

## Youth Type 2 Diabetes: Enhancing models of care using a CQI approach



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**On behalf of Dr Renae Kirkham, Prof Louise Maple-Brown & the DIABETES across the LIFECOURSE Partnership**

## What we know about Youth type 2 diabetes among Aboriginal and Torres Strait Islander young people

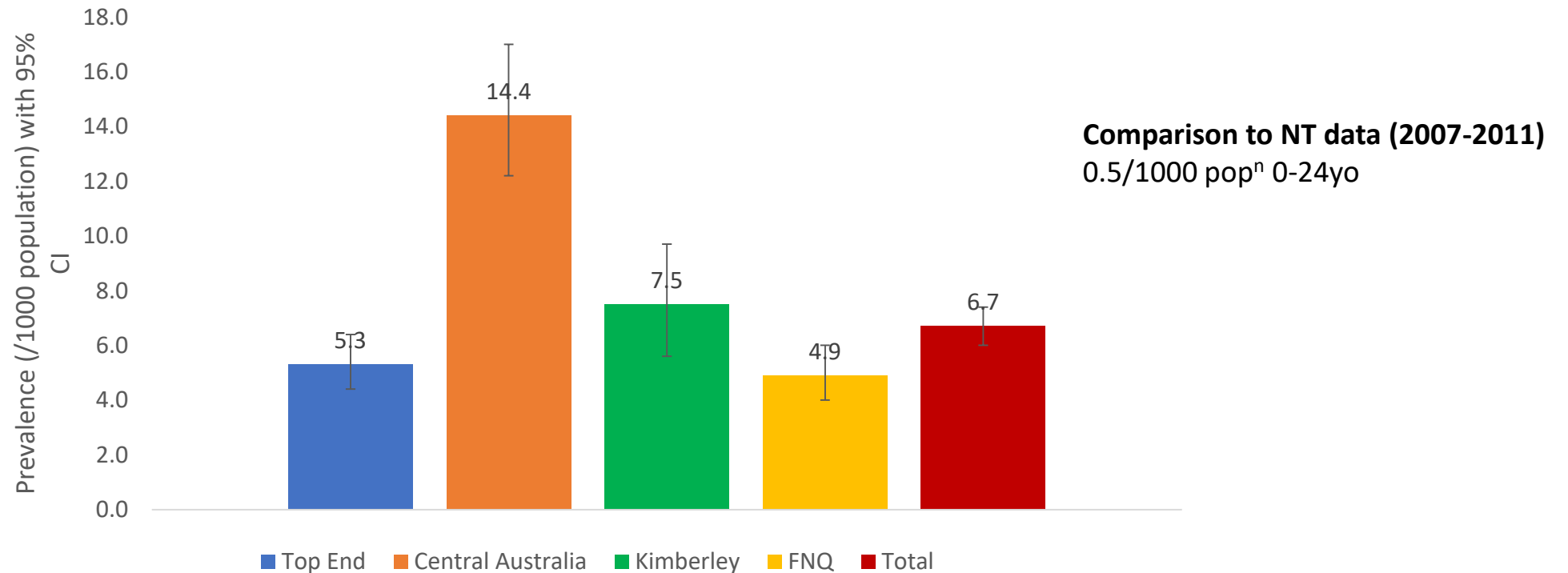
- Prevalence
- Youth experiences of diabetes and associated healthcare services

## Enhancing models of care in collaboration with youth, families, communities and service providers

- Project overview
- Identifying ways to improve care using a CQI/co-design approach

# Youth Type 2 Diabetes Prevalence Audit

- Primary Healthcare data across 4 regions (all NT NTG & ACCHOs)
- Any Aboriginal & Torres Strait Islander person <25 with diabetes in medical records, in 2016,2017



	Central	Top End
Number of young people with T2D	113	111
Female	76%	70%
Median age at diagnosis	17.5	15.8
Median HbA1c	9.8%	9.7%
HbA1c < 6.5% (target)	10%	13%
Participants with BMI in overweight/obese range	98%	93%
HbA1c ≥ 6.5% no diabetes meds prescribed	26%	17%

## Diabetes is normalized yet also stigmatized

*'everyone has diabetes'; friends 'might judge [me]'*

## Sub-optimal levels of understanding of T2D

*'I don't really know what diabetes is. I just need somebody to explain to me a bit more'*

## Multiple barriers inhibiting T2D management

- Comorbidities and complex lives

*'I have a rheumatic heart disease [...] then they told me that I have diabetes... I have two things'*

- Structural factors (such as food insecurity)
- Limited external support and poor engagement with the health system

*'[I] talk to my mum...I talk to my aunty too...I don't talk to anyone else'*

## Opportunities for new approaches to diabetes education and management

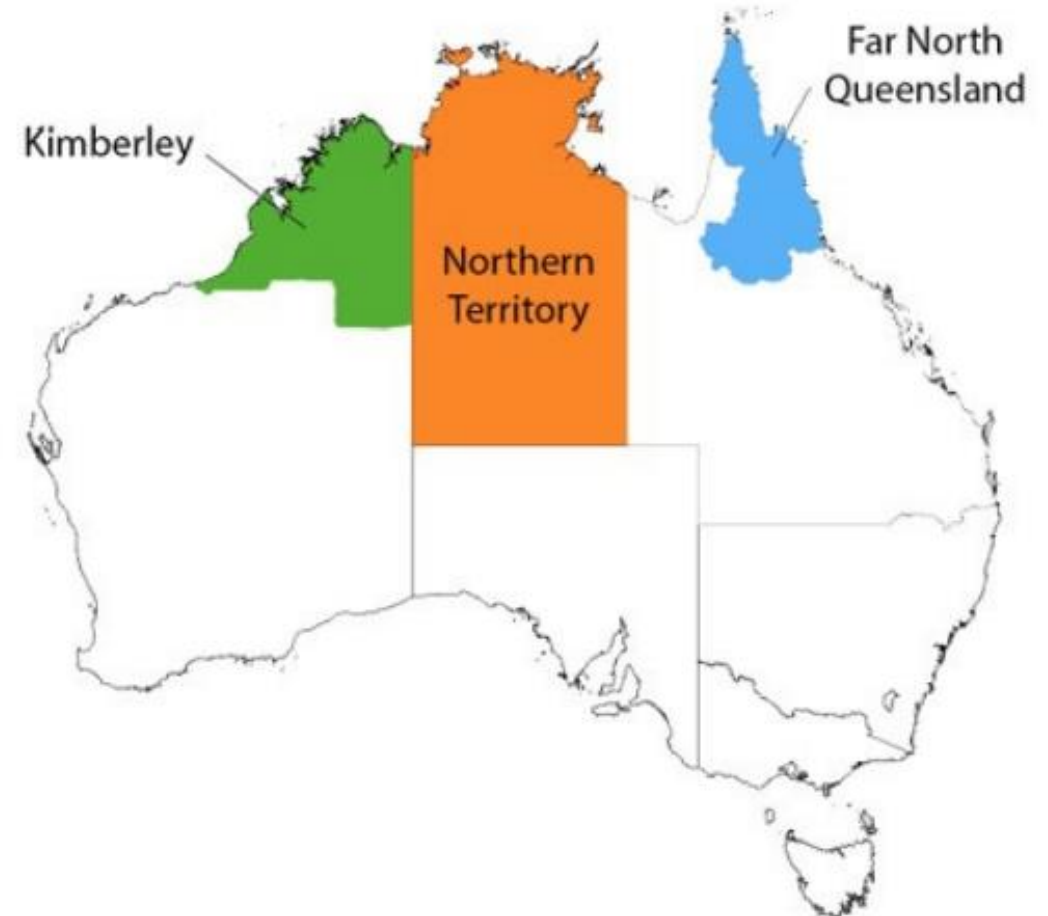
- Participants identified peer support activities such as sporting activities, barbeques and youth camps as strategies for engaging young people in health education
- A need to ensure that T2D information resources are straightforward, fun and strengths-based.

## Aims

To collaboratively develop and evaluate innovative ways of enhancing support for young Aboriginal and Torres Strait Islander people (10-25 years) with type 2 diabetes across Northern Australia.

## Components

- Building awareness of Aboriginal and Torres Strait Islander youth type 2 diabetes and addressing stigma.
- Working with young Aboriginal and Torres Strait Islander people with type 2 diabetes and their families to design enhanced models of care.
- Working within health systems and with clinicians to design enhanced models of care.



- A participatory, collaborative approach to improving healthcare services.
- Places value on lived experience.
- A staged approach of developing relationships, collecting data, understanding the issues, developing responses and evaluating their impact.



*Source: NSW Agency for Clinical Innovation*



- Interviews and focus groups with young people and their families, formation of Youth Reference Groups to develop and trial new approaches to diabetes awareness-raising and management.
- A health professional survey and working groups with health professionals to identify systems changes using the One21seventy Systems Assessment Tool.

## Principles

### EQUAL PARTNERSHIP

Consumers, families and staff work together from the beginning with an equal voice and shared ownership and control.

### OPENNESS

Work together on a shared goal, trust the process and learn together.

### RESPECT

Acknowledge and value the views, experiences and diversity of consumers, families and staff.

### EMPATHY

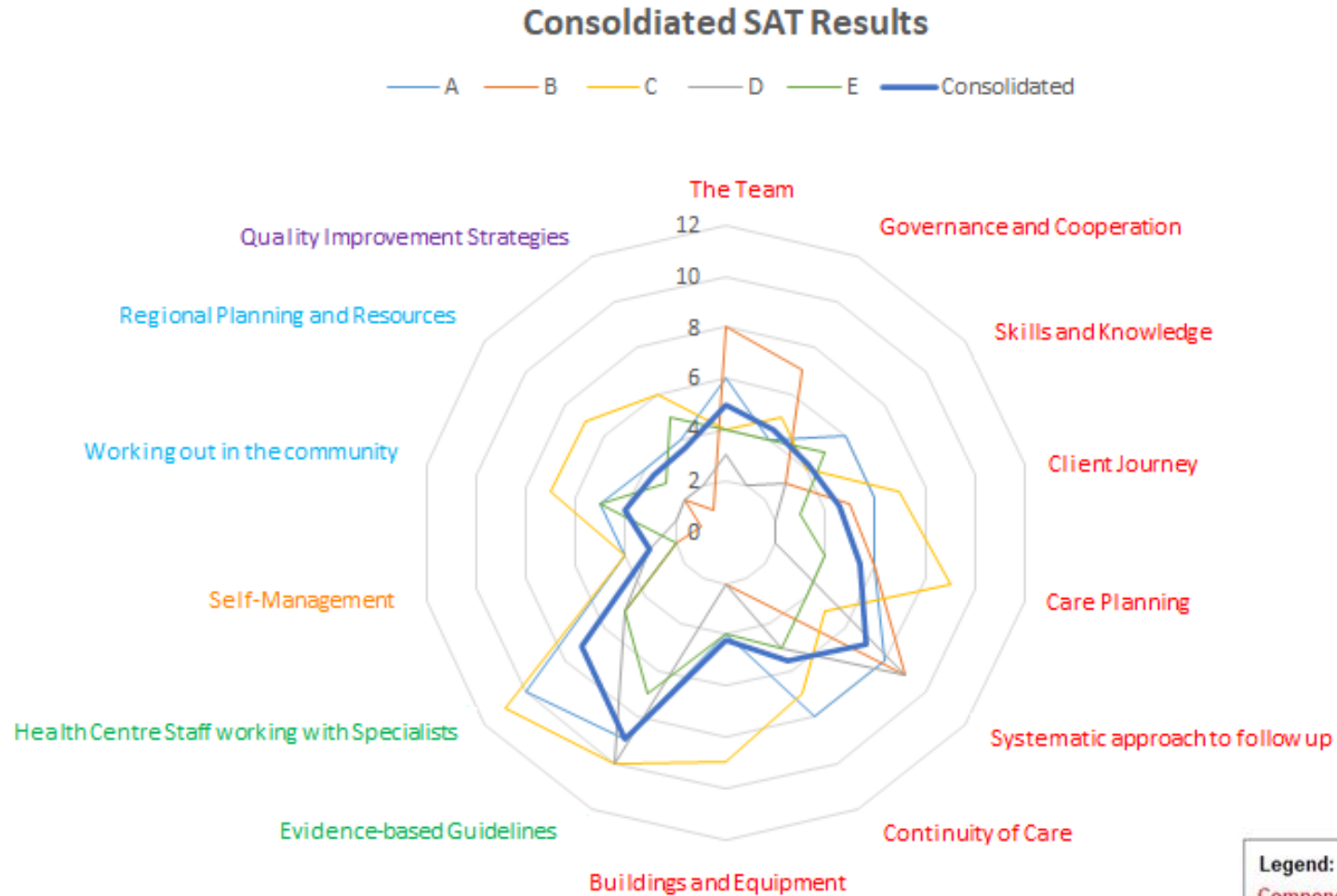
Practice empathy and maintain an environment which feels safe and brings confidence to everyone.

### DESIGN TOGETHER

Consumers, families and staff work together to design, implement and evaluation improvements, activities, products and services.



# Systems Assessment Tool Findings: Opportunities for Change



**Legend:**

- Component 1: Delivery system design
- Component 2: Information systems and decision support
- Component 3: Self-management support
- Component 4: Links with community, other services and resources
- Component 5: Organisational influence and integration

# What clinicians have told us

## What we are doing

Skills and Knowledge	
Skills to effectively engage with youth	How to talk to youth cheat sheet
Peer support for PHC clinicians	Diabetes educator networks NT Diabetes Network
YT2D professional development	Training resources for health professionals
Self management support	
Need youth focused resources	Youth oriented videos
Peer support – social media based	Codesign activity
Positive messaging – strengths-based approach	Youth focused resource development
Raise community awareness to reduce shame	Pilot song & video
Adapt motivational interviewing to youth	Health professional resource development

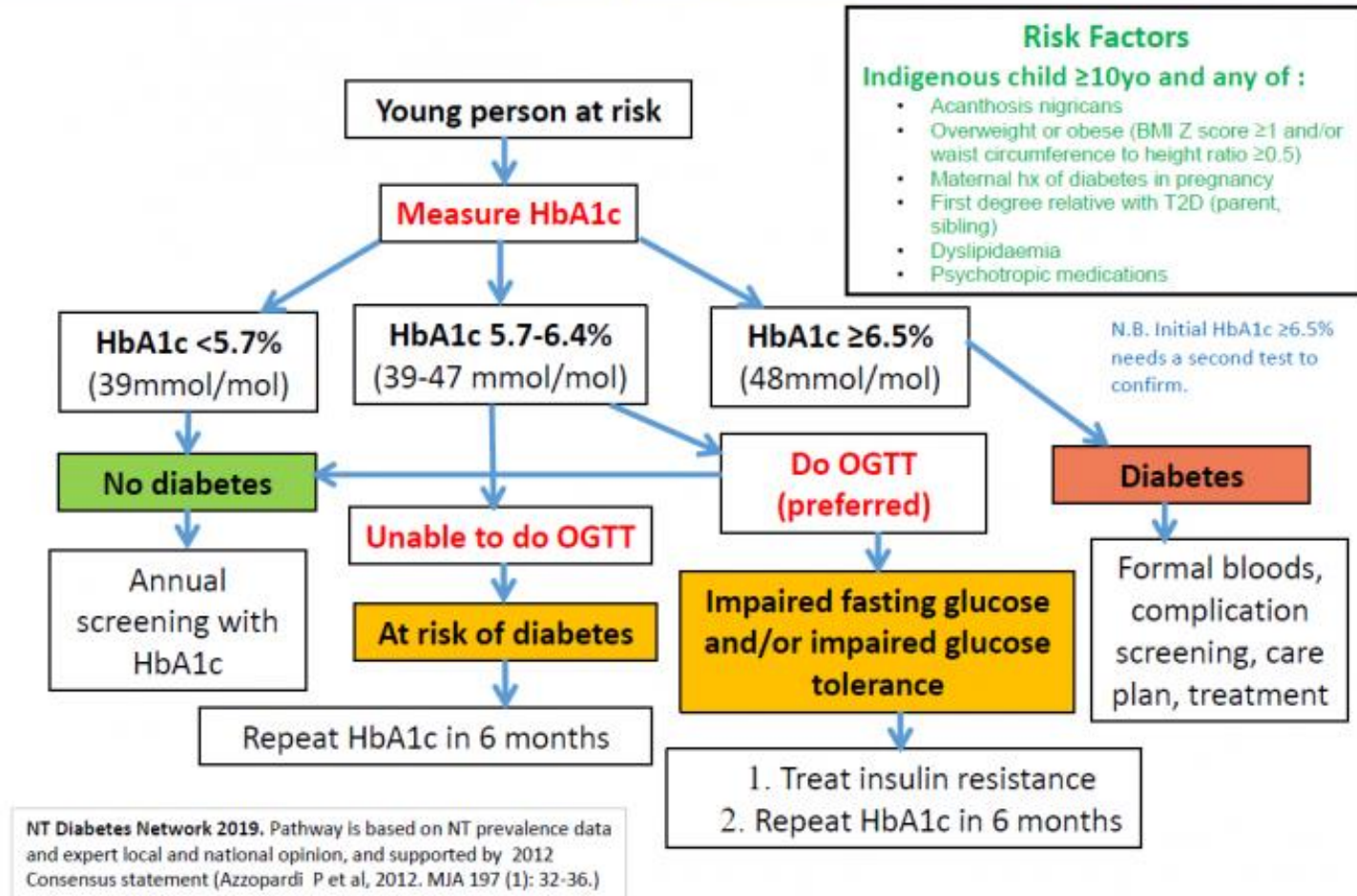
# What clinicians have told us

## What we are doing

Working out in the community	
Home visits, engaging with family and their supports	
Become involved in community events	Collaborating and sharing resources
Raise community awareness to reduce shame	Community based activities
Co-Operation and Regional planning	
Engage with community organisations and service providers	
Work with community and stores to reduce sugar access	
Quality Improvement Strategies	
Organisational commitment to YT2D	
Regular reporting on YT2D KPIs	Youth KPIs

# Youth Type 2 Screening Pathway

## Screening pathway for type 2 diabetes in Aboriginal young people in NT



## Youth type 2 diabetes differs to adult type 2 diabetes

- Rapid progression to complications
- Treatment options are limited for those under 18
- Shame and stigma
- Intergenerational implications

## The Youth Type 2 Diabetes Co-design project aims to address these issues

- Working together with youth, families and clinicians to develop innovative ways of supporting youth with type 2 diabetes, including the development of age-appropriate and culturally safe:
  - Models of care
  - Resources



# Thank you!

## Young people, families and health professionals

**Funders** – Department of Health

**Partners** – Menzies School of Health Research  
Central Australia Aboriginal Congress  
Central Australia Health Service  
Danila Dilba Health Service  
Top End Health Service  
Diabetes Australia  
Baker Heart and Diabetes  
Telethon Kids Institute

Broome Regional Aboriginal Medical Service  
Ord Valley Aboriginal Health Service  
Gurriny Yealamucka Health Service  
Kimberley Aboriginal Medical Services  
Western Australian Country Health Service  
Apunipima Cape York Health Council  
South Australian Health and Medical Research Institute  
Cairns and Hinterland Hospital and Health Service

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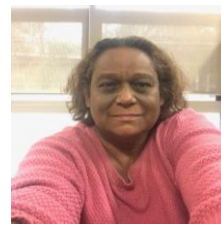
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