

# **2023-24 PRE-BUDGET SUBMISSION**

**JANUARY 2023**

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# HOW DIABETES IMPACTS AUSTRALIA



**\$50B**

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

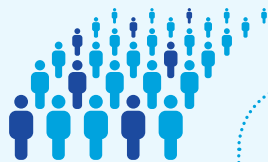


**\$2.7B**

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

**1.4M**

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



**1.2M**

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



**270,000**

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

**66%**



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

**4,400**

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



**30%**



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

**11%**



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

# About Diabetes Australia

Diabetes Australia is dedicated to reducing the incidence and impact of diabetes on people, health systems and society. We work with people living with or, at risk of diabetes, their families and carers, health professionals, researchers, funders, other diabetes organisations and the community to positively change people's lives.

Diabetes Australia is focused on preventing people from developing type 2 diabetes, supporting people living with diabetes to live long and live well, reducing the health and financial impacts of diabetes and finding a cure.

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# Diabetes must be a national priority

Diabetes is one of the largest and most complex health challenges confronting Australia's health system. More than 1.9 million Australians are currently living with the condition. Almost 120,000 people have been diagnosed with diabetes in the past 12 months.<sup>1</sup> These numbers have increased dramatically over the past 20 years as the number of people living with diabetes has risen from 459,687 in 2000 to 1,471,761 in 2022 – a 220% increase. If the growth rates of the past decade continue, there will be more than 3.1 million Australians, around 8.3% of the projected population, living with diabetes by 2050. The annual cost of the condition is forecast to grow to about \$45 billion per annum in this time.

Diabetes is the leading cause of a range of costly and debilitating complications including vision loss, amputation, kidney failure and heart disease. It is the underlying cause of death in around 10.5% of

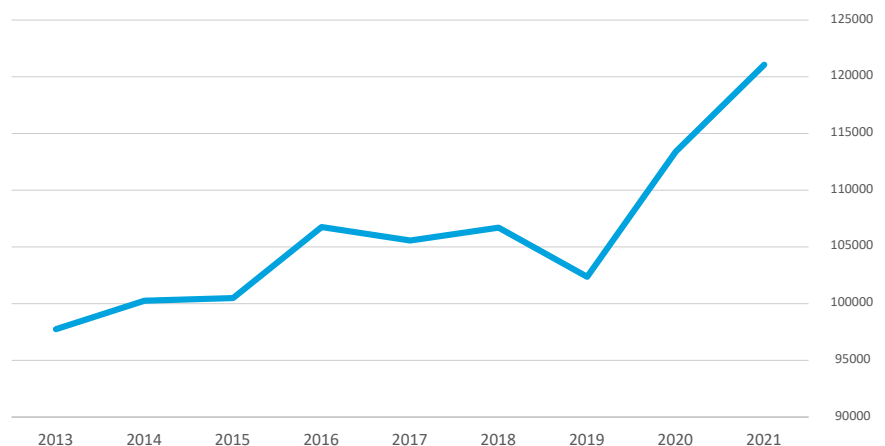
all deaths.<sup>2</sup> The epidemic comes with a major price tag. Research suggests that it costs the Australian economy more than \$17.6B per annum (inflation adjusted) and that this number will continue to increase unless we can do much more to prevent more Australians from developing type 2 diabetes.<sup>3</sup>

It is also one of the most significant drivers of poor health outcomes in Aboriginal and Torres Strait Islander Australians who are up to four times more likely to develop type 2 diabetes. The condition is the single biggest contributor to the gap in life-expectancy and ongoing investment in co-designed programs is critical to reduce the devastating impact of diabetes on First Australians.

While the challenges are considerable, there are a number of low cost, high impact policy initiatives that can measurably reduce the impact of the epidemic. The *Australian National Diabetes Strategy*

## Number of Australians diagnosed with diabetes every year (2013-2021)

Source: National Diabetes Services Scheme (NDSS)



- 1 Diabetes Australia NDSS Snapshots, September 2022, <https://www.ndss.com.au/about-the-ndss/diabetes-facts-and-figures/diabetes-data-snapshots/>
- 2 Australian Institute of Health and Welfare 2020. Diabetes. Cat. no. CVD 82. Canberra: AIHW. Viewed 09 October 2021, <https://www.aihw.gov.au/reports/diabetes/diabetes>
- 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.



2021 – 2030, which has been agreed to by the Australian Government and all State & Territory Governments, provides clear recommendations to address the diabetes epidemic. The evidence shows we can reduce the number of people developing type 2 diabetes, and many diabetes-related complications are preventable if detected early. With the right care and support, we can help people with diabetes to stay healthy, increase productivity, and save the health system billions.

The diabetes epidemic will affect every Australian, either directly as a result of developing the condition or caring for someone who has diabetes, or indirectly through its impact on the health system. Meeting the challenges associated with the growing numbers of people living with diabetes will require resolve, commitment and innovation. It also demands a dedicated investment. However, with smart policy and smart spending, we can reduce

the impact of diabetes on Australians and reduce the long-term impact on the health system.

Diabetes Australia recommends a number of actions across five key areas:

- Scaling up type 2 diabetes prevention
- Early detection for early intervention
- Access to essential diabetes technology for at risk groups
- Supporting Australia's most vulnerable communities
- Reducing the impact of diabetes-related complications

Almost every family in Australia is touched by diabetes in some way and action across these key areas will positively improve millions of lives and ultimately save the health system billions of dollars.



# Summary of 2023–24 budget proposals

PRIORITY AREA	KEY ACTION	INVESTMENT
Preventing type 2 diabetes	Establish a new National Diabetes Prevention Line and coordination service to support healthcare professionals in connecting people to type 2 diabetes prevention programs	\$3.75M over three years
Early detection for early intervention	Awareness-raising campaign focused on the early warning signs of type 1 diabetes	\$2M over three years
Access to essential diabetes technology for at risk groups	Feasibility study for the expansion of access to Continuous Glucose Monitoring technology for at-risk, insulin-dependent people with type 2 diabetes	\$4M over two years
Supporting Australia's most vulnerable communities	Fund a pilot Diabetes in Aged Care Training Package	\$10M over three years
	Fund an Aboriginal and Torres Strait Islander co-designed program to break the intergenerational cycle of type 2 diabetes in Aboriginal and Torres Strait Island communities	\$1.5M over three years
Reducing the impact of diabetes-related kidney disease	Invest \$1.6M over two years to establish a Diabetes Kidney Disease Screening Program	\$1.6M over two years

# Budget Priorities

## Preventing type 2 diabetes

### ACTION 1

**Invest \$3.75M over three years to promote a new National Diabetes Prevention Line (1800-PREVENT) to help coordinate referrals between healthcare professionals and existing public and private type 2 diabetes prevention programs.**

There are an estimated 1.75 million Australians living with type 2 diabetes. More than 300,000 people have been diagnosed with the condition in the past five years alone. If these growth rates continue there will be more than 3.1 million Australians (about 8.3% of the projected population) living with all types of diabetes by 2050. However, up to 58% of type 2 diabetes can be prevented or delayed if interventions are delivered early. Australia must take urgent action to reduce the number of people developing type 2 diabetes or it will threaten the ongoing sustainability of our health system.

There is already a range of type 2 diabetes and chronic disease prevention programs available, including State Government funded initiatives (*My Health for Life – QLD, Life! – VIC, Get Healthy – NSW*) as well as a variety of private programs delivered by health insurers and others.

However, many GPs and other healthcare providers report difficulty in connecting people at risk of type 2 diabetes with available services. The National Prevention Line would help bridge this gap by providing health professionals with a simple referral pathway and enabling people at risk of diabetes to evaluate a range of services and make informed choices about their health.

Modelled on other successful helplines, including 1800-RESPECT, it is a cost-effective way of optimising existing investments in type 2 diabetes prevention. It would also ease workload pressures on GPs by giving them a simple treatment pathway to support patients requiring expert behaviour change support.

Diabetes Australia is well placed to run this given our strong track record in the delivery of chronic disease prevention programs and close linkages with diabetes healthcare professionals including endocrinologists, CDEs, GPs, and primary healthcare providers.

## Early detection for early intervention

### 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, including many children, are hospitalised in a potentially life-threatening condition because the early warning signs of type 1 diabetes are missed.<sup>4</sup> Early detection reduces the need for expensive hospitalisations and improves patient outcomes.

Evidence shows education campaigns can dramatically reduce the number of people being diagnosed with type 1 diabetes in potentially life-threatening conditions. One study has found that awareness campaigns can reduce the number of people in DKA (a life-threatening complication of diabetes) at diagnosis by more than 60%.<sup>5</sup>

4 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): 1989-1993.

5 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.



## 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

A \$2M national awareness-raising campaign would support early detection of type 1 diabetes in children and adults. It would also minimise avoidable hospitalisations and the distress and trauma of an emergency admission.

The campaign would involve several distinct elements including a broad public awareness campaign, partnerships with Primary Health Networks to drive GP communications, and tailored communications to the pharmacy sector.

## Access to essential diabetes technology for at risk groups

### ACTION 3

**Invest \$4M to support a feasibility study for the expansion of access to Continuous Glucose Monitoring (CGM) technology for people living with type 2 diabetes, using insulin, at high risk of diabetes-related complications.**

The use of continuous or flash glucose monitoring has greatly improved diabetes management helping people achieve long-term optimal blood glucose management. This is critical to reducing the risk of expensive and debilitating diabetes-related complications including amputations, vision loss and heart and kidney failure.

The impact of the technology on the mental health of users has also been well documented, with multiple studies demonstrating a reduction in the fear of hypoglycaemia, diabetes-related burnout and diabetes-related depression.

Subsidies for continuous and flash glucose monitoring technology are currently available for Australians living with type 1 diabetes and the health benefits in this population are already being demonstrated. However, there are many people living with type 2 diabetes who would benefit from this technology but are unable to afford it.

International studies have demonstrated that CGM use in people living with type 2 diabetes is cost-effective, improves quality of life and reduces the psychological impact of living with diabetes.<sup>6</sup> There is a significant opportunity to reduce the impact of diabetes-related complications on Australia's health system by the targeted expansion of subsidies to people living with type 2 diabetes who would benefit the most.

There is a particular opportunity to improve care in regional and remote areas where people can provide their data directly to diabetes clinics and their primary healthcare professionals which could enhance telehealth care and support early interventions when required.

A feasibility study that provides glucose monitoring technology to a targeted cohort within a Primary Health Network in a regional and remote area would help to identify priority groups where subsidised usage would deliver the greatest health benefits to both the individual and the health system.

<sup>6</sup> Fonda, S.J. et al. (2016) "The cost-effectiveness of real-time continuous glucose monitoring (RT-CGM) in type 2 diabetes," *Journal of Diabetes Science and Technology*, 10(4), pp. 898–904. Available at: <https://doi.org/10.1177/1932296816628547>.

## Supporting Australia's most vulnerable communities

### ACTION 4

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

At least one in five people currently living in residential aged care live with diabetes. For Aboriginal and Torres Strait Islanders, one in four of the nearly 2,000 people living in residential aged care are living with diabetes.<sup>7</sup> This is forecast to increase in the coming decade. There are almost 750,000 people living with diabetes aged 65 years and over and many of these people will transition into residential aged care in the future with Aboriginal and Torres Strait Islanders eligible for residential aged care at 50 years, in recognition of care needed at a younger age.

Many older people with diabetes have complex care requirements that are not currently being met. Many people also have other chronic conditions, such as dementia, which can make diabetes management more challenging. Aged care staff need the training and support necessary to support people with insulin administration, wound management, and general diabetes management.

In particular, insulin is one of the most dangerous medications regularly administered in residential aged care services and can be fatal if administered incorrectly. There are more than 211,000 people with diabetes aged over 65 who require daily insulin injections. While it is not known how many of these people are currently living in aged care, it is clear from the size of the cohort that there is the potential for considerable harm to many people.

Diabetes Australia will develop and deliver a new national *Diabetes in Aged Care* training program for all aged care workers and providers. It will offer online resources and tools to increase their capability.

The *Diabetes in Aged Care* program will be a tiered training package that will help ensure all aged care service providers have staff with specialised diabetes training supported by improved compliance monitoring of the Aged Care Quality Standards.

A tiered training program can cost-effectively upskill aged care workers ensuring they have the minimum skill requirements.

#### LEVEL 1

Introductory training will be designed for all aged care staff to ensure that all staff have a basic level of knowledge and competency to support people living with diabetes who receive aged care services. Training will include a series of online modules that will take approximately 30 minutes to complete.

#### LEVEL 2

Intermediate training will be developed for designated aged care staff who have a higher level of interaction with people with diabetes who require a high level of support. Training will involve online modules on key issues including care pathways, blood glucose level management, insulin and other diabetes medication, and other specific diabetes care management issues.

#### LEVEL 3

Advanced training is designed for aged care staff with health qualifications who could support insulin administration in aged care residents with high needs. It is envisioned that people with Level 3 training would be able to support a number of people living with diabetes in a single aged care facility.

<sup>7</sup> Australian Institute of Health and Welfare 2021. Aged care for Indigenous Australians., <https://www.aihw.gov.au/reports/australias-welfare/aged-care-for-indigenous-australians>

The tiered training program will incorporate certificates of completion for aged care workers to enable aged care service providers to monitor the capabilities of their workforce.

The *Diabetes in Aged Care* program will include development of online resources, tools and checklists to support both aged care workers and aged care service providers in caring for older Australians with diabetes who receive aged care services.

Diabetes Australia's development of the curriculum for the *Diabetes in Aged Care* program will be informed by Diabetes Australia's network of expert diabetes health professionals, educators, researchers, evidence and people with lived experience of diabetes. Funding for the *Diabetes in Aged Care* program will also enable Diabetes Australia to work with relevant stakeholders to enhance the national curriculum for tertiary education and training of future aged care workers.

#### ACTION 5

**Invest \$1.5M over four years to fund the development and provision of a co-designed, culturally appropriate, three-month healthy eating and exercise program for young people aged 15-24 years.**

Diabetes is the largest contributor to the gap in life-expectancy between Aboriginal and Torres Strait Islander Australians and other Australians<sup>8</sup>. Aboriginal and Torres Strait Islander people are more than three times as likely to live with diabetes and nearly five times more likely to be hospitalised with diabetes-related complications. In some

communities the rates are even higher with recent research finding rates of type 2 diabetes in Central Australia, where around 40% of adults live with the condition, as the highest reported in the world<sup>9</sup>.

Worryingly, the condition is impacting younger and younger Aboriginal and Torres Strait Islander people with around 3.4% of males and 7.2% of females aged 20-29 and 15.6% of males and 24.7% of females aged 30-39 living with diabetes<sup>10</sup>. The prevalence of diabetes among Aboriginal and Torres Strait Islander young people (15-24 years) has increased by 100% over the past five years<sup>11</sup> and northern Australia now has the highest rates of youth onset type 2 diabetes in the world. Despite the size of the problem there is a lack of type 2 diabetes prevention programs targeted at Aboriginal and Torres Strait Islander young people living in rural and remote areas.

Diabetes Australia is seeking funding to develop a co-designed, culturally appropriate, healthy eating and exercise program targeted at people aged 15-24 years. Drawing on contemporary evidence, the program would include face-to-face education and support delivered both to young people and Aboriginal health workers, provision of low-cost meal plans and exercise plans, and access to telephone coaching and online peer support.



8 Australian Bureau of Statistics 2014. Australian Aboriginal and Torres Strait Islander Health Survey: Biomedical Results, 2012-13.

9 Hare MJL, Zhao Y, Guthridge S, et al. Prevalence and incidence of diabetes among Aboriginal people in remote communities of the Northern Territory, Australia: a retrospective, longitudinal data-linkage study. *BMJ Open* 2022;12

10 Ibid

11 Titmuss, A., Davis, E.A., O'Donnell, V., Wenitong, M., Maple-Brown, L.J., Haynes, A., Titmuss, A., Davis, E.A., O'Donnell, V., Wenitong, M., Barr, E.L.M., Boffa, J., Brown, A.D.H., Connors, C., Corpus, S., Dowler, J., Graham, S., Griffiths, E., Kirkham, R., Lee, C., Moore, E., Pearson, G., Shaw, J.E., Singleton, S., Sinha, A., White, G., Zimmet, P., Maple-Brown, L.J., Haynes, A., 2022. Youth-onset type 2 diabetes among First Nations young people in northern Australia: a retrospective, cross-sectional study. *The Lancet Diabetes & Endocrinology* 10, 11–13.

## Reducing the impact of diabetes-related complications

### ACTION 8

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

More than 270,000 Australians living with diabetes have developed chronic kidney disease. It is also the leading cause of end stage kidney disease in Australia and contributes to more than 250,000 hospitalisations per annum.

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.

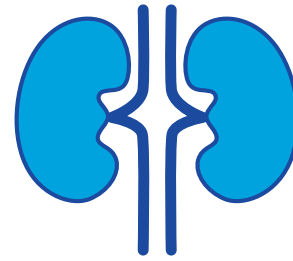
Early detection allows timely access to treatments that significantly lower the risks of worsening kidney disease and support immediate referral to specialist care and positive intervention.

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

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 complication-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.



**Dialysis costs the health system between**

**\$50K – \$80K**

**per person per year**



# Alignment with existing national health strategies

The policies proposed in this document align with a number of existing Federal Government strategies including:

## National Diabetes Strategy 2021 – 2030

GOAL		
1	Prevent people from developing type 2 diabetes	<i>Actions 1 and 5</i>
2	Promote awareness and earlier detection of type 1 and type 2 diabetes	<i>Action 2</i>
3	Reduce the burden of diabetes and its complications and improve quality of life	<i>Action 3</i>
5	Reduce the impact of diabetes among Aboriginal and Torres Strait Islander peoples	<i>Actions 1, 4, 5 and 6</i>
6	Reduce the impact of diabetes among other priority groups	<i>Action 4</i>

## National Preventive Health Strategy 2021-2030

AIM		
1	All Australians have the best start in life	<i>Actions 2 and 5</i>
2	Australians live as long as possible in good health	<i>Actions 1, 3, 4, 5, 6</i>
4	Investment in prevention is increased	<i>Actions 1 and 6</i>

## National Action Plan for the Health of Children and Young People 2020 – 2030

PRIORITY AREA		
4	Addressing chronic conditions and preventive health	<i>Action 4</i>



## **DIABETES AUSTRALIA**

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