

Diabetes Network News



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Government
of South Australia

SA Health

Dear Readers,

Welcome to the 67th edition of Diabetes Network News. The theme for this edition is nutrition and we hope you enjoy it.

As many of you will already know Diabetes Outreach is now formally part of Country Health SA. Diabetes Outreach now sits within the Clinical Planning Team Service Initiatives which are managed by Karen Dixon. Diabetes Outreach also has a dual working relationship with Lyn Olsen, Nursing and Midwifery Director, Country Health SA. Being able to work within the governance structure of Country Health SA has enabled Diabetes Outreach to work more strategically and effectively. Over the next couple of months Country Health SA will be employing an endocrinologist who will work one day a week. We envisage that this position will enable us to further our work in the area of hospital management of diabetes and provide more support to country health professionals.

Over the next few months there will also be changes to some of the services that Diabetes Outreach offers. We will no longer be producing the Diabetes Network News magazine. Instead our energies will be focused on providing you with a comprehensive monthly Diabetes Update via email. You can subscribe at www.diabetesoutreach.org.au and click on the yellow box entitled 'Diabetes Update'.

Another big change will be to our Advanced Continuing Diabetes Education program which is offered via videoconference. Due to increased demand, the program is no longer compatible with videoconferencing. To ensure access to professional development across country SA this program will now be offered via audioconferencing (telephone) with copies of the PowerPoint provided for viewing in hard copy or on your own computer. We believe this will make the program easier to access across a range of sites and participants.

Diabetes Outreach is committed to continuing to support rural and remote health professionals, and we welcome your thoughts and suggestions. Please do not hesitate to contact us should you have any queries about the services we are offering or to provide feedback. You can contact us on 8222 6775 or via email at diabetesoutreach@health.org.sa.au.

We would like to thank everyone who has made this publication possible over the last 15 years including the health professionals who contributed to the content, those who assisted with editing and publishing and of course all of you who have continued to receive and read the magazine over the years. We would also like to say a huge thank you to the volunteers who assisted us to get this magazine out to all of you. We couldn't have done it without them.

Cheers



Jane Giles, Manager - Education

Diabetes Outreach

Diabetes Outreach is a Country Health SA program, providing continuing education, support and assistance with service planning.

Diabetes Outreach

- > provides training and support for rural and remote health professionals.
- > contributes to local and regional networks.
- > promotes evidence based standards of care.
- > facilitates access to information about quality assurance and documentation.
- > facilitates access to information about population health needs.

We offer:

- > education resources for health professionals and people with diabetes.
- > education programs conducted in rural and remote areas.
- > distance education programs.
- > peer support.

The vision of Diabetes Outreach is:

Better health for rural and remote South Australians by supporting health service providers towards best practice in diabetes care.

The Diabetes Outreach team is located at 8 Woodville Road, Woodville South SA 5011. Visit our website www.diabetesoutreach.org.au for access to and information about education programs and free resources for both people with diabetes and health professionals.

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Cover pic: Berri

Congratulations to Vicki Hewett and Michelle Kuerschner

We would like to take the opportunity to say congratulations to Michelle Kuerschner and Vicki Hewett for becoming Credentialed Diabetes Educators in the last couple of months. This is a fantastic achievement for Pt Augusta.



R-L: Michelle Kuerschner and Vicki Hewett.

Diabetes Outreach Website Update

Sick day online module

The sick day online module is now available and can be found at www.diabetesoutreach.org.au. The module has been designed for health professionals who want to learn more about the education for people with type 2 diabetes and is based around two separate case studies.

Carbohydrate counting

There are three new carbohydrate counting fact sheets available on the Diabetes Outreach website. The fact sheets have been developed by TQEH, RAH, LMH and Modbury Hospital dietitians. The fact sheets are aimed at people with type 1 diabetes who are doing carbohydrate counting. You can also use the fact sheets for people with type 2 diabetes who are on basal bolus insulin regimes.

The fact sheets below are available at www.diabetesoutreach.org.au.

- Advanced insulin management - Using insulin-to-carbohydrate ratios and correction factors
- Advanced insulin management - Counting carbohydrates (meals and recipes)
- Advanced insulin management - Counting carbohydrates

Cannelloni with Spinach and Ricotta

Serves 4-6

Ingredients

- > 350g fresh ricotta
- > ½ cup grated cheese
- > 400g frozen spinach (thawed)
- > 2 egg yolks (beaten)
- > pinch ground black pepper
- > 2 tbsp chopped fresh mint

Sauce

- > 820g can crushed tomatoes
- > ½ cup water
- > 2 tbsp tomato paste
- > 1 onion, chopped
- > 1 clove garlic, crushed
- > 1 level teaspoon dried basil
- > 2 tablespoons olive oil
- > pinch ground black pepper

Topping

- > ½ cup grated cheese

Filling

Mix spinach, ricotta cheese, egg yolk, grated cheese, mint and pepper together thoroughly in a medium sized bowl. Fill the cannelloni tubes with this mixture.

Sauce

Heat oil in a frying pan and brown onion and garlic. Add tomatoes and tomato paste, water, basil and pepper and simmer for 20 minutes. Remove from heat.

Cannelloni

In a greased oven proof baking dish pour a layer of sauce, leaving enough to cover cannelloni.

Place a single layer of filled cannelloni side by side in the baking dish. Pour over the remaining sauce. Sprinkle with grated cheese.

Bake in oven at 200°C for 25-35 minutes (test by pricking with skewer).

Nutritional information per serve = 1209kj, 14g protein, 7g fat, 38g carbohydrate, 5g fibre

Alert

Please read important [update](#) from Diabetes Outreach. See Editorial from Jane Giles on previous page.

ADEA/ADS Annual scientific meeting Perth 2011

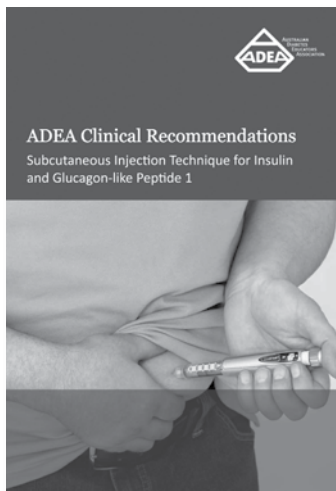
The 2011 Annual Scientific meeting was held in Perth from 31 August to 2 September. A few of the highlights for diabetes educators have been summarised below.

ADEA clinical recommendations for subcutaneous injection technique for insulin and glucagon-like peptide-1

The ADEA clinical recommendations for subcutaneous injection technique for insulin and glucagon-like peptide-1 identifies a number of broad clinical issues including optimal needle length and angle of needle insertion for children/adolescents and adults of varying anatomical size. The clinical recommendations reinforce the importance of documenting the process of teaching and reviewing injection technique.

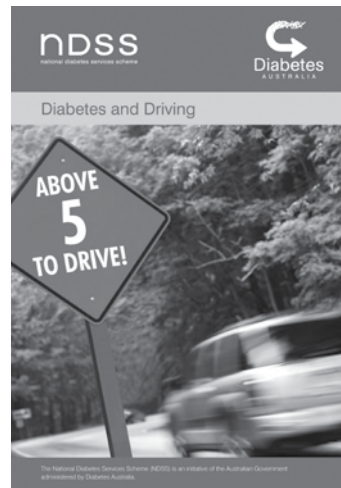
The guidelines state that diabetes educators should document all components of assessment and education for the administration of injectable diabetes medicines. The documentation should include information about the following aspects:

- psychological status
- site of delivery
- site rotation
- whether using a skin fold lift technique is required
- the size and angle of insertion of the needle used
- pen device assembly and priming as per individual manufacturers' instructions
- duration injecting device is kept insitu following the administration of the medicine
- safe disposal of sharps and injecting materials.



The guidelines state that shorter length needles (4, 5 and 6mm) are generally recommended for both children/adolescents and adults including obese patients and have been shown to provide equivalent glycaemic control as needles of 8 and 12.7mm length. A 45 degree angle should be used when administering insulin with a syringe when using a needle length ≥ 8 mm.

The recommendations can be viewed at http://www.adea.com.au/asset/view_document/979317012



Diabetes and Driving

The Diabetes and Driving working party has developed two resources which were released in August. Both the resources use the slogan "Above 5 to drive".

Driving is a complex skill both physically and mentally and for people with diabetes who drive, extra precautions need to be taken to help maximise road safety.

The resource is an excellent tool to step the person through the responsibilities of driving when they have diabetes. The resource can be supplemented with state regulatory documents.

Available to download from www.diabetesaustralia.com.au/Documents/NDSS/Resources/DrivingDiabetes/DrivingandDiabetesBooklet.pdf

'Driving and recent severe hypoglycaemia'

This is a flyer for people with diabetes who have had a recent episode of severe hypoglycaemia (severe hypo) and who drive.

www.diabetessociety.com.au/downloads/DrivingandDiabetesFlyer-FINALAug2011pdf.pdf

A new language for diabetes: Position statement from Diabetes Australia

At the annual conference in August this year Diabetes Australia launched its new position statement in a bid to call for greater awareness and more sensitivity in the way health professionals and the media talk about diabetes. The position statement 'A new language for diabetes: Improving communications with and about people with diabetes' has been developed by a multidisciplinary working group and highlights the implications of certain words and phrases often used to describe and discuss diabetes in Australia. It also makes recommendations for modifying this language. Please promote this statement through your local networks <http://diabetesaustralia.com.au/PageFiles/18417/11.09.20%20DA%20position%20statement.pdf>

Nutrition for older adults

Marc Campbell, Dietitian,
TQEH Diabetes Centre, Adelaide

Adequate nutrition remains fundamental in optimising health and quality of life in older Australians. The nutrition needs of older Australians are varied, but there are many common considerations. Many people in this older age category will have multiple health concerns, including diabetes, which all need to be taken into consideration. Other factors such as medications, texture-modified diets, poor appetite, finances, cooking skills, cooking facilities, and living arrangements also need to be taken into account when providing dietary recommendations. It is important to consider undernutrition as well as overnutrition in the older person. In older adults providing adequate nutrition can be a challenge rather than overnutrition. The dietary advice provided needs to be individualised, and may be more liberal than what is suggested for the general population. The overall goals of diabetes management, such as target blood glucose levels, may also need to be reassessed so that they are tailored to the individual.

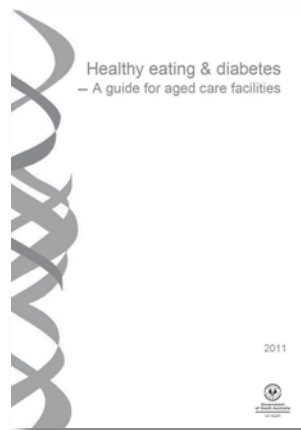
The Dietitians Association of Australia estimates that the prevalence of malnutrition ranges from 20-50% in the acute care setting, 30-50% in the rehabilitation setting, 10-30% in the community and up to 40-70% in residential aged care.¹ The use of a valid nutrition screening tool such as the malnutrition screening tool (MST) or the mini nutritional assessment short form (MNA-SF) can help identify these clients. Different screening tools may only be valid in certain settings such as acute care, rehabilitation or residential aged care, so it is important to use an appropriate screening tool. The target of ideal weight (body mass index [BMI] of 18.5-25kg/m²) may not be appropriate for many older people. Some researchers have suggested that a BMI range of 22 to 26 or 27 is more suitable.^{2,3} It's important to also remember that people who are within or above their healthy weight range can still be at risk of malnutrition, due to factors such as ongoing loss of appetite, nausea, vomiting and unintended weight loss. Malnutrition is a serious concern in the older person and is directly related to increasing hospital length of stay and readmissions, treatment costs, infection and complication rates and mortality.⁴

The Australian Institute of Health and Welfare (AIHW) Diabetes Prevalence Study estimates for 2007-2008 that 43% of people with diabetes were aged 65 years or older.⁵ Often dietary advice for diabetes, especially type 2 diabetes, has tended to focus on managing overnutrition, specifically on reducing weight. Furthermore, the misconception that dietary advice for diabetes involves avoiding all sources of sugar still remains amongst some health professionals. Current dietary guidelines indicate that for all people with diabetes sugar can be included in moderate amounts.⁶ In elderly people with diabetes restricting energy can place them at risk of poor nutritional status and malnutrition. However sugar is still "empty calories" and should not replace other more nutrient-dense foods.

Dietary advice for elderly people with diabetes needs to be part of a holistic, interdisciplinary approach to their care. If blood glucose control is not optimal for the individual, it is important to consider whether it is more appropriate to make

other changes, such as reviewing medications, rather than imposing dietary restrictions to control blood glucose levels. Furthermore the overall goals of management need to be evaluated, to balance ideal (near normal) glycaemic control with other considerations such as risk of hypoglycaemia, overall nutritional status and other co-morbidities.

Managing diabetes in aged care facilities can be particularly challenging. The 'Healthy eating and diabetes – A guide for aged care facilities' is a manual that has been designed to provide appropriate and practical dietary information to support best practice care for residents with diabetes. The manual has recently been updated with the input from TQEH Diabetes Centre dietitians, Diabetes Outreach, Nutrition Professionals Australia and from feedback through the Rehabilitation and Aged Care Special Interest Group – DAA. The manual includes information on nutrients, dietary guidelines, and dietary requirements which need to be considered in aged care such as underweight or overweight residents, texture modified diets, constipation and food hygiene. The manual also includes information on menu planning and sample menus as well as some example dessert recipes. It is available to download for free from the Diabetes Outreach website, www.diabetesoutreach.org.au.



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5. Australian Institute of Health and Welfare. Diabetes Series Number 17: Diabetes Prevalence in Australia – Detailed estimates for 2007-2008. <http://www.aihw.gov.au/publication-detail/?id=10737419311&tab=2> Accessed July 2011.
6. Diabetes Australia. Healthy eating for older people with diabetes. (2008). http://dias.diabetesnsw.com.au/living_well/healthyeatingolderpeople.asp

Diabetes management in the Riverland

Chantelle Hislop, Heath Pillen and Jane Elsdon, Dietitians, Judy Riley, Diabetes Nurse Educator, Riverland Health Service

In 2010, the Riverland Diabetes Team (diabetes educator, dietitians, podiatrists and physiotherapists) developed an educational DVD. The DVD was designed to provide clients with basic information about type 2 diabetes. Clients received the DVD and written information in the post prior to their attendance at a group session. The aim of the DVD was to provide clients with introductory information to be elaborated on in the group sessions. The concept of the educational DVD was to support the various learning styles and literacy levels of clients in an attempt to ensure they received the information they needed to support their self management.

A review of the group information sessions and DVD at the beginning of 2011 resulted in the diabetes team making some changes to the format of these sessions. In speaking with a number of clients who did and did not attend the information session, the DVD was seen to be valuable and easy to gain key concepts for diabetes management. The DVD appeared to be particularly useful for those people who were in the preparation and action stages of change. The evaluation prompted the team to develop a fact sheet called "Diet and diabetes in a nutshell". The target group for the fact sheet was clients who were in the pre-contemplative and contemplative stages of change. It was hoped that the fact sheet would increase their awareness of the potential complications of type 2 diabetes and prompt them to start thinking about taking action. The information provided tips on reducing HbA1c, blood pressure and cholesterol levels.

The fact sheet uses simple, key messages around dietary and lifestyle changes (eg reducing sodium intake and saturated fats, losing 10% of body weight, regular meals with at least one low GI food at each meal) and the rationale behind the recommendations.

Evaluations from the previous year also highlighted that clients experienced difficulties with incorporating the dietary recommendations into their daily lives. This prompted the diabetes team to develop a meal plan with clients during the information session. The dietitian encourages clients to complete a 24 hour recall of food and fluids when they come to the session. Clients are then walked through a checklist with the dietitian highlighting key dietary points for diabetes management. The client can then assess their dietary intake and develop an individualised meal plan. The dietitian focuses on:

- > Australian Guide to Healthy Eating, serve sizes
- > carbohydrate distribution
- > ensuring at least one low GI food at each main meal
- > reducing saturated fats in diet (cooking methods, cuts of meat, types of dairy)
- > alcohol intake.

The diabetes educator also provides detailed explanations around the pathophysiology of diabetes, medications and insulin as well as future complications to look out for. The aims of the diabetes sessions are to promote self-management, consolidate knowledge and increase the person's confidence to apply the information within their daily lives.

Following the sessions clients are offered the opportunity to have a one to one appointment with the diabetes educator and dietitian. The diabetes team will be conducting further evaluations at the end of the year to determine the effectiveness of the changes made in 2011.

Vegetable Rice Salad

Serves 8 as a side-dish

Ingredients

- > 4 cups cooked Basmati rice
- > 2 small cucumbers, chopped
- > 4 tomatoes, chopped
- > 1 red capsicum, chopped
- > 1 small red onion, chopped
- > 1/3 cup chopped parsley
- > 1/4 cup chopped mint
- > 2 tbsp pine nuts or slivered almonds
- > juice of 2 lemons or limes
- > 1 tbsp olive oil
- > 2 tbsp soy sauce
- > black pepper

Method

Place all ingredients in a large bowl. Toss and cover. Refrigerate for 30 minutes before serving to allow flavours to infuse.

Nutritional information per serve: 772kj/182cal, 4g fat, 4g protein, 30g carbohydrate, 2.5g fibre

Nutrition education at the Women's and Children's Health Network (WCHN)

Bronwyn D'Arcy and Caroline South, Dietitians, WCHN, Nutrition and Food Services Department

Nutrition is an integral part of diabetes care. A healthy diet, combined with knowledge and application of carbohydrates to insulin action profiles can help to:

- > improve glycaemic control
- > achieve ideal HbA1c
- > minimise the risk of short and long term complications of diabetes.

At the Women's and Children's Health Network (WCHN) we are committed to providing the best possible evidence based nutrition practice for families of children with diabetes.

We are currently auditing the effectiveness of the nutrition education we provide to children and their families when admitted to the Women's and Children's Hospital (WCH) with newly diagnosed diabetes and hope to be able to share the outcome of this audit in 2012.

Our experience has shown us that many families find carbohydrate counting a barrier to achieving glycaemic control, and families focus so much on balancing the insulin with carbohydrate that the quality of the child's diet may suffer. Therefore over the past 12 months we have updated and developed some new educational resources to help address these issues.

Resources

'Carbohydrate Exchange Book'

One of the key resources we have updated is our Carbohydrate Exchange book. The Carbohydrate Exchange book combines essential nutrition information into one, easy to read book that is used for all patients on insulin regimes. It contains information on:

- > the importance of healthy eating
- > different types of carbohydrates
- > carbohydrate exchanges
- > free foods
- > label reading
- > importance of a low GI diet
- > recipes and modifications
- > exercising safely with type 1 diabetes



The book also contains a comprehensive food list, providing information on exchange values as well as symbols that represent low fat, low GI and high fibre foods to assist in making healthy food choices. Parents find this guide invaluable at diagnosis, especially when following an exchange plan or matching/adjusting insulin to carbohydrate intake.

Other dietitians and health professionals may find this resource useful in any clinical practice involving young people with type 1 diabetes or anyone needing to count carbohydrate exchanges. It is available to order or can be downloaded from the nutrition department website, which can be found at http://www.wch.sa.gov.au/services/az/other/nutrition/nut_res_medical_conditions.html#diabetes

'Type 1 Diabetes and Healthy Weight'

From our experience we have found that healthy eating can, at times, be overshadowed by the need to match carbohydrates with insulin (or vice versa). Families can become preoccupied with counting exchanges and forget to think about overall healthy eating. With cardiovascular disease as the leading cause of death in people with type 1 diabetes, prevention of vascular complication is of utmost importance. Achieving a healthy weight and preventing insulin resistance are the key areas we have been focusing on at the Women's and Children's Hospital. We are also involved in a randomised control trial with the Endocrine Department looking at the use of metformin to improve vascular function in overweight youth with type 1 diabetes.



As a result we have recently developed specific resources to assist children and families with type 1 diabetes to incorporate healthy eating principles into their daily life. This resource covers tips to encourage eating well and being active.

These tips include:

- > having three main meals each day
- > drinking water as the main drink
- > choosing low GI foods
- > to have healthy snacks in between meals but only if needed
- > to reduce fat intake
- > watching portion sizes
- > limiting screen time and being more active.

The resource also focuses on reducing 'extra' foods in the diet by replacing these unhealthy snacks with healthier alternatives.

We have provided many practical suggestions to help facilitate positive lifestyle changes in our families, whilst also ensuring the layout and format is easy to read. This resource is generally used in conjunction with education provided by a dietitian but is also distributed by the endocrinologist and diabetes nurse educators and has been well received by families.

'Snack Choices and Diabetes'

As dietitians, we all commonly see children who regularly include packaged, high sugar and high fat items for recess and afternoon tea. These unhealthy snack choices set up poor dietary habits which may result in nutritional deficiencies and future health complications. To help combat this we have developed a snack specific resource to assist making healthier choices easier. It focuses on healthy carbohydrate and free snack ideas, quick easy recipes and a section on reading labels which focuses on sugar, fat and fibre content to help find healthy alternatives.

We plan to regularly update our education and resources to improve the service we provide to families and assist patients in achieving glycaemic control. Resources will be added to the website as they are updated, so watch out for the upcoming addition of the 'Type 1 Diabetes and Healthy Weight' and 'Snack Choices and Diabetes' resources.

Country Health SA Regional Diabetes Education Series in 2011

**Jane Giles, Manager and RN CDE,
Diabetes Outreach Country Health SA**

The education series in 2011 focused on 4 key areas of the state, these being Pt Lincoln, Pt Augusta, Berri and Mt Gambier. All centres had an interdisciplinary workshop, session with the Aboriginal health team, a general practitioner seminar and meetings with the diabetes team.

The year started off in the beautiful Riverland. A coalition made up of Diabetes Outreach, CHSA local team, Flinders University Rural Clinical School and the Riverland Division of General Practice all contributed to a series of successful sessions. The 48 participants including local health professionals from hospital and community as well as a range of students attended the day. Dr Peak Mann Mah was a key note speaker and provided the participants with an insight into managing hypoglycaemia in both the hospital and community context and an update on medications for both type 1 and type 2 diabetes. The local dietitian and podiatrist provided sessions on nutrition and foot-care and the diabetes educator's stepped the participants through developing an individualised hypo action plan for people at risk.



R-L: Peak Mann, Jane Elsdon, Chantelle Hislop, Judy Riley and Jane Giles in Berri.

The program in Pt Augusta was a collaboration of Diabetes Outreach, the Spencer Gulf Rural Health School, the local team and the Division of General Practice. The program attracted participants from the Upper Eyre and Whyalla as well as the Flinders and Far North. Dr David Jesudason provided the medical presentation which continued with the theme of hypoglycaemia and medications. Jane Giles led the session on individualising a hypo action plan based on the person's risk of hypo and their particular living and support circumstances. In total 29 participants attended the workshop in Pt Augusta.

The program in Pt Lincoln was run in June, with 24 health professionals and students attending the interdisciplinary workshop. Dr Elaine Pretorius was the medical speaker and like the other sites, the program continued the theme of hypoglycaemia and medications. Elaine also presented at the GP seminar on inpatient care. A session at the Aboriginal Health Service covered the special needs of women with gestational diabetes. Again, this series of sessions was a

collaboration between Diabetes Outreach, the Spencer Gulf Rural Health School, the local team and the Division of General Practice.

The last major education visit was held in Mt Gambier in September. Dr Elaine Pretorius spoke on hypoglycaemia and medications in the interdisciplinary workshop. The GP seminar covered information about new insulin and oral medications. Mt Gambier hospital also hosted a Grand Round at which Elaine presented information about best practice in inpatient care. The South East program is a joint effort between Diabetes Outreach, the local team and the Limestone Division of General Practice.



R-L: Helen Grummett, Di Vine, Alison Aston and Barbie Sawyer in Mt Gambier.

Thank you to all who have been involved in planning and providing the Regional Education Series in 2011. Our thanks also go to Sanofi-aventis and John Lehman for their support of the program over the past 4 years.



Addressing Uncomfortable Issues: The role of White health professionals in Aboriginal health

Summary of PhD Research.

Annabelle Wilson, PhD Candidate,
Flinders University of South Australia
Supervisors: Associate Professor Anthea Magarey,
Dr Michelle Jones, Dr Janet Kelly

Background

Australian Aboriginal people experience nutrition related diseases such as kidney disease and diabetes at higher rates than non-Aboriginal Australians. Therefore, health professionals working with Aboriginal people in these areas, including dietitians and diabetes educators, can potentially have a large impact on the health of Aboriginal Australians. While this fact is recognised by many health professionals who are generally willing to work in the area, many consider Aboriginal health to be a complex area of practice. It is therefore pertinent to consider how health professionals might work most effectively in Aboriginal health.

This research investigated the role of White health professionals in addressing Aboriginal health in South Australia. Specifically, it explored the practice of White health professionals working in the areas of obesity prevention and nutrition and dietetics from the point of view of Aboriginal and White workers.

This research arose from practice dilemmas I experienced as a dietitian working in rural and remote South Australia. Willing and interested to work in Aboriginal health, as a new graduate dietitian I lacked the confidence to do so. Hence, I embarked on this research in order to explore the challenges involved in working in Aboriginal health in greater depth, with the view of suggesting some ways forward for myself and other White health professionals working in this area.

Methods

The setting for this research was the *eat well be active* Community Programs, a community-based, childhood obesity prevention program run in South Australia from 2005-2010. Located in one rural and one urban community, I sought to explore how this program was delivered to the Aboriginal communities within the larger rural and urban communities. Throughout the course of the research, I broadened the focus to include dietitians across South Australia, in order to assess the wider context in which White health professionals work in Aboriginal health. This research used a social constructionist epistemology (way of knowing) and critical theoretical approach. Whiteness theories were used as a lens for data analysis of White health professionals' experiences of working in Aboriginal health.

The four main methods used in this research were relationships, reciprocity, reflexivity and semi-structured interviews. These were informed by documents outlining guidelines for ethical research in Aboriginal health.^{1,2} These methods provide examples of ethical research and practice in Aboriginal health and are likely to be useful to practitioners and researchers.

Relationships

In order to conduct ethical research, I worked closely with Aboriginal community members and workers in both eat well be active communities, through building and maintaining relationships. This involved attending community events, working closely with Aboriginal mentors, informal catch-ups with local Aboriginal workers and community members and spending time in the community.

Reciprocity

Reciprocity involved giving something back to the communities I was working with, in exchange for information and experiences shared with me. My skills in nutrition represented a valuable opportunity for reciprocity. All activities of reciprocity were based on requests from Aboriginal workers or community members and I tailored my approach based on the interests of a specific group. Examples included assisting with community cooking groups and community events. Over a two-year period, I spent between half and one day per week on activities of reciprocity.

Reflexivity

Reflexivity is the process by which researchers notice their responses to people, events and the world around them and then use that knowledge to inform their actions, communications and understandings.³ I kept a reflexive journal throughout this research which enabled me to consider the ways that I influenced the research, my position as a White dietitian-researcher and the attitudes and values I brought to the research.

Semi-structured interviews

Forty-one semi-structured interviews and one focus group were conducted for this research. This included 21 dietitians, 7 staff members from the eat well be active Community Programs, 7 White health professionals with extensive experience in Aboriginal health (more than 15 years) and 9 Aboriginal workers.

Results

This research identified some strategies that are important for White health professionals to engage in when practising in Aboriginal health (Table 1). These were identified by both Aboriginal and White workers interviewed.

Table 1:

Important strategies for practice for White health professionals working in Aboriginal health	
Awareness of Aboriginal history	Humility
Awareness of one's Whiteness	Persistence
Building relationships	Reciprocity
Commitment	Reflexivity
Communication	Relinquishing control
Cultural awareness	Using appropriate processes
Flexibility	Working with Aboriginal health staff
Honesty	

However, White health professionals were not always able to engage in these strategies as part of their work in Aboriginal health. Elements within an organisation, profession and individual were identified to either enable or constrain such practice.

At the organisational level, many factors were identified to enable or constrain the practice of White health professionals. For example, an organisation that supported Aboriginal and White staff to work together was found to be enabling, as was a manager who was aware of the time required to build relationships. At the professional level, the extent to which a professional association encouraged and supported health professionals to work in Aboriginal health was important. At the individual level, White health professionals were identified to pass through four stages in their practice in Aboriginal health including not knowing how to practice (Don't Know How), being too scared to practice (Too Scared), feeling that the area is too hard (Too Hard) and learning to practice regardless (Barrier Breaker). Within these stages, health professionals had different levels of confidence, past experience working with Aboriginal people, awareness of Aboriginal history and their own Whiteness, attitudes and beliefs.

Therefore, this research identified the importance of addressing elements within an organisation, profession and individual in order to address the practice of White health professionals in Aboriginal health. In particular, it demonstrated the role of individual White health professionals in addressing Aboriginal health through looking at themselves, which generally requires them to address uncomfortable issues.

More information can be obtained by contacting Annabelle Wilson via email annabelle.wilson@health.sa.gov.au

References:

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2. National Health and Medical Research Council (2006). Keeping Research on Track: A Guide for Aboriginal and Torres Strait Islander Peoples about Health Research Ethics. Canberra, Commonwealth of Australia.
3. Etherington, K. (2004). Becoming a Reflexive Researcher: Using Our Selves in Research. London, Jessica Kingsley Publishers.

Chicken, Pumpkin and Corn Risotto

Serves 6

Ingredients

- > Olive or canola oil spray
- > 1 leek, thinly sliced
- > 400g chicken breast fillet, cut into thin slices
- > 1.5 cups arborio rice
- > 1 cup corn kernels (canned or frozen)
- > 2 cups pumpkin, cut into cubes
- > 5 cups chicken stock (reduced salt)
- > 1 cup Carnation Light and Creamy evaporated milk
- > ½ cup grated parmesan cheese
- > Pepper for taste

Method

Place cubed pumpkin on a non-stick oven tray and roast in a moderate oven for approximately 25 minutes (or until softened).

Spray a large pan with oil and heat. Add leek and cook over medium heat for 2 - 3 minutes or until soft, adding a little water if it starts to stick to the pan. Add chicken and cook, stirring until it starts to brown. Stir through rice and corn and cook for 1 minute. Add the stock, evaporated milk and simmer uncovered for 20 - 25 minutes or until the rice is tender and the liquid has been absorbed, stirring occasionally. Stir in pumpkin and cheese and season with pepper to taste

Nutritional information per serve = 1586kj, 7.5g fat, 51g carbohydrate, 25g protein, 1.7g fibre

Mediterranean Pasta Salad

Serves 4-5

Ingredients

- > 250g elbow or bow-tie pasta
- > 500g broccoli, chopped
- > 250g button mushrooms, sliced
- > 1 small red onion, sliced thinly
- > 1 small red capsicum, sliced
- > ½ cup semi-dried tomatoes, drained and sliced
- > 200g lean bacon (97% fat free) or ham, diced

Dressing

- > 1 cup fresh basil leaves, finely chopped
- > 1 - 2 cloves garlic, crushed
- > 1 tbsp grated parmesan cheese
- > ¼ cup pine nuts
- > 1 tbsp olive oil
- > Juice of 1 lemon

Method

Boil or steam broccoli until slightly softened. Drain well. Spray frypan with oil and cook bacon/ham and mushrooms for 1 - 2 minutes. To make dressing, puree all dressing ingredients in a blender. Cook pasta as directed on packet and drain. Combine pasta, broccoli, mushrooms, bacon, onion, capsicum and tomatoes. Toss through dressing.

Nutritional information per serve = 1672kj/394cal; 17g protein; 13g fat; 45g CHO; 11g fibre

Nutrition for pregnancy and breastfeeding

The Women's and Children's Hospital produce a comprehensive nutrition booklet for women who are pregnant, planning pregnancy or breastfeeding. The booklet does not discuss diabetes but is still useful for the basic nutrition information. Women with gestational diabetes, type 1 or type 2 diabetes will need specific advice in addition to this booklet. Some of the issues covered in this booklet are

- > Being healthy before pregnancy
- > How important is what I eat?
- > Why is folate needed before pregnancy?
- > Healthy eating during pregnancy
- > How much food do I need to eat?
- > Which foods do I need to eat?



The booklet is available free of charge via the link below or the booklet can be purchased for \$2.00.

www.wch.sa.gov.au/services/az/other/nutrition/nutres_pregnancy.html

Low literacy nutrition resources

A low literacy resources that you may like to use can be found at Diabetes Australia Victoria. The pictorial guide to healthy eating is targeted at individuals who may have difficulty reading and understanding large amounts of complex written information. The pictures convey the message of healthy eating in simple language that is easy to understand, so that individuals are able to visually see the types of foods to eat more of and those to eat less of.

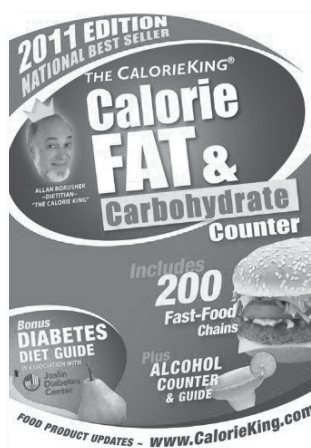
This resource is suitable for all adults and teenagers, including people with diabetes and those wanting to lose weight. Topics that are presented include the different food groups, recommendations for each food group, the concept of portion sizes, healthy snacks, healthy cooking methods, buying healthy foods on a budget and sample meal plans.

This resource will soon be available in other languages including Chinese, Vietnamese, Arabic, Greek, Italian and Sudanese, with each resource presenting culturally appropriate food choices.

To order this resource please call 03 9667 1777. Single copy free for the public. For health professionals the cost is \$1.00 per booklet (minimum 10 copies per order) plus postage. See www.diabetesvic.org.au/type-2-diabetes/healthy-eating to download it for free.

Another low literacy pictorial booklet is available from Diabetes Australia NSW which was developed especially for people from non-English speaking backgrounds, these pictorial guides present photographs and images of hundreds of foods to help the health professional give education on healthy eating. See www.australiandiabetescouncil.com/AustralianDiabetesCouncil/media/PDFs/Diabetes_Making_Healthy_Food_Choices.pdf.

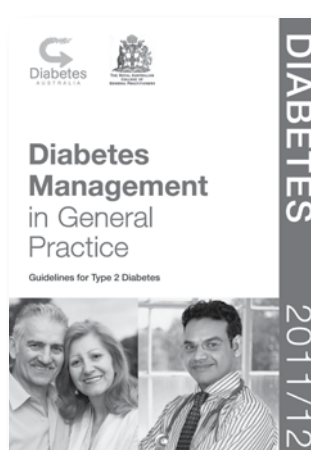
Versions are available in Arabic, Chinese, Spanish, Greek, Vietnamese, Arabic and Italian, with more to follow. Each pictorial guide contains foods that are culturally specific and the English translation will be written on the same page. See www.australiandiabetescouncil.com/Health-Professionals/Downloads---Links-for-HPs.aspx#Healthy.



Calorie fat and carbohydrate counter

The 2011 version of the calorie king book now provides a breakdown of carbohydrate, fat and calories. The pocket size book can be useful for people with type diabetes 1 or type 2 who are carbohydrate counting. The book can be ordered either by phone (08 9389 8777) or online at

www.calorieking.com.au



RACGP 2011/12 Diabetes Management in General Practice Guidelines

The Diabetes Management in General Practice booklet has been updated. You can access the book either online <http://www.racgp.org.au/guidelines> or by contacting your local Division of General Practice. The book can be a useful desk top guide for the management of type 2 diabetes.

'Introduction to diabetes' for health professionals working in country SA

The course includes seven audioconferences offered on a weekly basis by telephone. The audioconferences are based on a 'Diabetes study guide' and sessions are run in an interactive way and presented by experienced health professionals. Participants can come from a variety of locations and disciplines such as nursing, dietetics and podiatry. The course is facilitated and coordinated by a credentialed diabetes educator from Diabetes Outreach. We usually enrol between 10 and 15 participants in the course.

The aims of the 'Introduction to diabetes' course are to provide a basic knowledge and understanding of:

- > the different types of diabetes and what impact this has on management
- > the major food groups and how they relate to diabetes management principles
- > the main medications used in type 2 diabetes
- > the different types of insulin and the types of regimes used in type 1 and type 2 diabetes
- > the types of acute complications that can occur and how appropriate action plans can be developed
- > the benefits and principles of blood glucose monitoring and exercise
- > the macro and microvascular complications of diabetes and the strategies for reducing risk for people.

When will it be held?

Tuesday 21st Feb	6.45 - 8.00pm	What is diabetes?
Tuesday 28th Feb	6.45 - 8.00pm	Nutrition
Tuesday 6th Mar	6.45 - 8.00pm	Oral medications
Tuesday 13th Mar	6.45 - 8.00pm	Insulin
Tuesday 20th Mar	6.45 - 8.00pm	Hypoglycaemia & hyperglycaemia
Tuesday 27th Mar	6.45 - 8.00pm	Healthy lifestyle and exercise
Tuesday 3rd Apr	6.45 - 8.00pm	Long term complications

Go to www.diabetesoutreach.org.au to download a registration form and see what other times the course is available.

Advanced Diabetes Continuing Education Program 2012 for health professionals working in country SA

The Advanced Diabetes Continuing Education Program is a series of topics and discussions led by specialists in the field of diabetes and related areas. The program is offered via audioconference. The series is designed to make available advanced, evidence based information about diabetes to rural and remote health professionals working in the area of diabetes education and care.

The aim of the program is to support the continued knowledge/skills and practice development of health professionals who have completed some initial diabetes education training and wish to further develop their knowledge and expertise in diabetes.

Prior to the session, pre reading material and copies of the presentation are forwarded to the key contact at each site.

What is audioconferencing?

Audioconferencing is the linking of individuals or groups in two or more locations using telephone. Usually there are 10-20 sites booked each month.

When does it run?

The program runs on the 2nd Wednesday every month from 1 until 2 pm commencing on the 8th February 2012.

Who can attend?

You must be working in rural or remote SA to participate in the sessions. To ensure access across the state each Country Health SA cluster has a key contact who is responsible for co-ordinating and disseminating information about the sessions at a local level. To find out who the key contact for your area is please ring or email Kate Visentin at Diabetes Outreach phone 8222 6775 or kate.visentin@health.sa.gov.au.

Dates (all sessions are from 1 – 2 pm)

8 February	11 July
14 March	8 August
11 April	12 September
9 May	9 October
13 June	13 November

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<http://www.gilf.gov.au/>

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