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| **Symposium or Masterclass Title (max. 10 words):** *The title should be as brief as possible and clearly indicate the nature of the session. If you wish to include a subtitle, it must be included in this field and included in the 10-word limit.* |
| **Supporting Mob with diabetes self-management from a Non-Indigenous service provider perspective**  |

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| **Presenters:***Please provide details of all proposed presenters including their name, email address, ADS or ADEA member number (if applicable) and their residential state. Please indicate the key contact person for this session with an asterisk.*  |
| **Debbie Beahan** AHW/DE, WNSWLHD, NSW debbie.beahan@health.nsw.gov.au**Karen Ingram** Cultural Capability Lead, Marathon Health, karen.ingram@marathonhealth.com.au, NSW**Jaclyn Harvey** Senior DT/CDE Marathon Health, jaclyn.harvey@marathonhealth.com.au, ADEA no. 100346, NSW**Amanda Taylor** Pharm/CDE, Marathon Health, amanda.Taylor@marathonhealth.com.au, ADEA no.107394, NSW**Erin Melhuish** DT/DE Marathon Health, erin.melhuish@marathonhealth.com.au, ADEA no. 107417, NSW**Dr Amy Wagstaff** Endocrinologist, Indigenous Chronic Disease Clinic Bathurst, email, ADS no., VIC**Alison Logan** RN/CDE, Marathon Health, alison.logan@marathonhealth.com.au, ADEA no.103490, NSW**Adjunct Associate Professor Deanne Minniecon,** National Manager Aboriginal and Torres Strait Islander Engagement, NDSS**\*Alison Amor** RN/CDE, Portfolio Manager, Chronic Disease Service, Marathon Health, Alison.amor@marathonhealth.com.au ADEA no.102735, NSW |

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| **Session Chair(s):***Please provide details of the nominated session chair(s), including their name and email address.* |
| Alison AmorPortfolio Manager, Chronic Disease services, Marathon HealthAlison.amor@marathonhealth.com.au |

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| **Session description (max. 200 words):** *Please provide an overview of the session, including key content each presenter intends to cover.*  |
| This symposium will aim to draw on lived experience from both First Nations and non-Indigenous service providers and First Nations community members across Western NSW to explore effective models of care including strategies and challenges encountered by non-Indigenous service providers in supporting First Nations communities, or "the Mob," in managing diabetes. Emphasis will be placed on culturally sensitive practices, client centricity, community engagement, and the importance of collaboration with First Nations health professionals. *Proposed Symposium Overview:* How to Work Effectively with First Nations Communities* Presenter: Debbie Beahan (Aboriginal Health Worker and Diabetes Educator, Western NSWLHD)

Supporting Mob with Diabetes Self-Management from a Non-Indigenous Organisation Perspective* Organisational cultural responsiveness
* Models of care including lived provider and consumer experience
* Program outcomes
* Presenters: Karen Ingram, Amanda Taylor, Erin Melhuish, Jac Harvey (Marathon Health Staff)

Resources to support effective delivery of diabetes self-management for Mob* Presenter: Adjunct Associate Professor Deanne Minniecon (National Manager Aboriginal and Torres Strait Islander Engagement)

Panel Discussion: Q&A Lived Experience and opportunities* Panelists:
	+ Amy Wagstaff, Endocrinologist, Indigenous Chronic Disease (ICD) Clinic, Marathon Health
	+ Alison Logan, RN/CDE, Indigenous Chronic Disease (ICD) Clinic, Marathon Health
	+ Debbie Beahan, AHW/Diabetes Educator, WNSWLHD
	+ Karen Ingram, Cultural Capability Lead, Marathon Health
	+ ACCHO Representative (TBC)

Session Wrap Up* Alison Amor
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| **Evidence base (max. 100 words):** *Where appropriate, please include a brief description and citations of the evidence that supports your session or will be presented and discussed during the session.* |
| Aboriginal Community Controlled Health Organisations (ACCHO) are crucial for providing culturally safe healthcare to First Nations communities. While the number of ACCHO providers is growing, many communities still lack access (AIHW, 2024). Additionally, many diabetes educators operate outside the ACCHO framework. To ensure effective diabetes self-management support, it is vital that all service locations, including non-Indigenous providers, deliver culturally safe and client-centred care (Hicks, 2019). Addressing these gaps through collaboration and best practices can significantly improve health outcomes for Indigenous communities. The session content will be supported by citations listed below and lived experience of First nations and non-Indigenous service providers and First Nations community members. Australian Government Institute of Health and Welfare (AIHW). Health checks and follow-ups for Aboriginal and Torres Strait Islander people [Internet]. 2024. Available from: https://www.aihw.gov.au/reports/indigenous-australians/indigenous-health-checks-follow-ups/contents/summary Australian Indigenous HealthInfoNet. [Internet]. Available from: https://healthinfonet.ecu.edu.au/ HealthChange Associates. Better Practice-Better Outcomes [Internet]. Available from: https://www.healthchange.com/ Hicks J. Essential Aboriginal Insights: A guide for anyone involved in Closing Gaps Australia [Internet]. 2019. Available from: www.Aboriginalinsights.com.au National Aboriginal Community Controlled Health Organisation (NACCHO). NACCHO [Internet]. Available from: https://naccho.org.au  |

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| **Key learning objectives (max. 100 words):***Please identify the key knowledge and/or skills that delegates will achieve by the conclusion of the session. Key learning objects can be presented in dot point form.* |
| Raise Awareness: Highlight the unique challenges faced by Indigenous communities in diabetes self-management and the importance of culturally sensitive support.Share Best Practices: Provide insights and strategies that non-Indigenous service providers can implement to improve their support for First Nations clients.Foster Collaboration: Encourage dialogue and collaboration between Indigenous and non-Indigenous health professionals to enhance diabetes management outcomes.Empower Communities: Promote the empowerment of Indigenous communities in taking charge of their health through culturally relevant education and resources. |