



Let's Beat Diabetes

An Overview.

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Programme Director

LBD Information Sharing Workshop
6 November 2007

Overview for the afternoon

LBD Overview

- | | |
|--|--|
| <ul style="list-style-type: none">▪ Social Marketing▪ Food Industry▪ Maaori Action Area▪ Pacific Churches Programme | <ul style="list-style-type: none">▪ Diabetes Modelling |
| <ul style="list-style-type: none">▪ Primary Care Initiatives▪ Evaluation | <ul style="list-style-type: none">▪ Developing a National Diabetes Model |
| <ul style="list-style-type: none">▪ Q & A▪ Close | |



Presentation overview

- Counties Manukau
- Problem
- Process
- Plan
- Progress



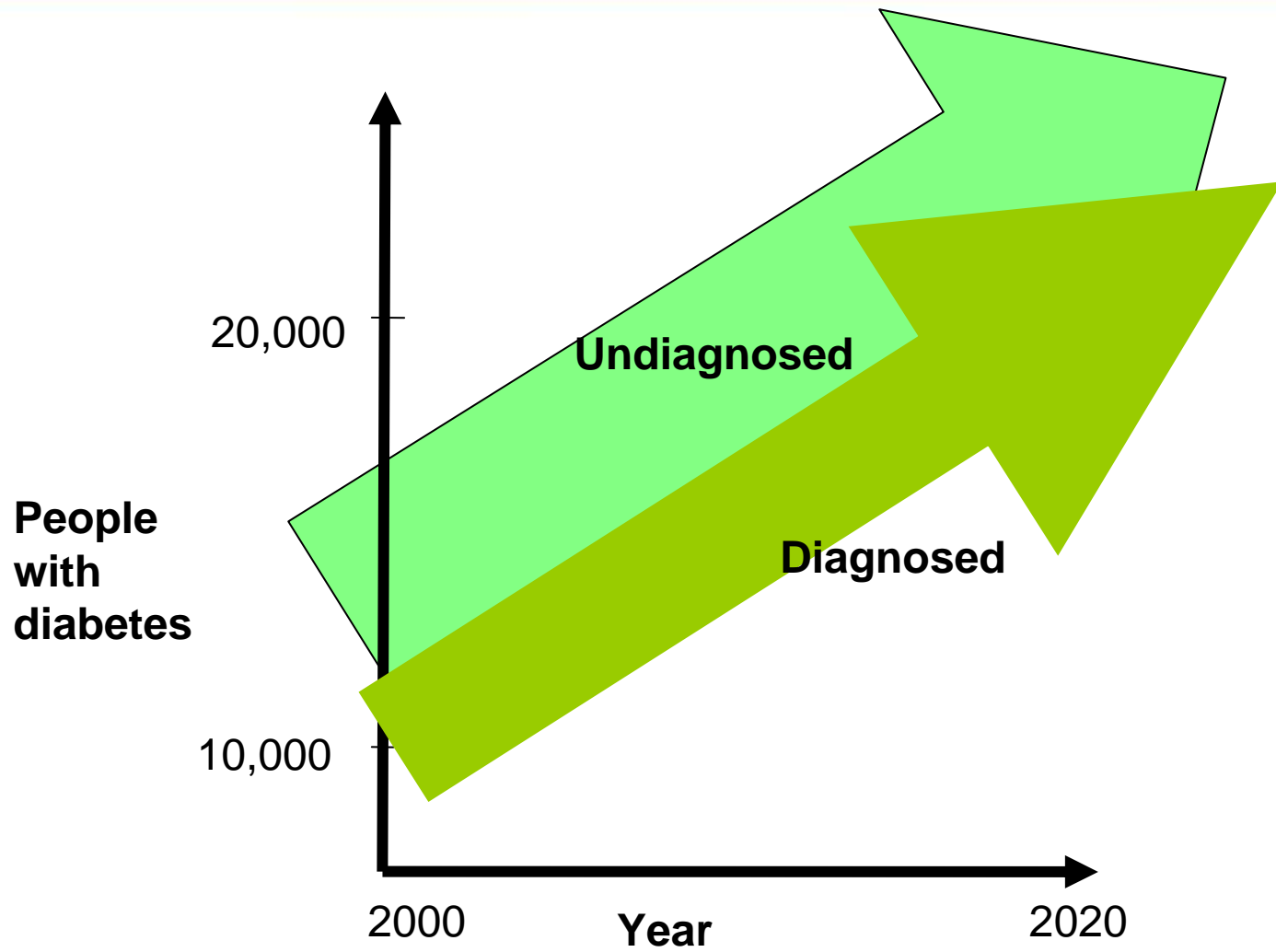
Counties Manukau population

		CM numbers	CM%	NZ%	CM as % of NZ	
Total est pop 2007		463,700			11%	
Age	0-14	118,900	26%	21%	13%	Young
	15-64	302,900	65%	67%	11%	
	65+	41,900	9%	12%	8%	
Ethnicity	Maori	77,500	17%	15%	12%	Ethnic
	Pacific	89,500	19%	6%	38%	
	Asian	74,200	16%	9%	21%	
	Other	222,500	48%	71%	7%	
NZDep01	Dep 9+10	202,700	44%	20%	24%	Low-income
Dep 9+10	aged 0-14	61,700	52%	25%	28%	
Growth 2001 to 2007		70,000	18%	9%	20%	Growing

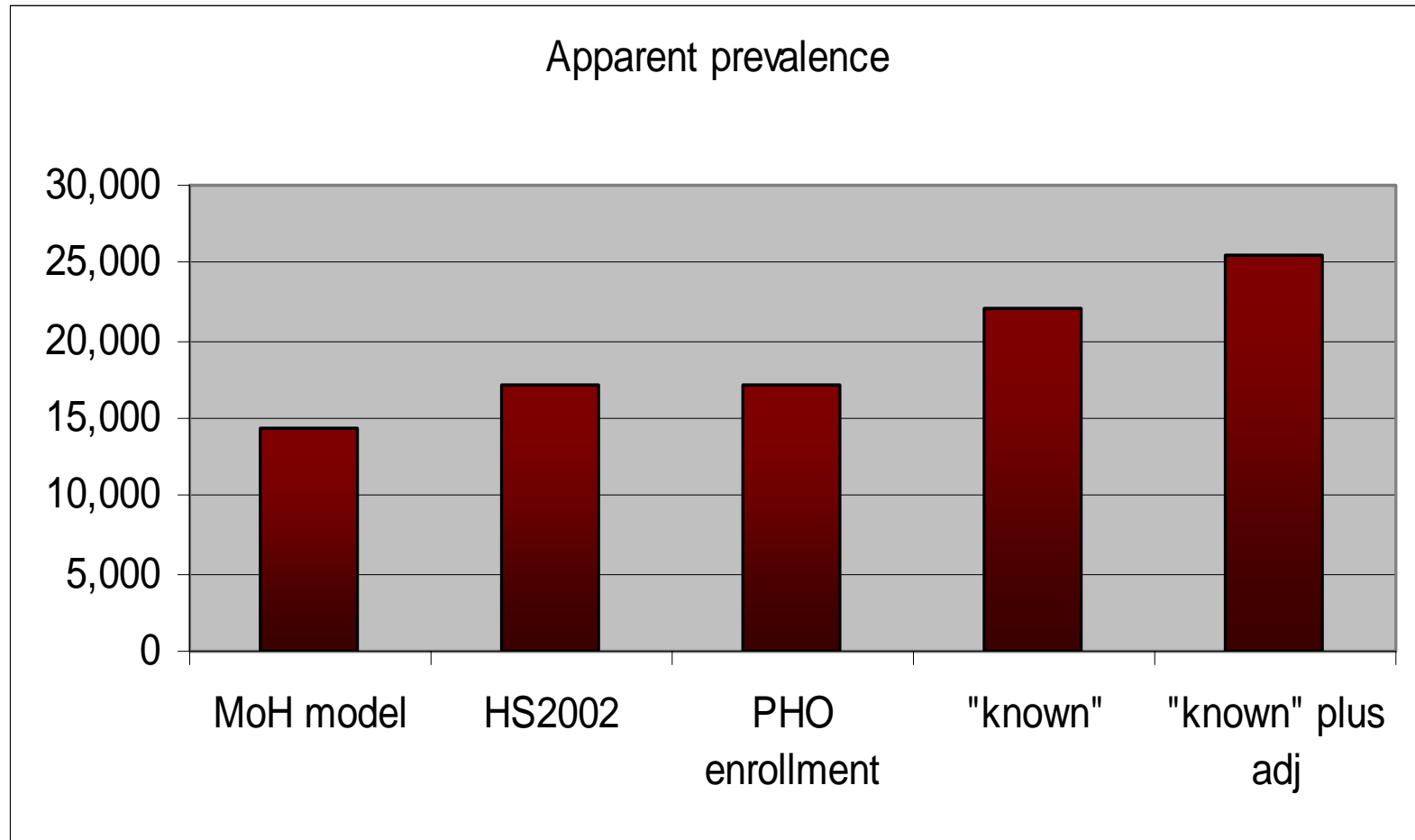


Based on Statistics NZ 2006 estimated residents based on 2006 Census, modified by projections for MOH based on 2001 Census, Oct 2006, prioritised ethnicity.

Diabetes growth in Counties Manukau



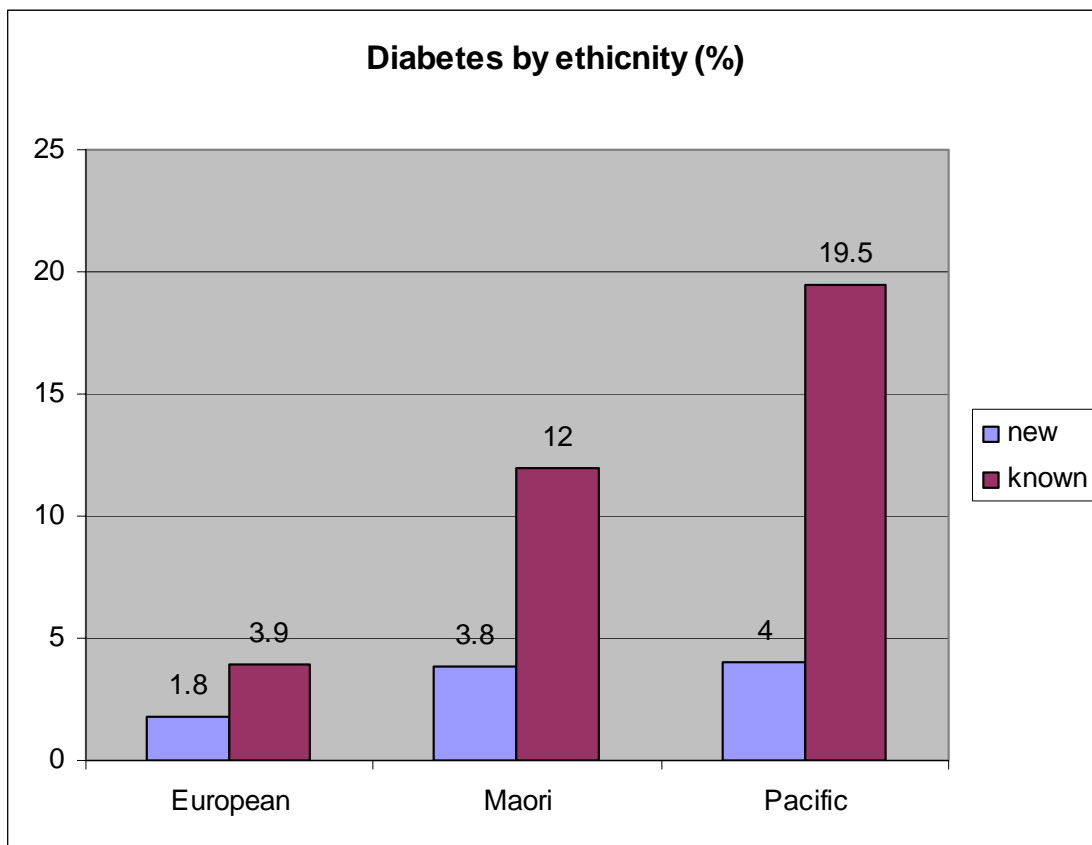
Diagnosed Diabetes: estimates



Undiagnosed rates

Diabetes Heart and Health Survey, Auckland (2002-03)

(n = 4,000, Age 35+)



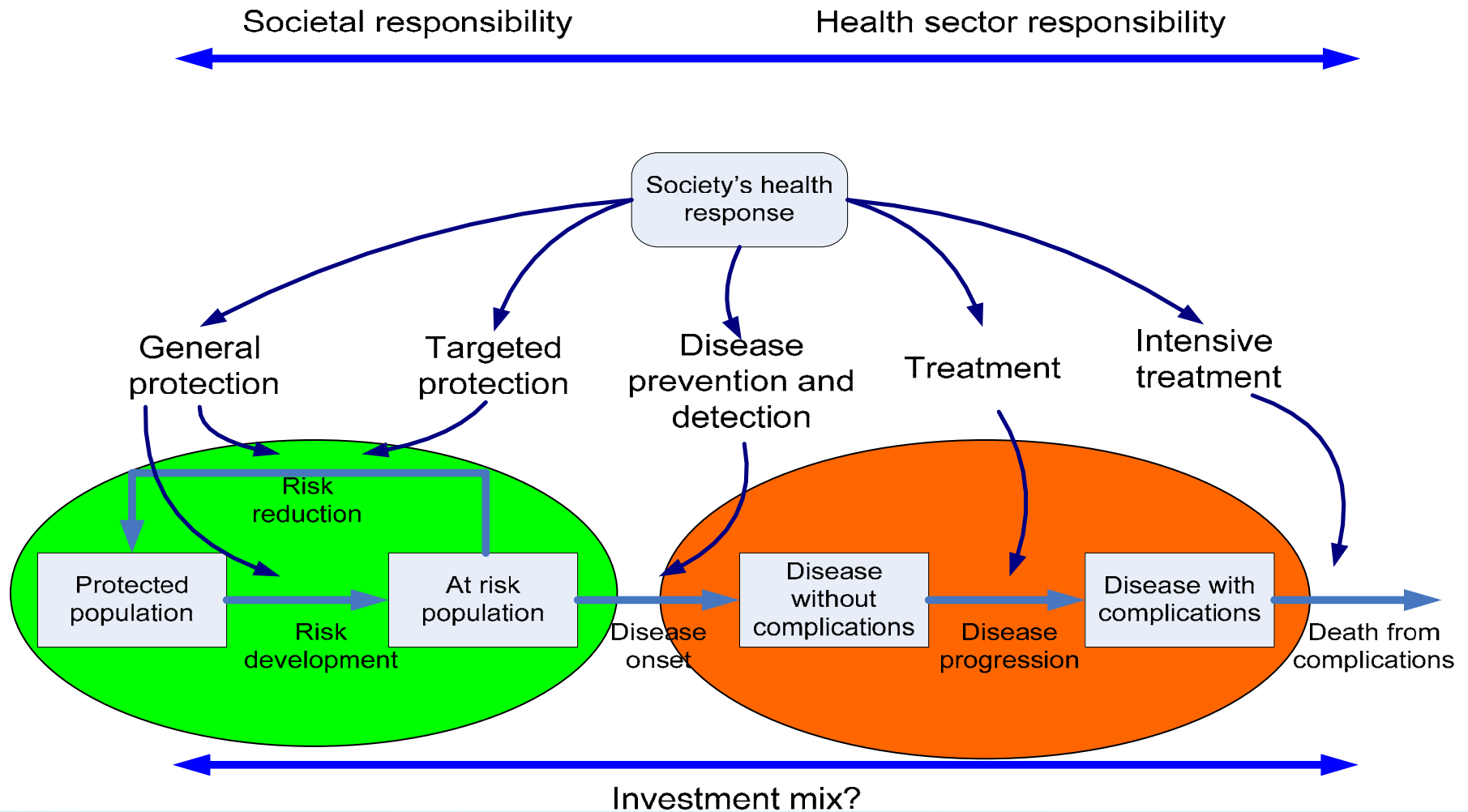
Diagnosed vs undiagnosed:

European: For every 2 known, there is 1 undiagnosed

Maori: For every 3 known, there is 1 undiagnosed

Pacific: For every 5 known, there is 1 undiagnosed

Problem definition: life-course continuum



Adapted from model developed by CDC



Initial thinking

How do we beat diabetes?

- Whole society - Whole life course - Whole whanau approach
- Inequality of outcomes – requires ethnicity focus
- Aiming for long term, sustainable change
- Working in a ‘complex system’
- Current pockets of success but systemic failure



*Top level Leadership
Vision & Commitment*

**Ma te huruhuru,
ka rere te manu**

*With (because of) the feathers,
the bird is able to take flight*



The plan

Reduce obesity, slow the progression of risk and disease, and increase the quality of life for people with diabetes.

- 20 year vision – five year plan
- Committed funding (CMDHB: \$10m over 5 years)
- Community partnerships - collaborative vision
- Leadership hubs across sectors
- Inequalities focus (Maori, Pacific, low socio-economic)
- Build on existing infrastructure and activity
- Evaluation to drive learning cycles



10 Action Areas

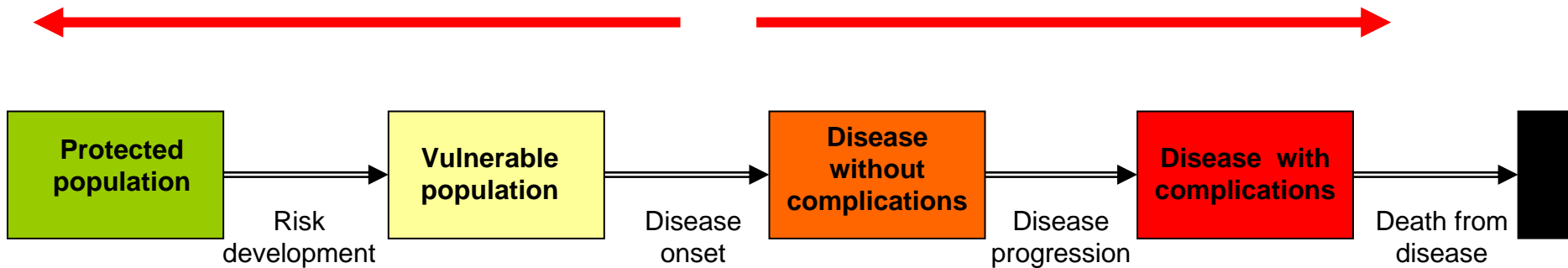
1. Supporting **Community Leadership** and action
2. Promoting behaviour change through **Social Marketing**
3. Changing **Urban Design** to support healthy active lifestyles
4. Supporting a healthy environment through a **Food Industry Accord**
5. Strengthening **Health Promotion** co-ordination and activity
6. Enhancing **Well Child** services to reduce childhood obesity
7. Supporting **Schools** to Ensure Children are 'Active, Healthy and Ready to Learn'
8. Supporting **Primary Care-based Prevention** and early intervention
9. Enabling **Vulnerable Families** to make healthy choices
10. Improving **Service Integration and Care** for advanced disease



10 Action Areas – across whole life course

Societal leadership

Health sector leadership



•Community leadership (Maori, Pacific, Workplace, Asian)

•Social marketing

•Vulnerable families

•Urban design

•Food Industry Accord

•Strengthening health promotion

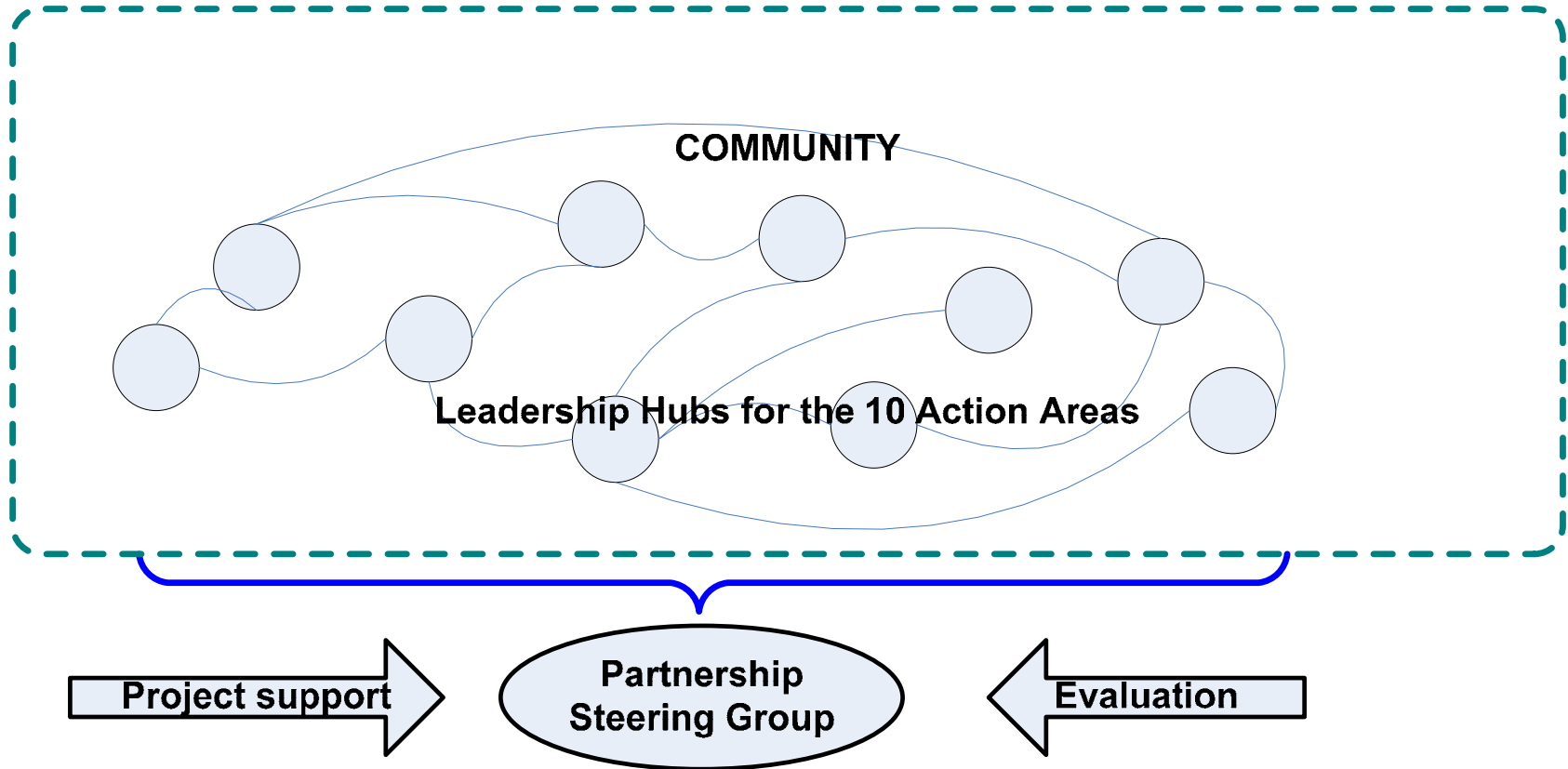
•Enhanced Well Child

•Schools Accord

•Primary care-based prevention

•Integrated care

Governance/Management



Partners/participants – include:

National	Ministries of Health, Education and Social Development; SPARC, Housing NZ, Health Sponsorship Council, National Heart Foundation, Te Hotu Manawa Maori
Regional	Councils (Manukau, Papakura, Franklin), Auckland Regional Public Health, Counties Manukau Sport, Diabetes Auckland, Diabetes Projects Trust, Salvation Army, Auckland City Mission, Plunket
Local	Marae/iwi collectives, Maori Women's Welfare League, Pacific churches, Community groups, PHOs, health providers & professionals, schools/kura & pre-school, employers
Food Industry	Food Industry Group, Progressive Enterprises (Foodtown), Foodstuffs (PakNSav), Fonterra, Frucor Beverages, Nestle, McDonald's, Coca Cola, other food manufacturers/suppliers, other fast food players, tuckshop/canteen operators
Other	Auckland Uni (School of Popn Health), Phoenix Research



LBD Progress – some examples

- | <u>Action area</u> | <u>Progress</u> |
|-------------------------------|--|
| ➤ Community leadership | <ul style="list-style-type: none">- \$100,000 community grant scheme- Pacific leadership & churches engaged (50+)- Marae-based wananga, kaiwhakahaere, kohanga reo- Workplace initiatives |
| ➤ Social Marketing | <ul style="list-style-type: none">- Large (local) baseline survey- Communications campaign launched June 2007- Linkages to action area initiatives/projects |
| ➤ Urban design | <ul style="list-style-type: none">- Manukau City Council policy on parks,- exemplar park development (Templeton/Volta) |



Progress – some examples

Action area

Progress

- **Primary Care**
 - Engaged at governance & project team levels
 - Developing position on systematic Risk Screening
 - Rolled out Diabetes SME programme in 5 PHOs; central Coordinator + Maori/Pacific facilitators in place

- **Schools / Early Childhood Education**
 - Healthy tuckshop model piloted and rolling out
 - Coordination of health service providers into schools
 - HEHA Nutrition Fund, guidelines/classification system

- **Vulnerable Families**
 - Training Salvation Army staff, Food banks & parcels
 - Family Start/Strengthening Families referral pathways



Let's Beat Diabetes - to recap

- ***Diabetes a critical health issue facing Counties Manukau now and into the future***
- ***LBD determined to galvanise action within health sector and intersectorally – whole system approach***
- ***Learning from evidence & best practice, and creating roadmap***
- ***LBD underpinned by community partnership, evaluation and social marketing***
- ***Building ownership outside DHB***
- ***Significant progress to date, momentum gathering***
- ***Folding in national initiatives/programmes (e.g. HEHA)***



Obesity, diabetes and...

- **Heart disease**
- **Stroke**
- **Kidney disease**
- **Cancer**
 - **World Cancer Research Report 2007: linkages between obesity, inactivity and certain cancers**
 - **The next partner?**



LBD Baseline Study

(Dec 2006)



Baseline Survey

- Why?
 - Guide programme development
 - Evaluation
 - Information needed about local population
 - Nature of information needed
- Who?
 - Adults (16 years +)
 - Residents CMDHB region
 - 600 Maaori, 600 Pacific, 600 Asian, 600 Other



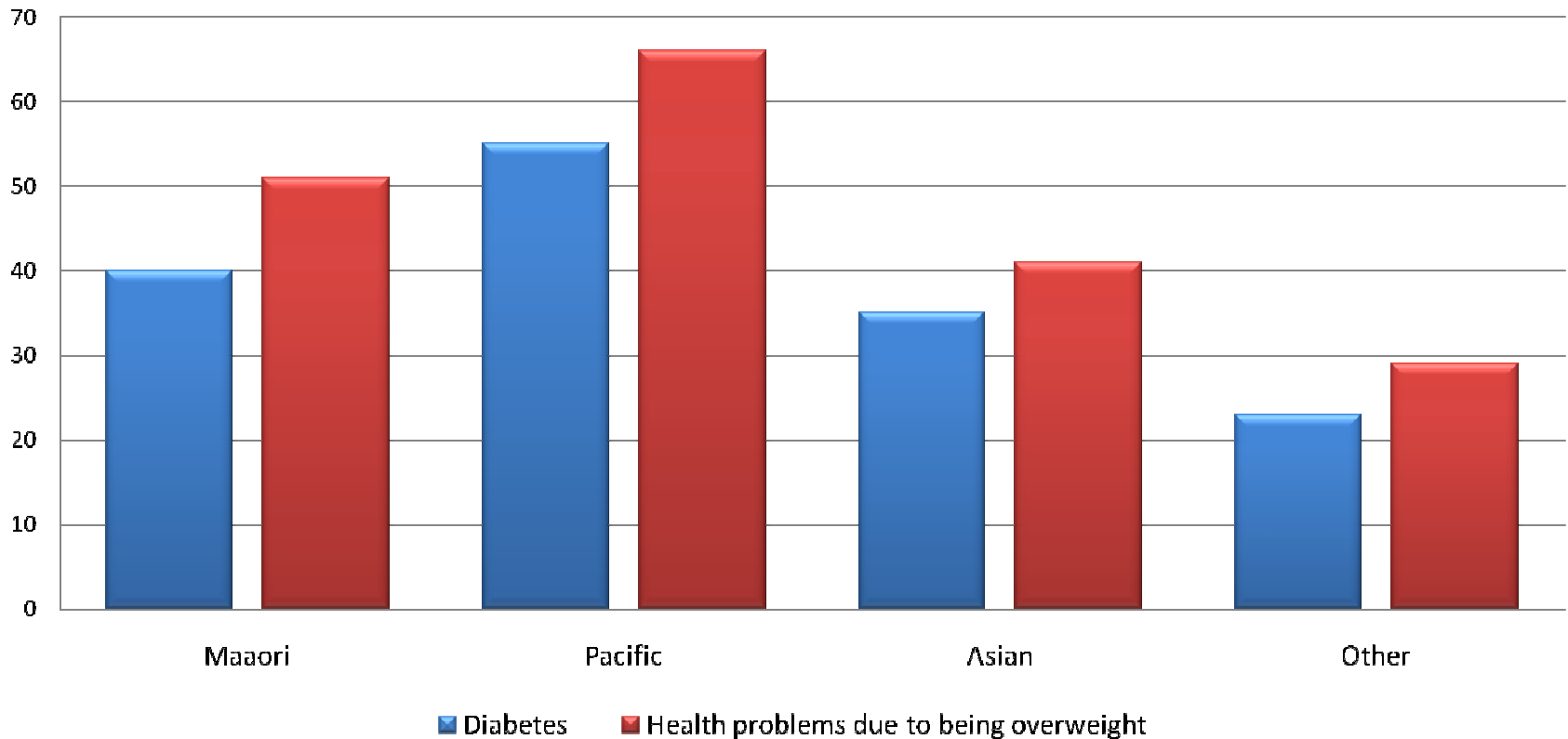
Baseline Survey

- Main Areas
 - Nutrition
 - Physical Activity
 - Diabetes
 - Demographic
 - How to reach different ethnic groups
- Dimensions
 - Personal
 - Family
 - Wider environment
 - Knowledge, attitudes & perceptions, behaviours



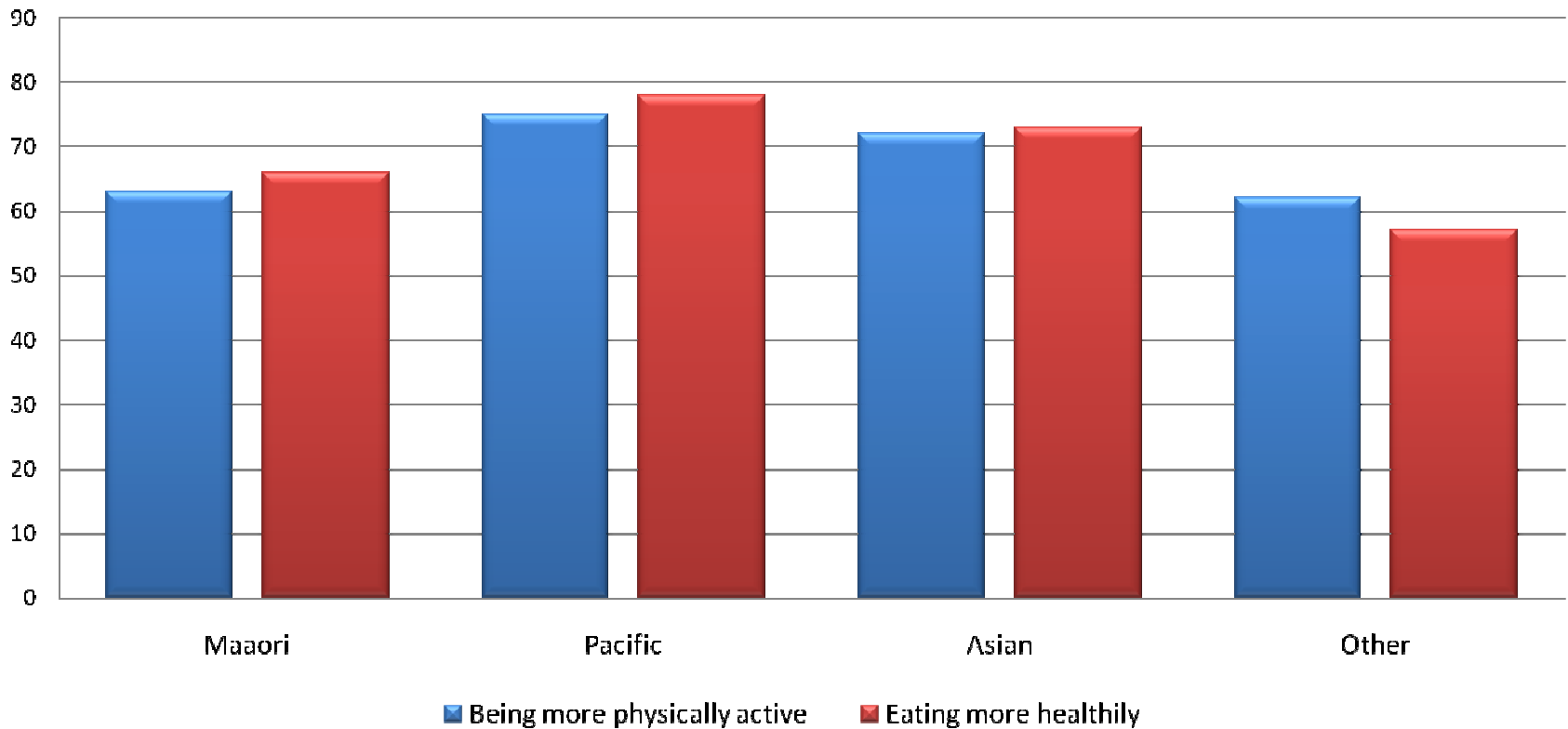
Are people concerned?

Proportion of people who are concerned about themselves or someone in their family getting diabetes or health problems due to being overweight



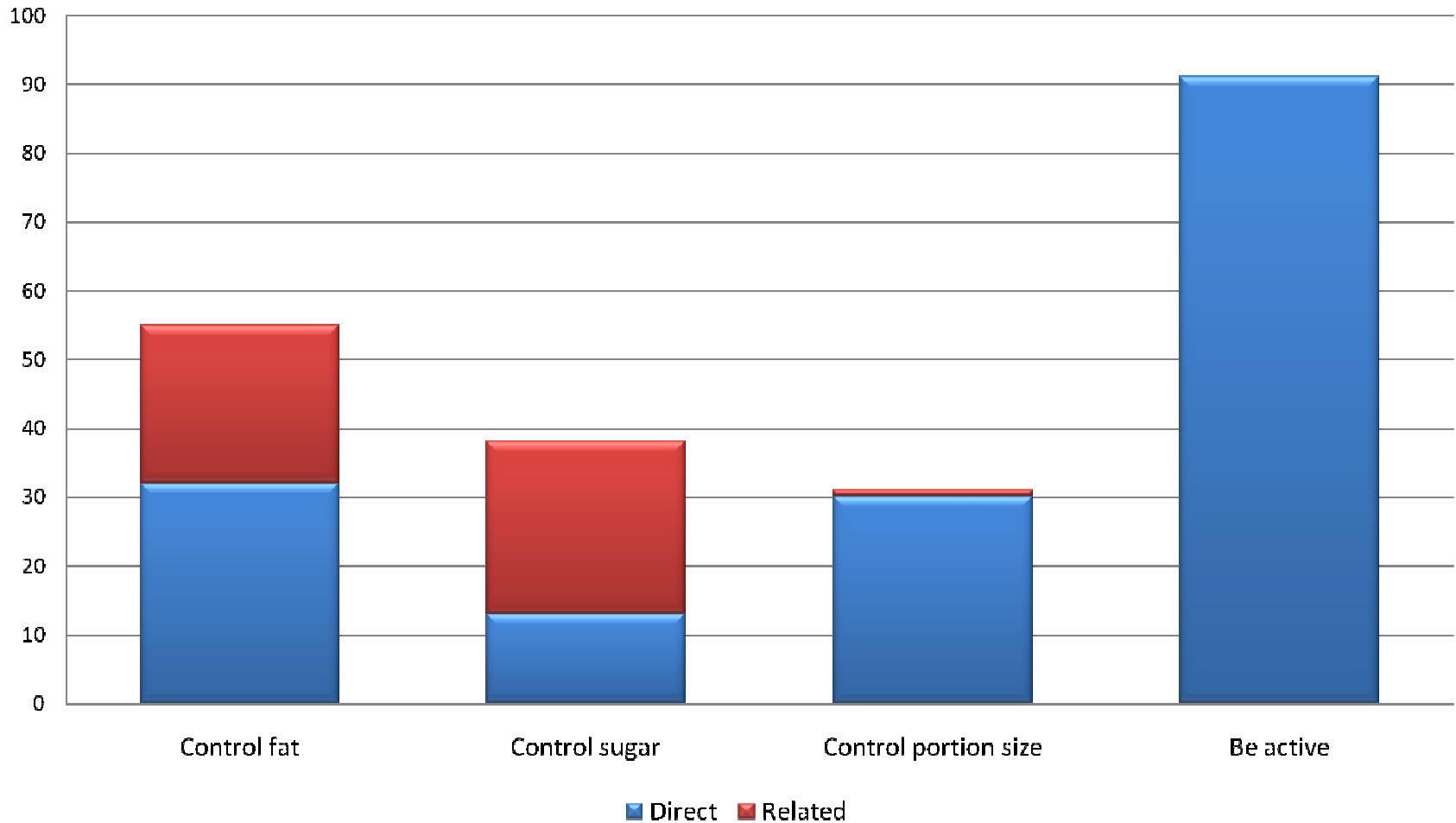
Are people interested in taking action?

Proportion of people who were interested in being more physically active or eating more healthily



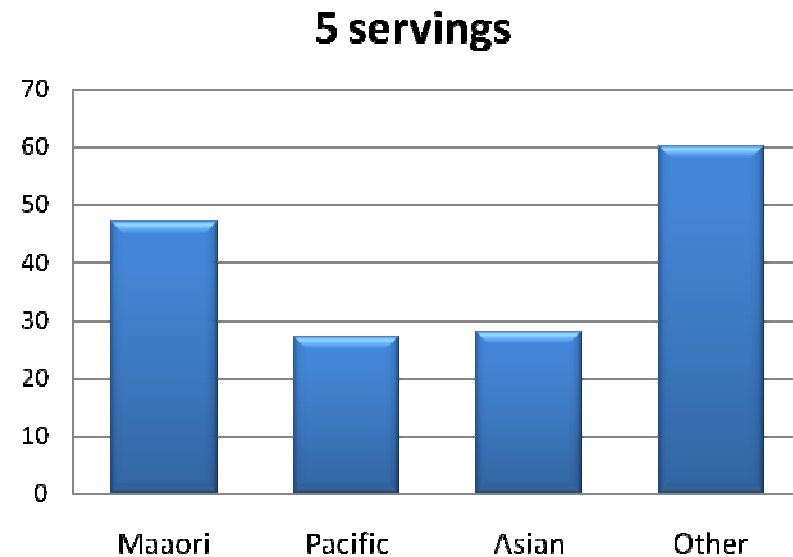
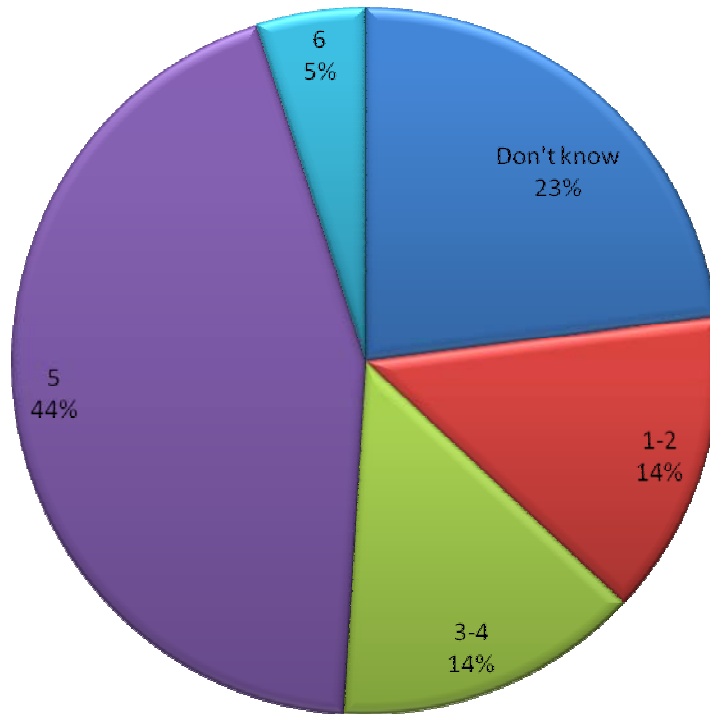
Do people know how to avoid weight gain?

Proportion of people who mentioned the various lifestyle factors to control weight



5 a day – who knows?

Recommended number of servings daily of fruit and vegetables



How supportive is the wider community?

Support for healthy lifestyle

