



# ADDRESSING THE CHALLENGES OF THE DIABETES EPIDEMIC

Federal Election Platform  
March 2022

# HOW DIABETES IMPACTS AUSTRALIA



**\$50B**

that's how much diabetes will cost the Australian economy **annually by 2051**



**\$2.7B**

that's how much diabetes costs the Australian health system **every year**

**1.4M**

the number of people living with known, **diagnosed** diabetes



**270,000**

Australians are living with **diabetes and kidney disease**

**1.2M**

the number of **hospitalisations** for diabetes every year



**4,400**

**lower limb amputations** a year in people living with diabetes



**66%**



of all people living with diabetes have **heart disease**

**30%**



of people in **ICU with COVID-19** have diabetes

**11%**



tragically that's how many **deaths involve diabetes**

# DIABETES AUSTRALIA'S 2022 FEDERAL ELECTION POLICY PRIORITIES

## Four areas to improve the lives of millions of Australians

### Early detection for early intervention

#### ACTION 1

Invest \$3.5M over two years to support three pilots to trial methods of opportunistic type 2 diabetes screening.

#### ACTION 2

Fund a \$2M national awareness campaign over three years focused on the early warning signs of type 1 diabetes.

### Access to essential diabetes technology for at risk groups

#### ACTION 3

Invest up to \$43M per annum to ensure all Australians with type 1 diabetes can access Continuous Glucose Monitoring (CGM) technology; and

**COMMITTED**

#### ACTION 4

Invest \$526K per annum to support diabetes healthcare professionals to provide healthcare and education to people who use diabetes technology.

### Reducing the impact of diabetes-related complications

#### ACTION 5

Invest \$1.6M over two years to establish a Diabetes Kidney Disease Screening Program.

#### ACTION 6

Establish a Pre-existing Diabetes in Pregnancy Register to track pregnancy outcomes among women with diabetes.

#### ACTION 7

Add diabetes to the Australian Commission on Safety and Quality in Health Care Clinical Care Standards and include a standard for diabetes clinical handover.

### Supporting Australia's most vulnerable communities

#### ACTION 8

Invest \$10M over three years to pilot a Diabetes in Aged Care training package to ensure all aged care services have staff with specialised diabetes training supported by the introduction of minimum national standards for diabetes management in aged care.

#### ACTION 9

Invest \$2.64M over three years in a program to break the intergenerational cycle of type 2 diabetes in four First Nations communities.

# Four areas to improve the lives of millions of Australians

This federal election Diabetes Australia is calling for a commitment to nine actions across four areas:



Early detection for early intervention



Access to essential diabetes technology for at risk groups



Reducing the impact of diabetes-related complications



Supporting Australia's most vulnerable communities

Recently we have seen world-leading efforts from Australian Governments at every level to reduce the community impacts of COVID-19.

The COVID-19 pandemic has been particularly significant for people with diabetes who are more likely to be hospitalised with diabetes because of COVID-19.<sup>1</sup> The pandemic demonstrated the strength of Australia's health system, its resilience and capacity for innovation.

Unfortunately, COVID-19 is not the only epidemic Australia faces. More than 1.9 million Australians currently live with diabetes.

Almost 120,000 Australians have been diagnosed with all types of diabetes in the past 12 months.<sup>2</sup> It is the leading cause of a range of debilitating complications including vision loss, amputation, kidney failure and heart disease.

Diabetes costs the Australian economy more than \$17.6B per annum (inflation adjusted) and this will continue to increase unless more is done to prevent Australians from developing type 2 diabetes.<sup>3</sup>

Diabetes is also expensive for the person living with the condition and contributes to significant cost of living pressures.

The impact of diabetes in Indigenous communities is particularly severe, with First Nations Australians up to four times more likely to develop type 2 diabetes and more severe complications at a younger age.

Diabetes is the single biggest contributor to the gap in Indigenous life-expectancy and ongoing investment in co-designed programs remains critical if we are to improve rates of diabetes health checks and prevent diabetes complications.

Diabetes Australia supports the new Australian National Diabetes Strategy 2021-2030. The next five years present a significant opportunity to do more to prevent people developing type 2 diabetes, help people with diabetes stay healthy and productive, save the health system significant costs and ease the cost of living pressure on millions of Australians.

1 Drucker D J. Coronavirus Infections and Type 2 Diabetes-Shared Pathways with Therapeutic Implications. *Endocr Rev.* 2020;41

2 Diabetes Australia NDSS Snapshots, September 2021, <https://www.ndss.com.au/about-the-ndss/diabetes-facts-and-figures/diabetes-data-snapshots/>

3 Lee C, Colagiuri R, Magliano D, Cameron A, Shaw J, Zimmet P, and Colagiuri S, 2013. The cost of diabetes in adults in Australia. *Diabetes Research and Clinical Practice*, 99(3), pp.385-390.

# Early detection for early intervention

## ACTION 1

**Invest \$3.5M over two years to support three pilots to trial methods of opportunistic type 2 diabetes screening.**

Around half a million Australians are living with undiagnosed type 2 diabetes and an estimated 2 million people are living with pre-diabetes. Many are only diagnosed after developing devastating complications such as vision loss or nerve damage leading to amputation.

Earlier diagnosis can be achieved by investing in innovative screening models. Two major hospital-based screening projects linked to admission practices have seen remarkable results.

The Western Sydney Diabetes Model involves screening all emergency admissions to the Blacktown and Mt Druitt hospitals. The program found as many as 18% of adults attending Emergency Departments and General Practice in Western Sydney were living with diabetes, while nearly 30% were living with prediabetes. A rate far higher than the 6.1% registered with the National Diabetes Services Scheme for the region.

The Austin Health Diabetes Discovery program in Melbourne screens all hospital admissions aged over 54 for type 2 diabetes. This program found around one third of patients admitted have diabetes, approximately 5% of whom were undiagnosed. A further third live with prediabetes.

This means type 2 diabetes was a complicating factor in two thirds of hospital admissions. The program also found diabetes is associated with higher ICU admission, increased length of stay, and major complications and increased risk of death.<sup>4</sup>

These two programs indicate the urgent need to identify and connect people with pre-diabetes to programs that prevent or delay the onset of type 2 diabetes.

Funding a number of pilots in hospital settings would help identify people with silent, undiagnosed type 2 diabetes and connect them to primary care providers. The pilots would adopt models that are specifically designed for local environments including geography, cohorts of people at high risk of diabetes and the local health infrastructure and workforce.

It is essential that people diagnosed with prediabetes or type 2 diabetes are able to access diabetes care and support as soon as practicable. Diabetes Australia will work with all three pilots to provide education and support to people who are recently diagnosed and, where appropriate, connect people with local primary care providers or link them in with existing type 2 diabetes prevention programs.

Early detection of type 2 diabetes through opportunistic risk assessment and screening is critical to improving health outcomes because it enables early referral to specialists for glycemic management and health checks.

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<sup>4</sup> Priscilla H Yong 1, Laurence Weinberg 2, Niloufar Torkamani 1 3, Leonid Churilov 4, Raymond J Robbins 5 et al. The presence of diabetes and higher HbA1C are independently associated with adverse outcomes after surgery. *Diabetes Care* 2018;41 (6): 1172-1179

**ACTION 2**

**Fund a \$2M national awareness campaign over three years focused on the early warning signs of type 1 diabetes.**

Every year 640 people are hospitalised in a potentially life-threatening condition due to missed warning signs of type 1 diabetes.<sup>5</sup> Early detection prevents expensive hospitalisation and improves patient outcomes.

Education campaigns have been proven to reduce the number of people diagnosed too late with type 1 diabetes in potentially life-threatening conditions. One study found awareness campaigns reduced the number of people in DKA (a life-threatening complication of diabetes) at diagnosis by more than 60%.<sup>6</sup>

The early warning signs of type 1 diabetes are the '4Ts':

- **Tired** – unexplained or excessive fatigue
- **Thirsty** – a thirst that can't be quenched
- **Thinner** – sudden or unexplained weight loss
- **Toilet** – going to the toilet a lot



**640 people**  
hospitalised  
every year in a  
potentially  
life-threatening  
condition

A \$2M national awareness raising campaign will support early detection of type 1 diabetes and minimise hospitalisations.

A diverse campaign will include public awareness, partnerships with Primary Health Networks, and targeted engagement with Community Pharmacy.

## The early warning signs of type 1 diabetes



**TIRED**



**THIRSTY**



**THINNER**



**TOILET**

5 Zabiullah A, Levine B, Ripple M, Fowler D R Diabetic Ketoacidosis: A Silent Death. The American Journal of Forensic Medicine and Pathology 2012; 33 (3): 1989-193.

6 King et al. A diabetes awareness campaign prevents diabetic ketoacidosis in children at their initial presentation with type 1 diabetes 2012: 13(8) 647-51.

# Access to essential diabetes technology for at risk groups

## ACTION 3

**COMMITTED**

**Invest up to \$43M per annum to ensure all Australians with type 1 diabetes can access Continuous Glucose Monitoring (CGM) technology; and**

## ACTION 4

**Invest \$526K per annum to support diabetes healthcare professionals to provide healthcare and education to people who use diabetes technology.**

Around one in five people with type 1 diabetes experience a severe hypoglycemic event in a six-month period.<sup>7</sup>

Each severe hypoglycemic event costs approximately \$18,257 in healthcare and lost productivity.<sup>8</sup> However, Continuous Glucose Monitoring (CGM) decreases severe hypoglycemic events, improves quality of life and reduces healthcare costs.

Currently, the CGM Initiative supports 58,000 Australians to fully access this essential technology. Unfortunately, more than 70,000 people with type 1 diabetes cannot access subsidies. While some people make significant sacrifices to pay for the technology out of pocket, many people simply cannot afford it.

This is even more significant given the increased cost of living pressures many Australians are currently facing.

Evidence shows access to CGM contributes to improved diabetes self-management, which leads to better mental and emotional health as well as significantly reducing the risk of short- and long-term diabetes complications.

A co-payment model, where people with diabetes contribute \$30 a month to the cost of CGM (excepting people who have current eligibility including children and young people under 21, pregnant women and health care card holders) would help off set the cost of expanding the Initiative. Further savings would be generated by revisiting manufacturer costs currently subsidised by the Federal Government as well as savings in blood glucose monitoring strips.

Another challenge to accessibility is the fact that diabetes healthcare professionals are not adequately reimbursed to support people with diabetes and provide essential training for the safe adoption of diabetes technology. \$526K per annum is required to support diabetes healthcare professionals provide healthcare and education to people who use diabetes technology.

**Preventing as few as 50% of severe hypos could save \$50 million**



7 Hendrieckx C, Halliday J, Bowden J, Colman P, Cohen N, Jenkins A and Speight J. Severe hypoglycaemia and its association with psychological well-being in Australian adults with type 1 diabetes attending specialist tertiary clinics. *Diabetes Research and Clinical Practice*, 2014 103(3): 430-436.

8 Ly TT, Brnabic AJ, Eggleston A, Kolivos A, McBride ME, Schrover R, Jones TW. 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 Health*. 2014 Jul;17(5):561-9.

# Reducing the impact of diabetes-related complications

## ACTION 5

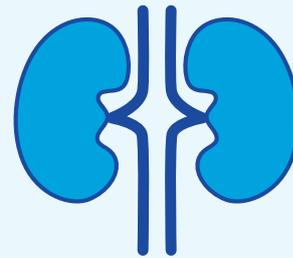
**Invest \$1.6M over two years to establish a Diabetes Kidney Disease Screening Program.**

Diabetes is the leading cause of end stage kidney disease in Australia with more than 270,000 people living with both diabetes and chronic kidney disease. Many people go on to require expensive and debilitating dialysis or a kidney transplant.

Despite most kidney disease being treatable, rates of screening are very low. Just over one in four people with diabetes have their kidneys checked within recommended timeframes. These low screening rates are caused by low awareness levels among both people with diabetes and health professionals about the need for kidney checks.

Early detection allows timely access to treatments that significantly lower the risks of worsening kidney disease and support immediate referral to specialist care and positive intervention.

People can already access kidney checks through their GP. The Diabetes Kidney Disease Screening Program is designed to raise awareness of the importance of regular checks. The Screening Program will include development and delivery of support to health professionals.



**Dialysis costs the health system between**

**\$50K – \$80K**

**per person per year**

Increased impact will be achieved by delivering patient education on the need for these checks through the National Diabetes Services Scheme (NDSS).

Diabetes Australia is ideally placed to implement this program as it already administers successful complications prevention programs to prevent vision loss (KeepSight) and foot amputations (FootForward) in people living with diabetes.

A Diabetes Kidney Disease Screening Program will complement the existing early detection chronic kidney disease (CKD) initiatives led by our partner Kidney Health Australia.

**ACTION 6**

**Establish a Pre-existing Diabetes in Pregnancy Register to track pregnancy outcomes among women with diabetes.**

While pre-existing diabetes only impacts about 1% of all pregnant women, adverse pregnancy outcomes for these women are often tragic.

Women with non-gestational diabetes and their babies are at higher risk of adverse outcomes during pregnancy such as stillbirth and congenital malformations such as atrial septal defects or ‘hole in the heart’.

Strategies and programs to improve outcomes are weakened by a lack of surveillance data on pregnancy in women living with pre-existing diabetes.

A Pre-existing Diabetes in Pregnancy Register with the Australian Institute of Health and Welfare will capture key data and provide lifesaving research and policy insights. This register will complement National Diabetes Services Scheme (NDSS) data to better target future services and support.

The Register will also support longitudinal research into the poorly understood impact of maternal pre-existing diabetes on the health and education outcomes of children.



**ACTION 7**

**Add diabetes to the Australian Commission on Safety and Quality in Health Care Clinical Care Standards and include a standard for diabetes clinical handover.**

Coordinated care that enables people to move seamlessly between primary and tertiary care reduces the potential severity of diabetes and complications.

The National Association of Diabetes Centres has already developed diabetes care standards and an accreditation process to ensure diabetes care is nationally consistent.

Incorporating these standards into the Australian Commission on Safety and Quality in Health Care Clinical Care Standards will reduce the rates of readmission by improving continuity of care.

Adopting these standards will especially benefit people with diabetes in residential aged care.



**Almost  
70,000  
Australians in residential  
aged care are living  
with diabetes**

# Supporting Australia's most vulnerable communities

## ACTION 8

**Invest \$10M over three years to pilot a Diabetes in Aged Care training package to ensure all aged care services have staff with specialised diabetes training supported by the introduction of minimum national standards for diabetes management in aged care.**

At least one in five people and one in four First Nations people currently living in residential aged care live with diabetes.<sup>9</sup> There are almost 750,000 people living with diabetes aged 65 years and over, many of whom will transition into aged care. First Nations people are eligible for residential aged care from 50 years of age and many First Nations people are expected to access care in the years ahead.

Many older people living with dementia also have co-morbidities such as diabetes which can make diabetes management more challenging. There is an urgent need for training for aged care workers supporting people with insulin administration, wound management, and general diabetes management.

Insulin is one of the most dangerous medications regularly administered in residential aged care services and can be fatal if used incorrectly. With over 211,000 people with diabetes aged over 65 requiring daily insulin injections, considerable harm can and does occur.

A Diabetes in Aged Care Training Program will deliver training to ensure aged care staff have the appropriate skills and knowledge to manage diabetes and include:

- Accessible training and support materials for aged care workers and stakeholders
- Funded intensive face-to-face training and support for aged care clinical staff provided by specialist Credentialed Diabetes Educators.

Training would be supported by new minimum national standards for diabetes management in aged care that will give people with diabetes confidence they will get consistent, appropriate care from any aged care service in Australia.



9 Australian Institute of Health and Welfare 2021. Aged care for Indigenous Australians. Viewed 30 November 2021, <https://www.aihw.gov.au/reports/australias-welfare/aged-care-for-indigenous-australians>

**ACTION 9**

**Invest \$2.64M over three years in a program delivered in partnership with the Queensland Aboriginal and Islander Health Council to break the intergenerational cycle of type 2 diabetes in four First Nations communities.**

Australia has the highest rate of youth onset type 2 diabetes in the world. Young people diagnosed with type 2 diabetes are more likely to develop serious health conditions including heart complications at a younger age.

Aboriginal and Torres Strait Islander people are up to four times more likely to develop diabetes and are much more likely to die from the complications of the condition. They are also much more likely to be diagnosed at a much younger age due to higher rates of gestational diabetes which increases a child's risk of developing type 2 diabetes later in life.

The Tribal Turning Point Program is a community owned and led behavioural intervention program with a proven track record in achieving improved obesity measures with Native American youth.<sup>10</sup>



Menzies School of Health Research adapted the program for two communities in Central Australia in 2019-20, following an extensive consultation and co-design process that has been peer reviewed.<sup>11</sup>

The program involves the use of trained local facilitators, culturally appropriate program delivery and acknowledges the environmental and social determinants of health within the community such as food insecurity and affordability as well as co-morbidities of caregivers and cultural obligations as important determinants of lifestyle changes.

Sadly, Australia has too many communities with young children living with overweight and obesity. Rates for First Nations children and adolescents increased from 31% in 2012-13 to 38% in 2018-19. The biggest increase was for children aged 5-9 (from 27% to 36%).<sup>12</sup>

Urgent funding is needed to implement proven programs. Diabetes Australia will deliver Tribal Turning Points in partnership with the Queensland Aboriginal and Islander Health Council in four communities where the program would have the greatest benefit.



10 K A Sauder et al., "Targeting Risk Factors for Type 2 Diabetes in American Indian Youth: The Tribal Turning Point Pilot Study," *Pediatric Obesity* 13, no. 5 (May 2018): 321-29, <https://doi.org/10.1111/ijpo.12223>.

11 Athira Rohit et al., "The Adaptation of a Youth Diabetes Prevention Program for Aboriginal Children in Central Australia: Community Perspectives," *International Journal of Environmental Research and Public Health* 18, no. 17 (August 31, 2021): 9173, <https://doi.org/10.3390/ijerph18179173>.

12 Australian Institute of Health and Welfare, "Overweight and Obesity among Australian Children and Adolescents. Cat. No. PHE 274. Canberra: AIHW 2020," n.d.

# Alignment with existing national health strategies

The policies proposed in this document align with several existing Federal Government strategies including:

## National Preventive Health Strategy 2021-2030

Goal	
1	Preventing people from developing type 2 diabetes ( <i>Key Action 1</i> )
2	Promote awareness and earlier detection of type 1 and type 2 diabetes ( <i>Key Actions 1, 3</i> )
3	Reduce the burden of diabetes and its complications and improve quality of life ( <i>Key Actions 4, 5, 6, 8</i> )
4	Reduce the impact of pre-existing diabetes and gestational diabetes in pregnancy ( <i>Key Action 7, 9</i> )
5	Reduce the impact of diabetes among Aboriginal and Torres Strait Islander peoples ( <i>Key Actions 1, 2, 6, 9</i> )
6	Reduce the impact of diabetes among other priority groups ( <i>Key Actions 8, 9</i> )

## National Diabetes Strategy 2021-2030

Aim	
1	All Australians have the best start to life ( <i>Focus area 2</i> )
2	Australians live as long as possible in good health ( <i>Focus areas 1, 2, 8</i> )
3	Investment in prevention is increased ( <i>Focus areas 1, 2</i> )

## National Strategic Action Plan for Kidney Disease

### Priority

- 1.2 Increase early detection and management to slow disease progression and empower people to self-manage their conditions (*Key Actions 1, 6*)
- 1.3 Raise community and healthcare professional awareness and understanding of chronic kidney disease and other chronic conditions to support prevention and early detection of priority groups (*Key Action 6*)
- 2.1 Deliver high quality, equitable kidney care across Australia (*Key Action 6*)
- 2.2 Reduce the financial impact of kidney disease on patients, carers and families and the health system (*Key Action 5*)
- 2.3 Improve support for people affected by kidney disease (*Key Action 5*)
- 2.4 Reduce the disproportionate burden of kidney disease on Aboriginal and Torres Strait Islander communities (*Key Actions 5, 9*)



**DIABETES AUSTRALIA**

**Phone: +61 2 6232 3800**

**Fax: +61 2 6230 1535**

**E-mail: [admin@diabetesaustralia.com.au](mailto:admin@diabetesaustralia.com.au)**

**Website: [diabetesaustralia.com.au](http://diabetesaustralia.com.au)**