

Diabetes in Aboriginal & Torres Strait Islander Communities

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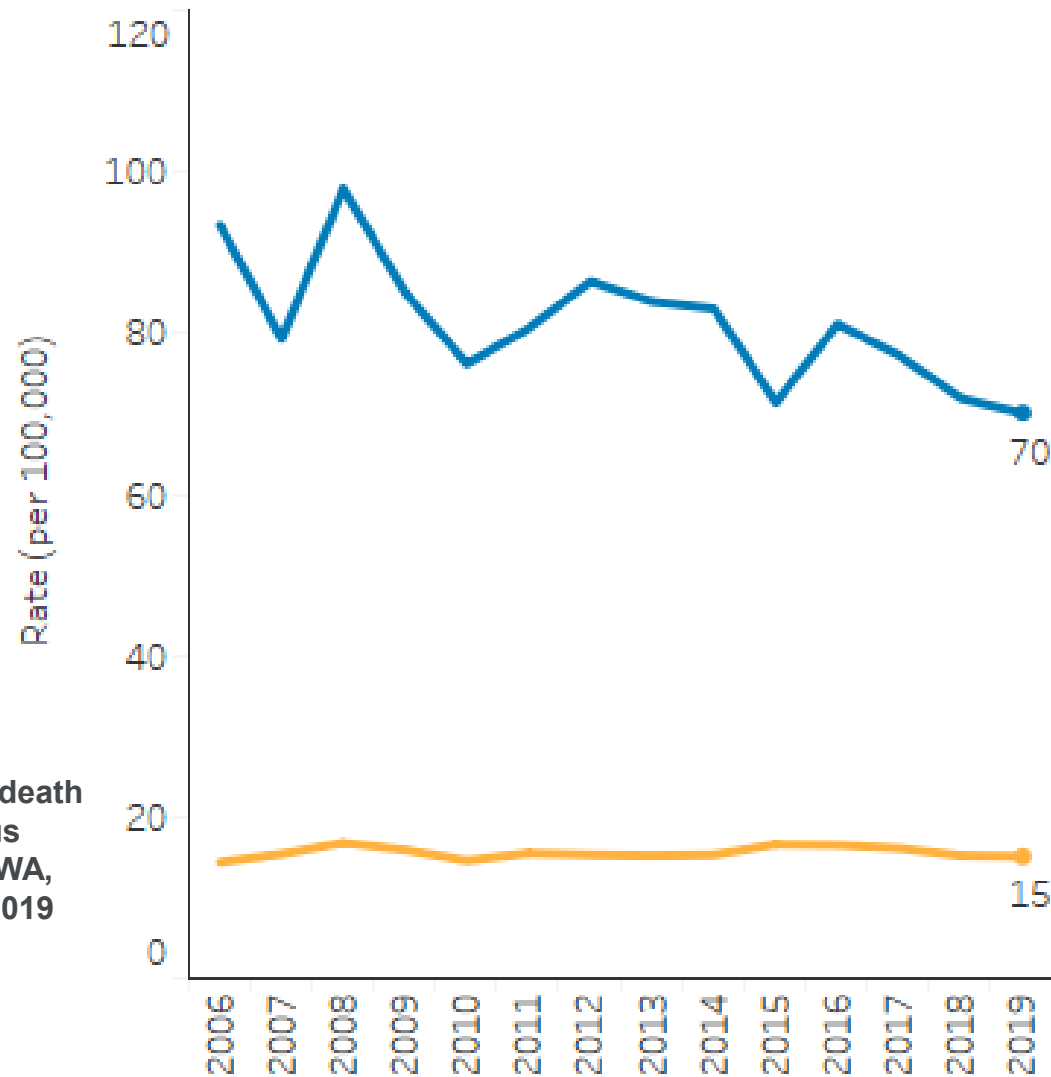


NACCHO

National Aboriginal Community
Controlled Health Organisation

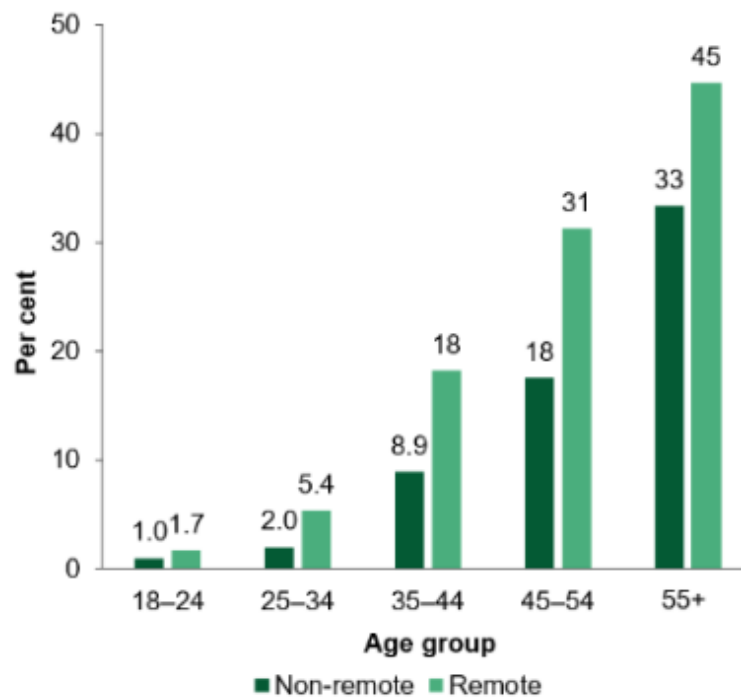
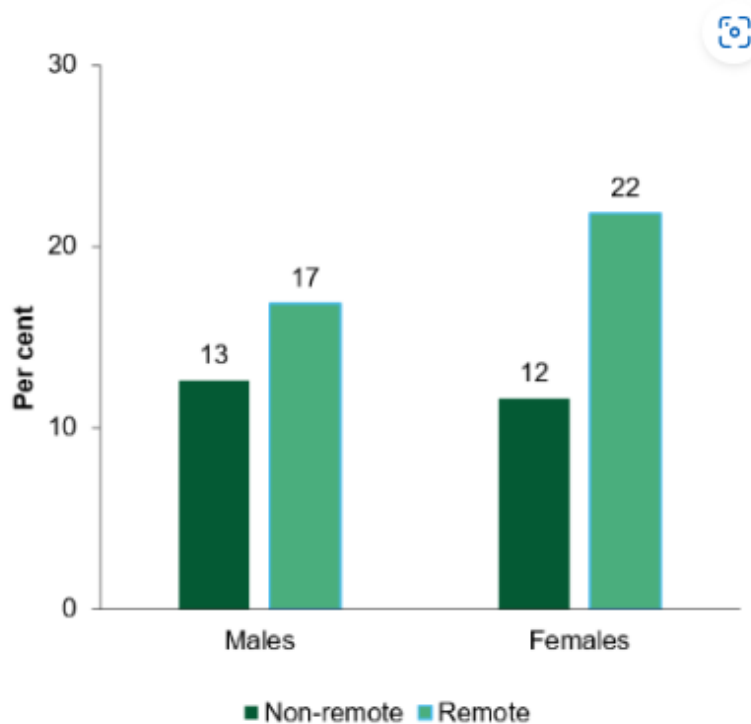
The rate of death from diabetes among Aboriginal and Torres Strait Islander people has decreased over the past 20 years

- 100 deaths per 100,000 people in 2008 down to 70 per 100,000 in 2019
- Progress has slowed in the past 10 years
- Diabetes still contributes to 7.3% of all deaths
- The rate of death from diabetes is 4.7 time higher than for non-Indigenous Australians



■ Indigenous Australians
■ Non-Indigenous Australians

Prevalence of diabetes



Aboriginal and Torres Strait Islander people have among the highest prevalence of Type 2 Diabetes in the world

People living in remote communities have a markedly higher prevalence

Prevalence has stabilised in older age groups over the past decade

Diabetes/high sugar levels in Aboriginal and Torres Strait Islander people, by remoteness and sex, and by remoteness and age group, 2018-19

Gestational diabetes and youth onset type 2 diabetes mellitus

New research shows northern Australia leads the world for type 2 diabetes in young people



Keen basketballer Kudin Brogan and her mum, Gemma Brogan, both live with diabetes. (ABC News: Michael Franchi)

Rates of youth onset type 2 diabetes are the highest in the world and are increasing

- These children traditionally had poor outcomes with up to 50% on dialysis within 20 years

The drivers of youth onset T2DM are largely maternal diabetes or gestational diabetes

- 2% of Aboriginal and Torres Strait Islander mothers had established diabetes at pregnancy (4.1x higher than non-Indigenous)
- 12% of mothers had gestational diabetes (likely under-reported)

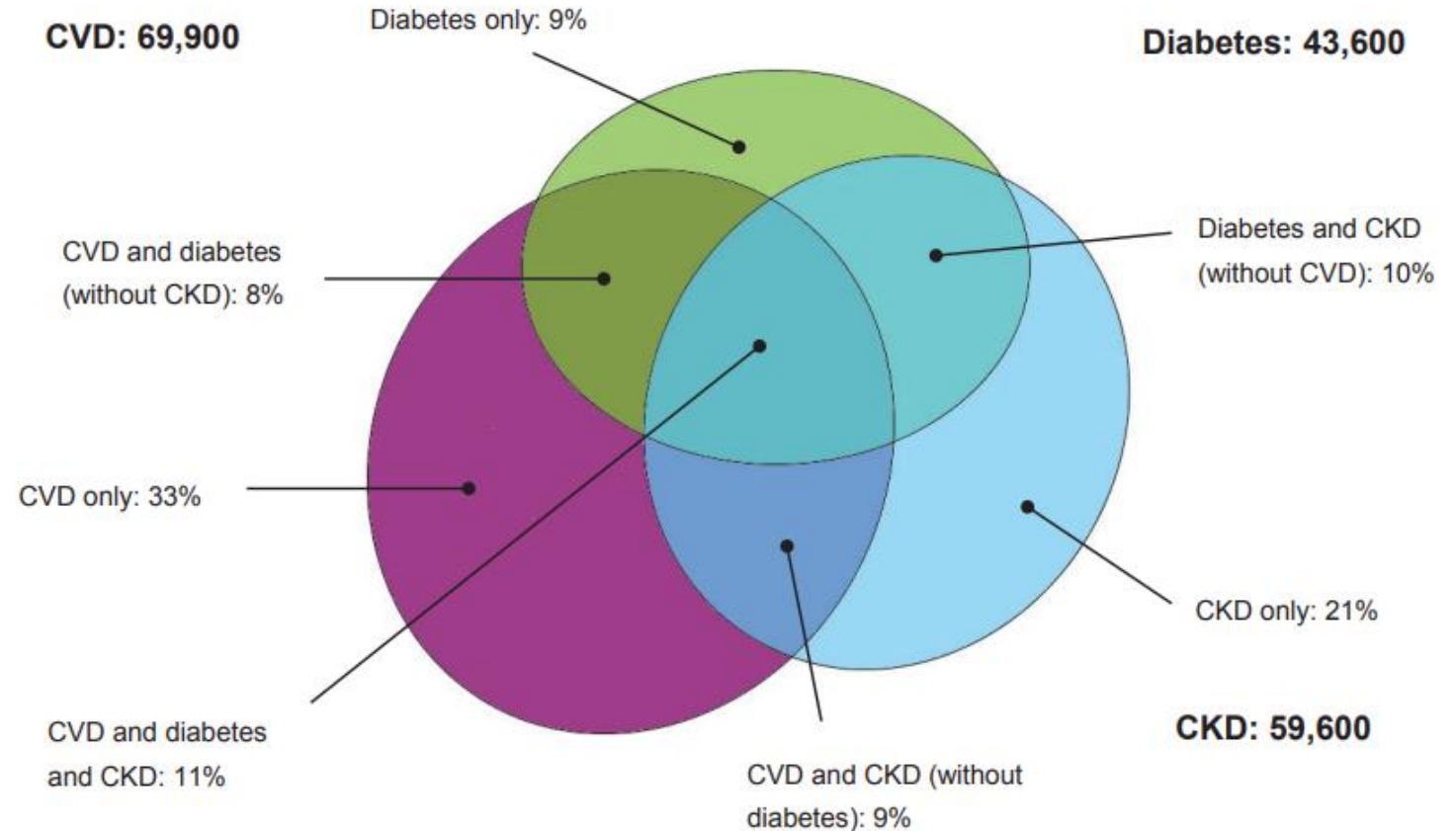
Diabetes and co-morbidities

Diabetes rarely occurs in isolation.

Common comorbidities

- Cardiovascular disease (heart attack, stroke)
- Chronic renal disease (approx. 80% of Aboriginal and Torres Strait Islander people starting dialysis have diabetes)
- Metabolic dysfunction-associated steatotic liver disease

Indigenous adults with 1 or more of CVD, diabetes and CKD: 116,900





146 Members organisations

- All governed by community-elected, Aboriginal and Torres Strait Islander majority Board
- First clinic est. 1971 (Redfern)

Over 9,000 FTE staff

- Over 4,500 Aboriginal and Torres Strait Islander FTE

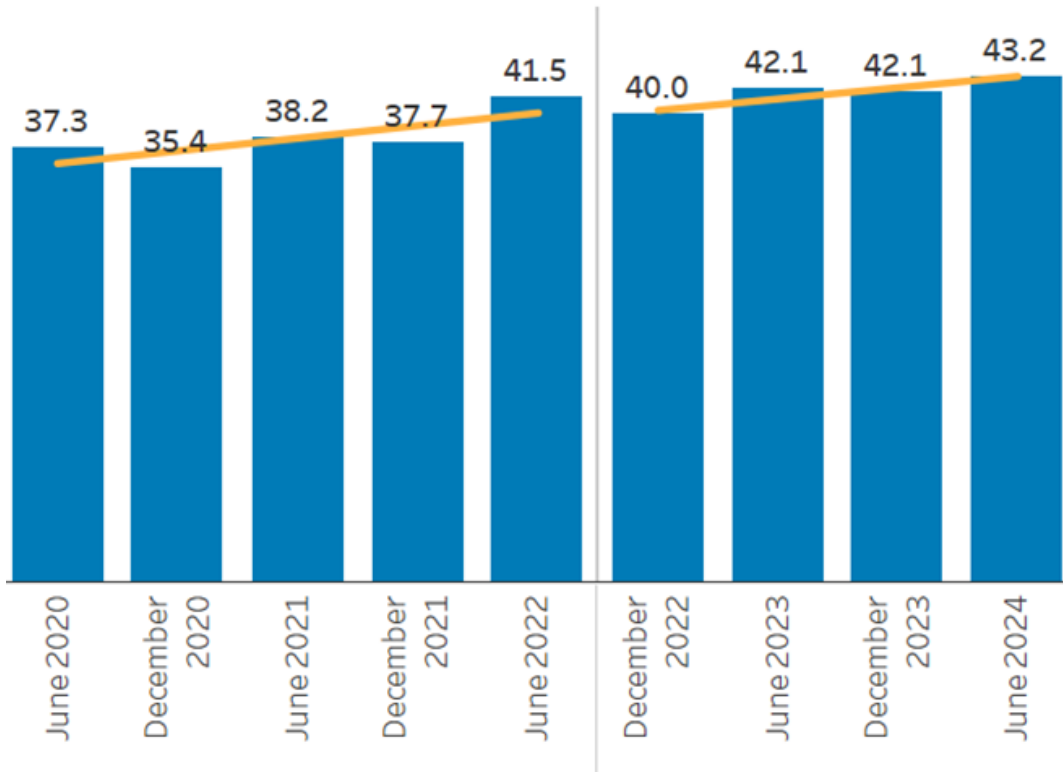
Over 430,000 clients accessed ACCHO clinics in 2023-24

- Over 140,000 additional Aboriginal and Torres Strait Islander people would prefer to access ACCHO but can't

Reference: [AIHW nKPI and OSR reports 2023-24](#)
[AIHW Aboriginal and Torres Strait Islander people and Primary Care, 2024](#)

Diabetes management in ACCHOs

Proportion of ACCHO regular clients with HbA1c $\leq$ 7%, nKPIs June 2020 – June 2024



Number of regular diabetic patients in ACCHOs increased from 30,000 in 2017 to 40,000 in 2024

- Average of >300 diabetic patients per ACCHO

Large multidisciplinary team

- More than three primary care clinicians (e.g. AHP's, nurses) for every General Practitioner
- Integrated Allied Health teams (incl. non-dispensing pharmacists)

HbA1c on target has been improving nationally across ACCHOs since December 2020

- 5,500 more people with HbA1c on target in 2024 compared to 2020

Equal vs. equitable access on the PBS

GLP-1 receptor agonists and SGLT2 inhibitors

Equity (fairness)

Paxlovid (COVID antiviral) introduced onto the PBS with equitable access for Aboriginal and Torres Strait Islander people

PBS criteria include

- Younger eligibility for people at high risk (35 vs 50y.o)
- Remoteness (MMM 5 – 7) identified as risk factor for severe disease

Equality (sameness)

No differential criteria for GLP-1 RA and SGLT2 for over a decade on the PBS.

Changes in 2024

- SGLT2 for all Aboriginal and Torres Strait Islander people with T2DM.
- Unclear direction on implications for co-prescribing with GLP-1 RA

Integrating pharmacists within ACCHOs

NACCHO, PSA and JCU study

26 pharmacists across 18 ACCHOs with over 1,700 patients

- Improved adherence to medications
- Improved self-reported health
- Improvements to HbA1c (0.3%)
- Improvement in eGFR

(1.9ml/min/1.73m² improvement instead of expected 3ml/min/1.73m² decline)

MSAC (Application No. 1678)

“MSAC considered that the model was safe and effective compared to usual care. MSAC considered that the estimated costs for providing this integrated, collaborative, culturally appropriate patient-centred care to improve health outcomes for Aboriginal and Torres Strait Islander peoples was good value for money.”