

IMPROVING ACCESS TO TYPE 2 DIABETES SERVICES



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Executive Summary

Acronyms

CALD	Culturally and Linguistically Diverse
COTA	Council on The Ageing
CDM	Chronic Disease Management
DHS	Department of Human Services
EliCD	Early Intervention in Chronic Disease
ESL	English as a Second Language
GP	General Practice
HACC	Home And Community Care
HARP	Hospital Admissions Risk Program
ICDM	Integrated Chronic Disease Management
MVMPCP	Moonee Valley Melbourne Primary Care Partnership
NDSS	National Diabetes Services Scheme
RDNS	Royal District Nursing Service
RMH	Royal Melbourne Hospital
VSRF	Victorian State-wide Referral Form
WHO	World Health Organisation

The Moonee Valley Melbourne and Hume Moreland Primary Care Partnership (MVMPCP) *Integrated Planning for Diabetes Services project* recommended a focus specifically on Culturally and Linguistically Diverse (CALD) communities and Indigenous groups' access of information on Type 2 Diabetes prevention and management. During the project it became clear that the issues facing Indigenous communities are quite different from the challenges facing CALD communities.

The North and West Regional Office of the Department of Human Services, through the Home and Community Care (HACC) Program, initiated the Improving Access to Diabetes Services within Moonee Valley and Melbourne Project September 2008. Recommendations from this report lead to the current six month project.

This current project's goal was to increase awareness of Type 2 Diabetes prevention and management, and access to health services, by older people from populations at high risk or with Type 2 Diabetes in Moonee Valley and Melbourne. The target group for the project was further defined to be populations at higher risk of Type 2 Diabetes, including Vietnamese and Chinese communities, Indigenous communities and new and emerging CALD groups (including members of Horn of Africa communities).

A number of organisations within the MVMPCP gave generously of their time and support to the project, through their enthusiastic input at meetings and activities pursued.

The project commenced with the establishment of a Steering Committee and working parties to provide governance and the resources necessary to carry out project activities.





The objectives, outcomes and recommendations from this project are:

Objective 1

Development and implementation of a dissemination plan for Type 2 Diabetes information to the target group, in order to increase their awareness of diabetes risk factors, diabetes prevention and management. Appendix A

Outcomes:

- Identification of communities/organisations;
- Development of resource materials for health professionals
 - Quick Reference Guide
 - Bilingual Health Educators List;
- Delivery of diabetes education sessions;
- Completion of plan in relation to the delivery of diabetes awareness strategies; and
- Trial of community activities.

Recommendations:

- MVMPCP and other relevant organisations commit to increase awareness of Type 2 Diabetes amongst project target communities. The Implementation process will include involvement with non MVMPCP members and incorporates the outcomes that have commenced during this project; Appendix B

Objective 2

Facilitate identification of people at risk of or with Type 2 Diabetes within the target group by health and community service providers.

Outcomes:

- Organisations involved in the project agreed to use the Australian Type 2 Diabetes Risk Assessment Tool (AUSDRISK); and
- Identified opportunities for further use of the Australian Type 2 Diabetes Risk Assessment Tool (AUSDRISK), e.g. Home and Community Care (HACC) assessment workers.

Recommendations:

- Member organisations provide this report to the Type 2 Diabetes Task Force including the strategies to ensure access to diabetes services for the project's target group (in relevant community languages), especially in relation to diabetes prevention programs;
- Implement the translated versions of diabetes information when available; and
- Consider the use of non written tools for risk assessment and the use of bilingual health educators.

Objective 3

Support improvement of health and community service providers' referral practices to increase access to preventive and treatment options for the group;

Outcomes:

- Development of a referral pack for use by which include:
 - Quick Reference Guide to local diabetes services
 - Victorian State-wide Referral Form (VSRF)
 - Bilingual Health Professionals and Health Educators listing;
- Planning initiated for the pilot of a referral pack in two General Practices over the next three months. (Appendix C, D and E)

Recommendations:

- Increase General Practitioners' and community providers' awareness of diabetes services and access procedures in partnership with the Diabetes Alliance Group;
- The Type 2 Diabetes Task Force continue to assess improved models of care for diabetes, including service coordination and access, that are being developed and trialled within the wider Victorian community, and consider opportunities for implementation in Melbourne and Moonee Valley; and
- Encourage the Type 2 Diabetes Task Force and Diabetes Alliance Group to engage in 2 way feedback in relation to current initiatives.

Objective 4

Identify the barriers that prevent the target population from accessing services.

Organisations within MVMPCP area establish a working group to address the barriers to access as identified in this report.

Outcomes:

- Gaps were identified and documented; (see 2.4 page 6 in report)
- Identified current programs-service mapping; and
- Member organisations have identified how to meet these gaps, and initial activities to address them.

Recommendations:

- MVMPCP member organisations commit to addressing the gaps identified by the project; and
- Establish working party to address the barriers to access as identified in the Report.

1 Background

In 2008 The North West Regional Office of the Department of Human Services, through the Home and Community Care Program (HACC) funded the Improving Access to Type 2 Diabetes Services within Moonee Valley and Melbourne Project. The project addressed the identified need to increase awareness of diabetes prevention and management, and access to health services by older people from CALD communities, in particular Vietnamese, Chinese, Indigenous and Horn of Africa, at high risk or with Type 2 Diabetes in Moonee Valley and Melbourne.

This six months project was established in response to the Integrated Planning for Diabetes Services Project (2008) recommendations.

The principles used for this project are based on the Wagner Improving Chronic Care Model¹ and Barr et al Expanded Chronic Care Model² and the Victorian Government Service Coordination Practice Manual.³

At a state level there are three policy documents that provide guidelines for delivery of chronic disease care. These are:

- Chronic Disease Management Program Guidelines for Primary Care Partnerships and Community Health Services;
- Diabetes Self-Management Guidelines for providing services to people newly diagnosed with Type 2 Diabetes; and
- Health Independence Programs guidelines.

These documents build on the National Chronic Disease Strategy highlighting the importance of risk reduction, early detection, systematic assessment and care planning, use of best practice guidelines, self management training, ongoing monitoring and review, and the need for a coordinated approach to care across services.

¹ Organizing Care for Patients with Chronic Illness. Edward H. Wagner, Brian T. Austin and Michael Von Korff *The Milbank Quarterly*, Vol. 74, No. 4 (1996), pp. 511-544

² The Expanded Chronic Care Model – An Integration of Concepts and Strategies from Population Health Promotion and the Chronic Care Model. Victoria Barr et al *Hospital Quarterly* Vol 7 No 1 (2003)

³ Victorian Service Coordination Practise Manual. Published by Primary Care Partnerships, Victoria 2007 Department of Human Services 2007



2 Project Activities

The overall project goal was:

"To increase awareness of Type 2 Diabetes prevention and management and access to health services by older people from populations at high risk or with Type 2 Diabetes in Moonee Valley and Melbourne."

The following reports on activities undertaken to pursue each of the four objectives, together with associated outcomes and recommendations.

2.1 Objective 1:

Development and implementation of a dissemination plan for Type 2 Diabetes information to the target group, in order to increase their awareness of diabetes risk factors, diabetes prevention and management.

2.1.1 Summary of Activities:

- Undertook a literature review of recent policies and activities related to CALD and Indigenous populations as well as the Wagner Model of Care and Extended Chronic Care Model;
- Undertook initial consultations with member organisations and other stakeholders to determine expectations and their priorities for the project. The list of member organisations is included in *Acknowledgements* (inside front cover);
- Identified and organised an extensive steering committee and two working party groups;
- Undertook further consultations with organisations from the MVMPCP to develop a quick reference guide of resource materials which could be used by service providers requiring information on where to locate services and programs for this target group. The guide also included information on ethno specific resources and educational materials with a multi – cultural focus (see Appendix D, Appendix E and Appendix F);
- Distributed a template that was completed by member organisations of the MVMPCP and other relevant stakeholders. The completed template allowed for the compilation of information detailing current programs, services and resources supporting the target population. It was intended that this information be disseminated to all MVMPCP members and relevant stakeholders to encourage opportunities for future collaboration; The completed template, and further information regarding the template methodology and analysis has been reproduced in Appendix G;

- Developed collaborations within the MVMPCP to identify and assist with the delivery of educational programs which were tailored to the target population. This activity was informed through the feedback from the Supportive Environments and Opportunities Template (Appendix G) and was distributed to organisations within the MVMPCP catchment; and
- The project took advantage of a number of opportunities to trial information dissemination options. These included attendance at Moonee Valley Festival; a Diabetes Open Day at the Western Suburbs Indigenous Gathering Place; delivery of Diabetes Education using bilingual health educators at Debney Meadows Primary School (Appendix J).

2.1.1 Outcomes:

- Identification of relevant communities/organisations found within Moonee Valley Melbourne Region (see Appendix F);
- Development of resource materials for health professionals:
 - Quick Reference Guide
 - Bilingual Health Educators List;
- Delivery of diabetes education sessions;
- Completion of a diabetes awareness strategies plan; and
- Trial of dissemination information options.

2.1.2 Recommendations:

- MVMPCP and other relevant organisations commit to increase awareness of Type 2 Diabetes amongst the project target communities. The implementation process will include involvement with non MVMPCP members and incorporates the outcomes that have commenced during this project; Appendix B.

2 Project Activities – continued

2.2 Objective 2:

2.2.1 Facilitate identification of people at risk of or with Type 2 Diabetes within the target group by health and community service providers.

Summary of Activities:

The following consultative activities were proposed to address Objective 2:

- Gained agreement from member organisations to use the Australian Type 2 Diabetes Risk Assessment Tool (AUSDRISK) to assess level of Type 2 Diabetes risk within the population; and
- Explored the possibility of training non clinical community providers in partnership with Doutta Galla Community Health Service, to assist people at risk or with Type 2 Diabetes to improve their skills in self-management.

2.2.2 Outcomes:

- Organisations involved in the project agree to use the Australian Type 2 Diabetes Risk Assessment Tool (AUSDRISK); and
- Identified opportunities for further use the Australian Type 2 Diabetes Risk Assessment Tool (AUSDRISK); e.g. Home and Community Care assessment workers.

2.2.3 Recommendations:

- Member organisations provide this report to the Type 2 Diabetes Task Force including the strategies to ensure access to diabetes services for the project's target group (in relevant community languages), especially in relation to diabetes prevention programs;
- Implement the translated versions of diabetes information when available; and
- Consider the use of non written tools for risk assessment and the use of bilingual health educators.

2.3 Objective 3:

Support improvement of health and community service providers' referral practices to increase access to preventive and treatment options for the group.

2.3.1 Summary of Activities:

- Members of a Working Party are currently identifying ways to recruit a medical practice who would be interested in using the tools to increase diabetes awareness within their practice for the purposes of implementing of a standardised referral form such as the Victorian State-wide Referral Form (VSRF);
- A VSRF information sheet has been developed by impetus (see Appendix C); and
- Melbourne General Practice Network (MGPN) and impetus, Doutta Galla Community Health Service, and Royal Melbourne Hospital (RMH) agree to develop a pilot project with a GP practice in the MVMPCP catchment, using VSRFs, to improve referrals for diabetes management to service providers.

The documents that have been included in the resources pack are found in Appendix C, D and E

2.3.2 This work has highlighted several issues found in practice:

- Several General Practitioners have been unable to employ the services of community Diabetes Nurse Educators or there have been long waiting lists in general for community services. GPs have resorted to private Diabetes Nurse Educator arrangements and have used the Enhanced Primary Care Referrals (EPCR) scheme; and
- There is a need for better communication/promotion between general practice and community health. Some suggestions made include: GPLO position within Community Health Services, regular articles in the division newsletter, quarterly one-sheet flyers mailed to local practices, visits to practice meetings.

Other work currently being considered by the working party includes developing and evaluating an information pack through a survey to be conducted by impetus and MGPN, within the next three months. Feedback from Doutta Galla Community Health Service is to be provided by staff who are involved in the diabetes program.



2.3.3 Questions in the survey would seek the following information:

- Is the Service map (Quick reference Guide) provided useful?
- Has the Service map been used by all?
- Is the referral form useful?
- Has the referral form been used by all.

At the time this project was completed, both impetus and the MGPN were in the process of engaging a practice to trial this referral form, as well as an information pack for GPs, Community Health and the acute medical sector. The results from these trials will be disseminated throughout the MVMPCP catchment when completed.

2.3.4 Outcomes:

- Development of a referral pack with a focus on GPs and treatment through the use of:
 - Quick reference guide and VSRF;
 - Bilingual Health Professionals resource list; and
- Commenced planning for a pilot of the referral pack in two practices over the next 3 months.

2.3.5 Recommendations:

- Increase General Practitioners' and community providers' awareness of diabetes services and access procedures in partnership with the Diabetes Alliance Group;
- The Type 2 Diabetes Task Force continue to assess improved models of care for diabetes, including service coordination and access, that are being developed and trialled within the wider Victorian community, and consider opportunities for implementation in Melbourne and Moonee Valley; and
- Encourage the Type 2 Diabetes Task Force and Diabetes Alliance Group to engage in 2 way feedback in relation to current initiatives.

2.4 Objective 4:

Identify the barriers that prevent the target population from accessing services.

Organisations within MVMPCP area establish a working group to address the barriers to access as identified in this report.

2.4.1 Summary of Activities:

- Gaps within services relating to the target population were identified by service providers who were asked to email their responses on these issues. These gaps were related broadly to the availability of interpreters, understanding of cultural issues by health professionals, long service waitlists and limited numbers of specialists nurse educators and audiovisual materials relevant to the target population.

2.4.2 Language Issues:

- Difficulty with availability of interpreters at appointments – especially the African languages; administrative issues such as correct details being taken for bookings;
- Lack of information and services for cultural groups which are outside the top nine language groups in Melbourne – (Arabic, Chinese: Cantonese and Mandarin, Greek, Italian, Macedonian, Spanish and Turkish); and
- Limited number Horn of Africa Bilingual Health Educators.

2.4.3 Education Issues:

- Educational material not available for many of the new refugee groups or new and emerging communities;
- Educational material that deals with both diabetes prevention and management not appropriate for patients who are illiterate or visually impaired;
- Lack of understanding of ethno-specific issues by health professionals e.g. fasting, mixing of genders e.g. during exercise or other group programs; and
- Lack of understanding of their perceptions of diabetes and what they have previously been told in their country of origin or here.

2 Project Activities – continued

2.4.4 Medical and Access Issues:

- Waiting lists/ limited times organisations have available to deliver diabetes programs;
- Patients not knowing who their GP is;
- Staff not knowing any other community groups/ services patients are involved in;
- Patients not knowing what medications they are on;
- Lack of services operating outside normal business hours for people wishing to access bilingual health information, either in person or over the phone; Service only available from acute hospital sector; At the time this report was being written, one of the organisations in the project was carrying out a survey to determine the extent of this situation. For information on the survey question please see Appendix I; and
- Staffing issues; some organisations only able to provide sessional times for diabetes services.

2.4.5 Recommendations:

- MVMPCP member organisations commit to addressing the gaps identified by the project; and
- Establish working party to address the barriers to access as identified in the Report.

APPENDICES



Appendix A

– Dissemination Plan for Type 2 Diabetes

Dissemination Plan for Type 2 Diabetes Information including Consumers with Diabetes and those at risk	
Target Groups	Resources Identified
ATSI	<ul style="list-style-type: none"> ■ Diabetes Australia – Vic ■ Diabetes Australia – Website ■ Life! Risk Score Information Sheets
Vietnamese Horn of Africa Chinese	<ul style="list-style-type: none"> ■ Bilingual Health Educators ■ Health translation Directory ■ Cross Cultural Care Information ■ Multicultural Centre for Women's Health – Access to Bilingual Health Educators ■ Educators ■ References on communication ■ Health Educators – Use of Life! ■ Risk Score Information Sheets with assistance from bilingual health educators <p>See Appendix D and E for further information on the above</p>
Education Programs	
Target Groups	Resources Identified
Health Workers	<ul style="list-style-type: none"> ■ As Above ■ Multicultural Center for Women's Health ■ Diabetes Australia – Vic
Consumers	<ul style="list-style-type: none"> ■ As Above ■ Through individuals ■ Diabetes Nurse Educators 1:1

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How information can be disseminated	Comments
<ul style="list-style-type: none"> ■ Through open day events at Gathering Place; working in partnership with staff on site to inform them of new practices to disseminate to their client group ■ Multi-lingual Info Line through Diabetes Australia – Vic ■ HACC Workers/Intake Systems ■ CHS ■ Moonee Valley Council Festival Events ■ Neighborhood Centre ■ Cultural Community Events ■ Specific Ethnic Community Radio, T.V and Newspapers ■ Invitation to meet and greet with cultural groups in the area at Flemington Community Centre; High Rise Estates ■ Regular information updates to local GP Practices ■ Recruitment of peer education leader who are cultural sensitivity and health information 	<p>For CALD and Indigenous groups there is a need for non-literate methods to be developed as many within this population, have limited literacy skills</p>

How information can be disseminated
<ul style="list-style-type: none"> ■ MVMPCP Practitioner Forums ■ In house training within organisation by Diabetes Nurse Educators ■ HACC Training Program which looks at diabetes
<p>Programs run through:</p> <ul style="list-style-type: none"> ■ RMH Diabetes Education Centre ■ Community Health Centres ■ Local Libraries ■ At Neighborhood Learning Centres ■ Through Church and local social network groups

Appendix B

– Implementation Plan Improving Access to Type 2 Diabetes Services for CALD and

Overall Goal:	To increase awareness of diabetes prevention and management and access to health services by people from CALD backgrounds with Type 2 Diabetes or at high risk of Type 2 Diabetes. (i.e. Inclusive of those with mental health issues)
Population Target Group/s:	Populations at higher risk of Type 2 Diabetes, including Vietnamese and Chinese communities, Indigenous communities and new and emerging CALD groups (which include members of Horn of Africa communities)

Project Plan June 2009 suggested/recommended by Project Officer

While the main objective of this project has been to increase awareness of Type 2 Diabetes risk factors, Type 2 Diabetes prevention and management amongst the population target group, through designing and implementing a dissemination plan, this plan has incorporated a number of sub-objectives (Objectives 2, 3, and 4) of the report.

Recommendations	Responsible	Actions	Dependencies	Timeframe
1 Adopt the proposed education and information plan identified in the report by all member agencies	MVMPCP member organisations	<ul style="list-style-type: none"> Individual organisations to accept this plan. 	N/A	1 Month
2 Use the resources developed in the project to assist in program delivery	As Above	<ul style="list-style-type: none"> Familiarise staff who are involved in program delivery with the resources; Provide mechanisms to distribute the resources developed within the project. 	Funding for familiarisation and distribution activities	2-4 months
3 Develop partnerships to work together to deliver both educational and information programs	As Above	<ul style="list-style-type: none"> Identify appropriate events and activities; Develop a calendar of events; Assign responsibility for co-ordination and follow through; Evaluate impact. 	Funding	12 months
4 Explore ways to strengthen relationships with relevant peak cultural service organisations	As Above	<ul style="list-style-type: none"> Continued actively seeking engagement by Health Promotion Officer; Agree frequency; and Approach to communication to maintain the current network formed through this project. 	Time and ongoing commitment	12 months



Indigenous Populations

Recommendations	Responsible	Actions	Dependencies	Timeframe
5 Organise an event to distribute the report and associated resources to members of the MVMPCP	As Above	<ul style="list-style-type: none"> ■ Set and communicate a date; ■ Distribute copies of the report to all attending members; ■ Confirm the event facilitator; ■ Invite other affected stakeholders; ■ Upload report to MVMPCP web page. 	Funding to distribute to event participants	Next 3 months
6 Consider the use of non verbal tools and approaches to integrate into the delivery of the Life Program	Organisations involved in delivery of Life Programs	<ul style="list-style-type: none"> ■ Collaborate with multicultural organisations to agree most appropriate non verbal approaches to communicating with their target groups. 	Availability of resources to drive the initiative	Within 12 months
7 Evaluate the impact of the Australian Type 2 Diabetes Risk Assessment Tool (AUSDRISK) and feedback any changes in referral practices to MVMPCP organisations	As Above	<ul style="list-style-type: none"> ■ Appoint a person to co-ordinate the activity; ■ Complete an audit of uptake and use of the tool; ■ Report back to MVMPCP. 	Funding and willingness to participate	December 2009 or within 6 months from the time of implementation
8 Provide an outcome report on the trial in progress of the changes to referral practices and disseminate their feedback	Working Party two of this project: Division of GP's and Community Health, Acute Sector.	<ul style="list-style-type: none"> ■ Initiate the trial; ■ Report back to MVMPCP. 	Willingness to follow through on commitment to the trial by GP practices	Next 3 months
9 Report back on other initiatives in progress that were discussed at the April 2009 Type 2 Diabetes Task Force Meeting	Type 2 Diabetes Task Force	<ul style="list-style-type: none"> ■ Completion of initiatives in progress. 	N/A	By next Type 2 Diabetes Task Force meeting
10 Continue to evaluate other models of care that are currently being trialled within the wider Victorian Community	DHS From Primary Health Integration Unit	<ul style="list-style-type: none"> ■ Review findings in this report; ■ Evaluate options; and ■ Report on change recommendations. 	Continued recognition of this initiative as a priority	Within 6 months
11 Consider and report on opportunities to address the gaps that have been identified in the report	MVMPCP member organisations working within their own governance structures	<ul style="list-style-type: none"> ■ Review findings in this report; ■ Evaluate options; and ■ Report on change recommendations.. 	Willingness to engage in continuous improvement	Within 6 months

Appendix C

– VSRF Tools

What is a VSRF Referral Tool?

The Victorian State-wide Referral Form (VSRF) is an easy to use pro-forma, which GPs are encouraged to use as a replacement for the multitude of service-specific forms. The VSRF is the general practice version of the Service Coordination Tool Templates (SCTT) – a standardised format for patient information transfer between DHS-funded agencies.

Benefits to patients and GPs:

The VSRF enables GPs to send and receive relevant, *agreed* demographic and clinical information to services, securely and seamlessly from the doctor's clinical information system.

The VSRF includes information which speeds up triage into a service. Using a common form and shared data reduces the need for each service to collect the same information repeatedly as the patient is referred on. Since DHS services are trained in the SCTT process, use of the VSRF will help them to provide prompt acknowledgment, waiting time and treatment feedback to GPs.

GPs are encouraged to use the VSRF for referrals to:

- Community Health Services;
- Home and Community Care;
- Aged Care Assessment Services;
- Alcohol and Other Drug services;
- Mental Health and community counselling services;
- District Nursing Services; and
- Hospital outpatient referrals.

Currently Melbourne Health and Southern Health promote the VSRF as their preferred format for GP referrals. Northern Health is about to adopt the form. The VSRF is likely to become an accepted common template for hospital outpatient and ambulatory care services throughout Victoria. The VSRF is not used when GPs refer a care-plan patient for private Medicare allied health services; in this case GPs should use the EPC form.

The VSRF is readily available. It has been adapted for most medical software: either supplied with the software or available to download. Division staff can assist practices to install the template, and advise on secure faxing or emailing methods.

On the General Practice Victoria website www.gpv.com.au_practices will find guidelines, a paper form and downloadable templates for MD, Best Practice, Genie, GP Complete, MedTech32 and Practix. Alternatively, copies of the template or paper form, a sample and guidelines, are available from impetus: phone 8345 5600. Source: Gillian Cass, impetus.



Appendix D

– A Quick Reference Guide to Services – CALD & Indigenous Groups



V1:11-09

QUICK REFERENCE GUIDE TO SERVICE PROVIDERS TYPE 2 DIABETES

Location of Services Available	Services Provided	Advice, Access Point & Website
Melbourne Area:		
Diabetes Australia – Victoria	Information consultation; Information fact sheets; Diabetes Nurse Educators; Information Hot lines; Supermarket Tours; Multilingual Helpline; Com-Net-Central information point; Bilingual Health educators and translated resources.	570 Elizabeth Street, Melbourne PHONE: 9667 1777 INFO LINE: 1300 136 588 KOORIE DIABETES INFO LINE: 1300 KOORIE (1300 566 743) WEBSITE: www.diabetesvic.org.au
Moonee Valley Melbourne:		
Doutta Galla Community Health Service	Health Services; Diabetes Education; Self Management; Lifestyle Programs; One off diabetes sessions; Diabetes Management Consultations; HARP Diabetes Foot Program; Diabetes One Stop Shop; Potential Outreach services at Holland Crt Flemington Estate. <i>(NB: All programs are running but not currently specific to target group)</i>	12 Gower Street, Kensington PHONE: 8378 1600 7 Chester Street, Moonee Ponds PHONE: 9377 7100 3-5 Matthews Avenue, Niddrie PHONE: 8378 3500 WEBSITE: www.dgchs.org.au
Melbourne:		
Melbourne General Practice Network	HARP Diabetes Project Management.	Suite 9, 233 Cardigan Street, Carlton PHONE: 9347 1188 WEBSITE: www.mgpn.com.au
Moonee Valley Melbourne/Hume Moreland:		
HARP Chronic Disease Management	HARP Diabetes Foot Program – Located at Doutta Galla. Direct Access Unit – RMH Royal Park Campus	Merri CHS: 93 Bell Street, Coburg PHONE: 9319 9454 PHONE: 8387 2333 FAX: 8387 2217
Melbourne:		
RMH – City Campus	Hospital Based Unit, providing education programs and foot care services to patients with diabetes.	Grattan Street, Melbourne PHONE: 9342 7000 WEBSITE: www.mh.org.au
Moonee Valley Melbourne/Hume Moreland:		
YMCA	Group exercise programs; Special needs services.	14 Dawson Street, Brunswick PHONE: 9381 1840 WEBSITE: www.brunswickcitybaths.ymca.org.au 248 Rathdowne Street, Carlton PHONE: 9347 3677 WEBSITE: www.carltonbaths.ymca.org.au Cnr Cooper & Spencer Streets, Essendon PHONE: 9337 4488 WEBSITE: www.mooneevalley.ymca.org.au
Royal District Nursing Services	Diabetes Management Education.	CRN Grace Cres & Mt Alexander Road, Essendon PHONE: 1300 687 7464 (1300 NURSING) WEBSITE: www.rdns.com.au
Vision Australia	Home Visits/Clinical based day programs, Orthoptic, OT,O+M, Counselling.	Albion Street, Essendon PHONE: 9370 6111 WEBSITE: www.visionaustralia.org.au
Internet Services:		
ConnectingCare	Find services within a locality; Community Health Information;	WEBSITE: www.connectingcare.com
PCP-Statewide Health Services Directory		
ATSI Health Directory	Aboriginal Liaison Officers; Aboriginal Health Services; Mental Health.	WEBSITE: www.atsihealth.org
Better Health Channel	Health information; Resources, tools and translated materials.	WEBSITE: www.betterhealth.vic.gov.au
Human Services Directory	The Human Services Directory (HSD) aims to provide Practitioners and Service Providers with access to accurate and up-to-date information about health, social & disability services in Victoria. This information may be used to both inform consumers and to communicate with other practitioners, including referring consumers to other services.	WEBSITE: humanservicesdirectory.vic.gov.au

N.B Please note that all this information can be accessed on the Human Service Directory which is updated on a regular basis.

Appendix E

– Bilingual Health Professionals and Service Providers



BILINGUAL HEALTH PROFESSIONALS AND SERVICE PROVIDERS TYPE 2 DIABETES

Name	Language	Location	Phone
Diabetes Educators:			
Thu-Nam Nguyen	Vietnamese	<i>Doutta Galla Community Health Services:</i> 12 Gower Street, Kensington VIC 3031 <i>Richmond General Medical Centre:</i> 88 Elizabeth Street, Richmond VIC 3121	8378 1600 9428 7115
Thu Thai	Vietnamese	<i>Western Region Health Centre:</i> Paisley Street, Footscray VIC 3011 <i>Sunshine Medical Centre:</i> 217 Hampshire Road, Sunshine VIC 3020	8398 4100 9311 1337
Dietitians:			
Suzanne Charkas	Italian	11 Leake Street, Essendon VIC 3040 141 Napier Street, Essendon VIC 3040	9314 4737 9370 9555
Rocco Di Vincenzo	Italian	<i>Healing Through Nutrition:</i> 12 Shuter Street, Moonee Ponds VIC 3039	9372 0711 / 0416 244 200
Sonata Joshi	Marathi	<i>Nontrivial:</i> 91 Paisley Street, Footscray VIC 3011	9687 2271 / 0425 827 879
Dung Pham	Vietnamese	<i>ISIS Primary Care:</i> 1 Andrea Street, St Albans VIC 3021 <i>Westgroup Medical:</i> 149 Furlong Road, St Albans VIC 3021	9296 1331 9356 9511
Thi Trinh	Vietnamese	Windsor Avenue, Springvale VIC 3171	0438 424 649
Caris Wong	Mandarin/Cantonese	<i>Manningham Community Health Services:</i> 1/1020 Doncaster Road, Doncaster VIC 3108	8841 3000
Podiatrists:			
Alexandra Pugliesi	Spanish	45 Military Road, Avondale Heights VIC 3034	9318 5320
John Et Patricia Georgaras	Greek/Italian	<i>Moreland Podiatry:</i> 416 Moreland Road, Brunswick West VIC 3055	9383 6633 / 9314 9987
Bang Nguyen	Vietnamese	<i>Transform Sport & Spinal:</i> 59 Ryan Street, Footscray VIC 3011	9687 2700
Julie Nguyen	Vietnamese	<i>ISIS Primary Care:</i> 1 Andrea Street, St Albans VIC 3021 <i>Westgroup Medical:</i> 149 Furlong Road, St Albans VIC 3021	9296 1331 9356 9511
Loan Nguyen	Vietnamese	59 Errol Street, North Melbourne VIC 3051	0420 840 924
Vy Nguyen	Vietnamese	<i>Doutta Galla Community Health Services:</i> 12 Gower Street, Kensington VIC 3031 <i>Ultimate Care Clinic:</i> 127 Durham Road, Sunshine VIC 3020	8378 1600 9939 6741
Physiotherapists:			
Max Lim/Karyn Tang/Lisa Sun Amy Zhe Liu	Mandarin Mandarin/Cantonese	<i>Total Wellness Physiotherapy:</i> 238A Milleara Road, Keilor East VIC 3033	9337 3140
Karyn Tang	Mandarin	<i>Total Wellness Physiotherapy:</i> 204–206 Station Road, Cairnlea VIC 3023	9361 2166
Karyn Tang	Mandarin	<i>Total Wellness Physiotherapy:</i> 75 McNamara Avenue, Airport West VIC 3042	9330 1444
Prakash Rathnam	Tamil/Hindi	<i>Total Wellness Physiotherapy:</i> Lot 1 Taylors Road, Keilor Downs VIC 3038 (<i>inside Keilor Downs Plaza</i>)	9364 6955
Leanne Yeung	Cantonese/Italian	<i>Fit & Well Physiotherapy:</i> 50 Roden Street, West Melbourne VIC 3003 <i>Doutta Galla Community Health Services:</i> 12 Gower St Kensington VIC 3031	9329 9338 8378 1600
Mary-Anne Xenitelis	Greek	<i>Physiotherapy Rehabilitation Services:</i> Kells House, 87 Buckley Street, Moonee Ponds VIC 3039	0412 880 528
Robert Capaldi	Italian	<i>Rob Capaldi Physiotherapy:</i> Suite 312, 480 Collins Street, Melbourne VIC 3000	0405 745 491
Ian Tran	Vietnamese	<i>Transform Sport & Spinal:</i> 59 Ryan Street, Footscray VIC 3011 <i>Transform Sport & Spinal:</i> 1 Aquatic Drive, Maribynong VIC 3032	9687 2700
Duong Dinh Huynh	Vietnamese	49A Windsor Avenue, Springvale VIC 3171	9546 1503
Optometrists:			
Dr Genevieve Napper	Various	<i>Australian College of Optometry:</i> Corner Cardigan & Keppel Streets, Carlton VIC 3033	9349 7400
Antonio Borazio	Italian	<i>Antonio Borazio Optometrist:</i> 37 Cumberland Road, Pascoe Vale VIC 3044	9355 8044
Sam Di Falco	Italian	<i>Glenroy Eyecare:</i> 1/3 Morgan Court, Glenroy VIC 3046 <i>Niddrie Designer Eyes:</i> 356 Keilor Road, Niddrie VIC 3042	9306 9964 9374 4211
Zeinab Fakh	Arabic	<i>Budget Eyewear Airport West:</i> Shop 1231, 29 Louis Street, Airport West VIC 3042 (<i>Airport West Shopping Town</i>)	9335 6211
Ponds Eyecare	Italian/Vietnamese/Chinese	<i>Ponds Eyecare:</i> 58 Puckle Street, Moonee Ponds VIC 3039	9370 6322
Graeme Wood		<i>Graeme Wood Optometrist:</i> 39–41 Rose Street, Essendon VIC 3040	9337 5662
Terence Tsui	Mandarin	2 Gladstone Parade, Glenroy VIC 3046	9306 6292
Orbital Optometry	Greek	<i>Orbital Optometry:</i> Suite 1, 259 Elizabeth Street, Melbourne VIC 3000	9602 3130
Psychologist:			
Thai Ohtsuka	Vietnamese	<i>The Medical Practice:</i> 107 Droop Street, Footscray VIC 3011	0402 208 154
Endocrinologist:			
Dr Jane Tran	Vietnamese	<i>Epworth Hospital:</i> Suite 5.2, 89 Bridge Road, Richmond VIC 3121 <i>Western Hospital:</i> Gordon Street, Footscray VIC 3011 Suite 33, 50 Nelson Road, Box Hill VIC 3128 <i>General Medical Clinic:</i> 5 Windson Avenue, Springvale VIC 3171	9427 0094 8345 6657 9890 6472 9546 7900



Appendix F

– Ethno-Specific Organisations within the Moonee Valley Melbourne Region

Community Groups:

Ethnic Communities Council of Victoria (ECCV)

Address:
State-wide Resources Centre
Level 2, 150 Palmerston St Carlton Vic 3053

The ECCV is a broadly based, state-wide advocacy body representing ethnic and multicultural communities in Victoria. It is the principal liaison point between ethnic communities, government and the wider community in Victoria as well as a key player in building Victoria as a successful, harmonious and multicultural community.

Contact:	Sam Afra (Chairperson)
Phone:	9349 4122
email:	eccv@eccv.org.au
website:	www.eccv.org.au

Activities:
State wide peak advocacy body representing ethnic and multicultural communities in Victoria.

Chinese Population:

Australia China Friendship Society Victoria Branch Inc:

Address: Level 4, 247 Flinders Lane Melbourne Vic. 3000

The organisation promotes friendship and understanding between Australian and Chinese people, fostering interest in China and promoting the study of Chinese historical, cultural, political and social experience.

Contact:	Craig Skinner (Secretary)
Phone:	9654 8099
email:	acfsvic@vicnet.net.au

Chinese Community Health Advisory of Australia Inc

Address: Level 3, 180 Bourke St Melbourne. Vic 3000

The Chinese Community Health Advisory or Australia was founded in 1997 to promote health in the elderly community and assist young people in the support of their aged parents. It gives free medical advice to more than 15,000 patients and provides information and public lectures for the community as well as responding to medical questions on SBS and 3CW radio stations.

Contact:	Dr Che-Sam Io (OAM) President
Phone:	9689 8808

Chinese Mandarin Community Friendship Association (CMCFA)

Address: 14/90 Brunswick St Fitzroy Vic 3065

The organisation aims to support the Chinese Mandarin community by offering social, educational, cultural and recreational activities and by promoting wellbeing and a greater sense of self within the diverse Australian community.

Contact:	Kim Go Wang
Phone:	9417 6460

Elderly Chinese Home

Address: 125-129 Manningham St Parkville Vic 3052

This is a non-profit hostel service for the Chinese aged. Established in 1986, it is the first Chinese hostel service for the aged in Australia.

Contact:	Wah Yeo
Phone:	0408 528 833
email:	wahyeo@bigpond.com

Fitzroy Chinese Residents Association Inc

Address: PO Box 1586 Collingwood Vic 3066

The association aims to bring together Chinese residents living in Fitzroy and Melbourne to participate in social activities and events in the broader community. It also advocates for the settlement needs of Chinese migrants or refugees in Victoria.

Contact:	Susan Chow (Vice President)
Phone:	9090 7161

Federation of Chinese Associations (Vic) Inc

Address: Suite 6, Level 4, 20 Collins St Melbourne Vic 3000

The association is a non-profit, charitable organisation promoting the Chinese heritage, culture and traditions with the aim of enriching Australian multicultural society. It delivers settlement services to the Australian-Chinese community, including information and referral services, individual& family counselling services and community education and development projects. It also represents members in discussion with any Federal, State and Local Government or other authorities in any matters affecting the Chinese community in Victoria.

Contact:	Junxi Su (Manager)
Phone:	9650 6468
email:	fca.vic@bigpond.com

Appendix F – continued

Victorian Elderly Chinese Welfare Society

Address: 187 Victoria St North Melbourne

Contact: Mr David Yeung (Social Work)

Phone/Fax: 9329 2258

Activities Include:

Exercise classes, cooking classes, dancing classes, General Drop in; Adult day Activities and Social Services which also cater for the frail and elderly in the inner suburbs including transport.

Horn of Africa Communities:

Afar Community Association of Victoria Inc – From the region of Djibouti

Address: 1/12 Carmichael St West Footscray Vic 3012

The organisation represents the Afar community at state level. It liaises with the government and non-government bodies for appropriate policies affecting the welfare of the Afar community in Australia.

Contact: Abdulkader Mustapha (Public Officer)

Phone: 9689 2055

email: abdul_afar@hotmail.com

Tigrian Community Association in Victoria

Address: PO Box 4042 West Footscray Vic 3012

The association aims to promote the cultural, moral and social development of Tigrian community members and to assist in strengthening bonds between all ethnic Tigrian living in Victoria. It provides settlement assistance and guidance for new Tigrian arrivals. It also holds special events in order to exchange cultural, social and spiritual ideas with other communities in Australia.

Contact: Seifu Weldeclassie (Treasurer)

Phone: 9689 0480

email: tigrianvic@yahoo.com.au

Multicultural Sudanese Centre

Address: PO Box 159 Flemington Vic 3031

The Multicultural Sudanese Centre offers recreation and educational programs. The centre also works in collaboration with other community organisations to run cultural and social activities for the community. These activities include a school holiday program for students providing the opportunity to develop skills in drawing, songs and music in a fun and safe environment.

Contact: Elhadi Abass (Manager)

Phone: 9376 6513

email: sudculture2006@yahoo.com.au

website: www.sudanesecentre.org.au

Relief Association of South Sudan (Victoria) Inc

Address: 27-36 Nicholson St Carlton Vic 3065

The association runs a range of relief, welfare and educational programs and activities.

Contact: James Tharjiath Chigach (Chairperson)

Phone: 0409 017 958

email: 5788676@student.swin.edu.au

Sudanese Australian Integrated Learning (SAIL) Program

Address: PO Box 21047 Little Lonsdale St Melbourne Vic 3011

This is a volunteer, non-profit, community organisation that provides free English language support and community services to the Sudanese refugee communities in Melbourne and Sydney.

Contact: Nik Tan (Overseeing Coordinators)

Phone: 9679 3272

email: SAILInfo@africanoz.com

website: www.sailprogram.org.au

The East African Women's Foundation Inc

Address: Suite 43.27 Albert St, Footscray Vic 3011

The foundation provides support and advocate on behalf of our members and people from East African countries. When our members need help, we talk to service providers and others for them or accompany when they are dealing with various levels of local and State government for help with issues arising from settling in a new country.

Contact: Fartun Farah

Phone: 0431 709 398

email: eastafricawf@yahoo.com



African Communities Elderly Association of Victoria

Address: 91/111 Melrose St North Melbourne Vic 3051

The organisation focuses on cultural aspects of the African community and aims to unify its members through cultural, recreational and health services, offering opportunities for personal and social development.

Contact: Mahamood Humida (Chairperson)

Phone: 9347 8561

Arabic Elderly Pensioner's Group Vic

Address: 510 Lygon St Carlton Vic 3066

The group shares important information concerning current issues with its community and provides social activities with opportunities for member interaction. Activities include excursions to broaden the members experience and education about different places, people and life-styles. It also links in with other organisations and groups.

Contact: Mohserm Wasef (Chairperson)

Phone: 9419 6823

Vietnamese Communities:

Cultural Vietnamese Women's Association Inc

Address: 622 Lygon St Carlton North Vic 3054

The association creates opportunities to bring together Vietnamese women in a safe space to interact with other women, celebrate their cultural heritage, learn and share new skills and enjoy information sessions on issues of interest.

Contact: Bich ha (Community Building Manager)

Phone: 9349 7307

email: bich.ha2@nych.org.au

Vietnamese Chinese elderly Association in the West Inc

Address: PO Box 1004 St Albans Vic 3021

The association provides welfare services for elderly citizens from Vietnamese and Chinese backgrounds living in the western suburbs of Melbourne.

Contact: Bo Trung Le (Chairperson)

Phone: 0423 208 295

Appendix G

– The Supportive Environments and Opportunities Template and Survey

During the early stages of this project, the Expanded Chronic Care Model was used as a framework to identify potential 'Supportive environments' that could be created for members of the project target group by multiple MVMPCP organisations. Through this process opportunities emerged to strengthen diabetes awareness and access to services in these environments.

The template outlines many areas of potential opportunity, for example the work that was being completed by Douтта Galla Community Health Service, involving residents in Holland Court. In this setting, Diabetes Nurse Educators were attending their community centre to provide information as well as arranging morning teas. The Douтта Galla Community Health Service is seeking to find sustainable ways in the future to strengthen this work. Through this process, other organisations such as Vision Australia, believe there could be opportunities for their orthoptists to also provide diabetes services to this community.

From the template a reference index has been created which outlines the details of these services and the settings which they are currently working in. It is one of a series of reference guides that have been developed through this project.

While the full guide is included as an appendix the following analysis reflects the nature of programs and resources identified.

Organisations providing outreach programs or services specifically regarding diabetes included:

- Douтта Galla Community Health Service – Holland Court;
- Diabetes Australia – Vic Life! Programs, NDSS outlets, telephone supports, Multilingual Info line;
- RDNS – home based service providing individual education to clients;
- Farnham Street Neighbourhood Learning centre – in Public Housing Estates; and
- Jesuit Social Services; African communities Elderly Association; HARP.

Organisations providing Centre based Programs:

- Douтта Galla Community Health Service;
- Farnham St Neighbourhood Learning Centre;
- RMH Diabetes Education Centre;
- Migrant Resource Centre;
- African communities Elderly Association; and
- HARP; COTA.

Current resources being utilised:

- Multilingual lines; NDSS Outlets;
- Telephone Support Help Lines/Telelink Programs;
- Educational materials – paper based and available through the web including cooking books developed in the Well for Life programs;
- Allied Health Programs;
- Health professional input from; bilingual health educators, podiatrists physiotherapists, dieticians, or medical and other health specialists; and
- Credentialed Diabetes Nurse Educators working in hospitals, GP clinics, RDNS services, CHC and private practises.

On the basis of this analysis a number of opportunities have been identified to improve future resources and services:

- More involvement by Orthoptists from Vision Australia to provide diabetes eye screening services and provide information about vision and diabetes;
- A need identified by organisations within MVMPCP to see an increase RMH Diabetes Clinic Staff and other programs;
- Increased Multilingual Info lines – specific dial numbers for target group;
- Increased referral practises regarding services available in the community and to link clients to support groups;
- Raising awareness on resources such as the Human Services Directory to find information on diabetes using the internet;
- Collaborate with Veteran Affairs to consider the dissemination of information regarding services for diabetes and facilitate communication between these organisations;
- Information distribution via providers, COTA News and peer education program;
- Improvements in follow-up of clients with a history of chronic and complex needs; and
- Improved cohesion between service access points.



Appendix G Part 2

Summary of Diabetes Related Activities and Programs within the Moonee Valley Melbourne Primary Care Partnership for Improving Access to Diabetes Services Project

ACUTE SERVICES				
Current Initiatives to Create Supportive Environments'	Current Lead Organisation	Setting	Target Population	Current Activities and Resources
Department of Diabetes & Endocrinology – Melbourne Health Clinics and diabetes education programs	RMH	Acute Hospital	ALL	<ul style="list-style-type: none"> ■ Medical Clinics ■ Allied Health Clinics ■ Individual & group education programs
RDNS	Client's homes		<ul style="list-style-type: none"> ■ Education on how to manage diabetes, help manage independently, monitor bgl's, administer insulin/ meds if unable to be independent. ■ Addresses Type 1 and 2 diabetics 	Up to date knowledge of what is new and available
<ul style="list-style-type: none"> ■ Harp Partnerships in Health ■ Diabetic Foot Unit ■ Diabetes Co-management Service ■ Diabetes Foot Program 	<ul style="list-style-type: none"> ■ Douтта Galla Community Health Service ■ Melbourne General Practise Network ■ Merri CHS ■ Royal Melbourne Hospital ■ Royal District Nursing Service 	<ul style="list-style-type: none"> ■ Community HS and home ■ Specific general practices ■ CHS ■ home 	People with chronic conditions and complex needs at risk of hospitalisation who would benefit from service coordination	Therapy/intervention, education, services coordination
Diabetes Education and Program	Doutta Galla Community Health Service	<ul style="list-style-type: none"> ■ Niddrie ■ Moonee Ponds ■ Kensington 	ALL	<ul style="list-style-type: none"> ■ Individual and group education ■ Allied Health group exercise program
Life! Program and Life Style modification program	Doutta Galla Community Health Service	<ul style="list-style-type: none"> ■ Niddrie ■ Moonee Ponds ■ Kensington 	OVER 40's	<ul style="list-style-type: none"> ■ Podiatry ■ Group education
Chinese speaking Diabetes support group (Ormond Street, Kensington)	Diabetes education Douтта Galla Community Health Service – Kensington	Public housing estate	Chinese community groups, main clients elderly	Diabetes self care education and support
Dietetics And Diabetes Education Outreach Service (12 Holland Crt, Flemington)	Doutta Galla Community Health Service – Kensington	Public housing estate	Public housing estate residents	1:1 consultation

Appendix G Part 2 – continued

ACUTE SERVICES – continued				
Current Initiatives to Create Supportive Environments'	Current Lead Organisation	Setting	Target Population	Current Activities and Resources
HACC Services	Moonee Valley City Council	HACC Home Based Care	All Residents including Vietnamese, chinese and HOA Local	<ul style="list-style-type: none"> ■ Food Services ■ Community Services ■ Respite
Nth Melbourne Neighbourhood Centre Older Adults Network	City of Melbourne (This was picked up by Melbourne after the boundary changes which occurred last year. Formally had been with the Moonee Valley Council)	Community Centre	<ul style="list-style-type: none"> ■ HOA African Men ■ Vietnamese Seniors Group 	Nth Melbourne Neighbourhood Centre Older Adults Network
Wingate Avenue Community Centre	<ul style="list-style-type: none"> ■ Senior HOA women ■ Bike club ■ Tai Chi Gentle exercise 	Community Centre	Group HOA Women	Wingate Avenue Community Centre
Ascot Vale Leisure Centre	Women's Only Aerobics – middle aged Sudese Membership in general – 80% Anglo; other mix of African and Asian	Ascot Vale Leisure Centre	Women's only Aerobics middle aged Sudanese Membership in general 80% Anglo; other mix of African and Asian	Ascot Vale Leisure Centre
COMMUNITY ETHNO-SPECIFIC SERVICES				
Current Initiatives to Create Supportive Environments'	Current Lead Organisation	Setting	Target Population	Current Activities and Resources
Vietnamese activity groups (Holland Court Flemington)	Vietnamese community resource centre and Jesuit Social Services	Public housing estate	Vietnamese community groups, main clients elderly	Education, cooking and other planned activities
African communities Elderly Association	Executive committee	Community centre, North Melbourne	Horn of Africa Elderly	Play groups, excursions
Somali community Association in Victoria	Jesuit Social Services	Public housing estate	Somali community members, youth, women, elderly	Cultural activities
Ethno-specific Planned Activity Groups	Migrant Resource Centre North West Inc	Community Centres	<ul style="list-style-type: none"> ■ Germans ■ Turkish ■ Sri Lankan/Indian ■ Bosnian ■ African ■ Laotian ■ Coptic 	Well for Life project: Health eating recipe books were developed in the different cultural foods; a dietician and nutritionist have worked with participants in replacing healthy ingredients to prepare their meals.

IMPROVING ACCESS TO
TYPE 2 DIABETES SERVICES



COMMUNITY ETHNO-SPECIFIC SERVICES – continued

Current Initiatives to Create Supportive Environments'	Current Lead Organisation	Setting	Target Population	Current Activities and Resources
Somali Worker	Farnham Street Neighbourhood Learning Centre	Debney Meadows Public School	Somali Women	Information Sessions
Chinese Social Centre of North Melbourne	Farnham Street Neighbourhood Learning Centre	Public Housing North Melbourne	Older Chinese	Tai Chi and Lunch
Current Initiatives to 'Create Supportive Environments'	Current lead Organisation	Setting	Target Population	Current Activities and Resources

PEAK BODIES

Current Initiatives to Create Supportive Environments'	Current Lead Organisation	Setting	Target Population	Current Activities and Resources
<ul style="list-style-type: none"> Community Network Support groups Parents Jury Obesity Coalition National Diabetes Services Scheme (NDSS) 	Diabetes Australia – Vic	Non-Government organisation	People with type 1 and Type 2 Diabetes, gestational diabetes and those at risk and carers, family and general community	
Living Stronger Living Longer	Council on the Ageing Victoria (COTA) in partnership with community providers	<ul style="list-style-type: none"> Fitness/leisure centres, community health and community centres, residential facilities Hospital inpatient and outpatient 	People over 50 years of age	
Vision Australia	Vision Australia	Centre based & Outreach services for those with vision impairment	Indigenous /CALD	

LOCAL GOVERNMENT

Current Initiatives to Create Supportive Environments'	Current Lead Organisation	Setting	Target Population	Current Activities and Resources
Moonee Valley City Council	Moonee Valley City Council	<ul style="list-style-type: none"> Community Transport Life Programs Exercise Programs & Food Services 		

Appendix H

– Diabetes Resources

DVD RESOURCES

Real Time Health

– current have a DVD in English called speaking with experience – Diabetes Type 2
Phone 9620 2233
Are potentially looking into translations in the future.
Contact: Haley – Production manager.
Godefa Gher from Victoria University was involved in the production of a DVD on diabetes, but this project did not focus on our target group.

LANGUAGE RESOURCES

Health Translations Directory:

Title: Diabetes and Eyesight

Summary: This fact sheet describes the potential effects of diabetes on eyesight. It offers advice on the type and frequency of required check-ups.

Title: Preventing Pressure Ulcers – An information booklet for patients

Summary: Contains more detailed information for patients assessed as being at higher risk of developing pressure ulcers.

Title: See for life, save your sight

Summary: This fact sheet provides an overview of the main conditions which may have a detrimental effect on eye health and suggest strategies for early detection.

National resources – 8 results.

Title: Are you at Risk of Diabetes

Summary: Quick test to check whether someone is at risk of diabetes.

Title: Diabetes – Food and Nutrition

Summary: Information about healthy eating for people with diabetes.

Title: Diabetes – What is diabetes?

Summary: This fact sheet provides general information and facts about type 1 and 2 diabetes, their common symptoms, causes and treatment. It also covers gestational diabetes. It includes frequently asked questions about diabetes and information about diabetes and travelling, diabetes and driving and diabetes complications and driving.

Title: Diabetes and Exercise

Summary: Information about suitable exercise for people with diabetes.

Title: Diabetes and your Body

Summary: Information about the effects of diabetes on the body and how to manage them.

Title: Glucose Tolerance Test (GTT)

Summary: Patient Instructions when having a Glucose Tolerance Test. This test measures the level of glucose in your blood 2 hours after you have eaten.

Title: Insulin and Tablets

Summary: Information about the role of insulin in the management of diabetes.

Title: Type 2 Diabetes – what you should know

Summary: Diabetes is serious disease with potentially lethal complications. It affects an estimated 1.5 million Australians, yet research shows that most Australians don't think diabetes is serious. Even worse, most Australian's think they have a lower risk of developing diabetes than they actually do. Download 'Type 2 Diabetes – what you should know' to read more about the different types of diabetes, diabetes Complications and diabetes prevention.

Other States and Territories – 5 results.

Title: Are you at risk from the world's fastest growing disease?

Summary: This is a guide to the risk factors for diabetes. It includes information on the complications of diabetes and how to avoid them.

Title: Diabetes fact sheets (Chinese)

Summary: This is a fact sheets about diabetes and healthy eating for Chinese speakers.

Title: Diabetes in pregnancy – gestational diabetes

Summary: This brochure provides information about what pregnant women need to know about gestational diabetes and how it can affect their pregnancy and future health.

Title: Don't let diabetes steal your sight

Summary: Information on prevention and treatment of diabetic retinopathy. Includes information on risk factors for diabetes and information on reducing the risk and managing the disease.

Title: Give your feet the care they deserve

Summary: Guide to foot health including information on common foot problems and special care for people with diabetes.



WEBSITES FOR MULTILINGUAL DIABETES RESOURCES

- Diabetes Australia – Vic website:
www.diabetesvic.org.au
- Specific section:
<http://www.diabetesvic.org.au/Diabetesprevention/Preventionprograms/CulturalDiversityProgram/tabid/166/Default.aspx>
- Diabetes Australia – National website:
<http://www.diabetesaustralia.com.au/en/Resources/Multilingual/>
- Diabetes Australia – NSW:
http://www.diabetesnsw.com.au/diabetes_prevention/nonenglish.asp
- Health translations directory:
<http://www.healthtranslations.vic.gov.au/>
- NSW Health:
<http://www.health.nsw.gov.au/mhcs/topics/Diabetes.html>
- Vietnamese:
http://www.hawaii.edu/hivandaids/links_VietnameseDiabetes.htm
- Chinese:
http://www.hawaii.edu/hivandaids/links_LanguageChineseDiabetes.htm

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Appendix I





- Doutta Galla Survey Tool

Please indicate your responses to the following questions with





1. Would you prefer an appointment after 5pm to see any of the following services?

		No	Unsure	Agree	Strongly Agree
					
1	Doctor – to discuss diabetes				
2	Diabetes Nurse Educator				
3	Dietician				
4	Podiatrist				
5	Physiotherapist				
6	Counselor				





2. Would you prefer an appointment to see the above service at a weekend timeslot? What times would normally be preferred?

		No	Unsure	Agree	Strongly Agree
					
1	Saturday mornings (9am-12pm)				
2	Saturday afternoons (12pm-4pm)				
3	Sundays				

3. If you were to participate in a diabetes education program, what would be the best times for you to attend?

		No	Unsure	Agree	Strongly Agree
					
1	Morning sessions during the week				
2	Afternoon sessions during the week				
3	After 5pm during the week				
4	On Saturdays: morning/afternoon				
5	On Sundays: morning/afternoon				

4. Which of Doutta Galla's locations is easiest for you to attend either a program or individual appointment?

		No	Unsure	Agree	Strongly Agree
					
1	12 Gower Street, Kensington				
2	7 Chester Street, Moonee Ponds				
3	3-15 Matthews Avenue, Niddrie				



Appendix J

– Education and Information Dissemination Activities: Stories From the Events

Moonee Valley Festival:

The Moonee Valley Festival represented an opportunity for some of the organisations in this project to come together and work on a social marketing campaign to increase awareness amongst our target group on the diabetes risk factors and provide information regarding services available to the general public. The Festival was on the 1st March and ran between 10am to 5.30pm.

The organisations involved included Diabetes Australia – Vic who provided a risk screening awareness tool {Australian Type 2 Diabetes Risk Assessment Tool (AUSDRISK)}; which everyone used on the day with the public to assist them to identify their level of risk tool. A representative from the Life! Program assisted with these activities. Diabetes Australia – Vic provided a Multilingual Info line number for CALD groups to contact them on Monday 2nd March 2009 so that they could get straight through to a Diabetes Nurse Educator with the help of an interpreter. Diabetes Nurse Educators were also available from Doutta Galla Community Health Service to provide assistance with these assessments, and interpreters were on hand for interpreting as needed. To support the process further, Council produced promotional maps in languages other than English. The desired outcome of using the promotional materials was to encourage and support the participation of residents from across the municipality from CALD backgrounds, while, replacing the need for literacy based campaign.

Follow-up advice was given by all member organisations on where to locate more information and the steps to take following their screening. These included Diabetes Australia – Vic guidelines which were on the risk screening tools were reinforced; written information was available in the target group's languages and oranges, drink bottles and tape measures were given away as part of the campaign to encourage healthy eating.

The Festival event resulted in the distribution of:

- 140 Risk assessment tools some completed on site but a lot taken home or to work places;
- 50 Tape measures;
- 30 Vision Australia Diabetic Retinopathy sample eyes glasses;
- 160 Type 2 Diabetes Information Flyers; and
- 50 Life! Flyer course information sheets.

Snapshot of people who sought information on Diabetes Prevention 1 March 2009

	Subcontinent	Vietnamese	Chinese	Horn Of Africa	Anglo-Saxon	Other cultural groups (Arabic)
No of enquires at information site	5	10	17	3	21	6
Overall Total no; 61						
Age	Mean age: 48	Mean age: 48	Mean age: 52	Mean Age: 49	Mean age: 54	Mean age: 51
Area people came from	Essendon Ascot Vale Moonee Ponds Avondale Heights	Essendon East Keilor Brunswick Williamstown	Keilor Park Kensington Essendon Moonee Ponds Strathmore	Pascoe Vale Essendon Mt Eliza	E. Keilor Brunswick England Niddrie Essendon Moonee Ponds Glenroy Strathmore Craigieburn Ascot Vale Traralgon	Strathmore Moonee Ponds Keilor St Kilda
Did they know about diabetes	Yes = 4 No = 1	Yes = 8 No = 2	Yes = 15 No = 2	Yes = 2 No = 1	Yes = 21 No = 0	Yes = 6 No = 0

Appendix J – continued

A number of observations can be drawn from the Moonee Valley Festival experience:

- Overall, the largest number of people on the day to make enquiries was those from Anglo-Saxon backgrounds. A much larger number of enquiries were fielded from CALD groups collectively than from a specific CALD group;
- The volume of materials taken from the stand was significant, however it is impossible to conclude the impact this actually had, given the lack of any robust research design;
- There was merit in having interpreters available on the day to assist the CALD groups in being able to participate in the activity, and all participants who engaged with our representatives were given information on how to access further information and which services they could attend;
- Geographically people came from both within the Moonee Valley Melbourne catchment areas as well as outside these boundaries: predominant areas were Moonee Ponds and Essendon localities;
- There was some interest shown by some of the target project population, but not by all groups and there was no representation from the indigenous population;
- A large amount of written material was distributed to 52 individuals who engaged in some form of consultation with professionals.

Gathering Place Open Day (Indigenous Health Centre):

Council initiated linkages and acted as a conduit for the relationship development between the Diabetes Project member agencies and the Western Region Gathering Place. Agencies were then able to work alongside the Western Region Gathering Place and contribute to diabetes prevent action and awareness raising on the planned Health and Wellbeing Day for local Aboriginal community members.

This event occurred on 23rd April 2009, and member organisations from the Moonee Valley PCP participated by providing one on one information to the Indigenous community who attended the day.

Services included:

- Eye screening tests by Vision Australia;
- Diabetes health information from the Aboriginal Liaison Officer and Health Promotion Coordinators from Diabetes Australia – Vic.

The aims of Diabetes Australia – Vic in attending the Gathering Place Health Day were to make connections with the Indigenous community, distribute resources on the prevention of Type 2 Diabetes and raise awareness on the prevention of Type 2 Diabetes.

The day was successful in terms of making connections with the Indigenous community and ascertaining some of their needs.

Diabetes Australia – Vic recommended that future initiatives might be improved by:

- advertising the day on Koorie radio;
- having a diabetes day at the Western Gathering Place;
- inviting an Indigenous sports star e.g. footballer etc to encourage people to attend the day; alternatively include children's activities e.g. face painting or jumping castle to encourage families to attend;
- having a cooking demonstration of healthy foods;
- including exercise people i.e. with local councils, local gym. Organise a walking group for example as part of the day or as a regular activity;
- starting a diabetes club at the Western Gathering Place including a place where elders and others can talk about their diabetes and seek assistance. Topics for inclusion could be on management, medication, eye checks, feet checks, diet etc;
- setting up health information stands at the local sporting grounds;
- making reference to relevant DVDs such as *The Diabetes Story* – developed by Congress and *Healthy Yarns* being developed by Southern Health and the Dandenong and District Aborigines Co-operative.

Vision Australia also attended the Gathering Place health information session. Caroline Hall, orthoptist at Essendon was present with Justine Wilkes, third year orthoptic student from La Trobe University. The morning involved various organisations providing information to attendees about diabetes, health and wellbeing.

All attendees were given a "bingo card" to have signed off at each station to indicate their attendance and interest. For attendees to receive a "prize" at the end of the session all cards had to be completed – this incentive meant that almost everyone who attended did get to each table.

Interest was high at the Vision Australia stall. There were 19 people who received a vision check and related Diabetic eye information sheet, Vision Australia services brochure and an Amsler Grid to check central field vision.

IMPROVING ACCESS TO TYPE 2 DIABETES SERVICES



The screening was a basic vision check. Orthoptists explained to each person that the testing was not to replace a regular eye examination. All attendees were reminded that a diabetic eye examination should be conducted every 12 months to allow an ophthalmologist to look at the retina to check for diabetic changes.

The Ishihara colour vision test and Amsler grid were also demonstrated to attendees. Of the 19 people screened, three required a referral to an ophthalmologist/optometrist to get a more thorough assessment. Referrals were made for these individuals.

The morning was extremely successful and all that attended received the message that maintaining good health and having regular eye checks was important to assist in a diagnosis of diabetes.

Debney Meadows Diabetes Talks to Horn of Africa and Asian Communities, 24th April 2009:

A number of organisations were involved in this activity. They included: Diabetes Australia – Vic, Debney Meadows Primary School, and Multicultural Centre for Women's Health, Doutta Galla Community Health Service and Vision Australia. This event was aimed at delivering a talk on diabetes risk factors and prevention to the school children's parents from the members from the Horn of Africa and Asian communities.

Debney Meadows Primary School regularly holds health information sessions for parents. Situated in the inner city suburb of Flemington, the school community is a reflection of the rich cultural diversity of the area, and bilingual health educators and interpreters are often used in these information sessions and other school activities. Diabetes Awareness Sessions were held at the school prior to an information session for parents on Vitamin D. The Diabetes Awareness Sessions which were an hour in length covered what diabetes is, how it affects the body, symptoms and risk factors of Type 2 Diabetes and how to reduce the risk of developing the condition.

Three separate diabetes awareness sessions were held on the day and were delivered in Arabic, Somali and English. An interpreter was used in the English group to interpret the information for a parent who spoke Hakka. After the hour session, participants were able to ask questions about diabetes as well as take written resources in their language. Vision Australia also provided resources to the three groups about its services and eye health and diabetes.

While this was an excellent initiative, it was evident from the low level of parent attendance that additional strategies need to be considered in future health information sessions. A more structured approach might involve asking parents to RSVP and ensuring a longer lead time to promote the event.

Learnings from the information and education sessions:

It became apparent that planning is a critical part of success in reaching the target population. An information dissemination plan in Appendix A could guide future sessions. In particular, it addresses resource requirements and dissemination channels. Prior effective communication support for all such events is essential.



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