The consultation on the draft implementation plan was conducted as an online survey to the Department of Health. Due to word limits in the online survey, the PHAA submission was summarised. This document is the full PHAA submission.
PHAA submission on draft implementation plan for National Diabetes Strategy 2016-2020

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Introduction

The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public’s health in Australia. The PHAA works to ensure that the public’s health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people’s health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

Vision for a healthy population

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.
Preamble

PHAA welcomes the opportunity to provide input to the draft implementation plan for the Australian National Diabetes Strategy 2016-2020. The reduction of social and health inequities should be an overarching goal of national policy and recognised as a key measure of our progress as a society. The Australian Government, in collaboration with the States/Territories, should outline a comprehensive national cross-government framework on reducing health inequities. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

PHAA Response to the draft implementation plan

Goal 1: Prevent people developing type 2 diabetes

National Priority Actions

The PHAA disagrees that the National Priority Actions are adequate. The implementation plan should better reflect the critical role of poor diet in the aetiology of diabetes. Recent evidence such as the Global Burden of Disease 2015 Report highlight that diet is a major risk factor for diabetes\(^1\). The importance of achieving and maintaining a healthy weight should be included, as outlined in the Australian Dietary Guidelines: be physically active and choose amounts of nutritious food and drinks to meet your energy needs\(^2\).

Strengthen Current Actions

The PHAA disagrees that the Strengthen Current Actions section is adequate. Current actions have been insufficient to effectively prevent diabetes, as evidenced from the increasing incidence and prevalence of the disease. More detail and definition is required in the document for how evidence-based approaches will be supported and developed to further increase their efficacy, including how they will be implemented and resourced.

Other Potential Areas for Action to be Included

Further work is required on promoting healthy eating through both marketing and health care professionals, ensuring the availability of affordable healthy food options, and promoting physical activity. Each of the Action Areas for Goal 1 should be included.

Measures of progress

To better reflect dietary risk factors for diabetes, indicators should exclude total energy from saturated fatty acids, and include for adults, children and Aboriginal and Torres Strait Islander groups – the proportion of energy intake derived from discretionary foods and drinks\(^3\); the proportion consuming adequate intakes of five food group healthy foods; and proportion of energy intake derived from added sugar.
Goal 4: Reduce the impact pre-existing and gestational diabetes in pregnancy

National Priority Actions
The PHAA disagrees that the National Priority Actions are adequate. Women with diabetes are less likely to exclusively breastfeed than other women, and to need extra support, since they are more likely to experience a late onset of lactation. The early introduction of infant formula increases the child’s risk of developing diabetes later, so expert support for breastfeeding should be provided in the early postpartum period. There should also be a priority action for non-pregnancy related co-morbidity such as the increased risk women with diabetes have for heart failure and depression. A high priority should be pre-pregnancy planning to reduce the risk of diabetes. Pre-conception planning can alter the health trajectory for babies into adulthood as well as reducing risks of pregnancy and birth complications for mothers and babies.

Goal 5: Reduce the impact of diabetes among Aboriginal and Torres Strait Islander peoples

National Priority Actions
The PHAA disagrees that the National Priority Actions are adequate. There is too strong a focus on downstream strategies, which will have little impact on the unacceptably high incidence and prevalence of diabetes among Aboriginal and Torres Strait Islander people in Australia. We strongly support the development of a targeted nutrition and physical activity plan but this requires more detail. The poor dietary patterns which underscore the development of excess obesity, diabetes and complications such as cardiovascular disease and kidney disease, should be more clearly emphasised. The recent Close the Gap Progress and Priorities Report 2017 noted the need for greater attention to nutrition and food security, suggesting that this should be a short-term rather than medium term priority. Also strongly support prevention and early intervention programs but there needs to be adequate resourcing for ACCHOs to run them.

Strengthen Current Actions
With only one entry, the PHAA disagrees that the Strengthen Current Actions section is adequate. There should be more detail and definition of current programs and initiatives to be expanded in order to increase their efficacy in preventing and managing diabetes. More information should be included on additional resources to be provided and specific actions to be implemented. There should be capacity building and strengthening for the workforce within ACCHOS for diabetes prevention and management including diabetes training/qualifications for Aboriginal health workers/practitioners and ensuring ACCHOs have access to all relevant allied health practitioners.

Other Potential Areas for Action to be Included
Most of the detail and several of the food and nutrition strategies in the Potential Areas for Action for Goal 5 are missing from the draft Implementation Plan. In particular, the strategy to develop and implement community-wide interventions to increase the availability, affordability and consumption of fresh foods and reduce the consumption of sugar-sweetened beverages and high-fat, high-sugar, high-salt and highly
processed foods. A comprehensive nutrition and food security policy to address Indigenous food and security issues should be developed.

Measures of progress
To better reflect dietary risk factors for diabetes in Aboriginal and Torres Strait Islander groups, indicators should include for adults and children - the proportion of energy intake derived from discretionary foods and drinks; the proportion consuming adequate intakes of five food group healthy foods; and proportion of energy intake derived from added sugars, especially sugary drinks.

Goal 7: Strengthen prevention and care through research, evidence and data

National Priority Actions
Prevention and health promotion should be higher priorities in the research agenda. The longitudinal research into the likelihood of children developing diabetes is a good example of prevention research. A similar longitudinal study of young people and adults into the development of Type 2 diabetes would be beneficial.

Conclusion
PHAA supports the broad directions of the draft implementation plan for the Australian National Diabetes Strategy 2016-2020. However, we are keen to ensure that preventative measures including on food security and healthy eating are high priorities in line with this submission. We are particularly keen that the following points are highlighted:

- The availability of affordable healthy food options, especially in remote areas, is essential for diabetes prevention
- Reduction of the intake of discretionary foods and drinks, especially sugar-sweetened beverages is essential for diabetes prevention
- Pre-conception planning and breastfeeding support are essential for preventing diabetes in the next generation.

The PHAA appreciates the opportunity to make this submission.

Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.

Michael Moore BA, Dip Ed, MPH
Chief Executive Officer
Public Health Association of Australia

31 March 2017
References

1 Institute for Health Metrics and Evaluation (IHME), The Global Burden of Disease 2015: Generating Evidence, Guiding Policy, Country Profile – Australia, Available at: www.healthdata.org/australia
2 National Health and Medical Research Council (NHMRC), The Australian Dietary Guidelines – providing the scientific evidence for healthier Australian diets, 2013, available at: www.eatforhealth.gov.au
3 Discretionary foods and drinks are those that are high in saturated fat, added sugar, salt and/or alcohol and not required for health.