

Diabetes Australia Submission

Inquiry into food security in Australia

About Diabetes Australia

Diabetes Australia is the national body for people affected by all types of diabetes and those at risk. Through leadership, prevention, management and research, Diabetes Australia is committed to reducing the impact of diabetes. We work in partnership with people with diabetes, families and carers, diabetes health professionals, researchers and healthcare providers to minimise the impact of diabetes on the Australian community. Diabetes Australia delivers the National Diabetes Services Scheme (NDSS) on behalf of the Australian Government, providing practical assistance, information and subsidised products to almost 1.5 million Australians living with diabetes.

Acknowledgement of Country

Diabetes Australia acknowledges First Nations peoples as the Traditional Owners and Custodians of this country. We recognise their connection to land, waters and culture. We pay the upmost respect to them, their cultures and to their Elders past and present. We recognise that Australia is made up of hundreds of different First Nations peoples, each with their own culture, language and belief systems. Their relationship with country remains of utmost importance as it is the foundation for culture, family and kinships, song lines and languages.

Recommendations

Diabetes Australia encourages the Committee to ensure that recommendations from this inquiry consider the role of food security in reducing the impact of existing diabetes among Aboriginal and Torres Strait Islander people, as well as preventing all people from developing type 2 diabetes, particularly priority populations. Diabetes Australia suggests the Committee:

- Consider the elements of the *National Preventive Health Strategy 2021-2030* and the *Australian National Diabetes Strategy 2021-2030* that reference aligned food security and the associated targets and measures for success.
- Consider the concerns about diabetes risk factors and food security already reported to the Australian Parliament in its 2020 *Inquiry into food pricing and food security in remote Indigenous Communities*.
- Consider any state food security inquiry outcomes and raised concerns that provide localised approaches to improving the access to and affordability of food related to the prevention of diet related chronic diseases.
- Ensure that the Inquiry focus is on all four dimensions of food security as defined by the United Nations Food and Agriculture Organisation.

Diabetes Australia notes there have been many inquiries into food security conducted by various levels of Government over the past 10 years that have already highlighted the connection between food insecurity and chronic diseases including diabetesⁱ.

In that time, rates of food insecurity and diabetes have continued to grow. Almost 400,000 mothers have developed gestational diabetes (GDM) over the past decade, with up to 500,000 additional diagnoses expected over the coming ten years. There are also more than 42,000 Australians aged 39 years and under, now living with type 2 diabetes including 1,155 Australians under the age of 20.ⁱⁱ While not all of these Australians are living in food insecure environments, Australian Institute of Health and Welfare (AIHW) data does show an increased incidence of gestational diabetes for areas where there is socioeconomic disadvantage.

Previous analysis and submissions to earlier inquiries have emphasised the need to ensure that the definition used by the United Nations Food and Agriculture Organisation is drawn upon for any inquiry and strategies/solutions proposed. Diabetes Australia also encourages the Committee to ensure that their focus is on all four dimensions of food security as defined by FAOⁱⁱⁱ.

1. Physical availability of food
2. Economic and physical access to food
3. Food utilisation
4. Stability of the other three dimensions.

In submissions to the 2022 NSW Parliamentary Inquiry into food production and supply in NSW, both the George Institute and the Heart Foundation provided detailed and well-evidenced advice recommending that the application of *availability* and *access* dimensions should include;

- i) the healthiness of foods so that both the quantity and nutritional quality of food that is available, accessible and consumed is considered
- ii) sufficient access to safe water as another critical aspect of food security for the future of food production, including the protection of water used in community operated vegetable gardens.

The Australian National Diabetes Strategy 2021-2030 (ANDS) identifies the most effective and appropriate interventions to reduce the impact of diabetes in the community. The ANDS has a standalone goal to *Reduce the impact of diabetes among Aboriginal and Torres Strait Islander peoples* and has identified the need to improve food security to prevent and improve diabetes management^{iv}. The ANDS also has a goal dedicated to *preventing people from developing type 2 diabetes* with an action area to increase the availability of and demand for healthier food and beverages and reduce the availability and demand of unhealthy food and beverages. It points to the National Preventive Health Strategy targets for how success in this area will be measured.

The National Preventive Health Strategy 2021-2030 (the Strategy) acknowledges that *“food insecure households are more likely to develop chronic conditions such as diabetes, hypertension and mental health issues, as the food and drinks they are consuming are generally high in energy, fat and sugar, and provide low nutritional value. Food access (including cost, affordability, availability and location) is one factor that contributes to food security and consequently, communities affected by disadvantage including those who live in rural and remote locations, people who are of low socioeconomic status, and Aboriginal and Torres Strait Islander communities, are impacted disproportionately”*.

The Strategy commits to the development of a national policy document to address food security in priority populations by 2030. Diabetes Australia encourages the Committee to consider the elements of this Strategy that reference food security.

For instance, the Strategy identifies food environments as a key determinant on health, noting that protective factors include access to affordable, nutritious fresh food. Availability and access to healthy food choices are highlighted as an important environmental factor to support healthy living and that this is a collective responsibility of communities, individuals, organisations, governments at all levels, the private sector and industry.

Diabetes Australia also encourages and supports integrating food security strategies into health reform strategies that align with food therapy solutions in the prevention and management of chronic disease. There are numerous trials that include pre-prepared ready-to-eat meals (“food as medicine”) and food ingredient boxes (food prescription programs) that address food security for chronic disease management in the country.

Diabetes Australia welcomes the commitment in the Strategy to introduce a comprehensive prevention monitoring and surveillance system that reports on whether access to a nutritious and affordable food supply has increased in food insecure communities. The George Institute in its submission to the 2022 NSW Parliamentary Inquiry into Food Production and Supply in NSW, recommended that *A public dashboard displaying assessments of communities’ food and water security be created and regularly updated*^v.

Why is food security important for preventing diabetes complications and new type 2 diabetes and gestational diabetes diagnoses?

Healthy food and eating patterns are an important factor among the modifiable risk factors for preventing the development of type 2 diabetes and gestational diabetes. It is also important for the management of blood glucose levels in existing diabetes, which is part of preventing diabetes complications such as vision loss, amputations, kidney and heart disease as well as other conditions requiring costly hospitalisation and recurring re-admissions^{vi}.

The AIHW has reported that poor diet is responsible for 5.4% of the total disease burden and poor diet contributed to 41% of type 2 diabetes burden^{vii}. Diabetes is a major contributor to hospitalisations and is associated with around 10.5% of all deaths. The number of diabetes-related deaths increased by 72.5% from 2000 to 2020^{viii}.

While not all diabetes and chronic disease is caused by a suboptimal diet of unhealthy foods and beverages (those high in salt, harmful fats, added sugars and excess energy), some people are living in circumstances in Australia where they are unable to access healthy foods that could prevent or reduce the impact of multiple chronic diseases including diabetes.

The George Institute has called for an equity lens to be applied to efforts to understand and improve food and water security, noting that food insecurity is particularly prevalent among priority populations experiencing socioeconomic disadvantage, poor mental or physical health, living in rural and remote areas, recent migrants or asylum seekers or who are Aboriginal and/or Torres Strait Islander peoples^{ix}.

Aboriginal people living in Central Australia have the highest rates of type 2 diabetes in the world. Across the country diabetes is a leading contributor to the gap in life expectancy between Aboriginal and Torres Strait Islander Australians and other Australians. Aboriginal and Torres Strait Islander people are more than three times as likely to have diabetes.

To reduce the impact of diabetes among Aboriginal and Torres Strait Island peoples, the ANDS has identified the need to “collaborate with non-health sectors to develop and implement community-wide interventions to increase the availability, accessibility, affordability and consumption of fresh foods and reduce the consumption of sugar-sweetened beverages and unhealthy foods”. Diabetes Australia commends the work already underway and led by the Queensland Government through Health and Wellbeing Queensland which includes working with a broad cross-section of stakeholders in food security priority areas; economic development, freight and supply chain and healthy housing. Analysis of food security in remote Queensland communities published by Health and Wellbeing Queensland has found that food in very remote First Nations Queensland communities is up to 31% more expensive than urban centres. In Cape York, a healthy food basket costs 50% more compared to in Brisbane. This makes achieving a healthy diet unaffordable for many First Nations families. Among the ‘measures of progress’ in the ANDS is “the cost of a healthy food basket, monitored to assess the availability and affordability of foods required for a healthy diet”.

Diabetes Australia is currently working with Queensland University of Technology and the University of Southern Queensland to co-design food sovereignty models for Indigenous communities. This work has been made possible through an Australian Research Council grant. It will be important for the partnership to have Government support for any solutions that require the securing of land, safe water supplies or other regulatory change for commercial food suppliers.^x.

Diabetes death and hospitalisation rates in remote and very remote areas are twice the rate of major cities and these may also correspond with populations experiencing food insecurity. Diabetes prevalence, hospitalisation and death rates are higher in areas of socioeconomic disadvantage and rates of developing gestational diabetes are 50% higher for women living in areas of socioeconomic disadvantage^{xi}.

References

ⁱ House of Representatives Standing Committee on Indigenous Affairs *Report on food pricing and food securing in remote Indigenous communities* November 2020.

ⁱⁱ Diabetes Australia NDSS Snapshot Reports
www.ndss.com.au/about-the-ndss/diabetes-facts-and-figures/diabetes-data-snapshots/

ⁱⁱⁱ FAO, et al., *The State of Food Security and Nutrition in the World 2021*. Transforming food systems for food security, improved nutrition and affordable healthy diets for all. 2021, Food and Agriculture Organization of the United Nations: Rome.

^{iv} *Australian National Diabetes Strategy 2021-2030* Published November 2021 hf

^v The George Institute for Global Health Australia *Submission to the Inquiry into food production and supply in NSW*, February 2022.

^{vi} NSW Health Lumos Data *Impact of diabetes managed early in general practice*, 23 November 2022. Viewed 13 December 2022 www.health.nsw.gov.au/lumos/pages/diabetes-early-gp.aspx

^{vii} Australian Institute of Health and Welfare 2021. Australian Burden of Disease Study: impact and causes of illness and death in Australia 2018. Australian Burden of Disease Study series no. 23. Cat. no. BOD 29. Canberra: AIHW.

^{viii} Australian Institute of Health and Welfare (2022) *Diabetes: Australian facts*, AIHW, Australian Government, accessed 13 December 2022.

^{ix} Ibid.

^x Health and Wellbeing Queensland *Gather and Grow Roundtable Report: Remote Food Security in Queensland First Nations Communities* February 2022.

^{xi} Ibid.