



DANII
Foundation
DIABETES ~INNOVATION ~MANAGEMENT

DANII Foundation

Pre-Budget Submission 2016-17

Reducing acute admissions,
morbidity and mortality for
hypo unaware Type 1 Diabetics



Executive Summary

Diabetes is recognised as a National Health Priority Area due to its significant contribution to the burden of chronic illness in Australia. Type 1 diabetes (T1D), unlike Type 2 is a degenerative autoimmune disease. Despite significant government investment there is currently no reliable data on either what prevents or causes T1D. Around 140,000 Australians live with T1D. Considering half of all T1D are diagnosed before the age of 18 it is an issue of considerable concern for young people. As such there is a compelling argument to assist T1D during childhood and adolescence as a preventative measure of both costly morbidity and ultimately mortality.

Hypoglycaemia, at the very least, is disabling and, at worst, can be fatal. In affected individuals, severe hypoglycaemia and its consequences (e.g. seizure, coma) can occur anywhere and anytime without warning.

*It is estimated that
"Dead in Bed Syndrome"
accounts for between
4.7 and 27.3% of deaths
to Type 1 Diabetics*

Indeed, a particular devastating outcome in (typically) young people, for which severe hypoglycaemia is implicated, is sudden unexpected overnight death called "Dead-in-Bed" syndrome. **It is estimated that "Dead in Bed Syndrome" accounts for between 4.7 and 27.3% of deaths to T1D's.**¹²³⁴⁵⁶⁷⁸⁹¹⁰¹¹ In real terms this means anywhere between 7,000 and 28,000 Australians go to bed every night not knowing if they will wake the next morning. The number of parents and close family members constitute many thousands more, living with the daily dread.

The financial cost to the Australian taxpayer is also significant. While the direct cost of diabetes is estimated at around 1.7 billion; the Australian National Diabetes Strategy estimates the full cost of diabetes may be as high as \$14 billion, and includes reduced productivity, absence from work, early retirement, premature death and bereavement.¹²

Significant Australian based research demonstrates that Continuous Glucose Monitors (CGM) sensors are likely to protect vulnerable Australians from adverse outcomes and possible death related to hypoglycaemia.

For some T1D's CGM technology has the capacity to save lives and significant costs to the health budget. This includes people with severe hypoglycaemia who also suffer from impaired hypoglycaemic awareness (hypo unaware), women with type 1 diabetes planning for and during pregnancy, and adolescents aged 12 to 25.

Diabetes Australia estimates around 10,000 people (approximately 8.5% of the T1D community) are likely to fall into this category. Based on international experience around 40% of T1D's will actively

¹ ["Dead in bed": a tragic complication of type 1 diabetes mellitus.](#)

² Tattersall RB, Gill GV. [Unexplained death of type-1 diabetic patients.](#) Diabetic Med 1991;8:49-58.

³ Thordarsson H, Sovik O. Dead in Bed syndrome in young diabetic patients in Norway. Diabetic Med 1995;12:782-7

⁴ Sovik O, Thordarsson H. [Dead-in-bed syndrome in young diabetic patients.](#) Diabetes Care 1999;22 Suppl 2:B40-2.

⁵ Sartor G, Dahlquist G. [Short-term mortality in childhood onset insulin-dependent diabetes mellitus: a high frequency of unexpected deaths in bed.](#) Diabetic Med 1995;12:607-11

⁶ Sovik O, Thordarsson H. [Dead-in-bed syndrome in young diabetic patients.](#) Diabetes Care 1999;22 Suppl 2:B40-2.

⁷ Gormsen H, Lund A. [The diagnostic value of postmortem blood glucose determinations in cases of diabetes mellitus.](#) Forensic Sci Internat 1985;28:103-07.

⁸ Tanenberg RJ, Newton CA, Drake AJ. [Confirmation of hypoglycemia in the "dead-in-bed" syndrome, as captured by a retrospective continuous glucose monitoring system.](#) Endocr Pract 2010;16:244-8.

⁹ Weston PJ, Gill GV. [Is undetected autonomic dysfunction responsible for sudden death in Type 1 diabetes mellitus? The 'dead in bed' syndrome revisited.](#)

¹⁰ Tu E, Twigg SM, Semsarian C. [Sudden death in type 1 diabetes: the mystery of the 'dead in bed' syndrome.](#) Int J Cardiol 2010;138:91-3.

¹¹ . Hanas R. [Dead-in-bed syndrome in diabetes and hypoglycaemic unawareness.](#) Lancet 1997;350:493-2 (letter). Reply: Lancet 1997;305:1032-33.

¹² Australian National Diabetes Strategy 2016-2020, Commonwealth of Australia (2015)

seek or utilise CGM. This is reflected in our submission and is the basis of seeking access for a minimum of 4000 Australians (only 40% of the at risk community) and only one thirtieth of the entire T1D population.

CGM technologies have been approved by the TGA and available for sale in Australia for 15 years. Uptake and use is very low due to cost. At present there are no Government or private health subsidies or affordable access schemes available for CGM sensors.

The annual cost of CGM is approximately \$4,000 per person as outlined further below, so this vital technology is too expensive for most people and families with type 1 diabetes. Importantly Young Australians are unable to access the life-saving changing benefits of this technology. The health system is also unable to benefit from the potential savings of wellness through the advanced management associated with CGM.

Introduction

The DANII Foundation was formed in 2012 after the tragic unnecessary death of Type One Diabetic (T1D), Daniella Meads Barlow at the age of 17 as a result of nocturnal hypoglycaemia, Dead in Bed Syndrome (DBIS). DANII is Australia's pre-eminent foundation for the prevention of life threatening Dead in Bed Syndrome (DIBS) and the only organisation dedicated solely to the improvement of the safety and quality of the lives of T1D's. As a result of this focus DANII has established an Australia wide consumer campaign to make life-saving remote alert technology for T1D's affordable and as a result reduce unnecessary complications and complex morbidity associated with poorly managed T1D. The Foundation's vision, mission and values are:

- | | |
|----------------|--|
| Vision | A world where people with type 1 diabetes live without fear of never waking up. |
| Mission | To make affordable, life-saving alert technology a reality for people living with type ONE diabetes.

To educate the wider public and advocate for the type ONE community. |
| Values | Innovative, compassionate, inspirational, caring, driven, brave. |

Background

Australia is somewhat behind a number of other countries that have provided CGM technology to T1D's.

For people with T1D, keeping blood glucose levels in a normal range is difficult to achieve and can place an enormous burden on families. One of the most significant day-to-day challenges is hypoglycaemia (low blood glucose). Some T1D's suffer with hypos (severe hypoglycaemia) and experience them more frequently. Some people with type 1 diabetes have "hypo unawareness" and do not experience the same physiological warnings towards dangerous hypos; and some people (and families) experience significant fear of hypos with high levels of distress and anxiety. Every year in Australia there are preventable deaths from hypoglycaemia during sleep, The DANII Foundation is aware that this number is rising. CGM Technology has the capacity to prevent unnecessary deaths that are largely Australians under 40.

Some T1D's experience serious hyperglycemia (very high blood glucose). If left untreated, this can result in diabetic ketoacidosis (DKA) which lead to coma and which can be fatal.

Maintaining effective control of blood glucose levels is a critical component to maintaining wellness; as it delays the onset, and slows the progression, of the major complications associated with diabetes, including blindness, kidney failure and amputation.

CGM technology is a cost-effective measure to manage blood glucose levels, and pre-empt occurrences of hypoglycaemia and diabetic ketoacidosis. The early detection can result in better clinical outcomes^{13 14 15} with a reduction in health costs in both the short and longer term.

Recommendations

1. Commit to subsidising 4000 CGM sensors on the National Diabetes Services Scheme (NDSS) in 2016-2017 for high risk children and adolescents with type 1 diabetes who have impaired awareness of the warning symptoms of severe hypoglycaemia, yet can be protected from seizure, coma and potential death through CGM sensors.
2. Develop selection criteria with the DANII Foundation's Clinical Advisory Committee to target T1d's most at risk from severe morbidity and mortality
3. Fund the development of a national education program educating children and the teaching staff on *"What is type one diabetes and how to manage it"*

¹³ The *National Evidence-Based Clinical Care Guidelines for Type 1 Diabetes for Children, Adolescents and Adults*, developed by the Australian Paediatric Endocrine Group and the Australian Diabetes Society, conclude that evidence favours the effectiveness of CGM, particularly in people with poorly controlled diabetes. The Guidelines also conclude CGM devices are potentially valuable in preventing severe hypoglycaemia.

¹⁴ Ly T et al. A cost-effectiveness analysis of sensor-augmented insulin pump therapy and automated insulin suspension versus standard pump therapy for hypoglycaemic unaware patients with type 1 diabetes. *Value in Health* 2014;17:561– 69. This study showed that in a randomised trial that hypoglycaemic unaware type 1 diabetes patients experienced episodes of severe hypoglycaemia (requiring assistance when using insulin pumps alone but NONE when these were augmented with CGM and LGS was activated).

¹⁵ Pickup JC, Freeman SC, Sutton AJ. Glycaemic control in type 1 diabetes during real time continuous glucose monitoring compared with self-monitoring of blood glucose: meta-analysis of randomised controlled trials using individual patient data. *BMJ* 2011; 343: d3805.

International Experience of CGM Technology

Many countries provide funding for CGM technology. Some examples of these are include:

Netherlands	Children; women planning for and during pregnancy; people with hard to manage diabetes
Sweden	Children; people suffering from severe hypoglycaemia; people with hard to manage diabetes
Switzerland	People suffering from severe hypoglycaemia; people with hard to manage diabetes
Slovenia	Children; women planning for and during pregnancy; people suffering from severe hypoglycaemia or who are hypo-unaware
USA	Broad coverage by insurance schemes, includes people suffering from severe hypoglycaemia, hypo-unaware. Some payers focus on adults, others include adults and children
Israel	Children; women with type 1 diabetes planning for and during pregnancy; people who are hypo-unaware
U.K	NHS Funding on a case by case basis, particularly for sever hypoglycaemia.

Cost Savings

CGM Technology is likely to provide cost savings in both the short and longer term:

- Savings in the short term will be found through reduced hospital and healthcare costs as a result of fewer incidences of severe hypoglycaemia;
- Savings in the longer term will be found as a result of reduced rates of macro- and microvascular complications, greater wellbeing and increased productivity of both the T1D and immediate family members. Some of these costs are hard to quantify however research suggests the cost of a severe hypoglycaemic event, including healthcare and productivity costs, is around \$18,257 for all people and \$14,944 for people aged 12 years and older.¹⁶ Around 20 per cent of people with type 1 diabetes experience at least one severe hypoglycaemic event in a six-month period.

Diabetes complications substantially increase the cost of providing healthcare to a person with diabetes. Evidence shows the cost of providing healthcare to a person with diabetes and macro-vascular and microvascular complications rises by \$11,287 per annum compared to a person with diabetes and no complications¹⁷

¹⁶ Ly, Trang T., Alan J.m. Brnabic, Andrew Eggleston, Athena Kolivos, Margaret E. McBride, Rudolf Schrover, and Timothy W. Jones. "A Cost-Effectiveness Analysis of Sensor-Augmented Insulin Pump Therapy and Automated Insulin Suspension versus Standard Pump Therapy for Hypoglycemic Unaware Patients with Type 1 Diabetes." *Value in Health*: 561-69. Print.

¹⁷ Colagiuri S, Brnabic A, Gomez M, Fitzgerald B, Buckley A, Colaguir R. DiabCo\$t Australi Type 1: Assessing the burden of Type 1 Diabetes in Australia. Diabetes Australia, Canberra, November, 2009.

Extensive evidence suggests CGM can contribute to better blood glucose control which substantially decreases an individual's likelihood of developing complications. The potential savings would certainly offset the investment for CGM sensors.

Recommendation 1:

1. Commit to subsidising 4000 CGM sensors in 2016-2017 for high risk children and adolescents with type 1 diabetes who have impaired awareness of the warning symptoms of severe hypoglycaemia, yet can be protected from seizure, coma and potential death through CGM sensors.

People with type 1 diabetes who are at high risk of suffering severe recurrent hypoglycaemia events (e.g. seizure, coma, potential death) are those with impaired awareness of the warning symptoms of hypoglycaemia. They are often described as being "hypo unaware".

The average type 1 diabetic will experience one severe hypoglycaemia episode per year. Those however with people who suffer an inability to detect the symptoms of hypoglycaemia or who are hypo unaware, will on average, suffer at least 2.8 episodes each year, some even more.¹⁸

T1D's with reduced or no hypoglycaemia awareness have a **sixfold** higher incidence of severe hypoglycaemia.¹⁸ Recurrent hypoglycaemia or prior severe hypoglycaemia also predisposes individuals to more severe hypoglycaemia episodes, this in turn places those individuals at greater risk.¹⁸

Recent clinical studies have shown that severe hypoglycaemia episodes in type 1 diabetes are prevented when CGM sensors are used with an insulin pump that can automatically suspend insulin delivery to avoid or minimise hypoglycaemia episodes such as seizure and coma before glucose levels fall too low.^{19,20}

We know from recent studies with continuous glucose monitoring that night time low glucose values are much more common than previously thought.²¹

One of these studies is an Australian trial by Ly et al 2013. This study revealed children and adults who were hypo unaware but using CGM sensors (with an automated insulin pump) did not experience severe hypoglycaemia events. In fact there were no seizures, comas or deaths in this group despite their risk profile.¹⁹

The cost-effectiveness of the CGM sensor used in combination with the automated insulin suspension pump has been demonstrated in the Australian context.²² This cost-effectiveness analysis was published in *Value in Health* - a leading international health economic journal that is also the official publication of The International Society for Pharmacoeconomics and Outcomes Research.²² The full article can be [found here](#).

¹⁸ Gold AE et al. Frequency of severe hypoglycaemia in patients with type 1 diabetes with impaired awareness of hypoglycaemia. *Diabetes Care* 1994;17(7):697-703.

¹⁹ Ly T et al. Effect of sensor-augmented insulin pump therapy and automated insulin suspension vs standard insulin pump therapy on hypoglycaemia in patients with type 1 diabetes: A randomised Clinical Trial. *JAMA* 2013; 310(12):1240-1247

²⁰ Bergenstal RM et al. Threshold-based insulin-pump interruption for reduction of Hypoglycaemia. *N Engl J Med* 2013; 369(3):224-32

²¹ Ludvigsson J, Hanas R, Ter Veer A, Andreasson C, Isacson E, Johansson E. Repeated use of continuous glucose monitoring in children and adolescents improved metabolic control without increasing hypoglycemia. *Diabetologia* 2001;44(suppl 1):A239 (abstract).

²² Ly T et al. A Cost-effectiveness analysis of sensor-augmented insulin pump therapy and automated insulin suspension versus standard pump therapy for hypoglycemic unaware patients with type 1 diabetes. *Value in Health* 2014;17:561– 6 9

Table 1: NDSS Costings for CGM Sensor Reimbursement

	Year 1	Year 2	Year 3	Year 4	Year 5
	2016-17	2017-18	2018-19	2019-20	2020-21
Number of Consumers	4000	4000	4000	4000	4000
Cost to NDSS	\$10.4M	\$10.4 M	\$10.4M	\$10.4M	\$10.4M

Recommendation 2:

2. Develop selection criteria with the DANII Foundation's Clinical Advisory Committee to target T1d's most at risk from severe morbidity and mortality and study the efficacy and outcomes of CGM Technology for hypo unaware T1d's

Considering Australia lags behind in funding this technology the DANII Foundation believes it is critical to establish robust selection criteria that are developed in consultation with key stakeholders and advised by an expert clinical advisory committee. The DANII Foundation has developed an expert committee under the leadership of our Chair, Susan Alberti. We believe this committee is a critical component to ensuring any government funding is wisely distributed, reaching those in greatest need. Funding this recommendation will also ensure recipients receive appropriate education.

As the UK experience reveals this is essential to maximise the benefits of CGM technology. The DANII foundation is the undisputed leader in the consumer interface with CGM technology. A testimony to this is the Foundations leadership in the development of *Nightscout* software, taking CGM into the cloud and enabling remote readings, enhancing user features and providing peace of mind to parents and reducing the need for a parent to give up work when a young child is diagnosed with T1D.

	Year 1	Year 2	Year 3	Year 4	Year 5
	2016-17	2017-18	2018-19	2019-20	2020-21
Development of Clinical Advisory Committee, Consumer Education, support and Program Evaluation					
Budget Cost	\$0.1M	\$0.1 M	\$0.1M	\$0.1M	\$0.1M

Recommendation 3:

3. Fund the development of a national education program educating children and the teaching staff on "What is type one diabetes and how to manage it"

The Australian National Diabetes Strategy lists education programs, particularly for children and adolescents as a potential area for action.

The DANII Foundation has established itself as the leading organisation in supporting T1D and their families. The establishment of the Jelly Bean Cruise, including the development of a large scholarship program is evidence of the Foundation's commitment to supporting and educating T1d's and their families.

The DANII Foundation has already developed a significant amount of education material that could be used to resource a national education program, including an online portal. The education program would start on the Eastern seaboard with plans for expansion to other states. Funding an already very active and engaged consumer group who has quickly established itself within the education space provides government with considerable value-add, especially the Foundation's reach to the t1d community. This recommendation is consistent with the National Diabetes Strategy (insert quote)

Program, Year 1:

Development of website, portal and comprehensive program

- Metropolitan Education Program
300 School Visits per year
- Regional Education Program
50 Regional Schools

Program, Years 2-5

Development of Webinar series, online support

- Metropolitan Education Program
300 School Visits per year
- Regional Education Program
50 Regional Schools

Table 2: Establishment of National Schools Education Package and Visit Program

	Year 1	Year 2	Year 3	Year 4	Year 5
	2016-17	2017-18	2018-19	2019-20	2020-21
Number of School Visits	200	100	100	100	100
Budget Cost	\$1.0M	\$0.5 M	\$0.5M	\$0.5M	\$0.5M

Annexure A

Key Achievements of the DANII Foundation – EST 2012

Despite the age of the DANII Foundation the organisation has achieved a significant amount. The following is possible with exceptional fundraising and an ultra-lean office. In the last year the following has been achieved.

- Facilitated a process and subsidised over 120 people with type 1 diabetes to have access to a 2 week Continuous Glucose Monitor (CGM) trial (i.e. try before you buy). The cost to the DANII Foundation is in the order of \$200,000. Currently there are 300 T1D's on the waiting list to trial a CGM.
- Subsidised the purchase of 40 CGM's for type 1 diabetes families to the amount of \$51,600 in 2014-15
- Introduced the "Hypomon" alert technology to Australian families and provided subsidies to 50 families before the product was voluntarily recalled from the market due to a lack of funding from the Parent Company.
- Introduced "Nightscout", aka, "CGM in the Cloud" to Australia after contacting US Developer. Nightscout is a DIY system which allows real time access to a Dexcom G4 and Medtronic Mini-Med Veo Continuous Glucose Monitor (CGM) reading data from web browsers via smartphones, computers, tablets and the Pebble smartwatch. DANII delivered "Nightscout" at the 2015 Jelly Bean Ball. The development of this app cost in the order of \$30,000. It is currently and will continue to be provided free of charge, regardless of funding arrangements. Nightscout is available to all CGM manufacturers. Nightscout was launched in August 2014 and in 15 months already has 15,000 subscribers.
- Introduced an in-school Education program in NSW educating children and the teaching staff on "What is type ONE diabetes and how to manage it. This is capable of being rolled out nationally.
- Established an annual educational "Jelly Bean" cruise for people with type 1 diabetes and their carers. In just 3 years, have provided education to 600 parents and children and have offered scholarships for 95 disadvantaged families to attend and learn about the latest technologies in a relaxed, fun environment. This cost the foundation in the order of the order of \$110,000.

Annexure B

DANII Foundation: Board Membership

The DANII Foundation has sound governance structures and a highly experienced board

Donna Meads-Barlow (Founder and Director)



Donna Meads-Barlow was born in 1961 in Sydney, NSW. She is co-founder and Chairman of the DANII Foundation and Managing Director the Donna Barlow Travel Group (DBT). Donna Meads-Barlow has thirty-five (35) years Business Travel Management experience, the last twenty-eight at DBT since she founded the company. Donna is Managing Director of DBT and oversees the high-level management of her DBT company. Donna has a sincere passion for her company, her team, her customers and the travel industry, whole. Her guidance of these partners is impeccable and fundamentally rewarding. Donna is arguably the best “engineer” in the Travel industry often called upon by her peers for guidance and assistance.

In 2012 following the death of her daughter Daniella from diabetes complications known today as “dead in bed” syndrome, Donna co-founded the DANII Meads-Barlow Foundation Ltd with husband, Brian Meads-Barlow. Today Donna drives and directs the DANII Foundation supporting people across Australia who live with type ONE diabetes. Donna sat on the Corporate Travel Board for the Helloworld group from 2009 till 2014 and representative on a number of steering committees for the Travel Industry. Donna and her DBT company have won many prestigious awards over the years including Best Travel Management Company Nationally, Telstra Business Women’ finalist, nomination for Australian of the Year to name a few.

Dr Susan Alberti AO, MAICD (Chair)



Susan Alberti was born in 1947 in Bairnsdale, Victoria. She is the co-founder and Managing Director of the DANSU Group based in Wheelers Hill. In 1997 Susan received the Member of Order of Australia Medal awarded for services to the community and diabetes generally. Susan was made an Officer the Order of Australia in 2007 and Finalist in Australian of the Year 1997 & 2009 (Victoria). Susan also was awarded an Honorary Doctorate of Laws honoris causa from Monash University 2006 for her work as a campaigner and fundraiser for juvenile diabetes. She is Chair of the Susan Alberti Medical Research Foundation, Director of SVI and Chair of SVI Foundation and Chair of the Victoria University Foundation. Susan is Director of the Australian Centre for Health and Research, Director of the Western Health Foundation and is the Vice President, Director, and Patron of the AFL Western Bulldogs Football Club and is President of the Footscray VFL Club. In 2012 Susan won the Humanitarian Award at the 5th Annual Gold Harold Award. In September 2013, Susan become (Alma Mater) Patron of Siena College Camberwell and later Patron of Siena College Camberwell and Governor of the Siena Philanthropic Society. Susan was a finalist in the Financial Review and Westpac Group – 100 Women of Influence Awards 2013 and was awarded the Research Australia - Macquarie Group Foundation Great Australian Philanthropy Award in November, 2013. In 2014, Susan Alberti was appointed as a member of the National Diabetes Strategy Advisory Group. In August 2015, Susan was appointed Director of the National Australia Day Council. In August 2015, Susan also had the AFL Victoria Victorian Football League (VWFL) Premiership Cup named and awarded in her honour. In October 2015, Susan had the Western Bulldogs Football Club Women’s Team Best & Fairest Award named in her honour. In November 2015, Susan was appointed Board Member of the DANII Meads-Barlow Foundation Ltd.

Joanne Marie Wall (Chair)



Joanne Wall was born in 1969 in Sydney, NSW. She lives on the Central Coast and is a mother of two. Joanne has 30 years' experience in Human Resources, Administration and Finance in a variety of industries, the last 14 years in the Travel Industry. Joanne is CFO of the Donna Barlow Travel Group and oversees the day to day operations. Joanne joined the board of the DANII Meads-Barlow Foundation Ltd in 2012.

Robert Bryan Cameron (Chair)



Robert Cameron is born in 1957 in Sydney, NSW. Bachelor of Laws (LLB) from University of Sydney 1980. Robert owns Cameron Legal, a successful and busy legal practice in Epping, NSW. Robert has 35 years' experience as a solicitor. His practice covers a wide range of legal services. Supported by his staff, Cameron Legal has a strong reputation for the provision of competent and ethical legal advice. Robert has been heavily involved in serving the community in roles including Chairman of Epping Chamber of Commerce, Legatee and Chairman of the Shack Youth Outreach Inc. Robert is a director of DANII Meads Barlow Foundation Ltd since its inception in 2012 and is committed to ensuring the ideals of the Foundation are attained.

David Harrison (Director)



David Harrison is a director of EFS Strategic, Elite Financial Solutions Group and Refresh Finance. He is a public practice accountant and financial advisor with over 25 years' experience working with small to medium enterprises. He is passionate about helping build sustainable businesses and families achieve financial freedom. David has worked with a large number of businesses across many industries and has been instrumental in developing and implementing systems and processes to improve profitability and sustainability. He has mentored many employees in this time and finds great motivation in coaching others to perform above and beyond expectations. With a willingness to adapt to change David has championed technology and has involvement in a number of online start-up businesses. David previously held a senior board position for over 10 years at Ballet Australasia Limited and in this time helped build and develop strong foundations for the organisation. As an accountant and advisor he continues to assist and guide many not for profit organisations and charities still. David is Director of DANII Meads Barlow Foundation Ltd joining the board in 2012

Brian Paul Meads-Barlow (Director)



Brian Meads-Barlow was born in London UK in 1957 and immigrated to Australia with his family in 1968 where he grew up and schooled to later become Director of Donna Barlow Travel (Group), and the ensuing DANII Meads-Barlow Foundation. Brian's tertiary studies include Business, Scheduling/Timetabling; Marketing and Information Technology. His current employment relies heavily on these qualifications as well as his ability to demonstrate efficient publicising across Social Media platforms. Brian is father to five children, including Daniella; his daughter sadly lost due to complications surrounding her Type 1 Diabetes in 2011. He is an integral but often quiet member of the DANII Meads-Barlow Foundation Board of Directors.