How many Aboriginal and Torres Strait Islander young people are there with diabetes in Northern Australia?
Hot North Pilot Project 2018

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Diabetes in children and young people

• Concerns raised by health service providers and Aboriginal communities within the HOT NORTH area, of increasing rates of diabetes being diagnosed in Aboriginal and Torres Strait Islander children and youth

• An accurate number of how many young Aboriginal and Torres Strait Islander people have diabetes in this region is not known
Diabetes in children and young people: data from in Western Australia

• ~ 90% have Type 1 diabetes
• 9% have Type 2 diabetes
• 1-2% rarer forms of diabetes

• <2% of cases with Type 1 diabetes are Aboriginal and Torres Strait Islander
Type 2 diabetes in children aged < 17 years in Western Australia (1990-2012)

>20x higher risk of Type 2 diabetes in children and adolescents of Indigenous descent

Haynes et al, Med J Aust 2016; 204 (8): 303
Type 2 diabetes in children aged <17 years in Western Australia (1990-2012)

- 135 cases
- Average age of onset: 13 years (youngest is 6)
- 61% girls
- 56% children of Indigenous descent
- 61% obese

Haynes et al, Med J Aust 2016; 204 (8): 303
2018 Hot North Funded Pilot Project

Aim:
To determine the number of Aboriginal and Torres Strait Islander children and youth aged <25 years diagnosed with diabetes across northern Australia (Kimberley, Northern Territory, Far North Queensland)

Method:
Perform an audit of medical records for all primary, community and hospital health centres across the region
Getting started – steps needed in all 3 regions

1. Undertaking community consultation and incorporating feedback into project steps
2. Obtaining ethics approvals from relevant regional HREC(s)
3. Appointing study personnel
4. Assigning individual responsibilities/milestones
Getting started - steps needed in all 3 regions

1. Determine list of all primary, community, and hospital health centres for each region
2. Develop data query tools to enable digital extraction of health data from all health care centres
Once ethics approvals obtained

1. Obtain individual health centre approval for data extraction
2. Data extracts to be sent to independent data manager (Robyn Liddle at Menzies) to maintain privacy requirements
3. Robyn Liddle to collate data sets and ensure only unique individuals included
4. Data analysis and reporting
5. Communication of findings
6. Applications for further funding and projects
Why is this project important?

We need to know how many young people have diabetes to plan and develop ways to:

• *prevent* more young people getting diabetes in the future
• *provide appropriate health services* to young people with diabetes so they get the best care to stay as healthy as possible
• *reduce* the chances of developing other health problems related to diabetes such as kidney, heart and eye disease
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