supporter experience management.

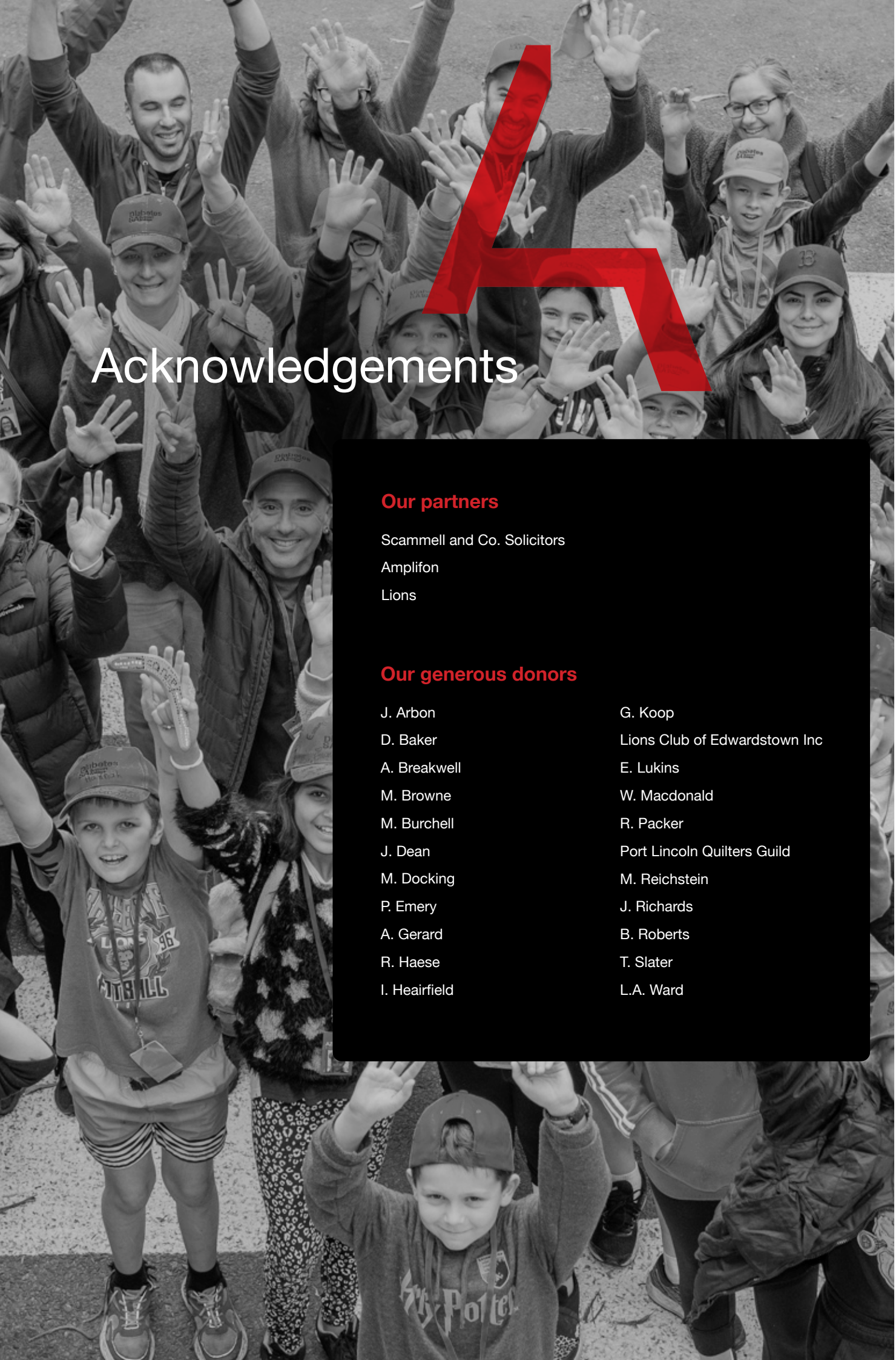
Amongst all of this there were some very positive results achieved including the development and implementation of the Association's Regular Giving Program that allows people to donate an amount of their choice each month, quarterly or yearly to support the work of the Association. Our second Research appeal was launched and raised over $88,000 and has seen almost $180,000 raised in support of the Diabetes SA Research Grants Program. This clearly demonstrates the commitment our Members and supporters have to funding research.

This year we delivered information sessions on Wills and Estate planning through Scammell & Co as an exclusive Member benefit and engaged a Bequest Officer to develop the bequest program. Our focus in the corporate sector will be strengthened in 2020/2021 with the development of a Workplace Program delivering tailored health education and information sessions in workplaces. Our focus in fundraising will be to develop opportunities for workplaces and corporates in supporting the work we do.

The global focus on technology will see us work to create efficiency in our systems and processes and will result in the Association implementing improvements in the delivery of communications. Improvements will come through further enhancements to our Customer Relationship Management system (CRM) and the implementation of platforms like Informz for automated communications. This will enable the Association to improve our engagement with both new and existing donors and reduce overall costs.

Of course, our work cannot continue without the generosity of our Members and donors, so our heartfelt thanks goes out to each and every Member, donor, and supporter of the Association.

Thank you for supporting always.



Acknowledgements

Our partners

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Meet the Board

The Board of Diabetes SA are leaders in their professional fields and provide the strategic direction of the organisation.

Each Board Member has a personal association with diabetes – either living with diabetes themselves, or with a close family member who has diabetes, so they truly understand our Members. Their knowledge, compassion and experience help ensure that Diabetes SA can continue to best represent the interests of our Members and all people at risk, or living with diabetes. To find out more about our Board, please go to our website **diabetessa.com.au**.

Peter Crouch
Previous contributions to Diabetes SA

- Member of the Board since 20 September 2011
- President since 30 November 2015
- Member of the Corporate Governance & Remuneration Committee 2020
- Member of the Building Development Committee 2020
- Member of the Finance, Audit & Risk Committee 2020

Roslyn Hewlett
Previous contributions to Diabetes SA

- Member of the Board since 28 June 2016
- Member of the Corporate Governance & Remuneration Committee 2020

John Jovicevic
Previous contributions to Diabetes SA

- Member of the Board since 24 September 2019
- Treasurer since 22 October 2019
- Chair of the Finance, Audit & Risk Committee 2020
- Member of the Building Development Committee 2020

Gary Neave
Previous contributions to Diabetes SA

- Member of the Board since 24 September 2019
- Chair of the Building Development Committee 2020

Allan Baird
Previous contributions to Diabetes SA

- Member of the Board since 28 June 2016
- Vice President since 27 October 2020
- Chair of the Corporate Governance & Remuneration Committee 2020
- Member of the Building Development Committee 2020

Lynn Bonython
Previous contributions to Diabetes SA

- Appointed to the Board in a casual vacancy 22 September 2020
- Appointed to the Board as a committee member 27 October 2020
- Member of the Corporate Governance & Remuneration Committee 2020

Christine Bell
Previous contributions to Diabetes SA

- Appointed to the Board in a casual vacancy 22 September 2020
- Appointed to the Board as a committee member 27 October 2020
- Member of the Corporate Governance & Remuneration Committee 2020
- Member of the Finance, Audit & Risk Committee 2020

Lis Burtnik
Previous contributions to Diabetes SA

- Member of the Board since 24 September 2019
- Member of the Corporate Governance & Remuneration Committee 2020
- Member of the Building Development Committee 2020

Thank you

Thank you to retiring Board Members, Geoff Weeks and Monika Kruger. Your contributions have been instrumental in the development of the future direction of Diabetes SA.

Support Always

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19 / 20

Diabetes SA Ambassador Brendan Teys & Frankie

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Support line 1300 198 204

159 Sir Donald Bradman Drive, Hilton SA 5033
Post GPO Box 1930, Adelaide SA 5001
P 08 8234 1977
F 08 8234 2013
info@diabetessa.com.au

diabetessa.com.au