Submission to the WA Parliament Education and Health Standing Committee inquiry into the role of diet in type 2 diabetes prevention and management

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Preamble

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.

The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

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.
PHAA welcome the opportunity to provide input and contribute to the Western Australian Education and Health Standing Committee’s inquiry into the role of diet in type 2 diabetes prevention and management.

The prevalence of type 2 diabetes in Australia is a serious public health issue. It’s estimated that around 1 million Australian adults have type 2 diabetes, and the incidence is rising.¹ In WA, there are more than 123,000 people living with diabetes, of which 87% are living with type 2 diabetes.² Of serious concern is the number of Australians who are unaware they have the disease; it’s estimated for every one Australian diagnosed with type 2 diabetes, at least one other person has pre-diabetes or undiagnosed type 2 diabetes. Risk factors for type 2 diabetes include having a family history, having pre-diabetes, being overweight or obese, and being inactive.³

There are groups within the WA population that have a higher risk of type 2 diabetes. There is a higher prevalence of type 2 diabetes within the Aboriginal and Torres Strait Islander Peoples in Western Australia, as well as those living in rural areas.⁴,⁵

Addressing poor diet is critical to the health of all West Australians. According to the 2013 Global Burden of Disease study, poor diet contributed to 17% of deaths in Australia, or more than 28,000 deaths in 2013.⁶ Diet plays an important role in preventing and managing type 2 diabetes, and prevention and early intervention is key to reducing the impact of type 2 diabetes on individuals, families, the community, and the WA health system.⁷

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Responses to the Terms of Reference

a. The cost of type 2 diabetes to the community

Type 2 diabetes is estimated to cost the Australian community up to $6 billion in healthcare costs, the cost of carers, and Commonwealth government subsidies.\(^7\)

b. The adequacy of prevention and intervention programs

The increasing rates of diabetes are evidence that current initiatives to help prevent and manage diabetes through the promotion of healthy eating are insufficient. The WA Government has recognised the importance of prevention by initiating the Sustainable Health Review. Roger Cook MLA, Minister for Health, hosted the Preventive Health Summit in March 2018. At the Summit, health experts recognised that prevention is still largely underfunded in Australia. In 2013/14, it made up only 1.4% of total health expenditure.\(^8\) Acknowledging the growing cost of the health care system in WA, there needs to be further funding allocated to prevention and early intervention programs to help prevent diseases from occurring in the first place. This is in line with recommendations from the Sustainable Health Review.

c. The use of restrictive diets to eliminate the need for type 2 diabetes medication

PHAA has no comment on the use of restrictive diets to eliminate the need for type two diabetes medication.

d. Regulatory measures to encourage healthy eating

Creating supportive environments for healthy living through appropriate regulation of the environment is one of the most effective methods to bring about population-level change.\(^9\)

PHAA recommends evidence-based priorities that will make a difference to the health and wellbeing of Western Australians.

Foods available in Australia are becoming increasingly processed, more convenience-oriented, and more heavily marketed.\(^10\) It is a similar situation for alcohol; it is widely available, heavily marketed, and can be purchased at prices as low as 24 cents a standard drink. The World Health Organisation recommends regulating the availability, price, and marketing of unhealthy food and drink, as well as alcohol, to improve


the diets of the population.\textsuperscript{11} These were also recommendations made in the 2009 \textit{National Preventative Health Strategy – the roadmap for action} report by the Preventative Health Taskforce.\textsuperscript{12}

There are regulatory measures available to the WA Government that will encourage healthy eating. In relation to food and non-alcoholic beverages, PHAA recommends the WA Government:

- Introduce mandatory menu kilojoule labelling in chain food outlets across Western Australia.
- Remove junk food marketing from state government-owned assets, including public transport vehicles.
- Continue to fund public health education campaigns. High impact, sustained social education campaigns are needed to increase knowledge and awareness of the health risks associated with poor diet, physical inactivity and sedentary behaviour and to improve attitudes towards breastfeeding, healthy eating, physical activity and healthy weight.

In relation to alcohol, PHAA recommends the WA Government:

- Introduce a minimum floor price for alcohol per standard drink.
- Ensure liquor licensing laws prioritise public health and safety, and adopt a proactive, evidence-based approach to preventing harm from alcohol.
- Continue to fund public health education campaigns. Adequately funded, sustained alcohol education and awareness programs – independent of the alcohol industry – should be supported as part of a long-term comprehensive approach to reducing harm to the individual and the community. WA can be proud to be a world leader in this area with the long-running and well-performing ‘Alcohol. Think Again’ campaign.

Some of the regulatory measures that the evidence shows will improve the environment fall under the jurisdiction of the Commonwealth Government. In relation to food and non-alcoholic beverages, PHAA recommends that the WA Government advocate to the Commonwealth Government for:

- Regulation to restrict under-16 children’s exposure to unhealthy food and drink marketing across all mediums, starting with free to air televisions up to 9pm.
- A health levy on sugar-sweetened beverages of at least 20%, hypothecated to fund health programs.
- Implement policies to prevent marketing practices on packaging that mislead consumers into thinking unhealthy products are healthy.
- Extending current food labelling policies to make the Health Star Rating system mandatory on all packaged foods and at point of sale for non-packaged fresh foods.

In relation to alcohol, PHAA recommends that the WA Government advocate to the Commonwealth Government for:

- Reform of alcohol taxation to remove the Wine Equalisation Tax (WET) and introduce volumetric taxation across all alcohol products, with tax increasing for products with higher alcohol volumes.

http://apps.who.int/gb/ebwha/pdf_files/EB140/B140_27-en.pdf?ua=1

• Replacement of the self-regulatory alcohol marketing system with independent, statutory regulation that includes sanctions for non-compliance.

e. Social and Cultural factors affecting healthy eating

Social determinants of health

The range of social, ecological, political, commercial and cultural factors that influence health status are known as the determinants of health. The determinants of health are occasionally referred to as ‘the causes of the causes’. We recognise that health is not simply about individual behaviour or exposure to risk, but how social, ecological, economic and cultural structures shape the health of population groups around the world.\(^{13}\)

The social determinants of health are the conditions in which people are born, grow, live, work and age and the systems in place that affect a wide range of health, functioning, and quality of life outcomes and risks. The WHO has recognised the social gradient, food, unemployment, work, and transportation some of the key social determinants of health.\(^{14}\) The social determinants of health must be addressed in order to improve the diets of Western Australians, as the evidence shows diet follows a social gradient in Australia; those in the highest income groups, non-Indigenous Australians and people living in more advantaged neighbourhoods are more likely to have a healthy diet.\(^{15}\)

Food security

Food security is a fundamental human right. The Universal Declaration of Human Rights states:

“everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food”.\(^{16}\)

The right to adequate food is not a right to be fed but “a right of people to be given a fair opportunity to feed themselves, now and in the future.” Food security is a central factor in diet. The ability to access and afford healthy food influences dietary choices.

There are many structural barriers – beyond the control of individuals, families and communities – that contribute to the experience of food insecurity. The complexity of the issue requires a multifaceted approach. PHAA recommends that action relating to the social and cultural factors affecting healthy eating requires a coordinated policy approach across multiple sectors to address the many factors that impact on people’s ability to make healthy choices. PHAA wishes to highlight the importance of strategies addressing both the environmental and social determinants of health. People with low socio-economic status are


generally poorer, less educated, experience poorer health and a higher prevalence of risk factors for many chronic diseases.\textsuperscript{12,18,19,20}

**Food security for Aboriginal and Torres Strait Islander Peoples**

PHAA wishes to stress the importance of strategies that address the social determinants of health and health inequities experienced by Aboriginal people and the contributions that these make to the Diabetic prevalence within the communities. Aboriginal people experience lower levels of academic attainment, higher rates of unemployment, inadequate housing, higher rates of incarceration, and unsuitable public facilities and programs. Each of these determinants is closely linked to each other and to health; therefore, an approach to address them must be multifaceted and concurrently implemented.

**Cultural recognition of food**

Strong culture, values and a connection to the land contribute to the resilience of Aboriginal and Torres Strait Islander peoples. Traditional foods contribute to physical health and play a significant role toward cultural, spiritual and emotional health. European arrival severely affected the retention of knowledge, and access to and use of traditional foods.\textsuperscript{21}

**Income and employment**

Aboriginal and Torres Strait Islander households have, on average, a weekly gross income that is $250 less than that of non-Indigenous households.\textsuperscript{22} More than a quarter (27\%) of Aboriginal and Torres Strait Islander peoples report running out of money for basic living expenses (food, bills and clothing) in the last 12 months.\textsuperscript{23} In 2014–15, the unemployment rate for Aboriginal and Torres Strait Islander people aged 15 years and over was 21\%. The unemployment rates for Aboriginal and Torres Strait Islander people were higher than those for non-Indigenous people (at 6\%), in all age groups and the gap was greatest for young people (15-25 years) (31.8\% compared with 16.7\% for non-Indigenous people).\textsuperscript{23}

**Housing**

Poor environmental health infrastructure is a major barrier to food security. The elimination of overcrowding and the provision of appropriately designed, constructed and maintained houses are essential for the safe storage, preparation and consumption of food.\textsuperscript{24} In Aboriginal communities across Australia only 6\% of houses have all the functioning nutritional hardware needed to store, prepare and

\begin{thebibliography}{99}
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\bibitem{24} Closing the Gap Clearinghouse (AIHW, AIFS). Healthy lifestyle programs for physical activity and nutrition. Canberra: Closing the Gap Clearinghouse: Australian Institute of Health and Welfare and Australian Institute of Family Studies; 2012
\end{thebibliography}
cook food (storage space for food, preparation bench space, refrigeration, functioning stove and sink). Overcrowding is improving in Aboriginal households, but it still impacts around one in five people nationally and more than a third of Aboriginal and Torres Strait Islander people in remote areas.

Around three in 10 (29%) Aboriginal and Torres Strait Islander people aged 15 years and over had experienced homelessness during their lifetime with 32.1% in non-remote areas compared to 18.4% in remote areas.

Food access – a factor of cost, affordability, availability and location

The interplay of disadvantage around food availability, access and use for Aboriginal and Torres Strait Islander peoples residing in urban, rural and remote areas is complex and not yet well understood. These factors are all interrelated and have a combined effect of creating significant structural barriers to regular healthy eating. Income and the cost of food are key factors influencing food choice.

The price of healthy food is increasing disproportionately, with fruit and vegetable prices growing faster than CPI. For a family on a low income, purchasing a healthy diet is estimated to cost 20-31% of the disposable household income, compared with 18% for those on a median disposable income.

Freight charges, store management practices (in some cases), and the reduced economies of scale for purchasing and retailing in small remote communities can all contribute to high food costs in remote areas.

People living in remote areas pay the highest average price for food. Mean income levels decline with remoteness, yet food costs are higher compared to major cities. Research consistently finds that healthy food baskets cost about 20-43% more in remote areas than in major cities.

In some Aboriginal and Torres Strait Islander communities it has been estimated that 34-80% of the family income is needed to purchase healthy diets. This is compared to 20% for the low income Australian households and 14% for households in high socioeconomic areas.

It is important to note that there have been some positive developments in store management practices by groups such as Arnhem Land Progress Aboriginal Corporation (ALPA), Outback Stores and Mai Wiru to...
address the pricing barriers to food security including freight subsidies and preferential profit margin policies.  

Among Indigenous households in 2012–13 about 1 in 4 (23%) stated that they had run out of food in the previous 12 months and could not afford to buy more. Of those who had run out of food, 41% reported that they went without food.

Access to food stores and transport are important determinants of food security in urban, regional and remote locations. Connectivity between food stores and residential areas compromises food security for people living in urban and regional areas. Transport to food outlets and quality of public transport are strongly and independently associated with food insecurity in urban Australia.

The variety, quality and cost of nutritious foods including fresh fruit and vegetables are generally much poorer in remote community stores compared to major cities. The limited availability and affordability of healthy food for many Aboriginal and Torres Strait Islander families is reflected by the research showing that 41% of daily energy intake comes from energy-dense, “discretionary” foods, which provide a cheaper source of energy.

Take-away and convenience foods, including energy dense and nutrient poor foods, such as soft drinks, sweets and microwaveable or deep-fried food, are often readily available for people in remote Aboriginal and Torres Strait Islander communities. This is also an issue for many Aboriginal people in socioeconomically disadvantaged urban areas and regional centres.

Communities living in remote areas may be without food for extended periods due to weather or road conditions during the wet season, though recent NT market basket surveys suggest this may be improving.

Improving food insecurity for Aboriginal and Torres Strait Islander people will help achieve health equity

The structural barriers outlined above are expressed in the high rates of people experiencing food insecurity and the associated health impacts.

Food insecurity contributes to health inequities and the life expectancy gap between Aboriginal and Torres Strait Islander and non-Indigenous people in Australia. It is estimated that Aboriginal and Torres Strait Islander males born in Australia in 2010-2012 could expect to live 10.6 years less than non-Indigenous males. For females the gap is 9.5 years.

Significant health inequities exist compared to non-Indigenous Australians, particularly in diet-related preventable diseases, quality of life and life expectancy. It has been estimated that chronic diseases account for 80% of the mortality gap between Aboriginal and Torres Strait Islander people and non-Indigenous Australians aged 35 to 74 years.

References:

38 Stewart I. Research into the cost, availability and preferences for fresh food compared with convenience food items in remote area Aboriginal communities: final report. Canberra: Roy Morgan Research; 1997.
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Five of the seven estimated leading contributors to the health gap between Indigenous and non-Indigenous Australians relate to diet: obesity, high blood cholesterol, alcohol, high blood pressure, and low fruit and vegetable intake.\(^{40}\)

**Recommendations**

In considering the social and cultural factors the following need to be considered in relation to their direct impact on diet and type 2 diabetes prevention and management.

- Improvement of social determinants of health for everyone in West Australian communities, particularly marginalised communities who are most vulnerable to type 2 diabetes.
- Access to and opportunities for healthy foods for all by addressing the issue of food security.
- Introduction of evidence-based regulatory measures that will encourage healthy eating by addressing the price, availability, and marketing of unhealthy foods and non-alcoholic and alcoholic beverages.
- Recognition of the need for a whole of government approach to health and wellbeing. A recommended Healthy Policy approach across all sectors.

The PHAA appreciates the opportunity to make this submission. Please do not hesitate to contact us should you require additional information or have any queries in relation to this submission.

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References