

Development of the Australian National Diabetes Strategy

Online Public Consultation

Consultation details

Overview

The new Australian National Diabetes Strategy seeks to prioritise Australia's response to diabetes, and to identify approaches to reduce the impact of diabetes in the community.

Developing a new Australian National Diabetes Strategy provides a valuable opportunity to evaluate current approaches to diabetes services and care; consider the role of governments at all levels, as well as other stakeholders; evaluate whether current efforts and investments align with identified needs; maximise the efficient use of existing, limited healthcare resources; and articulate a vision for preventing, detecting, and managing diabetes and for diabetes research efforts.

The Australian National Diabetes Strategy will form part of the Government's overall strategic framework for managing chronic diseases, which recognises the shared health determinants, risk factors and multi-morbidities that exist across a broad range of chronic conditions.

We welcome the diverse perspectives, experience and knowledge of all diabetes stakeholders and interested members of the community including people with diabetes, families, carers, health care professionals, researchers, community and non-government organisations, all levels of government, industry and business.

Why we are consulting

The purpose of this consultation is to seek feedback from the community on the draft *Strategic Framework for Action* presented in the *Consultation Paper for the development of the Australian National Diabetes Strategy* and further inform the development of the Strategy. The consultation paper has been prepared by the National Diabetes Strategy Advisory Group (NDSAG), a committee appointed by the Australian Government.

How to give us your views

A Strategic Framework for Action: Consultation paper for the development of the Australian National Diabetes Strategy is available for you to download and read.

Online questionnaire

The online questionnaire contains:

- Demographics
- Questions under each of the 5 goals
- Final comments

Tips

- It is not compulsory to answer every question.
- If you wish to leave a section blank, click 'next'.
- Keep responses concise, 500 words (1000–2000 allowed for the final question). Type or 'copy and paste' responses directly into the text field for each question.
- You can start and return later—please note the email address and login details you use.
- This document is provided as an aid for you or your organisation to complete the online questionnaire. While it sets out the consultation questions, it is not a template for you to complete your answers. You will still be required to enter your responses and submit into the online questionnaire.
- Where applicable please identify the full name of any programmes/initiatives you refer to and list relevant web links and supporting references.

Contact details

If you have any questions, please email your enquiry to NDSAG.secretariat@health.gov.au.

How we will use your responses

1. Your submission is being provided to the Australian Government Department of Health to inform the development of the Australian National Diabetes Strategy and may be made available to our committee members, contractors or consultants.
2. Submissions may be published online or quoted at the discretion of the Australian Government Department of Health. Please indicate in the 'About you' section whether your submission includes confidential information, is not for publication or your name is not to be published with your submission.
3. Your name and email address is requested in case we have questions about your response. If provided, your email may be used to inform you when the Strategy is publicly released or to advise you of any future consultations on related topics.
4. All responses will be treated as confidential, and no personally identifying information from your response will be released to any third party unless you specify otherwise.

Demographics

Please select the category or categories which best describe you

- an Individual
 - at-risk of diabetes
 - with type 1 diabetes
 - with type 2 diabetes
 - with gestational diabetes
- caring for someone with diabetes
- prefer not to disclose
- none of the above
- organisation
- Health professional
- Researcher/Academic (please specify field of expertise)
- Providing an official submission on behalf of..... (Individual, Organisation)

I am:

- of Aboriginal or Torres Strait Islander descent
- a person from a culturally linguistic and diverse background
- I live in an:
 - urban area
 - rural area
 - remote area
- Please provide your name
- Please provide the name of your organisation
- Please provide your email address so that we may contact you (optional)
- Please indicate if your responses:
 - may be published online or quoted, with your name included
 - may be published online or quoted without your name associated
 - are regarded as personal or confidential

Questionnaire

Goal 1: Reduce the prevalence and incidence of people living with type 2 diabetes

500 word limit for each response

Question 1:

- a) Which of the areas for action described for this goal is most appropriate and why?

The first area for action 'Reduce the prevalence of modifiable risk factors in the general population' is the most appropriate as it emphasises protection of the health of all Australians and population-based prevention of diabetes. This suggests that community-based approaches are effective, such as multifaceted systems based approaches to preventing harm to communities, families and individuals occurring with the onset and progression of type 2 diabetes. The Public Health Association of Australia commends the recognition that such action requires a multidisciplinary, coordinated policy approach across multiple sectors to address the many environmental factors that impact on people's ability to make healthy choices. This is consistent with recommendations outlined in the "Preventative Health Taskforce Roadmap for Action" produced by the National Preventative Health Taskforce.¹ The NPHS Roadmap advocates for cross-sectoral initiatives focussed on urban design, tax incentives, industry partnerships, social marketing, subsidies and advertising controls.

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.^{1, 2, 3, 4} To address this inequity, and in turn reduce the risk factors experienced by this population, the NPHS Roadmap demands broad partnerships that extend beyond health, finance, education, sport and agriculture to include sectors such as housing, welfare, justice, immigration, employment, family and community services, Indigenous affairs and communications. The lack of progress made to date to reduce obesity demonstrates that education programs alone simply will not be effective if Australians continue to live in an environment that is not conducive to making healthy choices. PHAA supports strategies outlined in the consultation paper that address the built environment including partnerships across sectors to create communities that support physical activity in everyday life such as walking, cycling and active transport and healthy food choices such as the introduction of the Health Star rating system.

PHAA strongly supports the reduction of exposure to marketing, advertising, promotion and sponsorship of energy-dense, nutrient poor foods and beverages. Key international and national agencies, including the World Health Organisation and Australia's Preventative Health Taskforce, as well as many public health groups and experts recommend greater restrictions on marketing and advertising of unhealthy foods to children as part of a comprehensive approach to addressing poor diet and obesity.^{1, 5, 6} Community support for curbs on unhealthy food advertising is also strong: 92% of Australian adults were in favour of restrictions on unhealthy food advertising that targeted children on free-to-air television; and 83% supported a ban on advertising of unhealthy food at times when children watched television.⁷ Voluntary codes have been shown to be inadequate in restricting children's exposure to junk food advertising. PHAA supports comprehensive legislation in this space.

The discussion of adults at risk should include women with a history of gestational diabetes, Indigenous Australians and those living in rural and remote areas where prevalence is higher than in the general population.

- b) Are there any additional actions you would like to see the governments and/or other stakeholders take and why?

The first area for action could be considerably strengthened in relation to population-based prevention and protection of health, and an orientation to whole of system upstream approaches to health promotion. Within this overall approach, greater emphasis on the following factors would improve this action area:

- Improvement of social determinants of health for everyone in Australian communities, in particular marginalized communities who are most vulnerable to diabetes and other chronic diseases
- Access to and opportunities for healthy foods for all
- Opportunities for safe and frequent activity for everyone
- Restrictions on advertisement re fast food / other unhealthy foods – particularly for children

- Recognition of need for whole of government approach to health and wellbeing eg through health impact assessment of (non-health) policies.

At a broader level, the recent increases in prevalence of obesity, metabolic syndrome and diabetes are inevitable consequences of major changes in society throughout the second half of the 20th century. Australia's Diabetes Strategy has assumed that increasing urbanisation, car dependence, intensification and industrialisation of food production, and globalisation will continue. However, in the longer term, these threaten not just individual and population health but the sustainability of human society. This is because the processes that are increasing food production and reducing our levels of physical activity are associated with the escalating consumption of fossil fuels; changes in the atmosphere, climate and water and carbon cycles; loss of biodiversity; and ocean acidification all of which affect our ability to ensure food security for growing human populations. The rise in diabetes needs to be considered as a warning sign and opportunity to reconsider our economy. Strategies to promote local food production, active transport, and improved working environments in which physical activity is actively promoted will have multiple benefits including a reduction in incidence of diabetes. The introduction of alternative measures of economic success and national well-being, such as the Genuine Progress Indicator, or Gross National Happiness would enable us to monitor these changes as we saw diabetes come under control at a nation level.

A coordinated national approach to address chronic disease risk factors requires a governing body to lead, support, coordinate and evaluate the complex range of strategies necessary to achieve real change. The Australian National Preventive Health Agency (ANPHA) provided this supporting infrastructure and the abolishment of this agency suggested a lack of commitment to prevention from the government. PHAA recommends that the ANPHA, or an equivalent, be reinstated as an integral component of a national diabetes strategy.

The consultation paper makes reference to education and social media. PHAA believes this could be strengthened in the strategy to include development and implementation of a comprehensive, sustained national social marketing strategy to raise awareness of risk factors for chronic disease and address attitudes and social norms around unhealthy behaviours.

PHAA also believes more needs to be done to address the food supply. In addition to policies that enable consumers to make healthier choices, such as front of pack labelling, national policies that seek to improve availability, access and affordability of healthy and nutritious foods for all Australians are required. In line with this PHAA opposes proposals to extend the GST to fresh food.

Question 2:

- a) Please describe any existing programmes, initiatives or activities relevant to this goal that you think are working well and why? (Please indicate if you are aware of an evaluation report, and how it may be obtained)

The South Australian Health in All Policies (HIAP) initiative is an approach to working across government to achieve better public policy outcomes and simultaneously improve population health and wellbeing. <http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+reform/health+in+all+policies>. Evaluation of South Australia's HIAP approach is ongoing, funded by the NHMRC. Evidence currently available suggests the HIAP approach has been successful in developing positive joined-up policy solutions; strengthening capacity for collaboration and partnerships within government, and increasing the focus on health and wellbeing in government public policy making processes. <http://www.flinders.edu.au/medicine/sites/sachru/research-evaluation/hiap/>

WA's Live Lighter campaign, implemented by the Heart Foundation WA and Cancer Council WA, is an excellent example of a successful social marketing strategy addressing the risk factors for chronic disease. Following positive evaluation results Cancer Council Victoria in partnership with the Heart Foundation Vic and Heart Foundation ACT have implemented the campaign in their respective states and territories. More information can be found on the Live Lighter website <https://livelighter.com.au>, or by contacting the Heart Foundation WA.

- b) Are there any existing activities, services or systems relevant to this goal that you think are not working well? (Please explain why, and discuss any barriers to their effectiveness)

The emphasis on individual responsibility and a treatment focussed health care system approach, rather than one including a strong focus on health promotion and health protection in relation to diabetes are problematic in achieving this goal. Examples include:

- Limited funding of health promotion and health protection in relation to diabetes at mid-stream levels, for example, within local councils, schools and community health centres
- Episodic case-based funding within Medicare promoting frequent and brief consultations with general practitioners with limited opportunity for health promotion
- Lack of coordination and whole of government approach to improving health and wellbeing.

Question 3:

The paper outlines some potential ways to measure Australia's progress towards this goal. What do you think would be the most appropriate ways to measure this goal and why?

PHAA supports the use of population health monitoring through mechanisms such as the Australian Health Survey to report on progress towards this goal. In addition, well designed, comprehensive monitoring and evaluation of implemented strategies is crucial. Effective evaluation of a complex and multifaceted approach must be coordinated at a high level.

Goal 2: Promote earlier detection of diabetes

500 word limit for each response

Question 4:

- a) Which of the areas for action described for this goal are most appropriate and why?
- b) Are there any additional actions you would like to see the governments and/or other stakeholders take and why?

This goal could be improved by expanding the target group beyond primary level care practitioners for earlier detection of type 1 and type 2 diabetes. Population based strategies aiming to improve the populations' health literacy in relation to both types of diabetes should be included. These would emphasise both the nature of symptoms and what to do about them.

Question 5:

- a) Please describe any existing programmes, initiatives or activities relevant to this goal that you think are working well and why? (Please indicate if you are aware of an evaluation report and how it may be obtained)
- b) Are there any existing activities, services or systems relevant to this goal that you think are not working well? (Please explain why, and discuss any barriers to their effectiveness)

Question 6:

The paper outlines some potential ways to measure Australia's progress towards this goal. What do you think would be the most appropriate ways to measure this goal and why?

Goal 3: Reduce the occurrence of diabetes-related complications and improve quality of life among people with diabetes

500 word limit for each response

Question 7:

- a) Which of the areas for action described for this goal are most appropriate and why?

The suggested nationally agreed clinical guidelines, local care pathways and complications prevention programmes are critical. Australia's health system is plagued by complexities of federal and state governance, the mix of Medicare and private health insurance funding and constant re-organisation by successive governments without any clear overall policy to drive primary health care. Health care providers and health system users need more guidance and improved health literacy to navigate the system efficiently and effectively.

'Consumer engagement and self-management' is the most appropriate area for action as it emphasises the importance of an active person living with diabetes being engaged in making decisions about their own lives and being 'in charge' of their diabetes to minimise complications.

- b) Are there any additional actions you would you like to see the governments and/or other stakeholders take and why?

Consumer engagement and quality improvement processes are important principles that need to be strengthened in diabetes prevention and management. Consumer directed care approaches are now mainstream strategies in Australia and internationally in relation to people living with disabilities and older people. There is an evolving evidence base supporting CDC among these groups of people. We would like to see similar approaches adopted in diabetes and chronic disease management as these approaches are closely aligned with self-management principles and practices and can therefore be more directly aligned with the end goal of reducing complications for people living with diabetes.

Question 8:

- a) Please describe any existing programmes, initiatives or activities relevant to this goal that you think are working well and why? (Please indicate if you are aware of an evaluation report and how it may be obtained)
- b) Are there any existing activities, services or systems relevant to this goal that you think are not working well? (Please explain why, and discuss any barriers to their effectiveness)

The health system in Australia works well in treating disease and managing exacerbation of chronic disease. However, it continues to focus on a specialist treatment and cure approach with more limited attention to generalist health systems and services focussed on tertiary prevention and located in primary and community care settings. An exploration of funding beyond fee-for-service general practice is welcomed. Currently, much diabetes management and care occurs in the community sector, drawing on allied health practitioners, diabetes educators and peer support. These care providers can be more cost-effective than general practice and better at engaging with health care users, their families and carers.

Question 9:

The paper outlines some potential ways to measure Australia's progress towards this goal. What do you think would be the most appropriate ways to measure this goal and why?

The suggested ways to measure progress do not reflect consumer engagement and quality improvement processes or 'big picture' changes in policy or funding mechanisms.

Goal 4: Reduce the impact of diabetes in Aboriginal and Torres Strait Islander peoples and other high risk groups

500 word limit for each response

Question 10:

- a) Which of the areas for action described for this goal are most appropriate and why?
- b) Are there any additional actions you would you like to see the governments and/or other stakeholders take and why?

We welcome the focus on indigenous Australians and other at higher risk of developing diabetes. However, access to appropriate health services is only one aspect of improving health outcomes for these communities. Access to affordable, quality fresh food, food storage and cooking facilities and safe places for physical activity are all important in improving capacity for health and wellbeing. Factors such as discrimination, poverty and lack of self-determination all impact on people's health.

- c) Which of the areas for action described for this goal are most appropriate and why?

Given the disparity in diabetes prevalence in Aboriginal and Torres Strait Islander Australians compared with the general population, the PHAA advocates that addressing this issue should be one of the highest priorities in any strategy to address high-risk populations. The extent of this inequality warrants a national approach to diabetes specifically for Aboriginal and Torres Strait Islander people.

- d) Are there any additional actions you would like to see the governments and/or other stakeholders take and why?

Again PHAA wishes to stress the importance of strategies that address the social determinants of health and health inequities experienced by Aboriginal people. 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.

To address the inequality of the burden of diabetes, strategies need to extend across the spectrum from prevention to management. Waterworth et al 2015 provided some interesting insights into Western Australian Aboriginal people's perspective of what influences their health behaviour. The qualitative study found six broad themes including culture, socio-economic opportunities, racism, social connections, communication, and personal psychological factors. The following insights were noted from this study, which may assist with developing culturally appropriate prevention and management programs:

- There is a very strong connection between culture and health with participants indicating that having a strong cultural and personal identity enabled them to make healthy choices.
- The importance of services and organisations catering specifically for Indigenous people was emphasised.
- Culturally appropriate prevention programs must acknowledge the strong connections between extended family members and the influences this can have on an individual's behaviour. Culturally appropriate programs should be centred around family groups
- Participants suggested that facilities or meeting places dedicated to the needs of Aboriginal people were important, and that delivery of cultural activities alongside health promotion may be more effective in promoting healthy behaviours.⁸

The consultation paper neglects the necessity of community consultation in the development of effective strategies for the prevention and management of diabetes in Aboriginal communities. It is well established that best practice health service and education programs targeting Aboriginal people must include community consultation and involvement at all levels of planning, implementation and evaluation.⁹

Question 11:

- a) Please describe any existing programmes, initiatives or activities relevant to this goal that you think are working well and why? (Please indicate if you are aware of an evaluation report and how it may be obtained)

Close the Gap has started to improve social determinants of health for many ATSI peoples. Continuation of this program is vital to reducing the prevalence and impact of diabetes and other chronic diseases over the long term among ATSI communities.

- b) Are there any existing activities, services or systems relevant to this goal that you think are not working well? (Please explain why, and discuss any barriers to their effectiveness)

PHAA is extremely concerned about Federal Government proposals to substantially limit funding to NGOs as indicated in the May 2015 federal budget. These proposals will substantially increase the risk to all groups in the community who are vulnerable to developing diabetes and other chronic illnesses in particular ATSI communities. We implore the federal government to reconsider this budget strategy and ensure that those most at risk of diabetes and chronic disease, such as ATSI peoples, are supported towards protection of their health and a quality of life comparable to mainstream Australians free of diabetes.

Question 12:

The paper outlines some potential ways to measure Australia's progress towards this goal. What do you think would be the most appropriate ways to measure this goal and why?

An approach that addresses the social determinants of health should monitor these determinants alongside diabetes incidence. This includes measurement of disparities between Indigenous and non-Indigenous people in areas of education, employment, incarceration, racism and poverty in addition to environmental determinants of health.

Question 13:

In relation to the impact of diabetes in Aboriginal and Torres Strait Islander peoples and high risk groups, please describe any barriers in accessing health services and/or education.

Aboriginal people face cultural, linguistic and geographical barriers to accessing health care. Geographical barriers are obviously apparent in remote areas where access to multidisciplinary teams and specialists required to effectively treat diabetes is rare. Cultural and linguistic barriers present a challenge for health care professionals in adequately communicating health messages to their clients. Research suggests that a personal approach, where ATSI clients are able to speak with someone they know about their health behaviours, is preferable to written information such as pamphlets etc.¹

High staff turnover in health services in regional and remote areas also presents a barrier for Aboriginal people in accessing health services and education. It has been established that the key to effective communication with Aboriginal people is trust. In some instances, distrust of government services and staff is a barrier to effective communication and some Aboriginal people feel uncomfortable seeking help from a non-Indigenous medical professional. This barrier can be overcome through employment of Aboriginal people in health services, appropriate cultural awareness training of health service staff and through health service staff building relationships with communities over long periods of time.⁹

Goal 5: Strengthen prevention and care through research, evidence and data

500 word limit for each response

Question 14:

- Which of the areas for action described for this goal are most appropriate and why?
- Are there any additional actions you would like to see the governments and/or other stakeholders take and why?

We welcome plans to strengthen prevention and care through the use of research and support the development of a national research agenda. We note that much of the current funding effort is directed to clinical medical research, with social and equity focussed research often missing out. The PHAA also recommends that any national research agenda has a strong focus on building the evidence base and research translation to further inform preventive and health promoting health policy and programs.

Question 15:

- Please describe any existing programmes, initiatives or activities relevant to this goal that you think are working well and why? (Please indicate if you are aware of an evaluation report and how it may be obtained)
- Are there any existing activities, services or systems relevant to this goal that you think are not working well? (Please explain why, and discuss any barriers to their effectiveness)

Question 16:

The paper outlines some potential ways to measure Australia's progress towards this goal. What do you think would be the most appropriate ways to measure this goal and why?

Final comments

Question 17:

1,000–2,000 word limit

Please provide any further comments you may have.

The PHAA commends the Australian Government for the proposed development of a national diabetes strategy and the opportunity to provide feedback on this consultation paper.

The paper rightly notes the need for *'coordinated policy and possibly regulatory changes, with greater attention given to the urban environment, transportation infrastructure, health education and opportunities for improved diet and increased physical activity. A multidisciplinary, coordinated approach across health, finance, education, sport and agriculture sectors can contribute towards reversing the underlying causes of diabetes.'* However, the potential actions listed under this goal are limited to screening, social marketing and education for behaviour change. Health promotion and chronic disease prevention is complex and diabetes incidence is unlikely to

respond to these simplistic activities alone. Legislative changes to food production and marketing, addressing poverty and lack of agency in low socio-economic communities and support for healthy working and living environments are more challenging to achieve but are more likely to make a real difference to population health.

Although the paper includes comment about prevention, we believe there is too great an emphasis on clinical treatment of diabetes and potential complications with insufficient focus on health protection, health promotion and disease prevention. In particular, there needs to be a strong focus on supportive environments for health and well-being and healthy public policy and regulation to make it easier for people to make healthy choices.

We note that there is little community-based or consumer representation on the advisory group and suggest that broader input from practitioners and people with diabetes would provide useful insights.

We also note that there has been limited dietetic involvement or consultation during the development phase of the strategy, this has resulted in a reduced focus on nutrition issues through the document. This is evident when workforce is discussed but also in the specifics of dietary management.

- The content on prevention lacks reference to the current research that supports the dietary intervention as a very important factor.
- There is little detail in how services might be planned and coordinated, especially taking into account models that already exist, the limited funding that is available for new initiatives and any present barriers that need to be overcome.
- The document provides little referencing and benchmarking overall.

The strategy presents diabetes as a significant risk to the health of Australian communities. As such, it may unwittingly contribute to stigmatisation of diabetes. Greater and clearer emphasis on upstream systems based approaches to the prevention of diabetes and the protection of health would also reduce the risk of stigmatisation. This issue would be further reduced with more emphasis on self-management of diabetes as an effective method of managing either type 1 or type 2 diabetes once a person has developed one of these diseases.

References

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