

# ANNUAL REPORT 2008

## **The Diabetes Unit**

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**The University of Sydney**

## PURPOSE OF THE REPORT

*The Diabetes Unit* is dedicated to policy development and implementation, strategic planning for population health improvement, and health services research and development concerning the major chronic diseases. Through our involvement in the Oxford Health Alliance over the past few years, this work has increasingly focussed on environmental influences on nutrition and overeating, and physical inactivity and their role in obesity and chronic diseases. In 2008, this interest was further sharpened by the appointment of the director of *The Diabetes Unit* as the leader of the Health Theme of the University of Sydney's Institute for Sustainable Solutions.

*The Diabetes Unit* is, to our knowledge, the only unit of its kind in the world and therefore occupies a unique local and international niche. This report outlines activities of *The Diabetes Unit* for 2008.

The purpose of the report is to:

- publicly articulate the reason-to-be, focus and philosophy of *The Diabetes Unit*
- document and review its activities for the past year
- communicate these to peers, existing and potential partners, collaborators and clients
- report on progress and intent for future directions

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## DIRECTOR'S COMMENTS

What a year it was - from the Rudd Government's new broom saying "sorry" to our nation's indigenous peoples, and engaging young and not-so-young from every facet of our complex society in the heady 2020 Summit, to 140 million people turning out to exercise their democratic right to end a troubled era of republican reign and vote in America's first black president. Not to mention the global financial crisis which, although inevitable in hindsight, no one seems to have seen coming. And, as if these events were not arresting enough, we watched them unfold, intertwined with and set against the inexorably rising tide of climate change and global warming.

The consequences of the way we live now for our planet were detailed in the 2008 Garnaut Report which highlighted the vexed problem of how to correct in one area, and maintain the delicate ecological/economic balance, without causing a meltdown in another. Nowhere is this more keenly felt than in Pacific Island countries where our projects in Vanuatu and Nauru enable us to see first hand, these tiny nations struggling for survival against crippling disease burdens, and environmental, financial and social devastation.

In February 2008, we co-hosted the Oxford Health Alliance Global Summit which debated these dilemmas, adding into the equation the critical issue of health - specifically chronic diseases and their impact on socio-economic disadvantage and poverty, and human and social capital. The Summit issued an urgent call to act on these issues in the form of the *Sydney Resolution*. At the same time, the first of Australia's three current major health reform processes, the National Hospital Reform Commission was announced, followed by the National Preventative Taskforce and the National Primary Health Care Strategy. *The Diabetes Unit* is privileged to have a staff member on the Preventative Taskforce's Obesity Subcommittee and delighted to see official recognition of social determinants of health in WHO's report, *Closing the Gap in a Generation*.

These initiatives are substantially about sustainability, about leaving the next generation with at least equivalent means of achieving prosperity and security as we inherited. In 2008, the University took up this challenge by launching its Institute for Sustainable Solutions. Again, *The Diabetes Unit* was privileged to be appointed to lead the Health Theme of the Sustainability Institute and applies this role to promoting the centrality of health in sustainability within the University, and to engaging the food industry in the debate.

It is within this context that *The Diabetes Unit* increasingly turns its attention to health and sustainability - that complex interaction between the health of people and the health of the planet. The problems seem insurmountable but, there is hope and, as John Ralston Saul pointed out in his book *The Collapse of Globalism and Reinvention of the World* "..... times of great uncertainty are also times of great opportunity". In the forthcoming year the staff of *The Diabetes Unit* will apply the very best of its strategic and technical expertise to take advantage of the opportunities and will strive to contribute meaningfully to achieving sustainable health in a sustainable world for generations to come.



Ruth Colagiuri  
**Director**

# WHO ARE WE?

## Staff of *The Diabetes Unit*



**A/Professor Ruth Colagiuri**  
Director of *The Diabetes Unit*



**Dr Seham Girgis**  
Senior Research Officer



**Ms Maria Gomez**  
Research Officer



**Dr Alexandra Buckley**  
Research & Project Manager



**Ms Renee Slade**  
Research & Project Officer



**Ms Cecile Eigenmann**  
Project Officer



**Ms Julie Cadman**  
Research Assistant  
(to April 2008)



**Ms Corinne Turton**  
Executive Assistant & Program  
Manager



**Ms Rebecca Leadsom**  
Administrative Assistant  
(temporary)

## WHERE ARE WE?

*The Diabetes Unit* is located at the University of Sydney within the Australian Health Policy Institute (AHPI), which is headed by Professor Stephen Leeder and falls under the Faculties of Health – specifically the Faculty of Medicine through the School of Public Health.

The University of Sydney was established in 1856 as Australia's first university. It offers undergraduate and postgraduate courses in a wide range of disciplines and is renowned in Australia and internationally for its research and teaching, and its rich and vibrant public health environment.

Established in 1999, AHPI provides a high-level capability for authoritative, independent, non-partisan analysis of major health policy questions which confront Australian and international health systems. The Institute collaborates extensively with government and non-government organisations on a range of research projects. It conducts seminars to promote academic, professional and public debate on policy issues and provides an educational capacity in health policy, policy analysis and policy research in the School of Public Health's teaching programs - in particular the Graduate Certificate and Graduate Diploma in Health Policy.

Physically, *The Diabetes Unit* and AHPI are located on main campus of the University at Camperdown, less than 10 minutes drive from Sydney's central business district.



**The University of Sydney Quadrangle**



**Australian Health Policy Institute**

# WHAT DO WE DO?

## Our Vision

Sustainable health in a sustainable world.

## Our Mission

To reduce environmental and social causes and consequences of diabetes and related chronic conditions.

*The Diabetes Unit's* overriding ambition is to raise awareness of the link between socio-economic and educational disadvantage and health, and economic and environmental sustainability, and to make a significant contribution to shifting the current focus of chronic disease policy and activities toward a more appropriate balance between broad-based primary prevention and 'sick' care.

Specifically, *The Diabetes Unit* strives to draw attention to, and action on the social and environmental vectors that are currently causing our societies to produce mass obesity; mass physical inactivity; mass social disconnectedness and stress, and their physical and mental disease sequelae.

## Overview

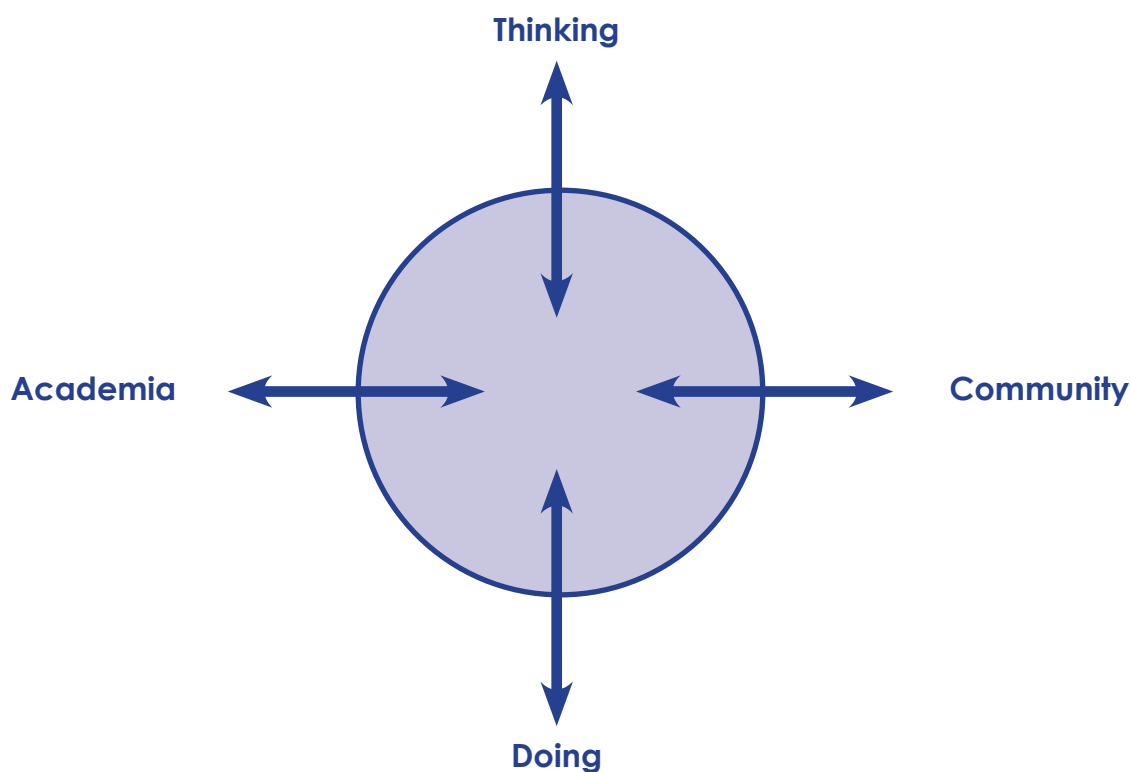
*The Diabetes Unit* is a primarily self-funded entity established at AHPI in June 2005 as a new iteration of its predecessor, the Australian Centre for Diabetes Strategies which was located at the Prince of Wales Hospital - University of New South Wales. *The Diabetes Unit* augments and complements AHPI's existing strengths by:

- Maintaining an Oxford Health Alliance presence and focus of activity for the Asia-Pacific Region
- Undertaking health services research and development, population health improvement in Australia and internationally and working with ministries of health and non-government organisations in developing countries to build their capacity to combat chronic diseases
- Generating and/or synthesising the evidential and consensual base on which policy for the prevention and care of diabetes and related chronic diseases can be founded
- Developing a detailed understanding of the interface and causal associations between health and sustainability, and pursuing activities associated with health and sustainability on behalf of the Faculty of Medicine
- Engaging with the food manufacturing and retail industry on issues around health and sustainability

## Philosophical base

*The Diabetes Unit* conceptualises its role as a conduit between *thinking* and *doing* (theory and practice). Our approach is pragmatic and cognisant of the multiplicity of needs, perspectives and forces prevailing across all levels of society, and we see our work as a bridge between academia, the broader chronic disease community, and civil society.

### Core philosophical base of The Diabetes Unit



## Core program areas

*The Diabetes Unit* categorises and reports on its activities under four core program areas:

- Evidence and Policy
- International Health
- Oxford Health Alliance
- Sustainability

Major outputs for 2008 under the Evidence and Policy portfolio included the development of four NHMRC guideline for type 2 diabetes for public consultation (including a guideline on primary prevention); completion and submission of a Cochrane review; and completion of a study exploring the influence of socio-economic context on supermarket content and customers' food purchasing.

Activities in international health were rewarded by a tangible strengthening of diabetes care systems in Vanuatu and Nauru and a successful Oxford Health Alliance Sydney Summit meeting "*Building a Healthy Future: Chronic Diseases and the Environment*". The Summit launched the *Sydney Resolution* - a strong call to action on the shared environmental causes of chronic disease prevention and climate change – which proved to be a highly relevant precursor to the launch of the University's Institute for Sustainable Solutions and the birth of its health theme.

# EVIDENCE AND POLICY

# EVIDENCE AND POLICY

The Diabetes Unit has a specific focus on research and programs that provide a rationale and systematically derived foundation for health policy, and which further the effectiveness of existing health policy. Implicit in this is identifying the evidence base on which policy for the prevention and care of chronic diseases can be based as well as generating new evidence and, where possible, developing new methods for generating evidence in areas of public health that are difficult to research.

## Evidence Based Guidelines for Type 2 Diabetes

*The Diabetes Unit* is subcontracted to, and partners with, Diabetes Australia to lead and manage the development of four evidence based NHMRC guidelines for diabetes. The contract covers updating the evidence for two existing guidelines (primary prevention and case detection and diagnosis) approved by the NHMRC in the early 2000s:

- *Evidence Based Guideline for the Primary Prevention of Type 2 Diabetes*
- *Evidence Based Guideline for Case Detection and Diagnosis of Type 2 Diabetes*
- *Evidence Based Guideline for Diagnosis, Prevention and Management of Chronic Kidney Disease in Type 2 Diabetes*
- *Evidenced Based Guideline for Patient Education in Type 2 Diabetes*

Consultation drafts of the four guidelines were completed in the second half of 2008 and put out to public consultation in late 2008. The guidelines synthesise the best available evidence for each topic into sets of recommendations, practice points and evidence statements to guide practitioners and policymakers and health care consumers in making decisions about what is the most effective and suitable treatment or management option for most people in most circumstances. This involves a rigorous process of systematic searching, reviewing, grading the evidence according to strict NHMRC criteria in order to minimise bias and ensure that the guidelines accurately reflect the evidence.

## Partners

Diabetes Australia (Consortium convenor)  
The Australian Diabetes Society  
The Australian Diabetes Educators Association  
The Royal Australian College of General Practitioners

## Funding source:

The Australian Department of Health and Ageing



**Maria Gomez and Cecile Eigenmann, Research Officers working on the guidelines.**

## Measuring Outcomes of Diabetes Education (MODE)

This project was successfully completed in 2008 and brings to an end a major program of seminal policy work aimed at making diabetes patient education more measurable and accountable.

From the international literature and expert knowledge and opinion, potentially suitable tools were identified and a set of rigorous criteria was applied to critically appraise the suitability, validity, reliability and sensitivity of available psychometric tools for measuring the education outcomes identified in the National Consensus on Outcomes and Indicators for Diabetes Patient Education previously developed by *The Diabetes Unit*. Despite the identification of a sizeable number of potentially suitable tools only a relatively small number met most of the assessment criteria.

The results of the project were presented at the Therapeutic Patient Education Conference in Budapest in late 2008. A journal article detailing the methodology, process and outcomes of this study has been accepted for publication in *Diabetic Medicine*, and will be published in early 2009.

### Funding source:

Australian Diabetes Society-Servier Grant

## Supermarket and SES Study

Conducted in Sydney in 2008, the Supermarket and SES Study examined the socio-economic status (SES) of supermarket locations to determine if there are SES mediated differences in the healthfulness of the content of supermarket shelves, and whether this translates into differences in healthy versus unhealthy purchases by customers. The study identified high and low SES areas and supermarkets and compared the relative proportion of:

- healthy versus unhealthy foods on the shelves of supermarkets in high and low SES areas
- healthy versus unhealthy foods purchased by shoppers attending these supermarkets

This study is important in contributing to the pool of knowledge about SES and nutrition in Australia and for contributing new methodology to this area. For example, most research of this kind is based on food frequency questionnaires and interviews that rely on study participants' recall of their purchases. However, our study was based on an objective analysis of actual purchases through the collection of shoppers' dockets.

This study found some differences in food purchasing between high and low SES areas. An article on the findings from the Supermarket Study is currently being finalised for submission to a peer reviewed health journal.

### Funding source:

No external funding was sought for this project.

## **DiabCo\$t – Type 1: Assessing the Burden of Type 1 Diabetes in Australia**

This project describes the cost of type 1 diabetes in direct health system costs, indirect costs and quality of life. These costs were assessed by means of a national survey of people with type 1 diabetes aged 5 years and above, and parents or carers of people with type 1 diabetes. DiabCo\$t Type 1 follows and builds on the DiabCo\$t Type 2 study, a nationwide survey of 11,000 adults with type 2 diabetes conducted in 2002.

This project represents an important step in completing a profile of the financial burden of diabetes to society and individuals in Australia, and in providing systematically derived local data to guide the development of policy and funding for diabetes services.

The DiabCo\$t Type 1 study has been completed and a report will be launched shortly.

### **Partners**

Diabetes Australia

Eli Lilly – Australia

Institute of Obesity, Nutrition and Exercise, The University of Sydney

The Juvenile Diabetes Research Foundation Australia

### **Funding source:**

Diabetes Australia

Eli Lilly – Australia

Australian Department of Health and Ageing

## **Cochrane Review**

A Cochrane review undertaken by *The Diabetes Unit* on the effectiveness of individual education for people with type 2 diabetes was completed in 2008 and will be published in Issue 1, 2009, of the Cochrane Library. This work adds to and complements knowledge and evidence from a previous review of group education for people with type 2 diabetes.

### **Partners**

Australasian Cochrane Centre – Monash University Melbourne

Metabolic and Endocrine Disorders Cochrane Review Group, Germany

### **Funding source:**

The Australian Department of Health and Ageing

## **National Survey of Undergraduate Teaching about Diabetes**

This study entitled '*Get'em while they're young: How are we preparing undergraduates to deal with diabetes?*' explored the extent to which undergraduate training may influence subsequent practice variations and deficiencies. The results suggested disparities in the consistency, coordination and transparency of diabetes training in the medical, nursing, dietetics and pharmacy courses. The study was substantially completed in 2007 and resulted in the publications of a letter to the editor of the *Australian and New Zealand Journal of Public Health* in 2008.

### **Funding source:**

Australian Diabetes Society – Servier National Action Plan Grant

# INTERNATIONAL HEALTH

# INTERNATIONAL HEALTH

*The Diabetes Unit* works extensively on international health, predominantly in health policy and health service/system enhancement in developing countries. The work aims to strengthen local capacity and create true partnerships that respect the culture, social structures and values of the communities and countries it works alongside.

## **Building Capacity - Reducing Diabetes Complications: A Pacific Islands Model**

Three out of four deaths in the majority of Pacific Island countries are attributed to chronic diseases. Rates of preventable diabetes complications and early mortality resulting from diabetes are excessive and, in addition to the resultant personal suffering and social disadvantage, these diseases and their consequences threaten the economic growth and development, and social fabric of many countries.

*The Diabetes Unit* is working with the Ministry of Health in Vanuatu and Nauru to design, implement and report on a locally relevant and sustainable model to increase the capacity of these Pacific Island countries to manage, monitor and improve diabetes care and reduce eye, kidney and foot complications resulting from diabetes. While this project is primarily clinically oriented, it has a broader focus on the organisation and systems underpinning clinical care – workforce, clinical governance, information systems, the cost of care, and community engagement. For example, a local stakeholder Forum of leaders from government, non-government and business organisations was held in Vanuatu (June 2007) and Nauru (March 2008). These Forums led to the development of a diabetes ‘best practice’ model closely approximating internationally recognised standards of diabetes care and feasible within local resource constraints in each country. The models concentrated on developing and aligning the workforce and health services, information, funding and policy with the needs of people with diabetes. The main outcomes of the Forums were:

- an agreed model of diabetes care suited to each country’s resource and political context
- a set of recommendations, pathways and priorities for implementation



**Participants at the Nauru Stakeholder Forum**



**The Hon. Mathew Batsuia, Minister for Health, opening the Stakeholder Forum**

### **Collaborators**

Vanuatu Ministry of Health  
Nauru Ministry of Health  
International Centre for Eye Education-UNSW  
Australian and New Zealand Society of Nephrologists

### **Funding source**

World Diabetes Foundation

## Review of the Western Pacific Declaration on Diabetes Plan of Action 2000-2005

Primarily undertaken in 2007 and completed in early 2008, this review was based on a mixed methodology involving a) surveying the 21 member associations of the International Diabetes Federation Western Pacific Regional Council on policies, programs and activities implemented since 2000, b) interviewing key personnel from the three lead organisations and c) reviewing relevant IDF and WHO reports.

The Western Pacific Declaration on Diabetes (WPDD) and Plan of Action 2000-2005 provided a framework, advocacy tool and strategic direction for regional, national and local diabetes prevention and care programmes in the Western Pacific Region. In late 2007, *The Diabetes Unit* was commissioned by the Western Pacific Regional Office of the World Health Organization to map and review the progress of the WPDD and Plan of Action.

An internal report detailing the findings for both regional and country level progress in the implementation of the WPDD and Plan of Action was submitted to WHO-WPRO in February 2008.

## National Diabetes Policy and Action

In 2007, in support of the United Nations Resolution on Diabetes, the International Diabetes Federation (IDF) appointed a Task Force on National Diabetes Policy and Action led by Ruth Colagiuri as honorary chair. The focus of the Task Force for 2008 and 2009 centres on providing mentoring, training, resources, and technical support to the approximately 200 countries around the world which have IDF member associations to promote the development of new diabetes programs and re-invigorate existing programs. The Task Force is made up of representatives of the seven IDF Regions and a WHO representative:

- Associate Professor Ruth Colagiuri (Chair) - Western Pacific Region
- Professor Juan Jose Gagliardino - South American and American Region
- Mr Lex Herrebrugh - European Region
- Dr Abdullah Ben Nakhi - Middle East and North Africa Region
- Professor Ambady Ramachandran - South East Asian Region
- Dr Kaushik Ramaiya - African Region
- Professor Gayle Reiber - North American Region
- Dr Gojka Roglic – WHO Geneva

Progress to date includes:

- ***Global survey of National Diabetes Programs***

To assess the status of national diabetes programs, in mid 2008 *The Diabetes Unit* conducted a global survey of all member associations of the IDF (n=190 countries) on behalf of the Task Force. The results of this survey established a baseline profile of National Diabetes Programs (NDP) globally and provide important insights into their current status in each member country to underpin the NDP workshop program. This is critical in defining need-based strategies and prioritising actions.

The results of the survey will be published by the International Diabetes Federation in the fourth edition of *The Diabetes Atlas* which will be released at the 20<sup>th</sup> World Diabetes Congress in Montreal in October 2009.

## ***National Diabetes Programs Toolbox***

In support of this program, *The Diabetes Unit* is developing a handbook of resource material for developing and implementing NDPs including measuring the problem (disease prevalence, morbidity and cost), intervening to mitigate the problem and evaluating the impact of the interventions.

### ***Workshop program***

Workshops will be conducted in 2009 in each of the seven IDF Regions of the world to provide mentoring, technical support, advice and raise government awareness of NDPs. The generic workshop program will be available shortly and workshops are planned for Africa, the Western Pacific Region and North America in the first half of 2009.

Although work on this program is honorary, it represents a significant portion of the Unit's work in international health and is assisted by Ms Robyn Short, IDF project officer on a part time basis.

### **Funding sources**

The International Diabetes Federation  
Eli Lilly International  
Novo Nordisk Denmark

### **Inter-University Chronic Disease Knowledge Network**

This project was funded by the University of Sydney International Program Development Fund (IPDF) to consolidate and expand the program which was piloted in 2006 and continued in 2007 and aimed to develop a chronic disease network between the University of Sydney and universities in the Asia Pacific Region. Its core component centred on creating opportunities to promote the exchange of information and innovative ideas around chronic disease prevention and care. In 2008 the visiting scholars were:

- Dr Paula Vivili, Senior Medical Officer, Ministry of Health, Tonga, took the opportunity to work with colleagues at *The Diabetes Unit* and other University departments to analyse data and draft a journal article on the results of the Tonga National Diabetes Prevalence Survey. Dr Vivili also devoted his time to planning for a summit on chronic disease prevention which will be held in Tonga in April 2009.
- Dr Karen Heckert, Program Manager/Assistant Professor, Department of Family Medicine and Community Health, John A Burn School of Medicine, University of Hawaii, undertook a consultation visit in October 2008 to advise *The Diabetes Unit* on the development of a capacity building program for Pacific Island countries linking chronic disease prevention and sustainability.



**Dr Paula Vivili**



**Dr Karen Heckert**

# **OXFORD HEALTH ALLIANCE**

# OXFORD HEALTH ALLIANCE – ASIA-PACIFIC CENTRE

*The Diabetes Unit* plays an important advocacy role, both nationally and internationally, stimulating and fostering action across a range of sectors in response to the challenges of epidemic chronic disease. It is in this role that *The Diabetes Unit* leads the Oxford Health Alliance Asia-Pacific Centre, building and maintaining a network of activity with people committed to the improvement of the health environment and organisations whose business influences health.

## About the Oxford Health Alliance

The Oxford Health Alliance (OxHA) [[www.oxha.org/](http://www.oxha.org/)] is an international think-and-action tank dedicated to confronting the epidemic of chronic disease. It serves to prevent and reduce the global impact of chronic disease through innovative action with diverse stakeholders around three risk factors (tobacco use, physical inactivity and poor diet) which contribute to the four major chronic diseases (heart disease, diabetes, lung disease and many cancers) and are responsible for more than 50% of deaths worldwide. Established in 2004 by Oxford University with a grant from Novo Nordisk A/S Denmark, OxHA operates independently as a registered UK charity. It is governed by a Board of Directors headed by Professor Sir John Bell, led by its Executive Director Professor Stig Pramming and bases its activities around six workstreams:



### **The economic argument for prevention**

The cost of intervening to prevent chronic diseases is small compared to the cost of not intervening



### **Prevention in the workplace**

Almost 40% of our waking hours for almost 40 years are spent at work – an ideal environment for reducing chronic disease risks



### **Youth, children and future health**

Young people are the key to changing perceptions and lifestyles of future generations



### **Environmental design for prevention**

Creating physical environments that make healthy options an integral part of everyday life



### **Industry's role in prevention**

Prevention efforts by companies and industries can have far-reaching effects



### **Law + health**

Applying the law to change average population health behaviours

## OxHA Asia-Pacific Centre

Established in 2005 at the Australian Health Policy Institute, the OxHA Asia-Pacific Centre is led by Associate Professor Ruth Colagiuri with assistance from Renee Slade. Its role is to work closely with the global body to replicate OxHA strategy in the Asia-Pacific region by engaging with governments, academic institutions, public health practitioners, lawyers, corporations, health and related NGOs, activists, urban designers, architects and planners and the food industry to raise awareness and encourage action to facilitate the health of people and the planet. This entails:

- collecting and synthesizing evidence in support of the OxHA cause
- making representation to government, industry, employers and private and public sector agencies and institutions to act to improve the health environment
- conducting Oxford Dialogue meetings on emerging 'hot' topics
- identifying and communicating innovative ideas and solutions
- developing discussion documents on topical issues

## OxHA Asia-Pacific Network

*The Diabetes Unit* has built a communication network of over 150 people and organisations dedicated to improving the health environment or whose business influences the health environment. Network members are from Australia, New Zealand, Malaysia, Korea, Vietnam, Mongolia, the Philippines, China, various Pacific Island countries and the US. The list represents a range of public and private sectors and includes people from ministries of health, food and pharmaceutical companies, research and academia, clinical services, employee unions, health NGOs (diabetes, heart, kidney, stroke and cancer), international health agencies, private health organisations, urban planning and environmental agencies.

## The Sydney Resolution

The OxHA Asia-Pacific Centre led the development of the Sydney Resolution which was the key outcome of OxHA's annual global summit meeting, *Building a Healthy Future: Chronic Diseases and the Environment*, held in Sydney in February 2008. The Sydney Resolution is a call to urgent international action at all levels of society to halt the devastating global impact of chronic disease, and promote economic and environmental sustainability. The five points of the Resolution's framework focus on achieving *healthy people in healthy places on a healthy planet* (Appendix 1). At its launch in February 2008 over 100 individuals and organisations signed up to the Sydney Resolution. Since then a number of organisations have formally adopted the Resolution, including:

- Diabetes Australia
- Diabetes New Zealand
- The World Lung Foundation
- The World Heart Federation and its 192 member organisations
- Australian Health Promotion Association
- Public Health Association of Australia
- Australasian Faculty of Public Health Medicine

## OxHA 2008 Sydney Summit

OxHA holds a global summit meeting annually to bring together a diverse group of experts from a range of fields to consider the prevention of epidemic chronic disease. The 2008 Summit was held in Sydney, jointly hosted by the OxHA Secretariat in London and the OxHA Asia-Pacific Centre on the theme of Building a Healthy Future: Chronic Disease and the Environment.

The Sydney Summit brought together over 120 invited Australian and international delegates from academia, government, business, law, economics, architecture and urban planning from both developed and developing countries to consider the collective response needed to safeguard the health of people, places and the planet. The Summit delivered a global call to action, *The Sydney Resolution*, to motivate corporations, governments, financial institutions, donor agencies and civilians to address the urgent need for healthier environments.

Summit participants also considered and voted on priorities for chronic diseases with the highest priority being the establishment of a Global Fund for Chronic Diseases.



Participants at the OxHA 2008 Sydney Summit

## Law + Health Working Group

Initiated in early 2007 by Associate Professor Ruth Colagiuri and Justice Terry Sheahan from the NSW Land and Environment Court (formerly President of the NSW Worker's Compensation Commission), Law + Health became OxHA's sixth workstream.

Due to the assistance of Professor Roger Magnusson from The University of Sydney's Faculty of Law, the Law + Health Working Group was fortunate to attract Professor Larry Gostin from Johns Hopkins University who led the OxHA Summit governance group and provided invaluable insights into how the law might be applied to promote and protect health. The application of the law to improving global and national governance for good health and making positive changes to average population behaviour to mitigate health risks is an exciting notion and is a pivotal strategy for implementing the five points of the *Sydney Resolution* and will be actively pursued in 2009.

## Public submissions on topical issues

The OxHA Asia-Pacific Centre sees making submissions on topical health policy, chronic disease prevention, and environmental issues as an important part of its role. For example, in 2008, a submission was made to the National Health and Hospitals Reform Commission (NHHRC), calling for the NHHRC to adopt and apply the *Sydney Resolution* in its recommendations by focusing those areas and activities within the scope of the health system's influence on creating healthy places, healthy food, healthy business, healthy policy and healthy societies.

A further submission is currently being prepared for submission to the Australian Health Minister's Preventative Task Force.

## Publications

To provoke thought and stimulate debate around growing concerns about the impact of environmental determinants on chronic diseases, in late 2007/early 2008, *The Diabetes Unit* co-ordinated and co-authored a series of articles on topical, and sometimes contentious issues which were published in the *Medical Journal of Australia* in the lead up to the 2008 OxHA Sydney Summit as listed here (full references available at page 24) and accessible at: <http://www.ahpi.health.usyd.edu.au/diabetes/oxhapublications.php>

- The Oxford Health Alliance: a risky business?
- The lion, the wardrobe and the witch hunt: an alternative take on obesity
- What are governments for?
- The law and chronic disease prevention: possibilities and politics
- Can public health advocates work alongside industry?

## Nest steps

Since the OxHA Sydney Summit in February 2008, the work of the Asia-Pacific Centre has revolved around implementation of the Sydney Resolution. This focus will continue in 2009 and will be strengthened by *The Diabetes Unit's* role in the University of Sydney's new Institute for Sustainable Solutions.

# SUSTAINABILITY

# SUSTAINABILITY

Although sustainability and health is the newest addition to *The Diabetes Unit's* work streams, the 'ecological' view of health and all its combinations and cross influences has been an emerging and passionate interest for some time. Fuelled initially by our work and co-thinking with the Oxford Health Alliance about the Sydney Resolution and the inextricable links between the causes, consequences and possible solutions to chronic diseases and climate change, this interest has been further fanned by the launch of USISS in 2008 and the appointment of Associate Professor Ruth Colagiuri to lead the Institute's Health Theme.

## **The University of Sydney Institute for Sustainable Solutions (USISS)**

The Institute for Sustainable Solutions provides a focal point for and fostering outstanding sustainability research capability or contributing to and, where appropriate leading the field in solving solutions to global sustainability issues. USISS was launched in July 2008 in association with a public lecture by Columbia University's world renowned macroeconomist Jeffrey Sachs. This was preceded by a series of overview presentations by the USISS theme leaders and a spirited debate on sustainability, adjudicated by University of Sydney Senate member and Sydney radio personality, Adam Spencer. Presentations from the launch are available at: [http://www.usyd.edu.au/sustainable\\_solutions/about/audio\\_video/index.shtml](http://www.usyd.edu.au/sustainable_solutions/about/audio_video/index.shtml)

## **USISS Health Theme**

*“protecting physical, mental and social health in a time of change”*

Sustainability is arguably the greatest challenge ever faced by humankind. The first task of the USISS Health Theme is to build the critical intellectual capacity and mass to ask the right questions and find the right answers to tackling the overwhelming problems of mental, physical and social health: energy, water, and food shortage; population growth; excessive and poorly planned urbanisation; ambient temperature changes; over-consumption, waste and economic stability. The task commenced in 2008 with:

### ***Dean of Medicine's Sustainability Roundtable***

Organised by *The Diabetes Unit* in August 2008 on behalf of the Dean of Medicine, Professor Bruce Robinson to explore and scope the parameters of health and sustainability, the Roundtable drew on senior staff of the Faculties of Health to brainstorm the parameters of health and sustainability.

### ***Faculties of Health Conference 2008***

During the plenary session at the 'From Cell to Society – Faculties of Health Research Conference', Renee Slade facilitated a panel composed of the Deans of each Health Faculty speaking to the question of what sustainability means to their area.

## ***Sustainability and Health Forum***

Hosted by the Dean of Medicine, Professor Bruce Robinson, for the Faculties of Health and organised by *The Diabetes Unit*, the Health and Sustainability Forum held on December 5, 2008 brought staff, students and associates together to:

- Develop a shared understanding of the centrality of health to sustainability
- Showcase sustainability related research and projects across the Faculties of Health
- Identify opportunities for the Faculties of Health to advance the University's strategic directions and set the foundation for future sustainability activities
- Foster communication and interaction on sustainability across the Faculties of Health

The program was built around the University's strategic priority areas:

- Research and innovation
- Teaching and learning
- Community engagement and outreach
- The student experience

### **Industry Engagement**

In October 2008, the University of Sydney Institute for Sustainable Solutions (USISS) and Oxford Health Alliance (OxHA) – Asia-Pacific Centre, in conjunction with the Australian Association of National Advertisers (AANA) conducted a roundtable meeting with representatives from advertising and marketing to discuss the meaning and challenges of sustainability to advertisers.

This preliminary Oxford Dialogue on Sustainability and Advertising was exploratory in nature. It raised a variety of issues and ideas and identified barriers and dilemmas which pave the way for continuing discussion and future action to address this critical area of sustainability.



**Students Fred Hersch and Joe Dusseldorp with Ruth Colagiuri and Renee Slade at the Sustainability and Health Forum**

# TEACHING

*The Diabetes Unit* has a strong commitment to teaching and scholarship and, within the limitations of its funding base, pursues this through a contribution to:

## Formal teaching:

- The Graduate Certificate in Health Policy offered jointly by the School of Public Health and the Australian Health Policy Institute
- The Master of Public Health and Master of International Public Health course

## Research Supervision:

Medical Honours Student, Douglas Falconer, for project entitled: “What is the individual and societal cost of type 2 diabetes in Vanuatu?”

Medical Options Student, Ankur Mehta for a project on “The Benefits of Screening for Diabetic Retinopathy”.

Natalie Vinkeles Melchers from the Free University of Amsterdam for a five month internship to undertake a study of “The Influence of SES on Supermarket Content and Purchases”.

## Professional development

Through its various projects and programs *The Diabetes Unit* offers professional development and mentoring opportunities for personnel from developing countries and encourages and assists in preparing them to undertake formal training in their areas of interest. In 2008 a number of staff members from the Ministries of Health in Nauru and Vanuatu visited *The Diabetes Unit* on training attachments.



**Natalie Vinkeles  
Melchers**



**Ankur Mehta**



**Douglas Falconer**



**Cindy Limen &  
Rina Hartman**

## GRANTS AWARDED IN 2008

In addition to funding for ongoing projects, new grants awarded to *The Diabetes Unit* in 2008 included:

- Department of Health and Ageing via a grant administered by Diabetes Australia to develop NHMRC Guidelines for the prevention and care of Type 2 Diabetes
- International Diabetes Federation – Toolbox for National Diabetes Programmes
- Oxford Health Alliance - Implementation of the Sydney Resolution
- Novo Nordisk Denmark – Development of Global Indicators for Patient Centred Care
- University of Sydney International Program Development Fund (IPDF)

*The Diabetes Unit* provides one of the six Chief Investigators on the NHMRC project known as SCIPPS – the Serious and Continuing Illness Policy and Practice Study.

### Donations

In 2007-8, a number of organisations provided donations in support of the Oxford Health Alliance Sydney Summit. They were:

- Department of Health and Ageing
- NSW Department of Health
- Diabetes Australia
- National Heart Foundation of Australia
- National Stroke Foundation
- Cancer Council Australia
- Novo Nordisk Australasia

# PUBLICATIONS FOR 2008

## Peer reviewed journal articles

Duke S-AS , Colagiuri S, Colagiuri R. Individual patient education for people with type 2 diabetes mellitus. Cochrane Database of Systematic Reviews. Issue 1, 2009.

Colagiuri R, Eigenmann C. A national consensus on outcomes and indicators for diabetes patient education. *Diabetic Medicine*. (In press).

Eigenmann C, Colagiuri R, Skinner TC, Trevena L. Are current psychometric tools suitable for measuring outcomes of diabetes education? *Diabetic Medicine*. (In press).

Magnusson R, Colagiuri R. The law and chronic disease prevention: possibilities and politics. *Medical Journal of Australia*. 2008; 188(2) 104-105.

Pramming S, Colagiuri R. Can public health advocates work alongside industry? *Medical Journal of Australia*. 2008; 188(4) 202-203.

Buckley A & Colagiuri R. Get'em while they're young: How well are we preparing undergraduates to deal with diabetes? *Australian and New Zealand Journal of Public Health*. 2008; 32 (3):291.

Falconer DG, Buckley A, Colagiuri R. Counting the cost of diabetes in Vanuatu. Submitted to *Diabetes Research and Clinical Practice*. December 2008.

## Evidence Based Guidelines

Colagiuri R, Girgis S, Eigenmann, C, Griffiths R. Evidenced Based Guideline for Patient Education in Type 2 Diabetes. Public Consultation Draft. Diabetes Australia and the NHMRC. October, 2008.

Colagiuri R, Girgis S, Gomez M, Walker K, Colagiuri S, O'Dea K. Evidence Based Guideline for the Primary Prevention of Type 2 Diabetes. Public Consultation Draft. Diabetes Australia and the NHMRC. August, 2008.

Colagiuri S, Davies D, Girgis S, Colagiuri R. Evidence Based Guideline for Case Detection and Diagnosis of Type 2 Diabetes. Public Consultation Draft. Diabetes Australia and the NHMRC. August, 2008.

Colagiuri S, Dickinson S, Girgis S, Colagiuri R. Evidence Based Guideline for Blood Glucose Control in Type 2 Diabetes. Public Consultation Draft. Diabetes Australia and the NHMRC. August, 2008.

Chadban S, Howell M, Twigg S, Thomas M, Jerums G, Alan A, Campbell D, Nicholls K, Tong A, Mangos G, Stack A, McIsaac R, Girgis S, Colagiuri R, Colagiuri S, Craig J. Evidence Based Guideline for Diagnosis, Prevention and Management of Chronic Kidney Disease in Type 2 Diabetes. Public Consultation Draft. Diabetes Australia and the NHMRC. September 2008.

## Project/technical reports

Buckley A, Colagiuri R (2008). Building Better Diabetes Care in Nauru. Report on the World Diabetes Foundation Project National Stakeholder Forum, March 12-13 2008, Nauru. The Diabetes Unit, Australian Health Policy Institute, The University of Sydney.

## Book and Book Chapters

Colagiuri S, Palu T, Viali S, Hussain Z, Colagiuri R. The epidemiology of diabetes in Pacific Island populations. In Ekoe JM, Rewers M, Williams R and Zimmet P (eds). *The Epidemiology of Diabetes Mellitus* (second edition). UK: John Wiley & Sons Ltd, 2008.

Colagiuri R, Girgis S, Gomez M. Methods and Processes in Evidence Based Guidelines. Home P and Colagiuri S. (eds) Blackwell, London. In preparation.

Colagiuri R, Buckley A National Diabetes Programmes Toolbox. Novo Nordisk and International Diabetes Federation, Brussels. In preparation.

## Other Publications

Colagiuri R, Slade R. Sustainability: What's health got to do with it? The Radius Magazine, Medical Alumni Association and Faculty of Medicine, Volume 21 No. 4, December 2008, The University of Sydney.

Colagiuri R. Why doesn't Nanny Care About Fat People, [www.Crickey.com](http://www.Crickey.com), Tuesday 5 August 2008.

Colagiuri R. Oxford Health Alliance Sydney Summit: Building a Healthy Future. The Bridge Newsletter of the School of Public Health, Issue 4, July 2008, The University of Sydney.

Colagiuri R. The global chronic disease burden: what is being done? Diabetes Voice, 2008, Volume 53, International Diabetes Federation May 2008.

## Refereed Abstracts

Eigenmann C, Colagiuri R, Skinner C. Measuring outcomes of diabetes education – literature review and critical appraisal of tools. Proceedings Therapeutic Patient Education Conference. Budapest. November 2008.

Eigenmann C, Colagiuri R, Girgis S, Cadman J, Griffiths R. Does diabetes patient education change behaviour in people with type 2 diabetes? A systematic review. Proceedings ADS/ADEA Annual Scientific Conference. Melbourne, August, 2008.

Buckley A, Colagiuri R. The Western Pacific Declaration: Progress of the 2000-2005 Plan of Action. Proceedings Population Health Congress. Brisbane, July, 2008.

Gomez M, Colagiuri R, Buckley A, Eigenmann C, Thomas M. Evaluating type 2 diabetes prevention programs in culturally and linguistically diverse communities (CALD) – What's needed? Proceedings Population Health Congress. Brisbane, July, 2008.

Colagiuri R, Girgis S, Gomez M, Walker K, O’Dea K. The evidence for preventing type 2 diabetes – 2000 to 2008: the times they are a’changing. Proceedings Population Health Congress. Brisbane. July, 2008.

Falconer D, Tarianga C, Tasserei J, Buckley A, Colagiuri R on behalf of the WDF Project Collaborators. The individual and societal cost of type 2 diabetes in Vanuatu. Proceedings 7th International Diabetes Federation Western Pacific Region Congress. Wellington, New Zealand, 2008.

Buckley A, Naidu V, Tarianga C, Tasserei J, Boltong K, Colagiuri R on behalf of the WDF Project Collaborators. The burden of diabetes complications in Vanuatu. Proceedings 7th International Diabetes Federation Western Pacific Region Congress. Wellington, New Zealand, 2008.

Colagiuri R, Buckley A, Tarianga C, Tasserei J on behalf of the WDF Project Collaborators. A Root Cause Analysis of Diabetes-related Amputations in Vanuatu. Proceedings 7th International Diabetes Federation Western Pacific Region Congress. Wellington, New Zealand, 2008.

#### **Other Abstracts were presented by:**

Buckley A. Measuring and Modifying the complications & costs of Diabetes in the Pacific Island setting. School of Public Health Research Day. June 2008.

Colagiuri R. Chronic Disease Frameworks: From Silos to Synergies. School of Public Health Research Day. June 2008.

Eigenmann C. A national consensus on Outcomes & Indicators on Diabetes Patient Education. School of Public Health Research Day. June 2008.

Gomez M. Can type 2 diabetes in CALD groups be prevented? School of Public Health Research Day. June 2008.

# ENGAGEMENT

## Committee participation

In 2008 staff of *The Diabetes Unit* participated on a number of honorary boards and committees. Examples include:

### In Australia:

- Diabetes Expert Advisory Committee advising the Chief Medical Officer – Department of Health and Ageing
- Expert Reference Group for Diabetes - NSW Health Department (Chronic Disease Strategy)
- Obesity Subcommittee of the National Preventative Taskforce

### Internationally:

- International Diabetes Federation Task Force on National Diabetes Policy and Action
- International Diabetes Federation Western Pacific Regional Council
- International DAWN Advisory Board

## Invited participation in conferences and major meetings

In 2008 staff of *The Diabetes Unit* were invited to address and/or participate in a number of chronic disease forums. Examples include:

### In Australia:

**Invited speaker:** *Healthy Community: Applying the Sydney Resolution Locally*, Australian General Practice Network Conference, Darwin, November 2008.

### Internationally:

**Invited speaker:** *The Sydney Resolution*. Oxford Health Alliance (global) Summit, Sydney.

**Invited facilitator:** Roundtable on *Indicators for Patient Centred Care*. Lund, Sweden.

**Invited speaker:** *How Can National Diabetes Programs Take Account of Migrant and Minority Groups?* 2nd Grand Symposium on Diabetes and Migration, Lund Sweden.

**Invited speaker** and faculty member Asia Pacific Epidemiology Course, Jikei University School of Medicine, Tokyo, Japan.

**Invited speaker:** National Diabetes Program, International Diabetes Federation – Europe, Malta.

**Invited speaker, chair and moderator:** *Putting People With Diabetes Centre Stage: Global Indicators for Patient-Centred Care*. 4<sup>th</sup> International DAWN Summit, Budapest, Hungary.

## 2009 AND BEYOND

The past year has been a chaotic one, full of surprises and transformational changes. Global macro events have been reflected in the microcosm of *The Diabetes Unit* and have caused us to re-examine our 'reason to be' and our vision, mission, goals and ambitions. Having done this we are confident about our purpose and our capacity to make a difference but still conscious that 2009 will bring many more changes and challenges. One such change will be the amalgamation of our parent department, the Australian Health Policy Institute, with the public health/policy section of the John Curtin School of Medicine at the Australian National University into the Menzies Centre for Health Policy. This opens up exciting prospects for increased collaboration within a more diverse 'home team' and is warmly welcomed by the staff of *The Diabetes Unit*.

### • Evidence and Policy

On the evidence and policy front, our work with NHMRC and developing the evidence base for relevant and timely policy responses to critical problems will continue in 2009 and beyond but will increasingly address issues relating to health and sustainability. For example, we are presently negotiating funding for a 'Knowledge Network' on this topic.

### • International Health

Our plans for international health for the next several years are bold. They are based on the notion of addressing chronic disease prevention and aspects of climate change in Pacific Island countries as an integrated package. A proposal based on applying this concept to the Solomon Islands is currently being developed in partnership with their Ministry of Health and will be submitted to the next funding round of the World Diabetes Foundation in January.

### • Oxford Health Alliance

In 2008 we will continue to develop the OxHA Asia-Pacific network and expand the number of organisations - particularly corporations and non-health organisations - adopting and applying the five point framework of the Sydney Resolution which urges all to work towards the realisation of healthy people in healthy places on a healthy planet.

### • Sustainability

For the foreseeable future, our greatest efforts will be dedicated to health and sustainability. This will include working with industry and business to improve the physical activity and food environment as a means of reducing the impact of obesity and chronic diseases while simultaneously shrinking its current ecological 'shoe-size'.

One major challenge will be avoiding the 'paralysis by indecision' that can sometimes result from having an array of options and areas for possible action - how best to prioritise these opportunities and where best to invest the greatest effort. But, given the current financial crisis, perhaps the greatest challenge will be sourcing and attracting the necessary funding support to address today's imperatives before they become tomorrow's disasters.

As 2008 ends and 2009 begins, we are working hard on these issues. Whatever the coming year brings, the staff of *The Diabetes Unit* will meet the challenges with integrity, competence, confidence in their goals and ambitions, and a passion for their purpose. The opportunities are limitless.



## The Sydney Resolution

February 2008

### Healthy People in Healthy Places on a Healthy Planet

*The way we live is making people sick. It is also making our planet sick. It is not sustainable. We can do better.*

The world is now facing the most serious challenges to human health. The magnitude and complexity of these challenges require the broadest alliance and partnership of stakeholder groups to confront this growing and urgent problem. Four preventable chronic diseases – heart disease/stroke, diabetes, chronic lung disease and cancer – account for 50% of the world's deaths. Their underlying causes are tobacco use, physical inactivity and poor diet.

These preventable chronic diseases are at epidemic proportions. They are increasingly affecting younger people and cause physical disability, depression, and early death. There are immense costs to society in lost productivity and increased use of health services. The epidemic threatens economic stability in developed and developing countries alike. Families striving to escape the poverty trap are pushed back into disadvantage and despair. The problem is similar to that of climate change in that it affects the whole world, is the result of our way of living and, crucially, can be reversed.

Urgent action is needed. There is a clear way forward. The four major chronic diseases can largely be prevented, but there is no simple or quick solution. To achieve real change, it is necessary to bring together dedicated stakeholders from all parts of society. The development of how we live as societies, share opportunities, interact with the natural environment and how we design our cities, transport systems, food systems, work places and housing will fundamentally determine future patterns of health and disease. We need health services focussed on prevention as well as cures and we need our world free of tobacco. We must fundamentally reshape our social and physical environments so that they are aligned with eradicating this epidemic of chronic disease.

#### The call to action

We call on the United Nations' agencies, governments, corporations and businesses, donor agencies, professionals, consumers, non-government organisations and employee unions, civil society and individuals to collaborate in taking urgent action to halt the devastating global impact of chronic diseases. We know that change is possible for individuals and families, communities and nations and that the change will promote economic and environmental sustainability. We need:

- **Healthy places** – designing towns, cities and rural areas, which are smoke-free, and where it is easy to walk, cycle and play, with unpolluted open spaces and safe local areas that foster social interaction.
- **Healthy food** – making healthy food affordable, and available to all.
- **Healthy business** – engaging business in the agendas promoting healthy people, healthy places, healthy planet and making good health good business.
- **Healthy public policy** – formulating comprehensive, innovative and 'joined-up' legislation and social and economic policies that promote health.
- **Healthy societies** – addressing equity and socio-economic disadvantage.

Oxford Health Alliance, 27 February 2008

See: [www.oxha.org](http://www.oxha.org), [www.3four50.com](http://www.3four50.com) and Grand Challenges in chronic non-communicable disease. Nature 2007 450; 494-496

