

## Global study highlights Menzies' program as a leading example of diabetes best practice

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A [series looking at how structural racism and global inequity](#) affect diabetes has highlighted an Australian diabetes program as an example of best practice to address the issue.

The series published in *The Lancet* and *The Lancet Diabetes & Endocrinology* journals draws attention to the problems with the growing cases of diabetes, which is outpacing most diseases globally, despite increased awareness and ongoing efforts to address the disease.

Menzies School of Health Research's Professor Louise Maple-Brown and Sian Graham are co-authors on the series which found structural racism and geographic inequity are accelerating the soaring global rates of diabetes disease, illness and death. Published in *The Lancet*, the paper [Interventions to address global inequity in diabetes: international progress](#) codifies and highlights best practice approaches to achieve equity in diabetes care and outcomes.

The series responds to a call by the 2020 Lancet Diabetes Commission and World Health Organisation Global Diabetes Compact to reduce diabetes. The series highlights examples of interventions that are answering this call by changing the ecosystem, building community capacity and improving the clinical practice environment. The [Diabetes across the Lifecourse; Northern Australian Partnership](#) (the Partnership) is included as best practice case study under "changing the ecosystem".

The Partnership was chosen because it shows how to apply research recommendations and equity principles to real-world situations and addresses structural inequity and its consequences. The Partnership does this by looking at changing in policy, social systems and/or the environment to improve diabetes care and outcomes. It was also selected as a global example because it provides a unique insight into how changing the ecosystem can drive innovation in diabetes care and reduce inequity in diabetes outcomes.

The Partnership led by Menzies School of Health Research (Menzies) originally began in the Northern Territory in 2011 with foundation partners [Aboriginal Medical Services Alliance of the Northern Territory](#) (AMSANT), [Baker Heart and Diabetes Institute](#), [Healthy Living NT](#) and [NT Health](#). It has since grown to include parts of Queensland and Western Australia in collaboration with the [Apunipima Cape York Health Council](#), [Central Australian Aboriginal Congress](#) (CAAC), [Diabetes Australia](#), [Kimberley Aboriginal Medical Services](#) (KAMS), [Mater Research](#), [Miwatj Health Aboriginal Corporation](#), [Monash University](#), [Northern Territory Primary Health Network](#) (NT PHN), [Telethon Kids Institute](#), the Queensland Government ([Cairns and Hinterland Hospital and Health Service](#) and [Torres and Cape Hospital and Health Service](#)) and [Wuchopperen Health Service](#).

The work by Menzies and the Partnership has been funded by the Australian Government's Department of Health, Medical Research Future Fund and National Health and Medical Research Council.

To read the article in full, head to: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)00914-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)00914-5/fulltext)

To read more about the other publications in this series, including [related papers](#), go to:  
<https://www.thelancet.com/series/global-inequity-diabetes>

For more information on diabetes research, [visit Menzies' website](#).

**Quotes attributed to Menzies School of Health Research - Deputy Director Research, Professor Louise Maple-Brown:**

“We’re delighted and honoured to see more than a decade of work through our Partnership acknowledged on the international stage. The Partnership strives to address diabetes inequity in the real world by raising the voices of Aboriginal and Torres Strait Islander people with lived experience of type 2 diabetes and thinking about their larger social context and addressing structural inequity. These ways of working allow us to create sustainable and equitable change in diabetes in our own backyard and around the world.”

**Quotes attributed to Menzies School of Health Research – Senior Research Officer, Sian Graham:**

“One of the most important lessons of this work has been the value of investing in relationships and valuing true partnership. This initiative has taken time to change the ecosystem, overcoming generations of mistreatment and justified deep-seated mistrust. By recognising and implementing the important principle of Aboriginal and Torres Strait Islander-led research, governance structures and partnerships, we have empowered communities to have genuine decision-making responsibility in relation to all research.”

**Quotes attributed to the Chief Health Officer, NT Health, Adjunct Professor Christine Connors:**

“The Diabetes across the Lifecourse: Northern Australian Partnership has achieved rapid translation of research findings into policy and practice change through strong relationships and true partnerships between researchers, primary health care, Aboriginal community-controlled health organisations and Aboriginal and Torres Strait Islander communities. This has facilitated improved health outcomes for people living with diabetes and related conditions. However, the health system cannot manage alone the significant increase in diabetes and all the associated complications without improvements in the underlying factors driving this epidemic including inter-generational poverty and food insecurity.”

**Quotes attributed to Aboriginal Medical Services Alliance Northern Territory – Acting CEO, Dona Ah Chee:**

“To address one of the world’s highest rate of diabetes Aboriginal people entrenched poverty, food insecurity and structural racism must be comprehensively addressed. Community controlled organisations must be equal partners with government in order to turn around this crisis.”

**ENDS.**

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Professor Louise Maple-Brown and Sian Graham are currently in the USA for the [83rd Scientific Sessions | American Diabetes Association](#). They are presenting at the joint ADA/*The Lancet* symposium on Global Inequity in Diabetes - An International Perspective to discuss Structural Racism and Geographic Inequity in Diabetes.

## **FAST FACTS - The Northern Australia Partnership: Diabetes Across the Life Course**

**Opportunity identified:** In Central and Northern Australia, there is wide inequity in diabetes prevalence and outcomes for Aboriginal and Torres Strait Islander people. Aboriginal and Torres Strait Islander people have experienced significant discrimination and injustices since colonisation, including research engagement that has not benefitted communities. Changes to the ecosystem for inclusion of Aboriginal and Torres Strait Islander people's voices would impact downstream determinants and achieve better equity in diabetes health.

**Steps taken:** The Northern Australia Partnership commenced in 2011. It works in partnership with Aboriginal and Torres Strait Islander people, primary health care and community-controlled organisations to break the cycle of T2D and related conditions throughout their lives, known as the "lifecourse". It does this by focusing on:

- prevention and improved management of obesity and diabetes across the lifecourse
- strengthened community engagement in a lifecourse approach to diabetes with a focus on pre-conception, pregnancy and youth
- strengthening the Aboriginal and Torres Strait Islander community-based workforce in diabetes.

Close partnerships were developed between communities, researchers, policy makers and health service providers to improve systems of care and services for people with diabetes across the regions. There are 18 members in the Partnership, where families and communities are at the centre. The voices of those with lived experience of diabetes are promoted. The Partnership's joint governance structure includes an Aboriginal and Torres Strait Islander Advisory Group, a Clinical Reference Group, a Steering Committee and an Investigators group to promote partnership and to create a platform for communities to share their experiences. Partners have worked together in delivering more than 20 projects related to diabetes.

The Partnership holds an annual Education Symposium for health professionals, researchers and policy makers, which the Aboriginal and Torres Strait Islander Advisory Group helps guide, design and deliver. The first Diabetes Summit was held in Alice Springs, NT in November 2022 with 370 people attending in person or online. This grew from 10 years of work developing strong relationships with 30 national investigators, over 60 reference group members, 23 Aboriginal Community Controlled Health Services and 8 government health services.

**Impact:** The Diabetes Partnership established the first Australian register of diabetes in pregnancy in 2011. It now includes more 3,000 women, half of whom are Aboriginal. In the registry's first 2 years, identification of Aboriginal women with gestational diabetes increased by 80%. The register also raised awareness for the need to upskill primary care and hospital clinicians, increase screening for diabetes in pregnancy and to optimise management.