

Māori and Pacific Island Communities in Australia Diabetes Inquiry – Additional Information

Background Context

- **Social and cultural factors and SDoH, health literacy and access to culturally responsive support and care are not met for Māori and Pacific Island communities in Australia. There are intergenerational concern as we see increasing prevalence of diabetes in our younger age group including children**
- **Increasing prevalence in Pacific Island population – younger people, children with obesity and gestational diabetes (key data abased on 2021 Census and Australian Institute of Health and Welfare (AIHW)).**
 - Diabetes complications 2.02 × higher than Australian-born population
 - Hypertension 1.76 × higher than Australian-born population
 - Younger people diagnosed with type diabetes (primary and high school levels) and younger people presenting with avoidable diabetes complications
- **Upward trajectory in the increasing prevalence and burden evident from the hospital separations and late presentations with diabetes related complications - Potentially preventable hospitalization (PPH) rates**
 - Between 1 – 2 time compared to Australian born (Samoa 2.08 ×, Cook Islands 1.99 x, Tonga 1.90x, Fiji 1.14x , PNG 1.05X)
 - Issue for us as community is that it's underrepresented and only have data from those with larger population from Oceania (Census data collects is limited) and does not reflect the other regions from Melanesia, Micronesia (22 PICT) population where diabetes prevalence would be just as higher or higher)
 - Context for 2 and 3rd generation born in Australia and likely that that prevalence is higher (not accurately represented in the census or National health survey data)
 - Underrepresented data means the burden on health are system is not captured
- **Māori and Pasifika People have the worst late stage & kidney dialysis – as presented in the 2021 ABS and the latest AIHW report**
 - 1.25 – 2.15 %higher for chronic conditions (Fiji 1.25, Cook Islands 2.10, Tonga , 2.11, Samoa 2.15)
 - Avoidable deaths between 1.7 – 2.4%

- **Multiple co-morbidities – dealing with this is complex when cultural, family and community priorities precedes diabetes care on daily basis**
 - Must be community led with Māori and Pasifika peoples to address this pertinent issue .We have evidence-based research h conducted with out Pasifika researchers documenting the cultural, social context of living with diabetes.
 - We have developed evidence-based program framed around Cultural, SDoH, health literacy and education that as led by , with and for the community. The Pasifika Women’s’ Diabetes Wellness Program, the Pasifika Maternity Health Clinic run by a Pacific community called the Village Connect in the Logan Central area and the Good Start Program focussing on Children are examples of community driven and led initiatives that are likely to shift this upward trend with diabetes.
 - These community -led initiatives and programs, if adequately and with continued funding are likely to address social, cultural and determinants of health by working with the community and building community capacity through increasing Pacific Health professionals (physicians, allied health, community health workers, community researchers, educators and researchers) working with the Māori and Pacific communities.
 - We need more research funding to build on and examine ways to address diabetes in the community. It’s complex and requires ongoing funding commitment at all state and national level in research and workforce development for Māori and Pacific Islander peoples.