

Type 2 Diabetes in Rural Australia

Extract from National Rural Health Alliance Fact Sheet 21

www.ruralhealth.org.au



The burden of Type 2 Diabetes

Type 2 Diabetes is one of the most common chronic conditions in Australia. Type 2 Diabetes accounts for 8 per cent of Australia's total burden of disease and for \$907 million of direct spending on health care, 2 per cent of the Australian Government's health budget. The prevalence of Type 2 Diabetes in Australia doubled from 1989-90 to 2004-05. In 2004-05, 3.6 per cent of the Australian population, approximately 700,000 persons, reported that they had diabetes. Type 2 Diabetes is now more common among those aged 45 years and over than it was before and is also increasingly developing at younger ages, including in young children. The burden of disease for diabetes is significant in rural and particularly remote areas. People in remote and very remote areas have, respectively, two and three times the rate of hospitalisation, and two and four times the rate of death from diabetes as people living in major cities.

Risk factors

A large part of the difference in health status between advantaged and disadvantaged Australians, and between city dwellers and rural and remote Australians, can be attributed to obesity, tobacco and alcohol use - the initial targets of the National Preventative Health Strategy. These three are key risk factors for diabetes.

National prevention programs targeting these risk factors have been successful in urban areas, but less so in rural and remote areas. For example, rates of smoking in the major cities decreased by more than 15 percent between 1995 and 2004-05, whereas over the same period the rates in regional and remote areas appear not to have changed. Similarly, in the same period, the incidence of a sedentary lifestyle decreased by 5 percent in the major cities, while in regional and remote areas it *increased* by about 5 per cent. Preventable illnesses and health risk factors are more common in rural, regional and remote areas than in capital cities - and the gap is widening.

While nationwide initiatives such as standard health promotion campaigns and changes to taxation, pricing and advertising have been effective overall, there is an urgent need to deliver specially targeted initiatives for 'at risk' groups, including people in rural and remote communities.

Given the risk factors for the condition, at-risk groups include Aboriginal and Torres Strait Islander peoples and people of low socioeconomic status. Aboriginal and Torres Strait Islander people are three times more likely to develop Type 2 Diabetes than non-Indigenous people. There is a general increase in prevalence of the condition with decreasing socioeconomic status, with people in the highest socioeconomic bracket having a prevalence of 2.3 per cent and people in the lowest bracket having almost double that rate.

Compared with major cities, rural and remote communities have larger proportions in these at-risk groups, so that there is an increasing prevalence of diabetes with increasing remoteness.

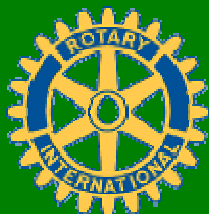
Diabetes management is also more challenging in rural and remote communities where access to health care is not as good and complications of diabetes are more likely to occur.

Complications of diabetes include:

- cardiovascular disease, including stroke, coronary heart disease, and peripheral vascular disease;
- eye disease, including diabetic retinopathy, cataracts and glaucoma;
- kidney disease, such as diabetic nephropathy and chronic kidney failure (end stage kidney disease);
- nerve damage, including peripheral and autonomic neuropathy;
- foot complications, like foot ulcers and lower extremity amputation;
- oral complications including periodontal disease and other oral disorders (carries and mouth infections); and
- complications in pregnancy



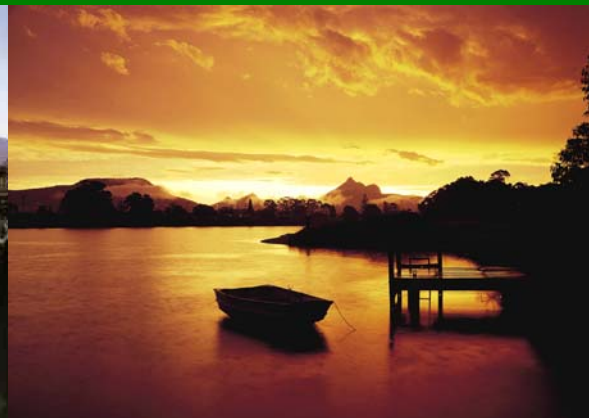
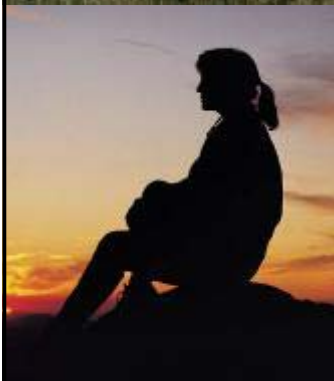
RURAL MEDICAL SCHOLARSHIPS—CLASS OF 2010/11



ROTARY CLUB OF ILLAWARRA SUNRISE SPONSORING A RURAL MEDICAL STUDENT

Rotary Club of Illawarra Sunrise (District 9750) has a good relationship with Wollongong University and will be sponsoring Mathew Doyle, Rural Medical Scholar in 2010/11. Mathew has moved this month to Murwillumbah where he will be on his Rural placement for twelve months.

Mathew is married and has a baby daughter. He has already received a Bachelor of Exercise Science and Rehabilitation, and gained part time employment in the Sutherland Shire as a rehabilitation consultant while studying at Wollongong University. Mathew and his family are looking forward to integrating into the new community at Brunswick Head and Murwillumbah. We are looking forward to hearing more from Mathew in the near future.



RURAL MEDICAL SCHOLARSHIPS—CLASS OF 2011



3 MORE ROTARY CLUBS SPONSORING A RURAL MEDICAL STUDENT

Applications will be open at University of Sydney, University of NSW and Monash University for a Rural Medical Scholarship. **Rotary Club of Caringbah (District 9750) Rotary Club of Belvoir-Wodonga (District 9790) and Rotary Club of Bentleigh Moorabbin Central (District 9810)** have made a commitment to sponsor a Rural Medical Scholar in 2011.



AUSTRALIAN ROTARY HEALTH 'MOTTO FASHION INDIGENOUS NURSING SCHOLARSHIP'



Scholarship available for 3rd Year Student only

AUSTRALIAN ROTARY HEALTH is offering ONE Scholarship—Victoria.

The aim of the Scholarship is to provide incentives for nursing students to **complete their 3rd year major clinical placement and graduating year in an Indigenous community.**

This will encourage and influence the nursing students to consider pursuing a nursing career in Indigenous communities in Australia upon graduation. This Scholarship would have the benefit of enjoying the fellowship of Rotarians and also expose the candidate to aspects of rural community life.

Scholarships will only be open to nursing students of Deakin University. To be eligible the candidate must demonstrate 'a financial need' and must be of Aboriginal heritage.

The Scholarship is valued at \$12,500

Applications open **Monday 12th July, 2010**

Applications close **Friday 3rd September, 2010**

Interviews will be conducted in late **September, 2010**



Lydia Newton
Charles Sturt University
Post Grad Year January 2010
Dubbo Base Hospital

Dubbo Base hospital is a major referral centre. The health service strongly supports the education of health staff and is a training hospital. Dubbo is a major centre which services a population of 38,000 people. Situated on the Macquarie River it is 420 kms north west of Sydney. Dubbo Hospital supports a population of around 100,000 people including regional, rural and remote communities such as Baradine, Coonamble, Cobar, Coolah, Coonabarabran, Dubbo, Dundedoo, Gulargambone, Gilgandra, Gulgong, Mudgee, Narromine, Nyngan, Trangie, Warren and Wellington.

Services: Acute medical, acute surgical, emergency care, intensive care, operating theatre and recovery, maternity, paediatrics, oncology, renal dialysis, geriatrics, community health, health promotion, generalist community nursing, community midwifery, community child and family services, drug and alcohol, sexual health and mental health services.

"After having a couple of weeks where I thought I was going to never get the hang of it, everything fell into place. I have been working on a general ward and loved every minute of it. Caring for the unwell is a dream job.

The thanks and appreciation that is shown by (most) patients and their families really makes going to work so much more rewarding. Working in the rural areas, you get to experience so much closer the difference in cultures and religions and spend quality time caring for the patients the way they need. Working with many elderly patients during this rotation was rewarding and educating. About 80% of all the patients on this ward have been 70 and above. Many stories told and many tears were shed.

I have moved into the emergency department and now going through the finding my feet stage again. The staff and educators have been wonderful and I am really looking forward to my time in the department."



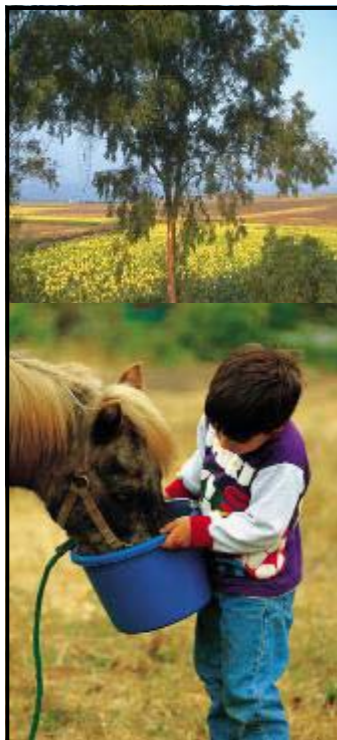
Emily McGruer
Charles Sturt University
Post Grad Year January 2010
Wagga Wagga, Calvary Hospital

Calvary Health Care Riverina's approach to the Graduate Nurse Transitional Support Program is based on respect for the individual and on the concept of an accomplished health care professional, who needs guidance and support to assist in the transition from university to registered nurse. The aim is to provide the graduate with the support, guidance and exposure to learning experiences that will enable them to become operational health care professionals.

During the Program Graduate Registered Nurses will gain experience in Medical/Surgical Nursing, High Dependency Nursing, Preadmission/Discharge Planning, Day only Procedures, Orthopedic Nursing, ENT, Gynaecology, General Surgery, Cancer/Palliative Nursing, Ophthalmology and coronary Care. The program also contains an elective rotation.

"The wonderful world of nursing is all that I imagined and more. Since commencing my career in February, I have loved every minute, every opportunity and every experience. I have realised in the last three months, nursing is not a job, it is a destiny; it is my destiny. I have learnt so much in the last 3 months, not only from the experienced and knowledgeable staff, but also from so many beautiful patients.

Nurses are there for individuals and families during some of the most happy and saddest times in their lives. Sickness and health, life and death, disappointment and relief - nurses are there. During the last three months there have been situations where I have felt happy and sad,



CLASS OF 2010 RURAL NURSING SCHOLARSHIPS REPORTS

competent and incompetent, however it is from these situations that I have learnt and become a better, more experienced nurse. No two days are the same in nursing, thus everyday is a new learning curve.

Since commencing I have spent the majority of my time on a high dependency ward (first rotation) and a palliative/medical ward, which is where I am working at this time.

The experiences on these two wards have been endless and irreplaceable. The two wards are almost opposites and as a result, I feel as though I have been lucky enough to experience two

completely different sides of nursing in my first few months!

In such a short time I have encountered medical and surgical patients, patients who are difficult and abusive, old and young. However, those who have had and still have the most profound effect on me are the brave and courageous individuals at the end of their lives. The strength of these patients and their families has blown me away and I cannot respect them enough."



Kasey Howes

Charles Sturt University

Post Grad Year January 2010 Wagga Wagga, Calvary Hospital

"Beginning to work as a registered nurse has been the biggest challenge so far. I am working for Calvary hospital in Wagga Wagga. As part of the Post Graduate course I will be working in 5 different areas within the hospital, spending about 8 or 9 weeks in each area.

My first rotation was on a Palliative and post operative ward. As I had previously worked as a live in palliative carer I found this ward to be a fantastic place to start. Previous experience in this field allowed me to easily form therapeutic relationships with terminally ill patients, which I feel is an essential part of providing these patients and their families with holistic care.

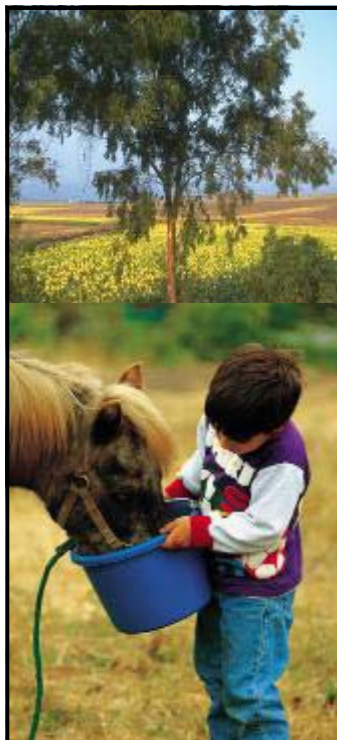
In the beginning, the daily responsibilities were very overwhelming....So much to do, remember, learn, experience, ask and be responsible for. But with the wonderful support from the staff at Calvary everything seems to fall into place.

During my second shift on the ward, one of the more experienced Registered nurses was going on a tea break and handed me the S8 (restricted drug) keys for the first time, I had to think about it for a second then realised.... WOW I am a REGISTERED NURSE!!!! And I can be responsible to carry the keys...finally!

Hard work and a lot of overtime, to cross all my T's, dot all my I's and be certain I hadn't missed anything and to ensure my paperwork and documentation were correct paid off, I began to feel a little more confident and enjoy the challenges I would face on a daily basis. But just as I started to feel comfortable it was time to change wards, however the many skills and techniques I had acquired in those first 8 weeks of hands on experience will continue to assist me throughout my career.

I am very grateful for the support I get from all of the Nurses who continually offer to help and answer my millions of questions and all the staff at Calvary have made the transition from study to work a very enjoyable experience.

I am now currently working in the operating theatres, again like a fish out of water but absolutely loving every minute of it. Also on the 16th April Charles Sturt University also held our Graduation ceremony. It was so good to see all the other nursing graduates and hear about their experiences... which reminded us all we are not alone... everyone has to start somewhere."



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Uta Conway

sponsored by Rotary Club of Carlingford

University of Wollongong

Post Grad Year January 2010

Bega/Pambula Hospitals

Bega Hospital is a 70 bed level three/four hospital and provides acute and community health care services to the surrounding community. The hospital provides emergency, medical, surgical, paediatric, obstetric and high dependency services.

Pambula Hospital is a 30 bed level two/three hospital and provides acute and community health services. The hospital provides emergency, medical, surgical, paediatric and obstetric services. Professional development courses are conducted in Queanbeyan. Clinical rotations offered over the 12 months will be in a variety of the clinical areas across both Bega and Pambula Hospitals.

"My New Graduate year with Greater Southern Area Health started in Pambula hospital on the 1st of March. Client population includes local residents of Pambula, Merimbula and Eden, a large rural population from surrounding regions including the Victorian border and many tourists on holidaying in this area. All in all it makes for a very interesting mix of patients and disease conditions and highlights the many benefits and challenges of working in a rural environment.

During my New Graduate year so far I encountered a very diverse group of patients and became familiar with many different diseases and their treatment and nursing care. This includes patients with various acute and chronic conditions, post-operative patients after day surgery, mental health patients, administration of blood products, and acting as a scribe during resuscitation retrievals in the emergency department, working under full supervision with paediatric patients and autonomously with others.

Nursing staff and management have been very helpful and approachable which has greatly assisted a smoother transition from student to nurse. I especially appreciate their support in accessing many learning opportunities.

These include procedures such as intravenous cannulation and veni-puncture, attending a workshop in Moruya on management of Central Venous Access Devices, several in-services and training days and accessing learning packages on the staff intranet. I find nursing very interesting and stimulating as there are new things to learn every day and enjoy the diversity of my work as a rural nurse."

Margaret Buchanan

Queensland University of Technology

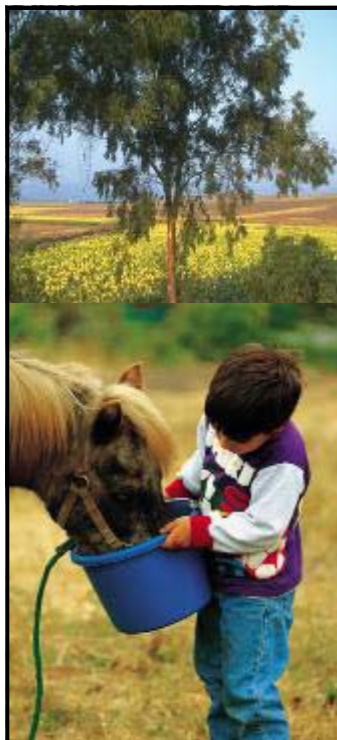
Final Placement February 2010

Post Grad Year July 2010

Dalby Health Service consists of Dalby hospital with 25 beds, a community health centre and Karingal Aged Care Facility with 80 beds. The hospital provides medical, surgical, casualty, acute care, operating theatre, outpatients, pharmacy, dental, radiography, and midwifery services. Visiting medical services are provided by a surgeon, physician, paediatrician, obstetrician, gynecologist, podiatrist and radiologist.

"Having realised that life as a corporate accountant was definitely not for me, I decided to pursue a career in nursing. And today marks my final day as a nursing student – the end of an era! I have just completed a two month placement at the Dalby Hospital where I split my time between the acute ward and the accident and emergency department.

I thoroughly enjoyed my time in Dalby and it was a terrific placement to finish on. I enjoyed each and every day I spent at the hospital. In particular, I was fortunate to attend educational workshops with the other nurses, observe a caesarean section and ride in an ambulance to Toowoomba. The emergency department was a busy working environment however I still felt supported and very much part of the team. The opportunity to complete a rural placement was extremely valuable and I would strongly recommend all nursing students to give it a go. The diversity of patients is incredible and the sense of community in a rural area is unique. My final placement has inspired me to pursue a rural nursing career and I am very much looking forward to returning to Dalby to work as a Registered Nurse as a graduate."





AUSTRALIAN ROTARY HEALTH 'PARNELL RURAL & REMOTE NURSING SCHOLARSHIP' AND 'WOODSIDE AUSTRALIAN ROTARY HEALTH RURAL & REMOTE NURSING SCHOLARSHIP'

Scholarship available for 3rd Year Student only



AUSTRALIAN ROTARY HEALTH is offering up to four Scholarships—in country NSW and in country Queensland. AUSTRALIAN ROTARY HEALTH is offering up to two Scholarships—in the Pilbara Region, Western Australia sponsored by Woodside.

The aim of the Scholarships is to provide incentives for nursing students to complete their 3rd year major clinical placement and graduating year in a rural/remote area.

This will encourage and influence the nursing students to consider pursuing a nursing career in rural/remote Australia upon graduation. This Scholarship would have the benefit of enjoying the fellowship of Rotarians and also expose the candidate to aspects of rural community life.

Scholarships will only be open to Australian Citizens attending and/or enrolled in Universities in New South Wales, Queensland and Western Australia . To be eligible the candidate must demonstrate 'a need' and must attend their Rural Hospital for the entire year.

Each Scholarship will be valued at \$12,500

Applications open **Monday 17th May, 2010**

Applications close **Friday 13th August, 2010**

Interviews will be conducted in early **September, 2010**

If your Rotary Club would like to sponsor a Rural Doctor or Rural Nurse



Rural Doctor Scholarships are \$5,500 per year

AUSTRALIAN ROTARY HEALTH offers Scholarships Australia wide for medical students attending the 14 Rural Clinical Schools of Australia.

The aim of the Scholarships is to provide incentives for medical students to complete at least one year in a rural area. This will encourage and influence the medical students to consider pursuing a medical career in rural Australia upon graduation or following postgraduate medical studies. This Scholarship would have the benefit of enjoying the fellowship of Rotarians and also expose the candidate to aspects of rural community life.

Rural Nursing Scholarships are \$13,750

Post Grad Year in Rural Placement

AUSTRALIAN ROTARY HEALTH are currently offering Scholarships—in country NSW and in Country Queensland (available in other states if required).

The aim of the Scholarships is to provide incentives for nursing students to complete their 3rd year major clinical placement and graduating year in a rural/remote area.

This will encourage and influence the nursing students to consider pursuing a nursing career in rural/remote Australia upon graduation. This Scholarship would have the benefit of enjoying the fellowship of Rotarians and also expose the candidate to aspects of rural community life.

Please contact Cheryl Deguara—Programs Co-ordinator
Phone: 02 8837 1900 Email: cheryldeguara@australianrotaryhealth.org.au