Admin, LACO

Subject: FW: The role of diet in type 2 diabetes prevention and management.

From: gnanaletchumy maliga Jegasothy
Sent: Thursday, 4 October 2018 3:39 PM
To: Committee, Education & Health Standing <laehsc@parliament.wa.gov.au>
Subject: The role of diet in type 2 diabetes prevention and management.

To Whom it may concern

With reference to some of your points listed in the terms of reference,I would like to add my experience in the areas listed below.

d. Regulatory measures to encourage healthy eating*

e. Social and cultural factors affecting healthy eating*

f. Behavioural aspects of healthy eating* and effective diabetes self-management

with reference to the following groups:

- at-risk adults
- children and adolescents
- ethnic groups at greater risk of developing diabetes

Adolescents and at risk adults

My name is G.M Jegasothy [Jega]. I am a retired physiotherapist with over 35 years in the physical rehabilitation of acquired brain injured adults and adults ageing with a disability.

Due to length of service in a highly specialised area, I had clients returning to my Late Effects of Disability clinic- LED, 10 years and more post morbidity for review and reassessment with new complaints.

The majority were overweight with signs of early onset of metabolic syndrome, of which diabetes is one.

As a consequence of the excess weight their disability was compounded, we were dealing with late effects of a disability not due to their injury but due to wear and tear from excess weight.
Ageing with a disability added to this.

I saw the same picture in Cerebral Palsy clients referred to LED clinic due to ageing effects. The group of clients with congenital and early acquired disability moving from

paediatric to adult health system were faced with the same issues, including early onset of metabolic syndrome.

They all painted a similar picture:-

- They lived at home and parents did the cooking.
- When they moved into independent or shared living their parents continued to support them.
- When this support stopped, these young clients did not have the culinary understanding of what is healthy eating , nor did they have the cooking skills, to allow them to make healthy choices.
- They all resorted to buying fast foods- it was also what they could afford.

As an experiment. I ran Asian Vegetarian cooking courses- under the banner of Annalakshmi Culinary Science for physical disability and separate courses for the visual impaired.

1 year later we found the clients had continued with their newly acquired skills. They were able to cook with fresh produce and they were very happy not to have dessert with their meals. They learnt to snack on savoury items and most important they learnt how to cook a minimum of 5 vegetables at every meal and make it interesting and varied for every meal.

My experience :-

- The success of the courses dependent on structure and supervision.
- High level of supervision was required.
- Each week was highly structured and learning from one week continued to the next.
- The courses must be hands on, with a station for each individual.
- Each client must have access to a kitchen, at home, to practice during the week.
- A how to shop for fresh produce, is a must.

Based on my experience, ideal situation for this group of "**at risk"** individuals, to teach and make healthy food choices is:

- The structured teaching needs to start early, in the home.
- Many of the clients born with a disability do have support in schools, this could extend into a session or term of learning how to cook.

- Demonstrations and talks will not work. Only experiential learning will carry knowledge forward.
- Learning to cook sessions, hands on sessions, can be run from community locations, set up for this type of activity.
- There must be follow thru in the home, by an experienced teacher or even a client who has gone thru this system.
- This limited visits will ensure that the learning skills are transferred into the home setting.
- For the disability sector, the home visit to ensure skills transfer is essential for long term success.
- This would open up avenue of skill acquisition and possible career pathway for individuals in the disability sector.
- In the long term the system should work on a **train the trainer** and **outreach type** programme.

New migrant ethnic groups

Working with a well known , long established Indian Vegetarian restaurant in Perth, I have come across migrant groups who, though able to cook, took sometime to learn to handle WA fresh produce. Recipes that worked in their home country did not quite work out with WA grown produce. They did manage after a few years of trial and error.

A community based programme would work for this group - a workshop and demonstration on how to work with the produce would help for successful transfer of recipe based skills and would be more economical for them.

I hope the above will help establish support for the **young people in the disability sector**.

Thank you for this opportunity

Yours sincerely
Ms G.M Jegasothy
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