

Living with Diabetes:

Empowering self-management

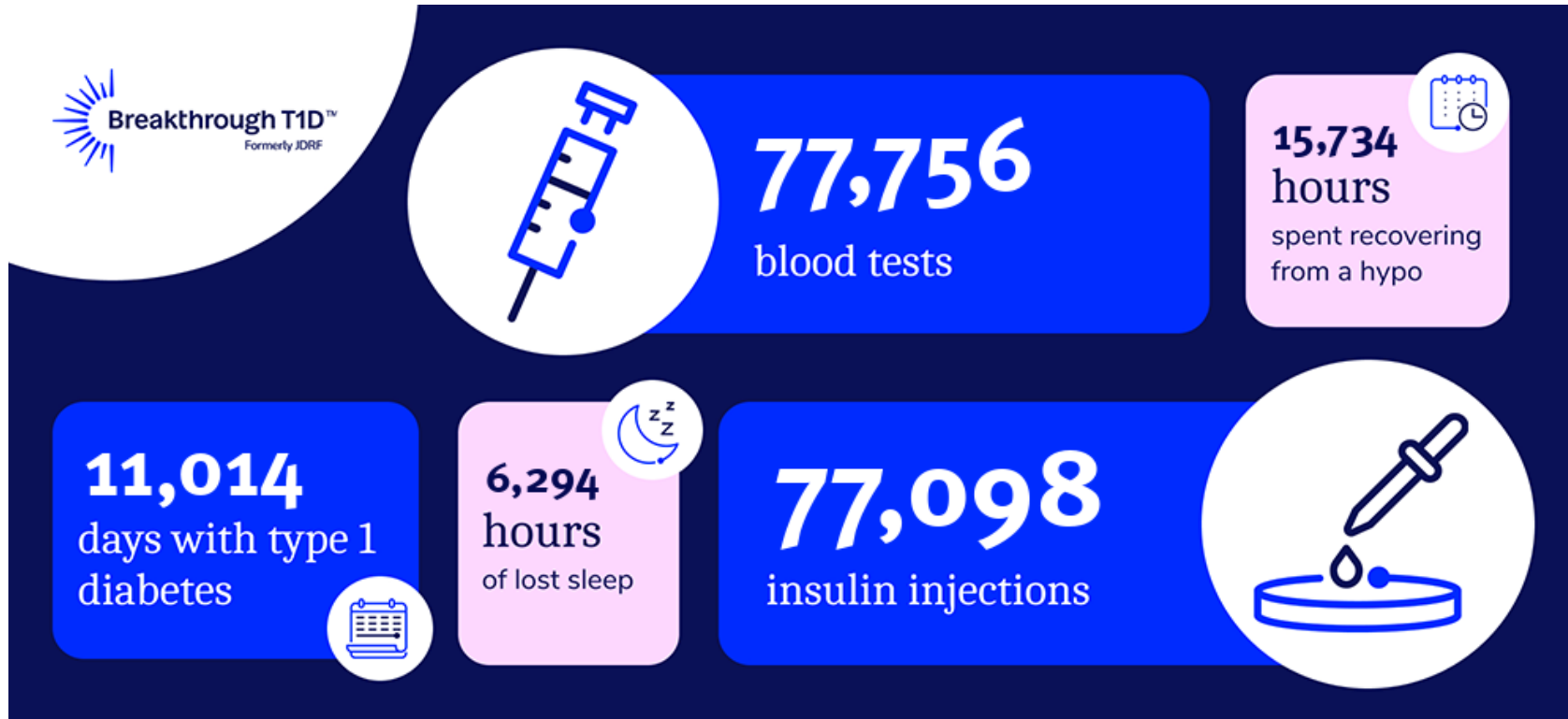


Rachel Hicks, PhD Candidate and Research Assistant,
Person with Diabetes

Interests to Declare

- PhD scholarship Western Sydney University
- PhD Top-Up Scholarship, Breakthrough T1D
- Member, Inaugural Assembly, Consumer Health Form Australia
- Blue Circle Voice, International Diabetes Federation
- Over 30 years living with Type 1 Diabetes (lived experience)

Diabetes Lived Experience and My Privileges

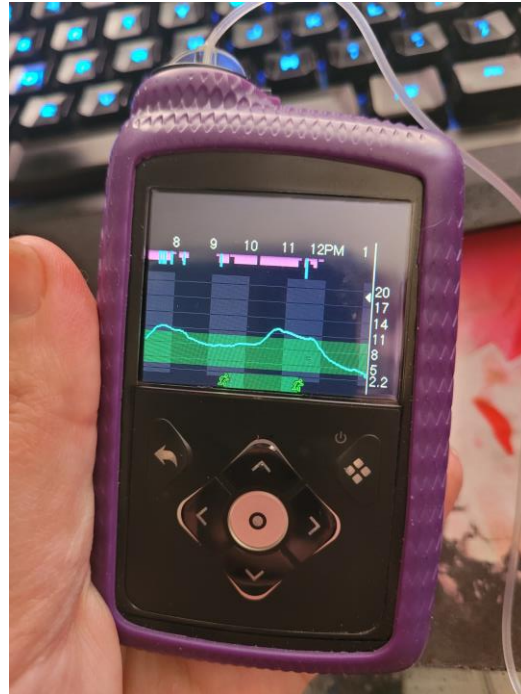


Create yours at: breakthrough1d.org.uk/diadigits

- Over 30 years lived experience
- Continuity of care
- University-qualified
- Able to afford supplies and technology

How do we help those who do not have the same privileges?

Every day, I make over 180 decisions related to my diabetes - and that's before breakfast.



- Blood glucose checking: when, how often?
- Food choices: carb counting, timing, portions
- Exercise: type, intensity, timing with medication
- Stress management: work deadlines, family responsibilities
- Medication timing: adjusting for shift work, travel, illness
- Sleep decisions: how late nights affect morning readings

- I'm doing my best managing this condition 24/7, 365 days a year!



People with Diabetes: Partners in Care and Communication

Practical Empowering Language Shifts for Immediate Implementation

- Replace: "You should..." → Try: "What would work best for you?"
- Replace: "Control your diabetes" → Try: "Manage your diabetes"
- Replace: "Good/bad numbers" → Try: "High" or "Low"
- Replace: "Lifestyle changes" → Try: "Daily life strategies"



Equipping PWD with the right tools

- Diabetes isn't a "one size fits all" condition: neither are the tools and treatment options!
- Empowering people with diabetes with choice of what works best for them
- Consider who PWD visit most from "treating teams"
- often the Pharmacist is the most frequent
- Community-made resources in Australia: David Burren (Bionic Wookiee) and Leon Tribe (Practical Diabetic)



Equipping PWD with the right support

- Continuity of care is important, but what tools do individuals use (or actively seek) outside of clinical hours?
- Non-mainstream sources: apps, social media and peer support compliment clinical support, report as "fulfilling a knowledge gap" that many PWD experience
- Formal and informal support: Peer Support in setting that best suits community on their terms

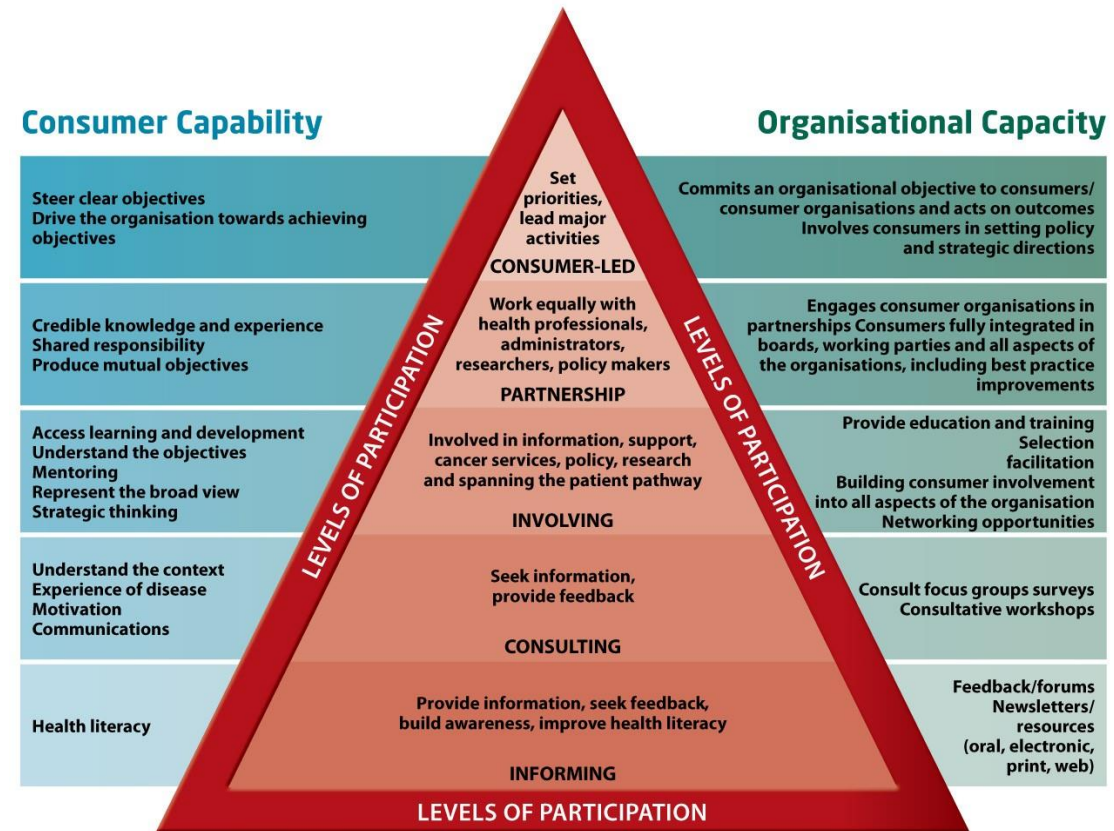


Type 1 Diabetes and Pregnancy – Bump, Baby and Beyond (Australian women)



Involvement in healthcare delivery (CCI)

- **Lived Experience Voices:** Include people with lived experience in all diabetes policy and service delivery development – with remuneration (NHMRC/Health Consumers NSW Guidelines)
- **Funding Priorities:** Support peer support programs as evidence-based interventions, advocate for additional programs that best serve community
- **System Design and Peer Integration:** Create healthcare structures that recognise lived experience expertise, develop formal pathways between clinical care and community care (including peer support)



Conclusion: The Vision and a Challenge

Imagine a healthcare system where people with diabetes are recognised as experts in their own lives, where every interaction builds confidence rather than creates shame, and where community support is as routine as prescribing medication.



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Thank you

