

diabetes matters

SPRING 2026

A Diabetes Victoria Member Magazine



Everything You
Need To Know
About The
Diabetes Expo



Diabetes Community Day at
IDF-WPR Congress

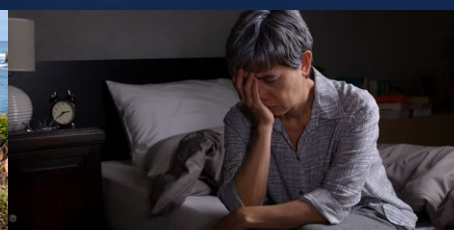

diabetes vic



10 STEPS TO
THE MEDITERRANEAN DIET



NEW MOVEMENT
GUIDELINES



5 WAYS TO COPE WITH
DIABETES DISTRESS

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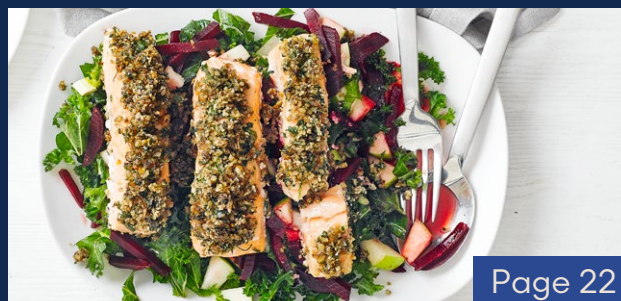
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A Word From Us

Welcome to the spring edition of Diabetes Matters – I hope this edition finds you warm and well.



Spring brings with it new beginnings. At Diabetes Victoria, we are celebrating a few new beginnings of our own.

We are the official event partner for the renewed Diabetes Expo 2026, which will make a long-awaited comeback this November.

The leading diabetes health event in Melbourne is designed for people living with all types of diabetes, as well as carers, families, and people at-risk. Turn to page 10 to find out more.

Another new beginning – we are proud to join Australia's biggest one-day bike ride this October as an Official Charity Partner. The United Energy Around the Bay fundraiser encourages families, groups and workplaces to take on Melbourne's most iconic bike ride.

The fundraiser will help us to support the 1.3 million Victorians impacted by diabetes, while also promoting the critical role physical activity plays in prevention of type 2 diabetes and long-term health. Read more on page 12.

On page 14 we cover the beginning of our Community Research Advisory Group. We established this group to further ensure diabetes research is informed by the experiences, priorities and needs of people living with diabetes.

A key focus area in our organisational strategy is to enable people with lived experience to be involved in research and drive meaningful advancements. This group will help researchers understand what matters most to the diabetes community.

Ahead of the state election in November 2026, we are calling on the next Victorian Government to commit to five priorities to better support Victorians living with, or at risk of, diabetes.

The voices of our members and the wider diabetes community are at the heart of these election priorities. We gathered feedback through surveys and conversations with Victorians impacted by diabetes, to hear directly from people about what matters most to them.

Read more about Diabetes Victoria's 2026 State Election priorities starting on page 32.

I was recently a guest on the Melbourne Medical School's MMS Network podcast. The episode explores how research, innovation and community partnerships are helping shape the future of diabetes healthcare.

We discussed the scale and impact of diabetes in Australia, the importance of translating research into real-world outcomes, and how collaboration between researchers, clinicians, and patients with lived experience can accelerate improvements in prevention, treatment and care. You can listen on Spotify or Apple Podcasts.

As always, you will find recipes, feature articles about diabetes technology, health and wellbeing, and inspiring member stories.

Until next time,

Glen Noonan
Diabetes Victoria CEO

Listen to the MMS Network podcast here:



What's New



Inaugural Helen Thomas Early Career Fellowship in Type 1 Diabetes announced

In recognition of her significant contributions to type 1 diabetes research, the Australian Diabetes Society (ADS), Breakthrough T1D Australia, Diabetes Victoria and St Vincent's Institute of Medical Research (SVI) established the Helen Thomas Early Career Fellowship in Type 1 Diabetes.

Dr Kylie Jevon has been named as the inaugural fellow for 2026. The funding, valued at \$80,000 for one year plus a \$5,000 travel and conference allowance, will support her work towards discoveries in type 1 diabetes.

Dr Jevon completed her PhD at the University of Sydney, where she spent several years gaining expertise on type 1 diabetes from a beta cell perspective.

"I became motivated to broaden my understanding of type 1 diabetes by exploring the immune system mechanisms that drive it," she says.

"This led me to move to Melbourne to pursue postdoctoral training with Professor Tom Kay.

"My long-term career goal is to establish an independent research group in the field of type 1 diabetes, where I will be able to translate my findings to the clinic and make an impact in the lives of people with type 1."

Dr Jevon's research seeks to understand how to harness T cell exhaustion to treat type 1 diabetes.

T cells are white blood cells that destroy other infected cells to protect the body from disease, but mistakenly attack the body's own beta cells in people with type 1 diabetes.

"I'm hopeful my research will find ways to prolong the efficacy of immune therapies such as baricitinib and **teplizumab**," she explains.

"We are at a pivotal moment in type 1 diabetes research, with the long-awaited emergence of disease-modifying therapies that have the potential to shift the treatment landscape.

"I am excited to contribute to this by building on the strong foundation our lab has established in studying the mechanism of action of JAK inhibitors."

"I am honoured to be named as the Inaugural Helen Thomas Fellow. As an early career researcher, this fellowship represents a major step toward becoming an independent researcher."

The research promises real-world impact for people in the early stages of type 1 diabetes.

"This research has the potential to prolong immune therapies that can delay the onset of stage 3 type 1 diabetes," says Diabetes Victoria CEO Professor Glen Noonan.

"If we can find a way to make these treatments effective for a longer time, we give people more time without the daily load

of managing type 1 with insulin therapy. Ultimately this leads to better health outcomes."

ADS CEO Professor Sof Andrikopoulos says supporting early career researchers is vital.

"It is important to empower young researchers early in their career, as they will be the next generation driving future breakthroughs in diabetes treatment," Professor Andrikopoulos says.

"Fellowships like this one help young researchers establish themselves in the field."

Breakthrough T1D CEO Sydney Yovic says research focusing on intervention is changing the type 1 diabetes landscape.

"The advancements we are seeing in disease-modifying therapies is rapidly changing the trajectory of early intervention for type 1 diabetes. This is truly a new

research era that Professor Thomas helped pioneer through her own career.

"Projects like Dr Jevon's are finding ways to slow down and one day even prevent type 1 diabetes progression. This means more years without the condition, a reduced risk of complications and the daily burdens of the condition, and ultimately, a future free from developing type 1 diabetes altogether."



My long-term career goal is to establish an independent research group in the field of type 1 diabetes, where I will be able to translate my findings to the clinic and make an impact in the lives of people with type 1.

DR KYLIE JEVON

Professor Helen Thomas served as Associate Director and Head of the Islet Biology Lab at SVI.

Her groundbreaking work deepened the understanding of the autoimmune processes that destroy insulin-producing cells, paving the way for improved therapies.

"Helen was an exemplary research leader, providing empathetic support and supervision to many and building a high functioning research group and a network of

friends and collaborators across Australia and all around the world," says SVI Director Professor Tom Kay.

"She was loved, respected, trusted and admired by her many collaborators and colleagues. The fellowship is a powerful and fitting tribute to Helen's lifelong commitment to research and the growth of young talent."

Image: Professor Helen Thomas. Courtesy of St Vincent's Institute of Medical Research.





Dexcom G6 will be discontinued September 2026

The Dexcom G6 transmitter and sensor will be discontinued by AMSL Diabetes (a Dexcom Company) on 30 September 2026.

If you currently use Dexcom G6, please see your diabetes health professional to discuss the most suitable continuous glucose monitoring (CGM) device for your needs.

Your health professional can help you change to the new device through the NDSS. The change will not be made automatically, so we recommend booking an appointment ahead of time.

Choosing a new device

A range of CGM products is available through the NDSS. Your health professional can help you decide which option is most suitable for your needs and submit the required NDSS access updates on your behalf.

About the cost

Co-payments for all CGM products are equivalent, with individual differences reflecting the different sensor lifespan and pack size for each product. There is no co-pay for concession card holders or registrants under 21 years of age.

Annual access limits apply to all CGM products and are based on manufacturer usage guidelines. More information

For product-specific enquiries about Dexcom devices, please contact AMSL Diabetes customer service on 1300 851 056.



Diabetes Community Day at IDF-WPR Congress

In August, Melbourne hosted the International Diabetes Federation Western Pacific Region Congress (IDF-WPR Congress 2026), bringing together around 3000 delegates from all over the world.

A Diabetes Community Day was held on the opening day of the Congress – a free event for people living with diabetes, their families, and supporters.

It offered attendees the opportunity to learn from health professionals, researchers and advocates, and explore the latest technologies, services and resources.

The Community Exhibition was a vibrant space where Victorians living with diabetes were able to engage with organisations

and programs supporting the community and experience inspiring stories, creativity and innovation.

Diabetes Victoria health professionals delivered sessions on eating well with diabetes, looking after your heart and blood vessels, and how diabetes camps support teen wellbeing.

The Diabetes Vic spinning wheel was a chance to win recipe books, free dietitian appointments, vouchers and more prizes.

The exhibition featured interactive displays, free health checks, information about diabetes research, advocacy and community programs, as well as practical tools, resources and support services.

The event was hosted by Diabetes Australia and supported by the National Diabetes Services Scheme (NDSS), Diabetes Victoria, ADEA, Breakthrough T1D, Action4Diabetes and leading technology and healthcare organisations including Abbott, MiniMed, Ascensia, Ypsomed/myLife, Insulet.

The spotlight stage featured short talks, interviews and Q and A sessions with diabetes advocates and changemakers and community ambassadors.

It also featured a series of short, engaging presentations providing an accessible introduction to some of the most interesting research, lived experience insights, and innovations being presented at the broader Congress.



When Diabetes meets Dementia: Understanding the link

Dementia is a brain condition that gradually changes how a person remembers, thinks, feels, and manages everyday life. It usually develops slowly and changes over time. While dementia becomes more common as we get older, it is not a normal part of ageing.

How diabetes can affect memory and thinking

Your brain needs a steady supply of blood and glucose to work well. Diabetes can affect the brain in a few ways:

- **Exposure to elevated blood glucose levels over time.** This can damage the blood vessels, including those that supply the brain, and increase the risk of stroke and memory problems.
- **Insulin changes.** Insulin is the hormone that helps glucose move from the blood into the body's cells to be used for energy. In some people, the body does not make enough insulin, and in others, the insulin does not work properly (called insulin resistance). When insulin isn't working as it should, brain cells may not get or use glucose efficiently, which can affect how they communicate and function.
- **Hypoglycaemia, or low levels of glucose in the blood.** This can occur as a side effect of some diabetes medications including insulin and a class of tablets known as sulfonylureas. Over time, experiencing low levels of blood glucose frequently can impact your memory and thinking. This doesn't mean you will develop dementia, but it does increase your risk.

Changes in memory can happen for many reasons and this doesn't always mean dementia. However, **some of the warning signs include:**

- Repeating the same questions
- Getting lost in familiar places
- Having difficulty following conversations or instructions
- Noticeable changes in judgement, confidence, or personality.

Memory problems can make diabetes management more difficult. People may forget to take their medications or insulin, skip meals or eat at irregular times, find it hard to check blood glucose levels, or fail to recognise the warning signs of low blood glucose. Having strong support from family, carers, and healthcare professionals can make a huge difference.

Simple ways to protect your brain

You don't need to be perfect; even small changes can help.

Blood glucose stability is the key. Keeping blood glucose levels as steady as possible is especially important for brain health.

- Frequent swings between high and low blood glucose may stress the brain.

- Health professionals can adjust diabetes targets for people with memory problems to reduce the risk of low blood glucose. Speak with your diabetes health care team about ways to keep your glucose levels steady

- Consistent meal timing helps both memory and glucose management.

Simplifying medication routines can reduce errors. Speak with your diabetes health care team about ways to manage your medication regimen. You may benefit from a review with a pharmacist.

Healthy habits for a healthy brain

Staying active, eating well, and making healthy lifestyle choices all work together to protect brain health. Staying active improves brain circulation and reduces the risk of memory loss. Walking, swimming, and gentle exercise classes are great options, while strength and balance exercises help people stay steady on their feet and independent for longer.

What you eat and drink also matters. As per the Australian Dietary Guidelines, a healthy diet includes food from 5 different core food groups: vegetables, whole grains, lean proteins, reduced-fat dairy or dairy alternatives and fruits. Cutting back on sugar-



loaded drinks and sweets helps to stabilise your blood glucose levels, and drinking enough water will help you feel more alert and less tired.

Smoking and alcohol can increase the risk of memory problems. Quitting smoking and drinking alcohol in moderation, or not at all, is best for brain health and lowers the risk of dementia.

- **Stay connected and look after your health.** Spending time with people you care about or getting involved in community groups help to keep your mind active. Simple things like reading, solving puzzles, gardening or learning a new skill will give your brain a gentle work out. If you have been feeling lonely, anxious, or withdrawn for a while it is important that you to seek support from a healthcare professional.

- **Take care of your senses and sleep.** Good sleep, clear vision, and proper hearing are all important for memory, focus, and independence. Poor sleep can worsen confusion and forgetfulness, while untreated vision or hearing problems can make daily tasks harder and increase mental strain. Wearing hearing aids and glasses when you need them can ease that mental strain. Also protecting your head during activities like cycling or other higher-risk tasks helps prevent brain injuries.

- **Planning ahead makes life easier.** Thinking ahead can make daily life simpler and help people stay independent for longer. Often, it is the everyday habits, like a pill organiser, or setting up a simple alarm, or writing down your appointments and emergency contacts, that help

the most. Involving trusted family members early on also helps share the load, so no one feels like they're carrying everything on their own.

Finding strength in support

Living well with diabetes and memory changes is not something anyone should have to manage alone. It is a team effort. When family, friends, and health professionals come together, everyday life feels safer and less overwhelming.

Living with diabetes does not mean losing your memory, independence, or quality of life. With the right support, smart self-care, and early action, people can continue to live full, active, and meaningful lives.

Healthy habits don't just add years to life; they add life to your years!



Peer support group connects border community

For more than 50 years, the Albury Wodonga Diabetes Support Group has been connecting people living with diabetes in the twin cities on opposite sides of the Murray River.

The group hosts an annual Christmas in July luncheon that brings everyone together midwinter, and monthly coffee catch ups for locals living with all types of diabetes.

Liz Hare has been a cornerstone of the group for many years and now acts as co-convenor.

"We have a large contact list of over 300 people living with diabetes in the region and we keep in touch with people in whatever way works for them," she explains.

"Some people like to stay connected by receiving the newsletter, while we usually have between 15 and 20 people at our casual coffee catch ups.

"We have them once a month, always on the last Friday morning of the month and we hold it at a very central cafe with good coffee in the centre of Albury.

"We have a very enthusiastic bunch who usually turn up. You don't have to be there every time; it's just come when you can."

When the group was established by Dot Franks in 1973, living with diabetes looked completely different. The group has changed over the decades too but remains a force for good in the community.

The committee has played a pivotal role in improving diabetes care in the region, advocating for improved access to services for both northeast Victoria and southern New South Wales.

The group has been fundraising for diabetes technology for the regional public health service since 2014. They've donated over \$80,000 worth of medical equipment to Albury Wodonga Health.

Bringing type 1 families together

"Every year we run a type 1 kids' event for children with type 1 diabetes and their siblings, who often miss out," Liz explains.

"We run that in the winter school holidays, and we pay all the costs so it's free for the families.

"Kids from the age of three up to about 14 come along – some families have travelled quite a

distance to come in because they don't often get the opportunity to meet up with others who have diabetes.

"It benefits the parents a lot, they get to chat about the ups and downs while the kids are enjoying an activity like skateboarding or bowling."

This generosity and community spirit has always been part of the fabric of the group and is driven by co-convenor duo Liz and President Jill Craig. "Supporting type 1 kids and their families is something we are very passionate about because we both live with type 1," Liz says.

"I'm rather fortunate that I was diagnosed in 'the good days' when I was in my 30s, while Jill has lived with type 1 diabetes since she was a child when it was a lot harder to manage."

Locals who understand

While the Christmas in July event was only added to the annual calendar in recent years, the monthly 'Coffee and Chat' catch ups started in 2020.

One of the committee members, the late Averil Greenhaugh, realised there was a need for daytime social gatherings for meeting-shy people living with diabetes.

"They are usually informal but occasionally we will have a speaker join us," Liz says.

"A local podiatrist has come along and given us some really good practical sessions on looking after your own feet.

"We're aiming to have an optometrist come along in September to chat about taking care of our eye health."

Regular attendees have established a camaraderie, and newcomers are always welcome. Anyone living with any type of diabetes in the Albury Wodonga region can pop in when it suits.

As one group member puts it: "It's good to get out regularly and talk to people who also understand diabetes. I love the company... it's a very friendly and welcoming group."





Everything you need to know about the Diabetes Expo

The Diabetes Expo is making a long-awaited comeback on Sunday 29 November 2026 at the Melbourne Convention and Exhibition Centre.

Diabetes Victoria is the official event partner for the leading diabetes health event in Melbourne. The expo is designed specifically for people living with all types of diabetes, as well as carers, families, and people at-risk.

Learn from leading diabetes experts, explore new technologies and attend live cooking demonstrations. All this under one roof, where you can connect with thousands of people on the same journey.

Presenters and Exhibitors

You will find expert advice and engaging live experiences at the Diabetes Expo.

The event will be hosted by MCs **Michelle Cox** and **Drew Harrisberg**. Michelle is the national coordinator of OzDAFNE and the Diabetes Nurse Educator clinical lead at Diabetes Victoria. Drew is an Exercise Physiologist, diabetes educator and health advocate. He is the host of the Drew's Daily Dose Podcast, which explores the realities of life with

diabetes while helping listeners feel more informed, supported and understood.

Speakers include dietitian **Simone Austin** and **Professor John Wentworth**. Simone has fuelled some of Australia's most successful sporting teams and authored a book, *Eat Like An Athlete*. She understands dietary challenges, having run a private practice for over 25 years. John is a diabetes specialist at Royal Melbourne Hospital and a scientist at St Vincent's Institute of Medical

Research. His work focuses on developing simple and inexpensive screening tests for type 1 diabetes and developing treatments for early-stage diabetes.

Exhibitors include Ascensia Diabetes Care, Aussie Sock Shop, Be Fit Food, Glucology, IPC Health Meditrend, Walking Football, Waterdrop and more.

The event is supported by Australian Almonds, Gold Cross, IPC Health, Myopharm and more, while OPSM is the stage sponsor.

 **Get your FREE tickets**

As a Diabetes Victoria member, you are eligible for two free tickets. To get your member exclusive code, login to the members hub on our website or call 1300 437 386 (terms and conditions apply).

For more info, visit www.diabetesexpo.com.au

Getting to the Expo

Car: There is plenty of paid underground parking available, however pre-booking is required to ensure you are guaranteed a spot.

Book a spot here: <https://www.wilsonparking.com.au/parking-locations/victoria/southbank/melbourne-exhibition-centre-car-park/>

There is also secure car parking available close to the venue, including the South Wharf Retail and Freeway car parks.

Train: Catch any train that goes to Southern Cross Station. Get off at Southern Cross Station and take tram number 96, 109 or 112 as above.

For further train timetable information and trip planning, visit the **Victorian Public Transport website**.

Tram: Hop on any of the below listed trams and get off at the stop opposite the Clarendon Street entrance of Melbourne Convention Centre:

Route 96 – St Kilda to East Brunswick
Route 109 – Port Melbourne to Box Hill
Route 12 – Victoria Gardens to St Kilda

Alternatively catch tram number 48 or 70 and get off at the Flinders Street stop. Then take a short walk towards the Yarra River, across the Seafarers Bridge. For further tram timetable information and trip planning, visit the **Victorian Public Transport website**.

Bus: The SkyBus transports visitors directly from Melbourne Airport to Southern Cross train station. Bus route 238 operates to and from Southern Cross Station to Convention Place between the hours of 10am and 3pm, Monday to Friday.

The coach pick up/drop off point is in 'Bay 1', Convention Centre Place (closest to DFO South Wharf).



Diabetes Victoria joins United Energy Around the Bay



Diabetes Victoria is joining Australia's biggest one-day bike ride on Sunday 18 October

The United Energy Around the Bay fundraiser encourages families, groups and workplaces to take on Melbourne's most iconic bike ride.

There's a family-friendly 'Lap the Track' ride at Albert Park, the 50km and 100km rides, 135km Geelong start, and the classic 220km loop. The event is now in its 32nd year and continues to be one of Victoria's great traditions.

Liz Pecotic will be leading the team representing Diabetes Victoria. She's no stranger to a long bike ride – she has cycled in Around the Bay and the Murray to Moyne cycle relay with the HypoActive team annually for more than a decade.

"My first Around the Bay was in 2012 before I was diagnosed with type 1 diabetes and I have entered ever since," she says.

"The reason I ride is so I can eat cake! That hasn't changed even with type 1.

"Around the Bay is the perfect motivator to keep moving the whole year, not just the 12 weeks before the big day.

"Riding helps with lowering blood glucose levels, but it's also great for clearing your head, you see so much more than when you're walking or running!"

Liz says when she was diagnosed with type 1, she was determined to keep riding her bike and to participate in Around the Bay every year.

"I feel lucky to partner with HypoActive and Diabetes Victoria for this year's event," she says.

"I would be participating in Around the Bay anyway, so it's special to raise funds for a cause close to my heart. "It's a fun day – I enjoy riding over the bridge and the ferry is cool too."

She adds that the event is not only for elite riders and encourages people living with all types of diabetes and their families to represent Diabetes Victoria.

"Anyone is welcome to train with us ahead of the big day in October. **Training details here**

"If you live with diabetes, always carry hypo treatments and check your blood glucose levels regularly, but you can still ride!"



Support Diabetes Victoria
in the United Energy Around
the Bay or join the ride here:
[https://aroundthebay26.
grassrootz.com/diabetes-
victoria](https://aroundthebay26.grassrootz.com/diabetes-victoria)

How you can help shape diabetes research

Research is essential to prevent or find a cure for all types of diabetes. Diabetes Victoria is establishing a Community Research Advisory Group (CRAG) to ensure research is informed by the experiences, priorities and needs of people living with diabetes.

Research is stronger and more relevant when the community impacted by it is involved at every stage. 'Involvement' is when consumers and community actively work with researchers or research organisations to help shape decisions about health research.

"A key focus area for Diabetes Victoria is to enable people with lived experience of diabetes to be involved in research, to drive meaningful advancements that meet the needs of the community," explains Siobhán Dunne, Community Engagement in Research Lead.

"The CRAG will help researchers understand what matters most to the diabetes community and ensure research is relevant, meaningful and focused on improving outcomes."

The Community Research Advisory Group will aim to:

- Embed lived experience at all stages of research, particularly early design
- Ensure research reflects community needs, preferences, and priorities
- Improve the quality, relevance, and accessibility of research
- Support genuine co-design, not tokenistic engagement
- Strengthen the connection between research and the diabetes community

What research involvement looks like

Eileen lives with Type 2 diabetes. She is a lived experience representative for the MIND-MAP study, led by the Australian Centre for Behavioural Research in Diabetes.

"In the early stages of the study, I attended a few meetings and provided feedback on the project directives," Eileen explains.

"When the researchers were creating survey questions, I was asked to give my perspective as a younger person diagnosed with type 2.

"We looked at mental health and the emotional aspects of diabetes, which is not often thought about, or is secondary to the physical impacts."

Eileen is a member of Diabetes Victoria's Community Advisory Committee (CAC). The CAC has helped to develop the research advisory group. She sees lived experience input as vital to meaningful research outcomes.

"Research is ultimately for the people who will benefit from it," she says.

"I think it's important that our voices are heard in all research projects right from the start. We want to make sure the research that's being done in the diabetes space is for the benefit of the community.

"It can only be useful if it is shaped by people with lived experience."

CRAG members might get involved with:

- Identifying research questions and priorities that matter most to people affected by diabetes
- Providing feedback on research concepts and study design before projects begin
- Reviewing research proposals and grant applications from a lived experience perspective
- Helping researchers communicate complex information in a way that is accessible and relevant to the community
- Advising on how people with diabetes can be meaningfully involved throughout the research process

- Bringing diverse lived experience perspectives to research discussions
- Helping connect researchers with the needs, priorities and experiences of the diabetes community

Contributing to the ongoing improvement of how lived experience is incorporated into research

Who can join the group

You don't need a background in research, healthcare or academia to join the CRAG. Anyone with lived experience of diabetes will bring unique knowledge and perspectives that researchers cannot gain from clinical data alone.

The group is currently recruiting people with a broad range of experiences and backgrounds, to ensure research reflects the diversity of the diabetes community:

- Type 1 diabetes
- Type 2 diabetes
- Gestational diabetes
- Diabetes-related complications
- Parents, carers and family members
- Regional and rural communities
- Diverse cultural backgrounds

Diabetes Victoria will provide support and training to help members participate confidently.



If you're interested in being involved, complete the short Expression of Interest form via the QR code.

Select the option 'Join Diabetes Victoria's Community Research Advisory Group' to submit your application for consideration.

If you have any questions or want further information, please send an email to research@diabetesvic.org.au

5 ways to cope with diabetes distress

Diabetes distress can occur when the emotional burden of managing diabetes gets too much. Here are some strategies that can help.

1

Don't blame yourself

Diabetes can be unpredictable from one day to the next, and it's common to feel like you are not in control or are 'failing' when it comes to your self-management.

It's important to remember that you will have good and bad days and that your blood glucose level is just a number and not a reflection of who you are. Instead of blaming yourself, focus on what you can achieve, such as going for a walk after dinner.

2

Be kind to yourself

It's easy to be clouded by negativity when feeling down or frustrated, but being kind to yourself can help to reset your mood.

Have a relaxing bath, treat yourself to a massage, read a good book or watch a show that uplifts you.

3

Reconsider your goals

If you've set the bar too high and feel like you're not hitting the 'goals' you've set yourself when it comes to diabetes management, reassess where you're at.

Setting yourself one or two small, realistic and achievable goals may help boost your confidence. For example, if you want to increase your physical activity, start small by aiming to complete two doable active sessions a week and, once this is achieved, slowly build it up.

4

Connect with others

Whether it's a close friend or a family member, talking to someone about how you're feeling can really help. Joining a peer support group and talking to others who face similar challenges can also be reassuring and a timely reminder that you are not alone.

Our free self-management programs are a great way to learn more about diabetes and meet others facing similar challenges.

5

Talk to a health professional

If you are experiencing diabetes distress and believe it is impacting your daily life, reach out to your diabetes healthcare team, which includes your GP, endocrinologist, diabetes educator, nurse practitioner or dietitian.

Depending on your situation you may be referred to a psychologist who specialises in diabetes. Ask your GP if you are eligible for a Mental Health Care Plan, which will help reduce the costs of seeing a psychologist for a set number of sessions each year.

Find out about the LISTEN program

If you're an adult and would like support with the emotional side of managing diabetes, LISTEN, a free Telehealth program, may help you.

The LISTEN program was developed at the Australian Centre for Behavioural Research in Diabetes (ACBRD).

Sessions are delivered via telehealth (phone or video call) by trained diabetes health professionals and use problem-solving strategies to enhance your healthy coping skills.

Benefits include improved mental health and wellbeing, increased engagement in healthy eating and physical activity and being more comfortable talking about your concerns with health professionals.

How to book LISTEN sessions

You do not need a referral to book the LISTEN program, and there is no cost!

Simply complete the short screening survey to check the LISTEN program is right for you, and our team will reach out to go through the next steps.

LISTEN is developed by the Australian Centre for Behavioural Research in Diabetes (ACBRD), a partnership between Deakin University and Diabetes Victoria.



The new Australian movement guidelines: move more, sit less and get some sleep

A recent update to the Australian movement guidelines reminds us that both day and night matter when it comes to our health, writes exercise physiologist **CARLY LUFF**.

The latest Australian guidelines around movement contain some significant changes.

One key change is reflected in the name: The 24-Hour Movement Guidelines for Adults (18–64 years) and Older Adults (65+ years.)

This underlines a big shift in thinking – the new guidelines look at your whole day and night, including physical activity, sedentary behaviour (sitting down) and sleep.

Activity across day and night

The updated guidance takes a more integrated 24-hour view, recognising that movement, inactivity and sleep work together across our day.

Adding sleep reflects a growing awareness of just how vital rest is to our overall health and that, increasingly, we aren't getting enough of it. The new guidelines recommend:

Adults 18–64: 7–9 hours of good-quality sleep.

Older adults 65+: 7–8 hours of good-quality sleep.

Consistent bed and wake times are preferred.

If you struggle to get this amount of sleep, is there something you could change to help you get more shut-eye?

There may be times in your life when this is difficult, but it's still worth aiming for regular, restful sleep as it supports your overall health and wellbeing.

Activities that help with balance, mobility and coordination are encouraged. There's more emphasis on everyday movement, such as walking, gardening, housework and other light activities, not just formal exercise sessions. This is underlined by a stronger focus on both reducing and breaking up the time you spend sitting down.

However, the new guidelines also acknowledge that there is no one-size-fits-all approach. They provide specific recommendations for adults with disability and with chronic conditions, and companion statements that provide practical guidance on how to meet the recommendations.

How much activity and exercise should I do?

These guidelines are easier to follow, with the focus on being active for 30 minutes or more on most days of the week, while still aiming for about 2.5 hours of activity each week. I guess the older 'Find 30' messaging has made a comeback!

They recommend including functional activities that target mobility, balance and coordination on three or more days per week for all adults. This could be added into your existing routine and could be as simple as a few stretches and balance exercises at the end of your session.

There's also a greater focus on increasing the amount of light physical activity throughout the day, such as housework, gardening, shopping and walking to work or the bus.

Try to keep moving throughout the day, sit less, and avoid staying in one position for too long — even small amounts of movement all add up.

What remains the same?

When it comes to activity, the core messages are broadly the same – regular moderate-to-vigorous activity remains important and muscle-strengthening activities are recommended on two or more days a week. Some activity is better than none, and it's a good idea to build up gradually.

The overall message: small changes make a difference, and a healthy day includes some movement, less sitting and enough good-quality sleep.

Would you like support with exercise?

Beat It is an 8-week group exercise and lifestyle program to help you better manage your diabetes and improve your general health. This program involves moderate intensity aerobic, strength and balance-based exercises as well as education sessions on healthier living.

The Beat It program includes:

- An initial health and fitness assessment
- 16 group sessions (two per week)
- An individualised exercise program tailored to your abilities
- Education sessions on various diabetes management topics
- Progress tracking
- A final consultation.

Whether you have exercised before or need some help getting

started, the Beat It program will help you on your journey to a healthier and more active life. Visit www.events.ndss.com.au to find out more.

*The Australian movement guidelines are now available on the **Department of Health, Disability and Ageing's website**. This includes the **final report** and a **brochure**. Further consumer materials are currently under development by the Australian Government.*

10 steps to the Mediterranean Diet

The Mediterranean diet is linked to living longer for people with type 2 diabetes. This way of eating helps to improve cholesterol, blood glucose levels, inflammation and overall metabolic health, making it a useful approach for managing diabetes. Here, **Dr Elena George** gives you 10 simple steps to the Mediterranean diet and explains the science behind it.

The MEDINA trial

Dr Elena George is an Advanced Accredited Practising Dietitian and is Australia's leading dietitian in fatty liver disease. She completed a PhD focused on the Mediterranean diet for chronic disease management.

"I have a Greek background, so growing up with Mediterranean food made me passionate about it," Dr George says.

"Food is medicine and people can make a profound difference to their health by considering what they eat. I also believe we should be enjoying our food."

Dr George led the MEDINA trial at Deakin University, which explored how the Mediterranean diet can be adapted for people living in Australia.

"We based our study on a proof-of-concept trial, where people were given all the food aligned with the diet over six weeks," she explains.

"We then wanted to test this in a real-world setting – educating and counselling people on how to implement the Mediterranean diet across different ethnicities when they had to purchase and prepare their own food.

"Australia is a multicultural place. This diet is habitual for people who live in the Mediterranean region, but not so much here."

The trial recruited people with fatty liver and adapted the diet to different social preferences.

"There is a link between diabetes and fatty liver – around 70 percent of people with diabetes have fatty liver, but they often don't know," Dr George says.

"Insulin resistance drives fatty liver. What the MEDINA trial showed is that the Mediterranean diet improves liver fat and insulin sensitivity, even without weight loss."



Bring the Mediterranean to your plate

Dr George and her team adapted the traditional Mediterranean diet to make it accessible for people living in Australia. Consider what's in season and, where possible, choose local produce.

1. Use extra virgin olive oil as the main added fat

Aim for 3 – 4 tablespoons a day. The high antioxidant content of EVOO contributes to health of the vascular system.

2. Eat vegetables with every meal

Include 100 g leafy greens, and 200 g of all other vegetables daily (cauliflower, zucchini, eggplant, capsicum etc.) Dr George also recommends using onion and garlic daily.

"Include 100g tomatoes every day if you can, either fresh or in a tomato-based sauce," she says.

3. Include legumes – at least twice per week

This can be canned or dry legumes or may include tofu (1 serve = 250 g).

"This should replace meat to reduce the amount and number of days when meat is consumed," Dr George explains. "Legumes are high in fibre, protein, B vitamins, iron, zinc, calcium, magnesium and potassium. They provide a nutritious, nourishing meat alternative."

Legumes are linked to longevity.

4. Eat fish – at least three times per week

Aim for 1 – 2 serves of oily fish a week.

"100 – 150g of fish or 200g of shellfish is equal to one serve," Dr George says. "A high intake of fish and seafood has been shown to reduce blood pressure and may reduce inflammation in the body."

5. Eat meat less often and in smaller portions

Around 150 – 200g weekly of red meat and 200 – 250g per week of poultry.

"Choose lean varieties, and wild, free range and grass fed where possible," Dr George says. "Meat is a source of vitamin B12, iron, selenium, zinc and is high in protein."

However, eating too much red meat has been linked to adverse health outcomes."

6. Eat fresh fruit every day

Aim for 300g or 2 serves. Fruit provides fibre, potassium, vitamins A and C, B vitamins, folate, flavonoids and terpenes. Eating fruit has been shown to reduce the risk of cardiovascular disease and cancers.

7. Eat nuts and seeds every day

One serve is 30g or 1/4 cup or a small handful daily. Nuts are a good source of monounsaturated fats, protein, fibre, vitamin C and E, selenium, magnesium and provide an abundance of antioxidants. Eating nuts can prevent and reverse oxidative stress (cell damage).

8. Eat dairy every day

Aim for 2 serves per day preferencing fermented sources for gut health – this may include kefir, cheese or yoghurt.

Dairy is a good source of calcium, vitamin D, phosphorus, magnesium, zinc, potassium, vitamins A and B12.

"The lactic acid bacteria in yoghurt can improve gut health and immune response," Dr George explains. "Include cheese in moderation."

9. Include wholegrain breads and cereals with meals

One serve is 1 slice of bread or 1/2 cup cooked pasta/rice, or small (100g) potato.

Wholegrains are a good source of fermentable carbohydrates including fibre and resistant starch. They promote reduced cholesterol levels and decrease cancer risk.

10. OPTIONAL – if you choose to drink, have red wine with meals

"Have between 0 and 2 glasses per day, (100mL per glass) and always with meals," Dr George says.

"Red wine contains compounds with high antioxidant properties. For example, resveratrol, which has been found to protect the heart and kidneys."



Mindful eating

A key part of the traditional Mediterranean diet is eating according to your appetite. Dr George recommends avoiding electronic devices and screen time during meals and being more mindful of what you are eating. Eating more slowly and chewing thoroughly helps you to recognise hunger and fullness cues. Choose foods you enjoy and eat with others whenever possible!

Roasted Tomato Soup With Broccoli Pesto

PREP 20 mins | COOK 30 mins | SERVES 4 (as a main)

 GLUTEN FREE

 LOW CARB

INGREDIENTS

1kg vine-ripened tomatoes, quartered

3 cloves garlic, unpeeled

3 sprigs thyme

1 brown onion, chopped

2 tbsp extra virgin olive oil

750ml (3 cups) salt-reduced chicken stock or gluten-free stock

1 tbsp pine nuts, toasted

Baby or small basil leaves, to serve

Chopped tomato, extra, to serve (optional)

Broccoli pesto

100g broccoli, chopped

1 clove garlic, crushed

1½ tbsp pine nuts, toasted

1½ tbsp finely grated parmesan

1½ tbsp coarsely chopped basil leaves

2 tbsp olive oil

INSTRUCTIONS

1. Preheat oven to 220°C. Line a baking dish with non-stick baking paper.

2. Place the tomatoes, garlic, thyme and onion in the lined dish. Season with freshly ground black pepper.

Drizzle with the oil and toss to coat the tomatoes. Roast for 30 minutes or until the tomatoes are very soft and coloured around the edges.

3. Meanwhile, to make the broccoli pesto, add the broccoli to a small saucepan of boiling water. Simmer for 2 minutes. Drain and refresh in cold water. Drain well. Put the broccoli, garlic, pine nuts, parmesan and basil in a small food processor. Process until finely chopped. With the motor running, add the oil in a thin stream. Process until well combined. Season with freshly ground black pepper.

4. Transfer the roasted tomato mixture to a medium saucepan. Squeeze the garlic out of the skins and add the garlic flesh to

the tomato mixture. Remove the thyme stalks from the tomatoes and discard. Add the stock to pan and bring to the boil over high heat. Remove the pan from the heat. Set aside for 10 minutes to cool slightly.

5. Blend or process the soup in a blender or food processor until smooth. Return the soup to the pan and cook, stirring, over low heat for 2-3 minutes or until hot. Season with freshly ground black pepper.

6. Ladle the soup into serving bowls. Top with the broccoli pesto, pine nuts, basil and extra fresh tomato, if you like.

NUTRITIONAL INFO

PER SERVE 1330kJ (318Cal)

Protein 6g

Total fat 26g (sat. fat 4g)

Carbs 11g

Fibre 5g

Sodium 554mg

- Carb exchange - ½
- GI estimate - low
- Gluten-free option
- Lower carb



COOKS TIP

You can pack the soup and pesto into separate airtight containers. Label, date and freeze for up to 3 months. Defrost and reheat to serve.



For more great recipes and articles check out the latest issue of Diabetic Living.



Peanut butter pork skewers with crunchy zingy slaw

PREP 20 mins | COOK 15 mins | SERVES 4 (as a main)

 GLUTEN FREE

 LOW CARB

INGREDIENTS

- 2 tbsp no added salt or sugar peanut butter
- 1 tbsp salt-reduced soy sauce or gluten-free soy sauce
- 1 tbsp honey
- 1 tsp sesame oil
- Juice 2 limes, plus 1 extra lime, cut into wedges, to serve
- 400g pork fillet, trimmed of sinew and fat, thinly sliced
- ½ cup coriander leaves, to serve
- Slaw
- 150g frozen edamame beans
- 300g red cabbage
- 1 carrot
- 1 tbsp extra virgin olive oil
- 1 tsp honey

INSTRUCTIONS

1. Whisk the peanut butter, soy, honey, sesame oil and half the lime juice together in a bowl. Add a splash of cold water to loosen, if needed. Put the pork in the bowl and mix well until fully coated.
2. Thread the pork onto four metal skewers. Preheat grill to high.
3. To make the slaw, boil the edamame in a small saucepan of boiling water for 3-4 minutes. Drain and run under cold water. Set aside.
4. Use a vegetable peeler to shred the cabbage (or finely slice) and tip into a large bowl. Use a julienne peeler to shred the carrot (or grate on a box grater) and add to the cabbage with the edamame, remaining lime juice, olive oil and honey. Season with freshly ground black pepper. Toss until well combined.
5. Cook the skewers under the hot grill for 4-5 minutes each side until cooked through and caramelised at the edges. Serve the skewers with the slaw, a scattering of coriander and a squeeze of lime.

NUTRITIONAL INFO

PER SERVE 1390kJ (333Cal)
Protein 31g
Total fat 15g (sat. fat 2g)
Carbs 16g
Fibre 7g
Sodium 264mg

- Carb exchanges - 1
- GI estimate - medium
- Gluten-free option
- Lower carb



Parsley & walnut salmon with kale salad

PREP 20 mins | COOK 15 mins | SERVES 4

 GLUTEN FREE

 LOW CARB

INGREDIENTS

- 50g walnuts, soaked in cold water for 5 minutes, drained
- Small bunch flat-leaf parsley, roughly chopped
- 2 tsp balsamic vinegar
- 1 tbsp olive oil, plus 1 tsp, extra
- Zest and juice 1 orange
- 4 x 120g skinless and boneless salmon fillets
- 200g kale
- 2 cooked beets, cut into thin strips, or 1 small raw beetroot, peeled and grated
- 1 green apple, unpeeled, cored and chopped

INSTRUCTIONS

1. Preheat oven to 160°C (fan-forced). Line a baking tray with non-stick baking paper.
2. Put the drained walnuts, parsley, balsamic vinegar, 1 tsp oil and the orange zest in a small food processor. Process until finely chopped and well combined.
3. Put the salmon on the lined tray and top each fillet with some of the walnut mixture. Bake for 12-15 minutes until just cooked.
4. Meanwhile, tip the kale into a large bowl. Add 1 tbsp oil and rub into the kale for 3-5 minutes until it starts to wilt slightly. (This softens the leaves and makes them taste less bitter when eaten raw.) Add the beetroot, apple and orange juice. Season with freshly ground black pepper. Toss to combine.
5. Divide the salad between serving plates. Top with the salmon and serve.

NUTRITIONAL INFO

PER SERVE 1840kJ (440Cal)
Protein 35g
Total fat 4g (sat. fat 11g)
Carbs 12g
Fibre 5g
Sodium 80mg

- Carb exchanges - 1
- GI estimate - low
- Gluten-free option
- Lower carb



Healthy Spinach Pumpkin & Cheese Cannelloni

PREP 30 mins (and marinating) | COOK 45 mins | SERVES 8

INGREDIENTS

- 1 kg Japanese, Kent or butternut pumpkin, peeled and cut into 3cm chunks
- 250 g frozen spinach, chopped
- 500 g reduced-fat ricotta or low-fat cottage cheese
- 2 cloves garlic, crushed
- 400 g can no-added-salt diced tomatoes
- 375 g fresh lasagne sheets (10 x 16cm)
- 1/2 cup basil leaves, chopped
- 1 cup reduced-fat mozzarella or cheddar cheese, grated

INSTRUCTIONS

- Preheat oven to 180°C (160°C fan forced).
- Place frozen spinach into a microwave safe bowl and cook on HIGH (100%) for 3 minutes before setting aside.
- Steam or microwave pumpkin with a bit of water for 10-15 minutes until tender.
- Squeeze handfuls of cooked spinach to remove excess liquid and add to a large bowl with garlic and ricotta or cottage cheese.
- Drain and mash cooked pumpkin. Add pumpkin to cheese spinach mixture and stir to combine.
- Spread 1/3 cup of tinned tomatoes over the base of a large 3cm deep rectangular 20x30cm ovenproof dish.
- Spoon 1/3 cup of pumpkin mixture lengthways into the middle of each lasagne sheet and roll up to enclose.

- Arrange cannelloni in a single layer close together seam side down in the dish. Sprinkle with basil, spread over remaining tomatoes and top with cheese.
- Bake for 15 minutes, cover with foil to prevent burning and cook for a further 15 minutes or until tender.
- Serve with a green salad.

NUTRITIONAL INFO

PER SERVE 1253 kJ (299 Cal)
Protein 21.6g
Total fat 10.3g (sat.fat 6.1g)
Carbs 26.7g
Sugars 9g
Sodium 364.3mg
Fibre 6.5g

PER 100 GRAMS 369 kJ (88 Cal)
Protein 6.4g
Total fat 3g (sat.fat 1.8g)
Carbs 7.8g
Sugars 2.6g
Sodium 107.2mg
Fibre 1.9g



Mediterranean Style Bowl

PREP 7 mins | COOK 2 mins | SERVES 2

This quick and delicious work lunch is bursting with Mediterranean flavours.

INGREDIENTS

- 250 g pouch microwave mixed grains (e.g. rice and quinoa)
- 2 tsp fresh parsley or basil
- 1 tbsp olive oil
- 1 Lebanese cucumber, chopped
- 1 x 400 g can no-added-salt chickpeas, drained and rinsed
- 1/2 cup char-grilled capsicum or roasted pepper strips, chopped
- 1/2 cup reduced-fat feta cheese pepper, to taste

INSTRUCTIONS

- Microwave grains according to packet instructions.
- In a large bowl, mix together herbs, olive oil and 1-2 tbs vinegar from the capsicum jar.
- Add grains, cucumber, chickpeas and capsicum to bowl and mix well.
- Crumble feta over the top and season with cracked pepper.

Variation:

- Use the vegetables you have available! Rocket or other leaves, tomato, spring onion, carrot and roasted eggplant would all work well.
- Add crunch with pepitas, sunflower seeds or pine nuts
- Swap feta for goats cheese
- Add raisins, chopped dates or apricots for sweetness

NUTRITIONAL INFO

PER SERVE 2341 kJ (560 Cal)
Protein 23.6g
Total fat 22.3g (sat.fat 7.2g)
Carbs 57.8g
Sugars 6.3g
Sodium 927mg
Fibre 12g

PER 100 GRAMS 515 kJ (123 Cal)
Protein 5.2g
Total fat 4.9g (sat.fat 1.6g)
Carbs 12.7g
Sugars 1.4g
Sodium 204mg
Fibre 2.7g



HEALTHY TIP
Try mustard instead of mayonnaise to add extra flavour to your salads and sandwiches.



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This product is indicated for measuring interstitial fluid glucose levels in people (aged 2+) with diabetes. Finger pricks are required if your glucose readings and alarms do not match symptoms or expectations.

*Compared to other on-market CGMs. As of Jun 2026. ^Current on-market Libre brand sensors in Australia and New Zealand. As of Jun 2026. anzCGM evidence for on-market Libre sensors: www.freestylelibre.com.au/anzcgm-libre-evidence. Accessed 20 Jul 2026. 1. Alva S. et al. J Diabetes Sci Technol. 2025;0(0). doi:10.1177/19322968251329364

The CamAPS FX App is used to manage glucose levels in people with type 1 diabetes (including type 1 diabetes pregnancy), aged 1 year and older, using a hybrid closed-loop approach. Approved for people with type 1 diabetes aged two years and over when used in combination with FreeStyle Libre 3 Plus. The Omnipod 5 Automated Insulin Delivery System is indicated for use by individuals with Type 1 diabetes mellitus in persons 2 years of age and older. Libre, FreeStyle, the butterfly logo, the sensor shape and appearance, the colour yellow, and related marks and/or designs are the intellectual property of the Abbott group of companies in various territories. Other marks are the property of their respective owners. Information contained herein is for distribution outside of the USA only. Abbott Australasia Pty. Ltd., Abbott Diabetes Care, 666 Doncaster Road, Doncaster, Victoria 3108, Australia. ABN 95 000 180 389. ADC-2695652 V1.0



Diabetes Victoria Events Calendar: Spring 2026



Desmond

THURSDAY 17TH SEPT - BAIRNSDALE / TUESDAY 22ND SEPT - RESERVOIR

LOCATION: BAIRNSDALE / RESERVOIR
SUITABLE FOR: TYPE 2 DIABETES

DESMOND (Diabetes Education and Self-Management for Ongoing and Newly Diagnosed) is a workshop that gives you the confidence to manage your diabetes in your own way.



Visit www.events.ndss.com.au to find more upcoming events and to register.

Free Support for Carers

Are you a carer? Carer Gateway is an Australian Government program providing free services and support to help carers with their mental and emotional wellbeing.

This may include counselling, coaching, practical assistance, tailored support packages, peer support groups, and emergency or planned respite.

If you're caring for a family member or friend, remember – you're not alone.

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Diabetes Doesn't Rest

2026 Victorian Election Priorities

Ahead of the state election in November 2026, Diabetes Victoria is calling on the next Victorian Government to commit to five priorities to better support Victorians living with, or at risk of, diabetes.

These priorities reflect the experiences, needs and concerns shared by people affected by diabetes across Victoria. This includes feedback received through our Member surveys earlier this year and the Messages that Matter campaign.

Here, we unpack these priorities.

1 Ensure a healthier Victoria, now and for future generations

1.1 Deliver a new healthy pregnancies program as part of women's regular maternity care, creating direct savings in health care costs

"There are urgent opportunities to help Victorians reduce their risk of developing type 2 and gestational diabetes," says Professor Helena Teede from the Monash Centre for Health Research and Implementation.

Gestational diabetes (GDM) is now affecting almost 1 in 5 pregnancies, and around half of women who have had GDM will go on to develop type 2 diabetes within a decade.

Professor Teede says delivering a new healthy pregnancies program as part of women's regular maternity care is vital.

Monash University has developed a healthy pregnancy maternity care model which has proven to be effective, have high uptake, reduce gestational diabetes and other complications and save money in the health system," she explains.

"Evidence shows that this needs to be integrated into women's regular maternity care."

1.2 Expand the Life! program and public campaigns to meet the needs of Victoria's growing population

The Life! program has helped over 100,000 Victorians to reduce their risk of developing type 2 diabetes since it was launched in 2007.

Funding for the program has remained the same since 2012, despite the state's population growing by more than 30%.

"We can build on the current successful Life! programs for Chinese, Arabic and Vietnamese communities by making resources more widely available in language," Ms Van Der Velden explains.

"We want to expand these approaches into more language groups and extend program delivery to better reach multicultural communities and regional Victoria."

PRIORITY 1

What we are calling on the next Victorian Government to do:

- Invest \$28.2 million over four years to deliver a new healthy pregnancies program for around 50,000 women.
- Invest \$13 million over four years to expand the Life! program.

2

Fix early intervention to improve health outcomes and avoid surging costs

2.1 Launch a new Life! early detection, early intervention and remission program in the community for type 2 diabetes, focused on priority groups

We often hear from our community about missed opportunities for early diagnosis and timely access to quality health care.

"In 10% of people newly diagnosed with diabetes, complications of diabetes are already present - showing that it has been there for some years," says Dr Ralph Audehm, general practitioner and Chair of the Primary Care Diabetes Society of Australia.

"Diabetes most commonly has no symptoms. As such early detection by having regular checks and targeting those at high risk is critical to get in early to prevent diabetes complications and those newly diagnosed may be able to reverse their diabetes!"

A new Life! early detection, intervention and remission program would focus on priority groups that have higher rates of type 2 diabetes, including:

- Aboriginal and Torres Strait Islander people
- People in rural and regional areas
- Culturally and linguistically diverse communities

Diabetes distress has a negative impact on both mental wellbeing and diabetes management. The program would include stepped-care mental health support.

2.2 Support faster access to insulin pump therapy

Victorian parents of children and young people living with diabetes report waiting times of up to 18 months to start insulin pump therapy.

Automated Insulin Delivery (AID) systems are the standard of care for people with type 1 diabetes. "We know these technologies can help people more effectively manage diabetes and lead to better health outcomes," says Diabetes Victoria CEO Glen Noonan.

"Treatment and technology should be affordable and easy to access for all people living with diabetes. "Right now, people can access insulin pump therapy if they have top-tier private health insurance or if they pay for it themselves - and it's not cheap."

"Still, even for those people who can access pumps, the long waiting times to start insulin pump therapy in the state health system means delays in improving health outcomes."

PRIORITY 2

What we are calling on the next Victorian Government to do:

- Invest \$28.7 million over four years to develop and deliver a new Life! type 2 diabetes early detection, early intervention and remission program.
- Invest \$3.6 million over four years to increase the capacity of pump-trained diabetes specialists in the public system. Alongside this, create a website showing wait times for pump starts and information on alternative providers and faster access, including private pathways.

3

Provide the right diabetes care at the right time for all Victorians

3.1 Address long waiting times for specialist care by implementing new diabetes care models

For Victorians living in rural and regional areas, it can be difficult to access optimal services. This includes appointments with endocrinologists, nurses with advanced training in diabetes and credentialled diabetes educators.

"The number of people living with all types of diabetes is growing, and cost of living pressures are causing extra demand on the public health system," says Holly Piontek Walker, Head of Health Policy and Research.

"We hear from the diabetes community that wait times for appointments are getting longer, diabetes education is stretched and after-hours care has been rolled back."

3.2 Lift the standard of diabetes care in the health system, guided by a Diabetes Learning Health Network

Approximately 35% of people admitted to Victorian hospitals are living with diabetes. People with all types of diabetes are at higher risk of developing infections and adverse outcomes.

"Most other jurisdictions in Australia have a diabetes clinical network in place. This allows health professionals and people living with diabetes to address unacceptable variation in care across the health system," says Holly Piontek Walker, Head of Health Policy and Research at Diabetes Victoria.

"This is a low cost, practical solution that drives consistent, evidence-based improvements."

"New therapies and new understandings of the behavioural and psychological impacts of living with diabetes are emerging."

Every day without a structured way to train and upskill health professionals is another day where people are missing out on appropriate care."

PRIORITY 3

What we are calling on the next Victorian Government to do:

- Invest \$14.4 million over four years to expand access to diabetes care using the cost-effective Beacon model.
- Invest \$1.8 million over four years to create better standards of diabetes care across the health system, guided by a Diabetes Learning Health Network.

We want this (Monash University's gestational diabetes maternity care model) to be integrated into women's regular maternity care, because gestational diabetes is now affecting almost 1 in 5 pregnancies. Half of these women will go on to develop type 2 diabetes within a decade.



4

Make sure no child is left out of early childhood education and care

4.1 Establish a policy directive that clearly defines the responsibilities and requirements of early childhood education and care settings in supporting children living with diabetes

All children and young people living with diabetes have the right to be included and thrive in education and care environments. Despite clear legal obligations to provide reasonable adjustments, children living with diabetes still encounter exclusion and discrimination.

Diabetes Victoria is contacted, on average, once a week by parents and carers of children experiencing discrimination. It is distressing for families who rightly expect their child to have equal access to education and care.

"We have around 750 children aged between 0-9 living with diabetes in Victoria," says Community Advocacy Lead, Dr Bart Walus.

"Our advocacy service has supported many families who have found it very challenging to enrol their child in care, or keep them in care, after a diabetes diagnosis.

"There is no clear policy environment for early childhood education and care settings when it comes to diabetes."

4.2 Create a new Diabetes and Early Childhood Education and Care program so all children can be included in care

Most early childhood education and care settings do not have access to the structured, hands-on, face-to-face diabetes training delivered to schools through the NDSS Diabetes in Schools program.

This means families either train staff themselves (via a private diabetes educator) or attend the centre (sometimes multiple times a day) to administer insulin.

Some parents do not return to the workforce because there is inadequate care for their child. Investing in a program for early childhood education and care would support workforce participation for parents and carers who currently have no option but to provide full-time care for their child.

"There is a lack of support especially in terms of professional development in Type 1 Diabetes for these early childhood centre staff" says Jane Robinson, Head of Programs and Service Development.

PRIORITY 4

What we are calling on the next Victorian Government to do:

- Work with Diabetes Victoria to create a policy directive that provides clarity for the early childhood education and care sector about the responsibilities and requirements that enable children living with diabetes to participate.

- Invest \$3.1 million over four years for Diabetes Victoria to deliver a new Diabetes and Early Childhood Education and Care program. We will work alongside paediatric diabetes health professionals across the state to deliver education and capacity building.

The Victorian Government needs to support families with young children living with diabetes," Ms Robinson says.



CareSens Air: new CGM subscription offer available now

CareSens Air is a wearable CGM device that continuously measures glucose levels in interstitial fluid and sends readings directly to a compatible smartphone.

It delivers glucose data every five minutes and is an all-in-one sensor, meaning no assembly is required.

Who might benefit most?

People with diabetes wanting an easy, flexible way to access continuous glucose monitoring (CGM). This may include people living with type 2 diabetes who want the benefits of continuous glucose insights.

Where is it available?

CareSens Air is available for direct purchase online from Pharmaco Diabetes. Visit the website: www.pharmacodiabetes.com.au or scan the QR code below to learn more.

CareSens subscription offer includes:

1. Lower per-sensor pricing (starting from \$45 per sensor*)
2. Automatic delivery every 30, 60, 90 days.
3. Skip, pause, cancel anytime.

*Delivery charges will apply. For detailed pricing information, visit caresensair.com.au



Getting started

There is no prescription required, however it is highly recommended people consult with their healthcare team before beginning CGM use or changing technology.

Need support?

Get in touch with the Diabetes Care Plus Clinic to get started. One of our healthcare professionals can advise on appropriate use, interpreting glucose data, and helping determine how CGM fits with broader diabetes care goals.

Visit: diabetescareplus.org.au/ or call 1300 153 123.

For product information, please contact:

Pharmaco (Australia) Ltd, Chatswood, NSW 2067. PHAA477
Phone: 1800 114 610 Website: www.pharmacodiabetes.com.au

Subsidised access: At this time, CareSens Air is not listed as a subsidised CGM product on the NDSS. This means it cannot be accessed through the NDSS CGM access scheme used for subsidised CGM devices. Subsidised, NDSS access to CGM products is currently provided only to eligible people with type 1 diabetes and some rare conditions similar to type 1, following assessment by an authorised health professional.

Disclaimers: ALWAYS READ THE LABEL AND FOLLOW THE DIRECTIONS FOR USE.

Ask your health professional if this product is right for you. CareSens Air is for diabetes mellitus (type 1, type 2) management in people aged 18 years and over. Refer to the manual for safety information before purchase. If sensor readings do not match symptoms or expectations, use a glucose meter to make treatment decisions. Compatible smart device required.

Unless expressly stated otherwise, Diabetes Victoria does not endorse third-party products, services, offers, or any other information provided by third parties. You must undertake your own inquiries to determine the accuracy and relevance of any products, services, offers, or other information provided by third parties. Diabetes Victoria is not liable for any representations made by such third parties in relation to their programs, services, member benefits and offers, or their provision of such items.



Scan the QR Code for more information.

 **Pharmaco**
Always from the heart.

5.1 Lift investment for Victoria's independent diabetes medical research institutes

Victoria has been leading the country in diabetes research. As global diabetes research activity surges, our state is at risk of losing ground in the race to attract new research investment and trials.

Right now, research development in diabetes technologies and treatments is advancing rapidly.

"Now is the time for the State Government to back Victorian diabetes research," says Lauren Monaghan, Manager of Policy, Strategy and Research at Diabetes Victoria.

"It will bring investment and talent into the state, create jobs and bring forward life-changing breakthroughs in screening, treatments and care."

Over the past decade, Diabetes Victoria has invested \$20 million in research and will continue to invest.

Currently, the Victorian government lags behind all other states and territories in how it supports these institutes, providing just 17 cents in the dollar compared to New South Wales (55 cents) and Queensland (80 cents).

"Victoria's diabetes research institutes are world leaders in advancing the understanding of diabetes and developing groundbreaking treatments," Ms Monaghan says.

"For example, St Vincent's Institute is leading one of the most exciting areas of research globally; trialling new therapies to prevent, delay, or reverse type 1 diabetes.

"It is essential that we support Victorian research institutes to continue these advancements."

5.2 Establish a Diabetes Research Fellowships program to support the future of the Victorian diabetes research workforce

Building and retaining a skilled diabetes research workforce is challenging. Unreliable funding and short-term employment contracts means researchers leave for other sectors.

A dedicated diabetes Fellowships program would create essential pathways for Victorian early-career and mid-career researchers.

"This is a critical step in establishing the next generation of leaders, who can attract research investment across discovery, behavioural research, new therapies and innovations in prevention," Ms Monaghan says.

5.3 Deliver state-of-the-art enhancements for diabetes care, building on the success of the Victorian Virtual Emergency Department diabetes service

The Australian Centre for Accelerating Diabetes Innovations (ACADI) is focused on delivering innovations for diabetes diagnosis and care.

ACADI played a leading role in establishing the innovative diabetes service within the Victorian Virtual Emergency Department. The service has helped 85% of patients avoid hospital and delivered a 94% patient satisfaction rate.

Engaging ACADI as part of health care reforms will improve experiences for people living with diabetes and reduce stress on the health care system.

A dedicated diabetes Fellowships program would create essential pathways for Victorian early-career and mid-career researchers.

PRIORITY 5

What we are calling on the next Victorian Government to do:

- Lift funding for Victoria's independent diabetes medical research institutes to be in line with other states and territories.
- Invest \$10.2 million over five years to establish a Diabetes Research Fellowships program. This will power the future Victorian diabetes research workforce. Diabetes Victoria will co-invest in its establishment.
- Invest \$4.3 million over 4 years for ACADI to partner with health services, industry and lived experience to design and deliver further state-of-the-art enhancements for diabetes care.

Read more about Diabetes Victoria's state election priorities and find letter templates to send to your local MPs and candidates at www.diabetesvic.org.au/advocacy-and-policy-change/diabetes-doesnt-rest

Contact your local MPs and election candidates

You can call, email or write to the politicians in your area. Tell them these election priorities are important to you.

Find your local area (electorate):

Visit the Victorian Electoral Commission website:
<https://maps.vec.vic.gov.au/>

Find your local MPs and their contact details:

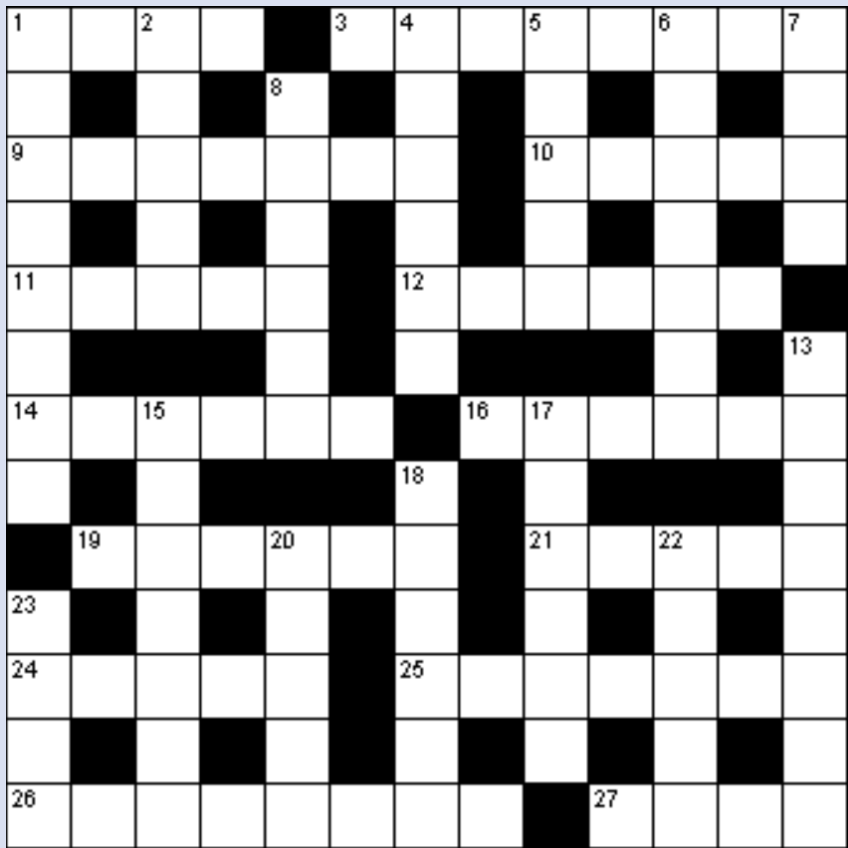
<https://www.parliament.vic.gov.au/members/member-search>

You can find contact details for other election candidates on political party websites.

A full list of candidates will be available from the Victorian Electoral Commission during the election period in November 2026.

PUZZLES

Crossword



Across

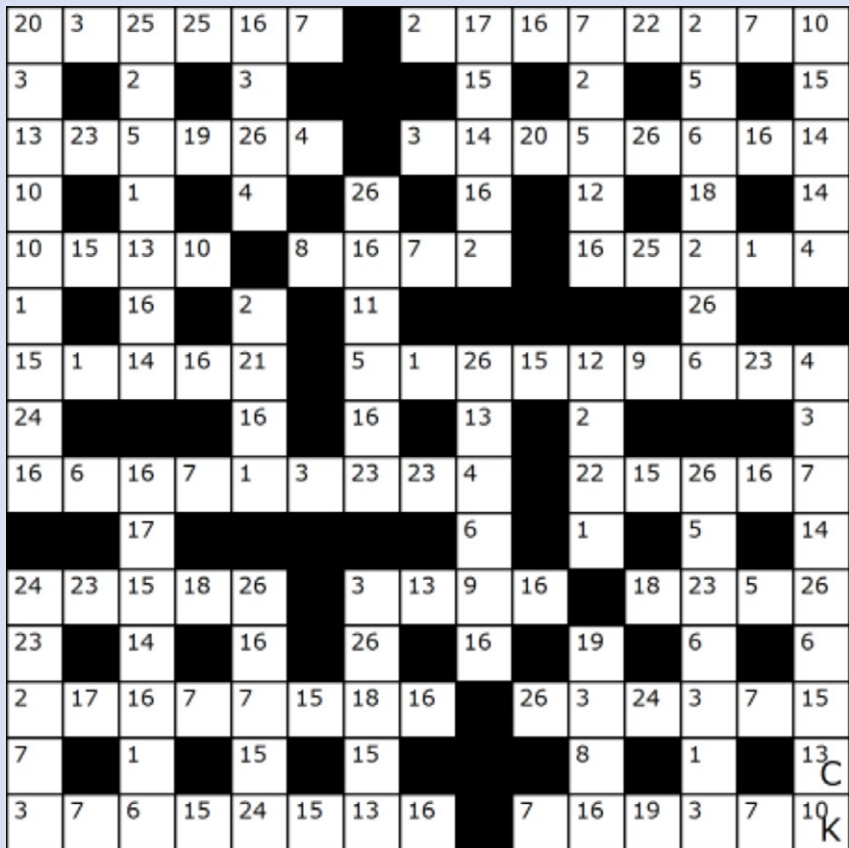
- 1. Scottish dance (4)
- 3. Strangle (8)
- 9. Letters sent by plane (7)
- 10. Tick off (5)
- 11. Cast, shed (5)
- 12. I've found it! (6)
- 14. Nervous, tense (2,4)
- 16. Rarely (6)
- 19. Obstacle (6)
- 21. Statement of belief (5)
- 24. Senior (5)
- 25. Waterfall (7)
- 26. Rebellion (8)
- 27. Musical rhythm (4)

Down

- 1. Response (8)
- 2. Mistake (5)
- 4. Aided (6)
- 5. Cinema award (5)
- 6. Deceived (7)
- 7. Garden of Adam and Eve (4)
- 8. Insect with large rear pincers (6)
- 13. Powerless (8)
- 15. South American country (7)
- 17. Overindulgence (6)
- 18. Warning light (6)
- 20. Pub game (5)
- 22. Wipe out (5)
- 23. Bill of fare (4)

PUZZLES

Codeword



Codewords are like crossword puzzles - but have no clues! Instead, every letter of the alphabet has been replaced by a number, the same number representing the same letter throughout the puzzle.

All you have to do is decide which letter is represented by which number!

To start you off, we reveal the codes for two letters.

1	2	3	4	5	6	7	8	9	10	11	12	13
14	15	16	17	18	19	20	21	22	23	24	25	26
A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

PUZZLES

Word Find

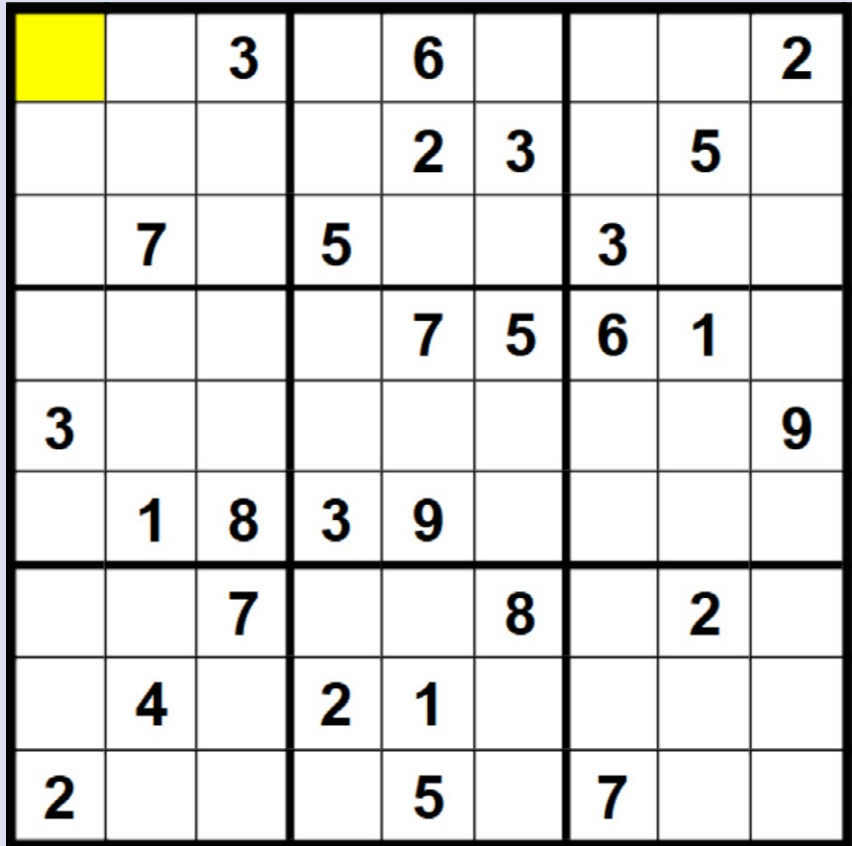


Theme: Shakespearean Characters

- ANTONIO
FALSTAFF
OLIVIA
ARIEL
HAMLET
OPHELIA
BANQUO
HERMIONE
OTHELLO
BARDOLPH
HORATIO
PERDITA
- BEATRICE
HOTSPUR
PORTIA
BIANCA
IAGO
PROSPERO
BRUTUS
JULIET
ROMEO
CAESAR
LEONTES
ROSALIND
- CALIBAN
MACBETH
THESEUS
CLEOPATRA
MALVOLIO
TITANIA
CORDELIA
MIRANDA
TROILUS
DESDEMONA
OBERON
VALENTINE

PUZZLES

Sudoku



Puzzle Solutions

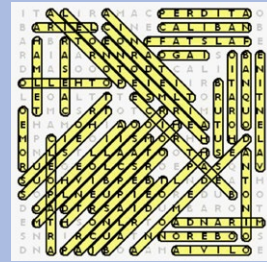
Crossword



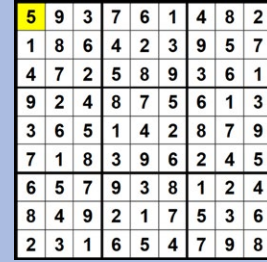
Codeword



Word Find



Sudoku





GO

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