QUEENSLAND WOMEN'S HEALTH NETWORK NEWS

DECEMBER 2011 *'Aims to strengthen links between women by providing access to information and support'*

www.qwhn.asn.au

WOMEN & DIABETES

Type 2 diabetes *Are you more at risk than you think?*

RIDING HIGH: *Diabetes Australia – Queensland Green Team supporters Amy Penfold, Bara Jedlicova, Karen Bucholz and Deb Gillespie were among 10,000 riders raising funds for a type 1 diabetes program in the Wilson HTM Brisbane to the Gold Coast Cycle Challenge on 9 October. (For more information about type 1 diabetes see p. 2)*

About 300,000 Queenslanders are estimated to have type 2 diabetes and it is likely that for every diagnosed case, there is someone else who is undiagnosed. As doctors continue to diagnose another 60 people with type 2 diabetes every day in Queensland, it seems the risk factors are too easy to dismiss by those in the midst of busy and demanding lives.

More than 60% of Queensland adults are overweight or obese. People who are overweight, who do little physical exercise and are over

IN THIS EDITION **WOMEN & DIABETES**

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(continued from page 1)

35 years of age are at increased risk of developing type 2 diabetes.

The risks are higher again for Aboriginal and Torres Strait Islanders, people from certain ethnic groups and for women who have experienced gestational diabetes.

In the early stages of type 2 diabetes the symptoms may be vague and easy to overlook. Although the initial diagnosis tests are simple and readily available, it is common for people to remain undiagnosed until they begin to develop serious medical complications caused by type 2 diabetes. The complications include heart disease, kidney failure, stroke, amputations, blindness and nerve damage.

Type 2 diabetes occurs when the relationship between blood glucose and a hormone called insulin, produced by the pancreas, stops working normally. Insulin helps glucose, the body's energy source, enter cells where it is used as fuel. With type 2 diabetes, the pancreas no longer produces sufficient insulin, or the insulin produced no longer works. This leaves excessive glucose circulating in the blood and over time it creates problems.

People with diabetes can live well with the condition – if they manage their health. The recipe for prevention is similar to that advised for management: eating healthy food, exercising and maintaining a healthy weight.

Those who develop the condition will manage it through healthy diet and exercise and may go onto oral medication. Some may need to go onto insulin injections as the disease progresses. A balance of weight loss, healthy diet and exercise may delay the necessity to use insulin or reduce the amount of insulin required.

As yet, there is no cure for type 2 diabetes. People who are diagnosed must learn to manage it and commit to a schedule of regular health checks.

The symptoms of diabetes include: Feeling tired, passing urine more frequently, blurred vision, dry and itchy skin, slow-healing of sores or wounds, leg cramps, frequent infections and constant thirst.

The action plan for reducing the risk of developing type 2 diabetes includes (*see box at right*):

Diabetes AUSTRALIA QUEENSLAND

Reducing the risk

- **MAINTAINING A HEALTHY BODY WEIGHT** (limit alcohol and monitor waist measurement)
- **CONSUMING A HEALTHY DIET** (eating fruit and vegetables, limiting foods that are high in fat, sugar and salt); and,
- **BEING PHYSICALLY ACTIVE** (exercise for 30 minutes a day, add activity into the day such as stairs or walking to work).

Assess your risk of developing type 2 diabetes by using the
AUSTRALIAN TYPE 2 DIABETES RISK ASSESSMENT TOOL:
AUSDRISK
It is FREE and available online at **www.diabetesqld.org.au**, or contact the **Diabetes Australia – Queensland call centre on**
1300 136 588

Type 1 diabetes remains a medical mystery

The three most prevalent types of diabetes are type 1, type 2 and gestational diabetes. Unlike type 2 diabetes, type 1 diabetes is not preventable and so far there is no cure. It is a life-long condition that can affect people of all ages, including babies and toddlers. The number of Australian children with type 1 diabetes is believed to be rising by about 10% every five years, according to the Australian Institute of Health and Welfare. Australia had the seventh-highest prevalence of type 1 diabetes among OECD countries, the AIHW found.

The condition occurs when the pancreas creates no insulin and is caused when the person's own immune system mistakenly destroys the precious insulin-producing cells. Without insulin, the cells of a person's body are unable to use blood glucose to create energy. There may well be plenty of glucose present in the blood but without insulin the glucose cannot move from the blood stream into the cells of the body. As a result blood glucose soars to very high levels which can lead to extreme thirst, passing large amounts of urine, dehydration, vomiting and weight loss. In severe cases it may lead to coma and potentially death if not treated.

People with type 1 diabetes have to test their blood glucose several times each day as well as account for the carbohydrate in the food that they eat so that they can administer the correct amount of insulin to keep their blood glucose level in the normal range. Over time high blood glucose levels increase the risk of complications such as heart disease, stroke, kidney disease, blindness and lower leg amputations.

Although there are several theories about what causes type 1 diabetes, no one knows for sure and, so far, there is no cure. Type 1 diabetes remains a medical mystery but great improvements have been made in the management of type 1 diabetes and people diagnosed with the condition can go on to live long and productive lives.

Diabetes Australia – Queensland provides strong advocacy and a support network for people with all types of diabetes.

FOR MORE INFORMATION

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OUR NEXT NEWSLETTER

will examine women's health issues on the topic of

ALCOHOL

DOES YOUR ORGANISATION HAVE EXPERTISE IN THIS AREA?
OR ARE YOU A WOMAN WITH KNOWLEDGE / EXPERIENCE ON THIS TOPIC?

Share your insights with over 400 organisations, health workers, and other women in Queensland and beyond...

We welcome your articles, news items, or other submissions.
Please contact us in advance at: coordinator@qwhn.asn.au
for full submission guidelines.

DEADLINE: 10 February

Diabetes in Rural Areas

***PENNY HANLEY** of the **National Rural Health Alliance** reveals that the rate of type 2 diabetes for females in rural and remote areas is higher than that for males*

In order to keep functioning, our bodies need to convert glucose (sugar) from food into energy. Insulin is the hormone necessary for this conversion. People with diabetes either cannot produce insulin or the cells in their body no longer respond to insulin. Either way they are not able or less able to convert food into energy.

There are four main types of diabetes[1] but this article will focus on type 2 diabetes. The incidence of type 2 diabetes in Australia has at least doubled in the past two decades.[2] While in general there is a higher incidence of type 2 diabetes for males, the rate for females in rural and remote areas is higher than for males. Aboriginal and Torres Strait Islander people are three times more likely to have diabetes than non-Indigenous people.[3]

Type 2 diabetes results from a combination of genetic and environmental factors. Being overweight, smoking and/or drinking too much alcohol greatly increase the risk of getting type 2 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 cities decreased by more than 15 per cent between 1995 and 2004–5, but during the same period, the rates in regional and remote areas stayed the same. Also in the same period, the incidence of a sedentary lifestyle decreased by 5 per cent in the major cities, while in regional and remote areas it *increased* by 5 per cent.[4]

The generally higher incidence of type 2 diabetes in rural and remote areas is attributable to higher rates of risk factors. In aggregate, people in rural and remote areas have lower incomes and higher rates of smoking and dangerous drinking than their peers in the major cities. Perhaps counter-intuitively, they are also more sedentary, due in part to poorer infrastructure for exercise (shaded recreation areas, bike paths, public gyms and pools). Rural and, especially, remote areas have considerably higher proportions of Indigenous people and, as is well known, they experience a wide range of cultural, economic and social barriers to good health, exacerbating metropolitan–remote differences. Fresh food is often more expensive and even unavailable in more remote communities.

Gestational diabetes affects pregnant women in Australia at the rate of 1 in 20. Aboriginal and Torres Strait Islander mothers are more likely to be affected than non-Indigenous mothers. Good health care during pregnancy is needed to minimise the health risks to both mothers and babies. Although the diabetes often goes away after the baby is born, both mother and baby are at higher risk of type 2 diabetes in later life. Long term complications of diabetes can affect the heart, eyes, kidneys, nerves, feet and oral health. Careful monitoring of blood glucose levels and regular checks for early signs of side effects are critical to minimising these complications. 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.

There is plenty that can be done to minimise the risk of getting diabetes, plus many things to minimise the effects for people who have it. Community-based programs targeting at-risk groups in rural and remote communities can decrease the prevalence of obesity and smoking, and thus of type 2 diabetes. For example, the 'Lighten Up to a Healthy Lifestyle Program'[5] was developed by Queensland Health to help people gain a healthy attitude to eating and physical activity.

More information can be found at Diabetes Australia 1300 136 588 and www.diabetesaustralia.com.au/

THE NATIONAL RURAL HEALTH ALLIANCE

The National Rural Health Alliance is Australia's peak non-government organisation for rural and remote health. It is comprised of 32 Member Bodies, each a national body in its own right, representing rural and remote health professionals, service providers, consumers, educators, researchers and Indigenous health organisations.

The vision of the Alliance is good health and well-being in rural and remote Australia, and it has the particular goal of equal health for all Australians by 2020. It works collaboratively with any other entity that can help in order to expose evidence relating to the health and health service disadvantage of people in rural and remote areas, and to promote and seek action on remedies for this inequitable situation. **See www.ruralhealth.org.au**

FOR FURTHER INFORMATION

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Fax (02) 6285 4670
Email nrha@ruralhealth.org.au
or media@ruralhealth.org.au

References

1 www.aihw.gov.au/diabetes

2 Australian Institute of Health and Welfare (2008) Australia's Health 2008. Cat No AUS99. AIHW, Canberra.

3 National Rural Health Alliance Fact Sheet 21, Type 2 Diabetes in rural Australia. May 2009

4 www.ruralhealth.org.au

5 www.health.qld.gov.au/lightenup/

DIABETES PREVENTION FOR IMMIGRANT AND REFUGEE WOMEN:

Findings from the Diabetes Healthy Living Project

In response to the growing prevalence of type 2 diabetes in some overseas-born people resident in Australia, the Multicultural Centre for Women's Health implemented the Diabetes Healthy Living Project.

This innovative pilot project aimed to increase the capacity of immigrant and refugee women to make healthy lifestyle choices so to minimise their risk of developing type 2 diabetes.

Initially, a consultation with key stakeholders was undertaken and available literature was reviewed to gain an understanding of culturally-appropriate diabetes prevention interventions for immigrant and refugee communities, particularly women. Using research findings, a comprehensive diabetes prevention program for immigrant and refugee women that utilised a narrative-based approach was developed. This gendered approach to diabetes prevention using storytelling as the main education strategy was the first of its kind in the world. Core components of the program included training for bilingual health educators and the delivery of diabetes prevention education sessions for immigrant and refugee women.

A comprehensive, informative and entertaining training program for all of the centre's bilingual health educators was conducted to provide educators with the diabetes-related information necessary to educate immigrant and refugee women about diabetes prevention ...

Following this program, diabetes prevention education sessions were delivered in eight languages: Amharic, Arabic, Italian, Macedonian, Sudanese Arabic, Tagalog, Turkish and Vietnamese. Overall, 26 education sessions for 104 immigrant and refugee women were held, with up to three sessions per language ... The diabetes prevention education sessions incorporated culturally-appropriate strategies such as storytelling, multilingual visual and written resources, and food-based activities. Women's responses to the education sessions were extremely positive, with women reporting increased awareness of the importance of diabetes and the role of healthy eating and an active lifestyle in preventing and managing diabetes. Women also reported discussing diabetes with family members, adopting healthy cooking practices and undergoing diabetes screening ...

Multicultural Centre for Women's Health (MCWH) is a women's health organisation which is committed to improving the health of immigrant and refugee women around Australia. We provide national leadership and excellence in multilingual health education, advocacy, training, and research with specific expertise in sexual, reproductive, occupational, and mental health.

FOR MORE INFORMATION

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Ph: 03 9418 0999
General Queries: reception@mcwh.com.au
Need assistance for MWHA?
Please call our toll free number ***1800 656 421.***

This article is an extract from:

Poljski, C. (2010) 'Diabetes prevention for immigrant and refugee women: Findings from the Diabetes Healthy Living Project'. MCWH: Melbourne.

Reproduced with permission of ***Multicultural Centre for Women's Health.*** *QWHN highly recommends reading the full report at* ***http://www.mcwh.com.au/***

the power of words

a new language for diabetes

Diabetes Australia recently released a position statement 'A new language for diabetes: Improving communications with and about people with diabetes', calling for greater awareness and sensitivity in the way people talk about diabetes.

What is the problem with the language used currently?

Referring to diabetes as a 'disease' and describing people living with the condition as 'diabetics' or 'sufferers' is commonplace in Australia. Terms like 'non-compliant' or 'poorly controlled' are used without realising that this language can be harmful and inaccurate, and can make people feel that the efforts they make to manage their diabetes are not appreciated. Research shows people with diabetes have higher levels of emotional distress, and negative language can further contribute to feelings of frustration, guilt and distress.

What are the recommendations?

Diabetes Australia recommends using language that encourages positive interactions and positive outcomes for the person with diabetes. Careful use of language applies equally to the conduct of health services, health professionals, family, friends and colleagues of people with diabetes, and the media.

To see the position statement in full, go to this link:
http://diabetesaustralia.com.au/PageFiles/18417/11.09.20%20DA%20position%20statement.pdf

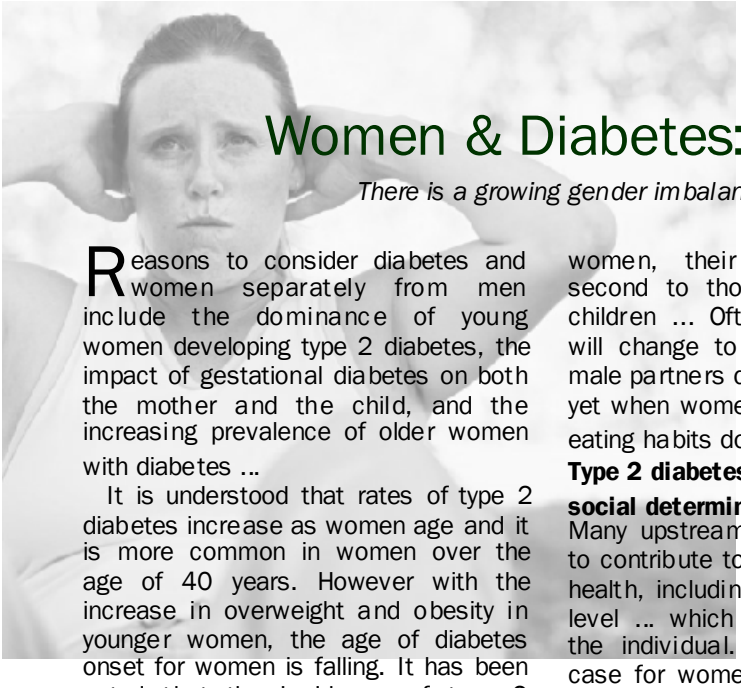
food files

with Deanne

NUTRITION MANAGER, HEART FOUNDATION

What are some examples of better language?

Avoid	Use
Diabetic, sufferer, patient	Person with diabetes, person living with diabetes
Describing the person (e.g. 'he or she is ... poorly controlled, cooperative, uncooperative')	Words that describe outcomes or behaviours ('his or her blood glucose is high')
Poor control, good control, well controlled (referring to HbA1c or blood glucose levels)	Stable / optimal blood glucose levels, within the optimal range, or within the target range; suboptimal, high/low
Should, should not, have to, can't, must, must not	You could consider ..., you could try ..., consider the following options ..., you could choose to ...



Women & Diabetes: **Gender Impact Assessment**

There is a growing gender imbalance in the burden of diabetes according to ***Women's Health Victoria***

Reasons to consider diabetes and women separately from men include the dominance of young women developing type 2 diabetes, the impact of gestational diabetes on both the mother and the child, and the increasing prevalence of older women with diabetes ...

It is understood that rates of type 2 diabetes increase as women age and it is more common in women over the age of 40 years. However with the increase in overweight and obesity in younger women, the age of diabetes onset for women is falling. It has been noted that the incidence of type 2 diabetes is increasing in younger adults, adolescents and children, especially those from Aboriginal and Torres Strait Islander backgrounds, CALD populations and low socio-economic areas ...

Individuals with diabetes are ... at risk of developing cardiovascular, eye and kidney diseases. Gender can impact the development of these complications and co-morbidities. For example obesity in women with diabetes is associated with a worse cardiovascular prognosis than in men.

The treatments of the co-morbidities of type 2 diabetes are also influenced by gender. Several studies have found that women with type 2 diabetes experiencing an acute coronary event are treated less aggressively than men ...

Obesity and overweight

... Women who are overweight have 14 times the risk of developing type 2 diabetes than women who are not overweight. Overweight men have four times the risk. For women who are overweight, losing weight is one of the most effective ways of reducing the risk of developing type 2 diabetes ...

Physical inactivity

Regular physical activity has been shown to prevent type 2 diabetes ... Currently 54% of Australian women fail to meet the national guidelines for physical activity which encourage at least 30 minutes of moderate-intensity physical activity [daily] ... Women face many barriers ... [including] time, caring demands, lower socioeconomic status, body image, safety, ... existing health conditions, [and] lack of ... facilities ...

Poor diet

Inadequate fruit and vegetable consumption is one of the most prevalent risk factors for women developing ill health and chronic disease ... For many women, their food choices come second to those of their partner or children ... Often family eating habits will change to support the needs of male partners diagnosed with diabetes, yet when women are diagnosed, family eating habits do not change ...

Type 2 diabetes, gender and the social determinants of health

Many upstream factors come together to contribute to a person's health or ill health, including factors at the societal level ... which cannot be changed by the individual. This is especially the case for women. The development of type 2 diabetes results from a complex interaction of social, economic, environmental, behavioural, and genetic factors ...

Age

Type 2 diabetes can affect women in all stages of life, although the risk of developing type 2 diabetes increases with age ... There is a growing gender imbalance in the burden of diabetes, as women tend to live longer than men ... Older women are more likely to be living below the poverty line and lack the resources they need to prevent the development of type 2 diabetes and manage their illness.

Social gradient

... People in the lowest income group are twice as likely to report having been diagnosed with a chronic disease, such as diabetes, than those in the highest household income group.

Women are particularly vulnerable to disadvantage and poorer health outcomes due to co-occurring factors which impact on their position in the social gradient, including single parenting, income below the poverty threshold, and unemployment. Low socio-economic status intersects with gender to limit women's health outcomes and opportunities to be healthy.

Relationship with chronic depression

... Chronic depression shares several genetic, behavioural and environmental risk factors with type 2 diabetes, such as gender and increasing age. The rate of depression for people with diabetes is almost three fold that of the rest of the Australian population. Of these people, rates of depression are significantly higher in women than in men with diabetes.

Women from Aboriginal & Torres Strait Islander backgrounds

Indigenous populations around the world are disproportionately affected by diabetes ... People from Aboriginal and Torres Strait Islander backgrounds have diabetes at 4 times the rate of non-Indigenous Australians and the prevalence ... among women ... is 1.2 times higher than for men ... This ... reflects other health inequalities for this population of women and the challenges faced in accessing education, employment, transport and services.

Women with disabilities

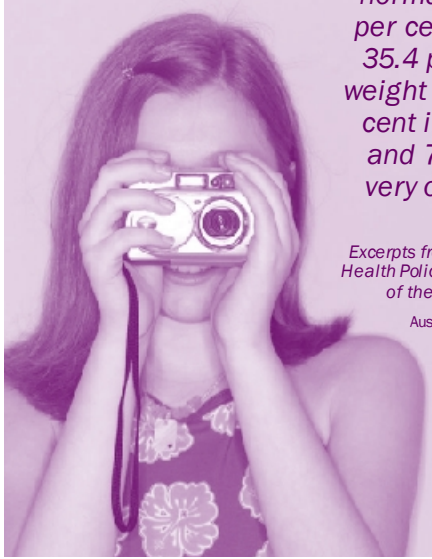
Women experiencing an intellectual or a physical disability may have a reduced ability to participate in physical activity leading to overweight, obesity and other risk factors of developing type 2 diabetes ... Many women with disabilities are unemployed or underemployed, leading to poverty ... This negatively affects housing, food security, social connectedness, transport and access to health services which may increase the individual's risk of developing type 2 diabetes.

Yeats, B & R. Tipper (2010) 'Women and diabetes' (Gender Impact Assessment 13), Women's Health Victoria, Melbourne.

This article is a compilation of short extracts from ***Women and diabetes****, Gender Impact Assessment No. 13, May 2010. Reproduced with permission of* ***Women's Health Victoria.*** *QWHN highly recommends reading the full paper (which includes relevant references).* ***Visit http://www.whv.org.au/publications-resources/gender-impact-assessments***

snapshot

NATIONAL WOMEN'S HEALTH POLICY



"Diabetes prevalence has at least doubled in the past two decades[48] ... The lifetime risk for diabetes for women of normal weight is 17.1 per cent, increasing to 35.4 per cent in overweight women, 54.6 per cent in obese women and 74.7 per cent in very obese women.[51]"

(p. 44)

Excerpts from the National Women's Health Policy 2010 used by permission of the Australian Government.

Australian Government Department of Health and Ageing (2010) *National Women's Health Policy 2010*, DoHA, Canberra.

what's on?

Important Events, Conferences and Workshops

24–25 MAY 2012 **ABORIGINAL HEALTH CONFERENCE — MELBOURNE, VIC.**
Aboriginal Health – Everyone's Responsibility
This is a critical time for Aboriginal health in Victoria. The conference acknowledges the Aboriginal definition of health is broad and inclusive and in which health is linked to all aspects of life. The conference aims to inform and inspire delegates through: outlining the priority areas and enablers for better health outcomes; demonstrating the value of investment in Aboriginal health; workshopping ways to close the health gap.
FOR INFORMATION visit: http://www.health.vic.gov.au/aboriginalhealth/conference/conference-eoi.htm

11–13 JUN 2012 **ASIA PACIFIC CONFERENCE ON MENTAL HEALTH — PERTH, WA.**
Mental Health is at the cross-roads
Changes are in the wind that will transcend philosophy, policy, practice and delivery. Decision makers at this conference will not merely consider but will most likely impact directly upon foundation issues regarding consumer and carer recognition, quality assurance, sustainable service delivery, value and worth. (Richmond Fellowship)
FOR INFORMATION visit: http://www.rfwa.org.au/aspac2012/

14–15 JUN 2012 **INTERNATIONAL WOMEN'S CONFERENCE — CAIRNS, QLD.**
Connecting for Action in the Asia-Pacific Region
Conference themes: Building Sustainable Communities, Women and Economic Development, Making Women's Lives Safer, Women's Leadership and Governance.
FOR INFORMATION visit: http:/www.jcu.edu.au/iwc/

16–21 JUL 2012 **IFHE WORLD CONGRESS 2012 — MELBOURNE, VIC.**
International Federation for Home Economics (IFHE) World Congress 2012 will feature an exciting array of international presenters, practising professionals and leading researchers. With the overall theme of 'Global Wellbeing' this event will attract allied health professionals from the fields of health promotion, public health, community development and international aid. Key words include: nutrition, dietetics, gender, family, food security, policy, shelter.
FOR INFORMATION visit: http://www.ifhe2012.org/index.php/program

10–12 SEP 2012 **POPULATION HEALTH CONGRESS 2012 — ADELAIDE, SA.**
Population health in a changing world
The 2012 Congress will be the largest public health event of the year, anticipating an audience of at least 1300 people.
Sub-themes include:
Global health, climate and economics: what is the impact of change?
Inequalities and social determinants – how are these being addressed and with what effect?
Changing community and political contexts for public health action and advocacy.
Changing demographics in Australia and New Zealand – the social and health impacts.
Where is public health and health promotion practice heading - what kind of workforce will we need?
Research translation and knowledge transfer – research informing practice.
FOR INFORMATION visit: http://www.conferenceco.com.au/pophealth/About_The_Congress.asp

women's health on the net

Hot Spots on the Internet for Women

AUSTRALIAN INDIGENOUS HEALTH INFONET — Diabetes Health Promotion Resources

www.healthinfonet.ecu.edu.au/chronic-conditions/diabetes/resources/health-promotion

This site provides a comprehensive list of health promotion resources, from sources across Australia, including videos, posters, flipcharts, factsheets, brochures, online and multimedia formats, with most specifically designed for Aboriginal and Torres Strait Islander peoples. One such resource is *Eyes*, an excellent new hip-hop music clip featuring a young man and woman (Sight for All Foundation). The lyrics highlight the problem of eye disease among Aboriginal people and encourage young people to avoid the risk of blindness associated with diabetes by making positive changes.

THE AUSTRALIAN DIABETES, OBESITY & LIFESTYLE STUDY

www.diabetes.com.au/pdf/AUSDIAB_Report_Final.pdf

This report is the second phase of the 'Australian Diabetes, Obesity and Lifestyle study' (AusDiab), the largest Australian longitudinal population-based study established to examine the natural history of diabetes, pre-diabetes, heart disease and kidney disease. The original survey was conducted in 1999–2000 and key findings provided benchmark national data .
This 5-year follow-up survey of people who participated in the study provides vital information to improve our understanding of the factors that increase the risk of developing these conditions.

INTERNATIONAL WOMEN'S HEALTH COALITION

www.iwhc.org/index.php

Millions of women and girls worldwide suffer and die unnecessarily due to discrimination, sexual coercion, violence and lack of access to sexual and reproductive health services and information. These human rights violations and denial of essential health services are devastating to women, girls, men, communities and societies.
IWHC shapes international policy and builds local capacity for women's health and human rights in Africa, Asia and Latin America.
The website includes a free information library of selected resources and tools for use by activists, academics, and advocates of sexual and reproductive health and rights worldwide.

Get the facts about food labels

Food labels can make it easier for you to make healthy choices – if you know what you are looking for

Food labels contain a lot of important information for shoppers. They inform us about the key ingredients in a food, the date it should be consumed by, whether the food contains any known allergens and how the food should be stored.

Food labels are particularly important for people with health conditions who may have specific nutritional requirements such as those with allergies, coeliac disease, diabetes, hypertension and heart disease.

What's in a label?

All food labels in Australia must comply with the Food Standards Code (implemented by Food Standards Australia New Zealand (FSANZ)) and include the following:

Ingredient list

Ingredients are listed in order of weight. The ingredient that weighs the most is listed first, and the smallest last. So if sugar, fat or salt is listed near the beginning of the ingredient list, it is likely the product contains a large quantity of this ingredient.

Nutrition panel

Nutrition panels provide information on specific nutrients and allow you to make comparisons between similar foods. The nutrients listed include energy (in kilojoules), fat (broken into saturated fat, trans fat, polyunsaturated fat and monounsaturated fat), total carbohydrate (broken into sugars and starch) and sodium (salt).

Information is given per 100g and per serve or portion. Be cautious when comparing products that provide information using serving size, as the manufacturer decides the serving sizes, which can vary widely between brands. You should always compare products using the 100g panel first, then consider how much you actually eat.

What to look for:

FAT

Not all fats are bad; however we do need to keep the intake of some types of fat reasonably low. Avoid saturated and trans fats, and aim for polyunsaturated or monounsaturated fats that include the important omega 3 fatty acids.

Tips:

- 1 tsp of fat is approximately 5g, so if a label says 25g fat per serve, that is equal to about 5 tsp per serve
- low-fat products that are labelled light, lite, or fat free, are often high in sugar. Fat can be disguised in ingredient lists as animal fat, vegetable oil, coconut, copha, cream, diglycerides, monoglycerides, lard, mayonnaise, milk solids, palm oil, shortening or tallow
- Healthier options have less than 5g total fat per 100g (or 5–10g total fat per 100g if saturated fat is less than 1/2 total fat).

SUGAR

Total carbohydrate value includes both sugar and starch. The total sugar value comes from both natural and added sugar. Products such as milk, yoghurt or fruit are naturally higher in sugar but are still healthy (just watch out for added sugar).

Tips:

- 5g sugar is equal to 1 tsp. If the label indicates 25g of sugar per serve then that is equal to 5 tsp of sugar per serve
- sugar may be listed as malt, malt extract, maltose, maltodextrines, dextrose, glucose, glucose syrup, raw sugar, fruit juice or fructose
- per 100g of food product, 15g of added sugar or more is a lot, 2g or less is a little

SALT

Salt is found naturally in some foods and many people add salt to their food however, the majority of our salt intake comes from processed foods.

Tips:

- table salt, salt flakes, rock salt and sea salt are all equally high in sodium.
- per 100g of food product, 500mg of sodium (salt) or more is a lot, 120mg or less is a little

FIBRE

To increase your fibre intake, choose foods that are high in fibre; preferably wholegrain.

Tips:

- in high fibre products, the ingredient list will contain words such as wholegrain, wheat or wholemeal flour, whole oats or bran
- 'high fibre' means the food must contain at least 3g of fibre per serve
- per 100g of food product, 10g of fibre or more is a lot, 2 g or less is a little

For more information about food labelling, see www.fsanz.com

FOR FURTHER HEALTH INFORMATION

Jean Hailes for Women's Health
www.jeanhailes.org.au
Tollfree number: 1800 JEAN HAILES (532 642)

Published with the permission of Jean Hailes for Women's Health (October 2011).

QCOSS Health Update

With ***Ros Walker***
Health Policy Officer
QUEENSLAND COUNCIL OF SOCIAL SERVICE

DIABETES IN PREGNANCY

Diabetes in pregnancy is common, affecting 1 in 20 pregnancies. Diabetes in pregnancy can be related to pre-existing diabetes (type 1 or type 2 Diabetes Mellitus) or appear during pregnancy (Gestational Diabetes Mellitus or GDM).

The first national study of the impact of diabetes during pregnancy was published by the Australian Institute of Health and Welfare in late 2010. It explores the impact of different types of diabetes during pregnancy as well as the impact of diabetes during pregnancy on different population groups. Some of the report's key findings include:

- Aboriginal and Torres trait islander women are particularly at risk. Pre-existing diabetes affecting pregnancy is 3–4 times as high and GDM twice as common, as in non-Indigenous mothers. The rate of type 2 diabetes in Indigenous mothers was 10 times as high.
- Mothers with pre-existing diabetes were more likely to experience pre-term birth, still birth, caesarean section, hypertension and longer hospital stays than those with GDM or without diabetes.
- GDM is associated with higher rates of adverse affects than for mothers without diabetes.

Diabetes Australia indicates that pregnancy in women with either pre-existing diabetes or GDM usually results in a normal delivery with no effects on the mother's or the child's long-term health. However, suboptimal blood glucose levels can have long term effects for the mother and baby, as well as complications during delivery. The management and treatment of diabetes in pregnancy may include a doctor (and sometimes specialists), dietician and a credentialed Diabetes Educator.

Usually, treatment consists of:

- optimal blood glucose control
- careful attention to nutrition, not only for good diabetes control, but to meet the body's increased nutritional requirements during pregnancy.
- exercise to maintain general fitness and optimal blood glucose control.

References

1. AIHW 2010. *Diabetes in pregnancy: its impact on Australian women and their babies*. Diabetes series no. 14. Cat. no. CVD 52. Canberra: AIHW.
2. Diabetes Australia: www.diabetesaustralia.com.au

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TREASURER/SECRETARY &
Central (South) Qld Representative
Belinda Hassan
Far North Qld Representative
Romina Fujii
Central (West) Qld Representative
Sue Manthey
South Qld Representative
Vacant

HAVE YOUR SAY...

We are interested in your feedback on the quality of the newsletter, and issues and topics you would like to see in future editions.

If you have something to say please contact Maree on (07) 4789 0665 or email us at: coordinator@qwhn.asn.au

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MEMBERSHIP

To become a member of QWHN, simply fill in this form and send to QWHN at PO Box 1855, THURINGOWA BC, QLD 4817

Membership of the Network is open to women's organisations and individual women who are in agreement with the Network's purpose and objectives.

Name:	*NEW MEMBER?* ☐ **YES** ☐ **NO**
Address:	
Phone: Fax:	
Email/Web:	
Profession / Organisation (if applicable):	

MEMBERSHIP FEES: Individual (unwaged or student) — **$5.50**; Individual (waged) — **$11.00**; Organisation — **$33.00**

Please find enclosed a cheque/money order for $ ..... for one financial year's membership (1 July 2011–30 June 2012)

Do you consent to your name, as part of the membership list, being distributed for networking purposes? ☐ **YES** ☐ **NO**

I/We hereby agree to abide by the Purpose, Objectives and Policies of the QWHN. *(see website www.qwhn.asn.au)*

Signature ..... ***Date*** .....

TAX INVOICE
ABN 11700374032