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The Secretariat
National Diabetes Strategy Advisory Group
Australian Government Department of Health
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Dear Advisory Group

National Diabetes Strategy Online Consultation

Hobsons Bay City Council is pleased to have the opportunity to provide the following submission to the National Diabetes Strategy Online consultation. Council is committed to promoting and protecting the wellbeing of our community, developing a liveable municipality that enables wellbeing and reduces diseases such as diabetes. Below are our comments in relation to the set questions for each goal area.

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

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

The most appropriate area for action within Goal 1 is reducing the prevalence of modifiable risk factors in the general population. These include overweight and obesity, poor diet and lack of physical exercise. These risk factors are also common to a number of other chronic diseases. Effective ways to address them at a population level would create significant health gains for the community and cost savings to the health sector in the long term.

While this goal area acknowledges that the urban environment, transport, infrastructure, education and sport also play a role in the incidence of diabetes. It is unfortunate that these environments are not specifically included in the action areas.

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

Actions within this goal area predominantly focus and rely on individual behaviour change, neglecting the contextual social, economic, natural, built and political

environments that influence individual choice. By only considering actions at the individual level, sustainable population prevention is unable to occur.

The areas for action acknowledge that the prevention of obesity and type 2 diabetes requires “coordinated policy and possibly regulatory changes, with greater attention given to the urban environment, transportation (and) infrastructure”, highlighting that a “comprehensive, systems-based, preventative program” needs to be developed which supports healthier environments. However, the paper does not go beyond this discussion and describe who will develop this system or be responsible for its implementation, monitoring and evaluation. Further clarity about this, and links to the proposed National Chronic Disease Strategy is sought.

The National Diabetes Strategy provides a valuable opportunity to both link with and influence cross departmental policy to build liveable cities. This includes areas such as:

- safe urban environments which encourage the use of active transport (walking and cycling) and integrated public transport
- socially inclusive recreational options and open space accessible for all community members
- food security and access to healthy, affordable and appropriate food, and decreased access to fast food and liquor
- affordable and secure housing that is in close proximity to health services, education and employment

The federal government needs to prioritise prevention using a holistic approach across the continuum of health promotion. This requires appropriate funding opportunities for prevention work such as supporting lower salt and sugar in foods, integration of health in all policies (especially those impacting the built environment), and prioritising integrated transport.

In addition state governments need to continue to deliver initiatives that support the desired outcomes. For example the Health Together Victoria initiative, which focuses on building liveable connected cities and the delivery of the 20 minute liveable city, assisted by continued investment in metropolitan and regional bike infrastructure (including regional trails) outlined in Victoria’s Cycling Strategy, Cycling into the Future 2013-23.

Finally Local governments, being the closest level of government to the community, need to have the legislated ability to determine the location of venues that contribute to diseases such as diabetes. These include fast food and packaged liquor outlets within the municipality, especially in areas where communities are at increased risk. Too often these outlets are concentrated in areas of socio economic disadvantage and unfairly affect vulnerable communities. The current planning system and competition policy

framework continue to support these uses without the full consideration of the impacts of the health and wellbeing of the community. Furthermore local governments need to have the resources to be able to support the development of active transport and socially connected communities.

Please describe any existing programs, 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)

There are some policies which should inform and link in with a National Diabetes Strategy. These include:

Healthy Cities – World Health Organisation

The WHO Healthy Cities project is a global movement which engages local governments worldwide in placing health high on the social, economic and political agenda, utilising their unique leadership position to protect and promote community wellbeing. The movement promotes comprehensive and systematic policy and planning for health which emphasises the need to address health inequity, the needs of vulnerable groups, participatory governance and action on the social, economic and environmental determinants of health.

<http://www.euro.who.int/en/health-topics/environment-and-health/urban-health/activities/healthy-cities>

Australia: The Healthiest Country by 2020 (May 2011) – National Preventative Health Taskforce

This discussion paper prepared by the National Preventative Health Taskforce (under the previous federal government) makes the case for the prevention of overweight and obesity in Australia, stating the increasing disease burden from type 2 diabetes is one of the potential health threats to the country. It is expected that the rise in overweight and obesity can be halved or even reversed by 2020. One of the major actions in order to achieve this is to “reshape urban environments towards healthy options through consistent town planning and building design that encourage greater levels of physical activity”. The National Diabetes Strategy should be considered within the context of this national aim.

[http://www.health.gov.au/internet/preventativehealth/publishing.nsf/Content/A06C2FCF439ECDA1CA2574DD0081E40C/\\$File/discussion-28oct.pdf](http://www.health.gov.au/internet/preventativehealth/publishing.nsf/Content/A06C2FCF439ECDA1CA2574DD0081E40C/$File/discussion-28oct.pdf)

Blueprint for an Active Australia (2nd ed, 2014) – National Heart Foundation

This well researched document outlines the case for change towards a more physically active Australia. This Blueprint has been “informed by a shared commitment towards increasing Australia’s investment in preventative health, including physical activity, and to the delivery of this investment in a manner that benefits all Australians, including those experiencing disadvantage”.

<http://www.heartfoundation.org.au/SiteCollectionDocuments/Blueprint-for-an-active-Australia-Second-edition.pdf>

Walking, Riding and Access to Public Transport: Supporting Active Travel in Australian Communities 2013

This Ministerial Statement, published by the previous Labor Federal government, outlines a national approach to encourage people to walk and ride for short trips and access public transport. It provides direction for the Federal government to work with other levels of government, businesses and the community to fulfill this aim. Outcomes of increased active travel include improved health and wellbeing, increased social cohesion, reduced environmental impacts and increased capacity within the overall transport network.

https://www.infrastructure.gov.au/infrastructure/pab/active_transport/files/infra1874_mcu_active_travel_report_final.pdf

Environments of Health Framework – Victorian Department of Health

Required by the *Public Health and Wellbeing Act 2008*, each local government authority in Victoria is required to prepare a municipal public health and wellbeing plan every four years. The Environments for Health Framework is a means of representing the role all departments in councils have in health and wellbeing, through their influence on any or all of the four environments for health – the built, social, economic and natural environments that influence health and wellbeing. The framework has been systematically implemented across many of the 79 LGAs in Victoria, and the evaluation report can be found at the following link:

<http://www.health.vic.gov.au/localgov/downloads/evaluation.pdf>

Victorian Health Priorities Framework 2012-22: Metropolitan Health Plan

This document establishes a framework for the planning and delivery of health services until 2022. This plan provides seven priority areas for the development and operation of the Victorian health system, including ensuring the system is responsive to people's needs and improving every Victorian's health status.

[http://docs.health.vic.gov.au/docs/doc/7BD7DBD50AAEFF8FCA25794B0019A388/\\$FILE/1104014%20VHPF_2012-22_FA7%201%20June.pdf](http://docs.health.vic.gov.au/docs/doc/7BD7DBD50AAEFF8FCA25794B0019A388/$FILE/1104014%20VHPF_2012-22_FA7%201%20June.pdf)

Plan Melbourne – Victorian Government

Plan Melbourne provides the long term vision for Victoria's growing population to 2050. This vision will "include identifying further housing opportunities and alternatives, increasing jobs and improving liveability, dealing with a changing climate, integrating public transport and supporting infrastructure investment." The plan includes an aim to create livable communities and neighbourhoods that create healthy active environments, connecting people to jobs, services and other amenities.

<http://www.planmelbourne.vic.gov.au/>

Victorian Cycling Strategy: Cycling into the Future 2013-23

This Strategy highlights the role of cycling in responding to challenges such as obesity and improving the health and wellbeing of Victorians, acknowledging the direct costs of physical inactivity to the state economy. Linking with the Victorian Public Health and Wellbeing Plan 2011-15, the Victorian Cycling Strategy aims to encourage children and adults to undertake greater levels of physical activity.

http://www.dtpli.vic.gov.au/data/assets/pdf_file/0017/220454/Cycling-strategy-Cycling-into-the-Future-Dec-2012.pdf

Healthy Together Victoria – Victorian Department of Health

Healthy Together Victoria (HTV) aims to improve people's health by encouraging healthy eating and physical activity, and reducing smoking and harmful tobacco use. It uses a systems change approach and is being implemented in selected local government areas across Victoria.

<http://www.health.vic.gov.au/prevention/healthytogether.htm>

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 federal government has shifted its focus away from prevention, taking an individual behaviour change approach. The associated closure of the Australian Preventative Health Agency (APHA) and a focus towards services and programs which prioritise individual behaviour change without addressing the determinants of health is deeply concerning for the prevention of chronic diseases such as diabetes. More supportive integrated policy and long term funding resources need to be directed towards systemic prevention initiatives.

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 paper states the following measures for Goal 1:

- percentage of the population developing or with diabetes
- percentage of the population that is overweight or obese
- annual number of cases of gestational diabetes diagnosed, and the number of these women who receive follow-up preventative services

Measures such as these are important to understand the population impact of diabetes. However, in addition to these, there should also be some measures which focus on tracking the agreed action areas or the progress towards the prevention of diabetes risk factors. For example, an action area is to 'reduce the prevalence of modifiable risk factors in the general population'. Therefore, additional measures may include the following:

- increase in fresh fruit and vegetable outlets within lower socio-economic areas
- increase in the use of active transport and the delivery of funding streams that support the implementation of associated infrastructure such as bike paths
- walkability indicators for suburbs

Goal 2: Promote earlier detection of diabetes

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

Measures to increase symptom awareness and recognition is encouraged, but this needs to be matched with a focus on ensuring people have access (both physical and financial) to the healthcare providers necessary to carry out diagnostic testing, and therefore enabling earlier detection.

Increasing the awareness of allied health practitioners to the symptoms of diabetes will improve early detection of complications. In order to do this diabetes education and awareness raising measures for healthcare providers should include allied health services such as psychologists, podiatrists, dieticians, exercise physiologists, orthotics and prosthetics.

Access to health services in the western region of Melbourne is an important factor influencing the early detection of diabetes. The number of health services, especially specialist services, in the western metropolitan region of Melbourne is considerably lower than in other parts of metropolitan Melbourne. Like many areas in Australia, the region is seeing significant population growth and ageing which will increase demand placed on already stretched services. Hobsons Bay has a shortage of general practitioners (GPs), mental health services, and specialist services. In addition there is a limited integrated public transport system within Hobsons Bay. As a result, the Hobsons Bay population, especially those most vulnerable, are less likely to access GP services when compared to people living in the wider north western metropolitan region (Department of Health, 2013, Local Government Profiles [http://docs.health.vic.gov.au/docs/doc/EC82E059E8DE3BB8CA257A100024B485/\\$FILE/HobsonsBay_external.pdf](http://docs.health.vic.gov.au/docs/doc/EC82E059E8DE3BB8CA257A100024B485/$FILE/HobsonsBay_external.pdf)).

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

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

Nationally agreed clinical guidelines

The development of a single set of national guidelines is encouraged, as this will reduce duplication and will likely aid in streamlining early intervention and treatment.

Primary Health Networks should be consulted to identify areas where federal and state governments need to work together to ensure local services meet community needs and the guidelines can be implemented at a local level.

Workforce Capacity

Access to appropriate allied health services is an important aspect of early intervention, and a reduction in the number of people developing complications as a result of diabetes relies on an adequate health care workforce. Exploring workforce capacity among the allied health professionals identified (i.e. psychologists, podiatrists, dieticians, exercise physiologists, orthotics and prosthetics) should be a priority. This is particularly an issue for the western region of Melbourne as discussed in question 4(a).

Funding reform and incentives

Innovative funding models which incentivise the proactive care of people with chronic health conditions is a promising approach, however these models need to keep in mind the needs of those on low incomes, which is also where the impact of diabetes is the highest.

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

Consumer engagement and self-management and information and communication technology

There is a reliance on education programs and self-management to avoid diabetes related complications. This does not acknowledge those people for whom behaviour change is difficult, such as people who are vulnerable through low incomes, low educational attainment or low health literacy levels. Case workers and other support services such as income support, mental health and drug and alcohol treatment services should also be involved. Consumer education programs should also be accessible to people from a variety of cultural backgrounds who may not be literate in English or their own language. Cultural barriers should also be considered in the design of peer support programs to ensure they are as effective as possible.

If there is an evaluation of the 'Life!' program, this would be useful to inform other consumer engagement initiatives. <http://www.lifeprogram.org.au/>

Mental health care for people with diabetes

It is pleasing that the paper has acknowledged the link between mental health and managing a chronic health condition, and seeks to ensure the strategy monitors the mental health of people with diabetes. It is also important to acknowledge that people with existing chronic mental illness who have been diagnosed with diabetes are also more vulnerable to complications through not adhering to treatment regimes. People with a mental health illness should therefore also be included in any strategies aimed at decreasing the incidence of complications arising from the impacts of mental ill health.

Transition from child to adult services

The paper has identified that young people with diabetes who are in transition may disengage from the health system and their treatment regime. It is therefore important that programs for young people link in with other life stage relevant services or organisations to avoid a young person falling through the cracks.

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?

Future measures to track earlier stages of developing complications (e.g. eye disease or early stage kidney disease) are encouraging. In order to focus on preventing these complications developing, it would also be useful to track those at risk through not adhering to treatment guidelines, and perhaps this could be undertaken through an annual assessment.

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

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

A population health approach towards the prevention of chronic disease requires action to address inequity within and between population groups. Considering a specific national approach to diabetes which acknowledges the greater level of need by specific population groups is therefore supported.

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

Council acknowledges the devastating impact of diabetes on Aboriginal and Torres Strait Islander populations, Culturally and Linguistically Diverse population and older adults, and the need to develop targeted strategies and programs.

In addition to these groups there are also many other populations and factors which make someone vulnerable to developing diabetes which need to be considered when developing actions. These include:

- people on low incomes or from areas with a lower SEIFA (Socio Economic Index for Areas) Index of Disadvantage
- people with lack of access to services, especially specialist services such as podiatrists, diabetes educators etc
- people with a lack of secure housing causing instability which impacts the effectiveness of case management
- people experiencing food insecurity
- people with a lack of access to affordable and appropriate transport options
- young people
- people with disabilities
- pregnant women from all backgrounds

It is also acknowledged that health-promoting environments are necessary for the prevention of diabetes in all communities. It is not clear what role the National Diabetes Strategy will have in encouraging the development of environments that foster healthier choices and encourage opportunities for physical activity. It would strengthen the strategy to cross-reference other documents and authorities/organisations working towards this aim, and lead an integrated approach, which is necessary if the incidence of diabetes in the population is to be reduced.

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 development of location maps showing the number of people with diabetes in Australia would be useful to enable tailored resources and targeted health education and promotion programs to be developed. Effective ways to monitor the number of people with diabetes in Australia is crucial to addressing its rise, so methods to improve data collection in this regard are supported.

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.

Peer support and peer education is crucial for Aboriginal and Torres Strait Islander peoples, and as such, community elders should be consulted and included in the design of relevant programs. Programs and services including health literacy programs should also be culturally appropriate and accessible. In addition sustainability of programs needs to be considered.

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

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

Research into treatments and cures for type 1 and type 2 diabetes is greatly important and is a key area within the continuum of health.

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

While the focus on an integrated national research agenda as well as data and evidence is pleasing, there is a lack of attention to research in prevention and service systems. In order to progress diabetes research it needs to also include areas such as the service system and best practice models for integrated delivery, as well as the economic impacts of investment in prevention such as the social and urban environments and the liveability of communities.

At a global level, the Rio Political Declaration on Social Determinants of Health expresses a commitment towards achieving “social and health equity through action on social determinants of health and wellbeing by a comprehensive intersectoral approach” (World Health Organisation, 2011). Australia is slow to heed this global call for action, with policies that attempt to tackle chronic diseases by promoting individual behaviour change and lifestyle choices.

The health care system is just one of the determinants of health and wellbeing, and as such, it is vitally important that the National Diabetes Strategy articulates how it integrates with other relevant policies, such as the federally funded Healthy Together Victoria initiative targeting physical activity and healthy eating, as well as stating its contribution to tackling the underlying causes of diabetes risk factors such as obesity and the built environment. Setting its context within a broader prevention framework would strengthen the strategy. This would also enable local governments such as Hobsons Bay City Council to see themselves as partners in the prevention of diabetes.

Reference to Healthy Together Victoria can be found under Question 2.

Please describe any existing programs, 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)

Currently Australia gets most of its baseline population data from the Census. The Federal government has announced that there may be changes to the Census, and at worst it could cease. Council suggests that the federal government strongly reconsider this option as much of this data will be used to support the implementation and evaluation of health programs, including diabetes programs.

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 effectiveness)

There is already a lot of research in existence about the risk factors for diabetes such as obesity. This section of the strategy should acknowledge other prevention efforts and research that has been undertaken and build on this. In addition, most government programs and initiatives are based on short timeframes such as four years. Creating sustainable change takes time. Strategies need to be developed which are supported by all levels of government and include long term funding commitments to enable sustained implementation.

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?

Council supports the development of a national health survey undertaken every five years which collects biomedical data (including diabetes data). This survey should be designed to link with the proposed National Chronic Disease Strategy as many of the risk factors for diabetes are also risk factors for other disease.

Community Indicators Victoria (CIV: <http://www.communityindicators.net.au/>) collects data about many of the social determinants of health. Should the final Strategy encompass 'upstream' prevention and a focus on determinants, collaboration with CIV in the development of appropriate measures could be considered.

Any final comments?

Coordinated, integrated and sustainable action needs to occur across the health promotion continuum in order to halt the incidence of the disease. Those who are

vulnerable and at risk need the appropriate treatment now, as do those with established disease in order to avoid complications. However a more focused approach needs to be taken towards prevention, addressing the social, cultural, economic and political environments that influence the risk factors for the disease.

Impact of Diabetes in Hobsons Bay and Western Region

Victoria University established the Australian Community Centre for Diabetes (ACCD) to help reduce the burden of diabetes in the western region of Melbourne by 2020. Its vision is to "focus on diabetes as a social and cultural issue, rather than purely a medical issue. ACCD seeks to address challenges relating to cultural diversity, lower socio-economic status, poor health literacy and insufficient infrastructure".

(www.diabetesinfo.org.au/about-accd)

Research by ACCD in 2010 highlighted that suburbs in western Melbourne have some of the highest prevalence of diabetes in the whole of Melbourne, up to as much as one in seven people compared to the Victorian average of one in 30. Laverton, Altona North and Altona were identified as three of the 12 Diabetes hotspots in western Melbourne (www.diabetesepidemic.org.au).

Diabetes affects nearly eight per cent of the population in Laverton and Altona North, and just over six per cent in Altona. The vast majority of cases are type 2 diabetes, which is preventable. This is much higher than the prevalence rate for all Victorians of 4.6 per cent (<http://www.health.vic.gov.au/news/study-reveals-diabetes-rates-in-victoria.htm>). In Hobsons Bay, 13.8 per cent of residents over the age of 55 years have type 2 diabetes (ACCD, 2010).

Hobsons Bay City Council looks forward to the outcome of the National Diabetes Strategy consultation. If you would like further information about this submission, please contact Natalie Walker, Director Strategic Development on 9932 1096 or nwalker@hobsonsbay.vic.gov.au.

Yours sincerely,



Chris Eddy
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