A HEALTHIER FUTURE:

Reducing the Impact of Diabetes Through Prevention

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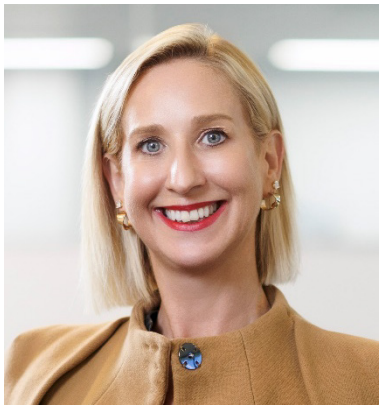
diabetes australia

Contents

Diabetes Australia acknowledges the Traditional Owners of the lands on which we live and work. We recognise their connection to land, waters and culture. We pay the utmost respect to them, their cultures and to their Elders past and present. We recognise that Australia is made up of hundreds of different Aboriginal and Torres Strait Islander 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.


Druitt St

Introduction from the Group Chief Executive Officer



In recent decades, diabetes has escalated from a dangerous life-threatening condition to a global health crisis. Today, more than 500 million people worldwide live with diabetes, a staggering 230% increase over the past 25 years, according to the International Diabetes Federation.

Australia is not immune. We are now facing a type 2 diabetes epidemic, where the diabetes prevalence rate is rapidly on the increase. Since 2000, the number of Australians diagnosed with diabetes has surged by 220%, from 460,000 to over 1.5 million. If current trends continue, that number could reach 3.6 million by 2050.

The consequences are profound. Diabetes is a leading cause of preventable blindness, kidney and heart disease, stroke, dementia, limb amputations, congenital malformations and mental health challenges. At least 11% of inpatients have diabetes as a principal or additional diagnosis which is linked to over 11% of all deaths in Australia.

Beyond the human toll, the financial burden is immense. Diabetes now costs the Australian health system an estimated $9.1 billion annually, equating to more than $6,000 for each person living with diagnosed diabetes.

So, what can be done?

Preventing type 2 diabetes, responsible for around 85% of all cases, is not only possible, its essential. In fact, when targeted to those at greatest risk, around 58% of cases can be prevented or delayed and early detection and intervention of diabetes can significantly reduce the risk of complications.

Equally important is the need to prevent complications for those already living with diabetes. Many of the most serious outcomes such as amputations, kidney failure, and vision loss are avoidable with timely, coordinated care and support. Enabling people to manage their condition effectively through access to dedicated diabetes health professionals can dramatically improve quality of life and reduce pressure on the healthcare system.

Globally, diabetes prevention is increasingly recognised as a vital cost-effective and sustainable strategy. However, it requires more than individual behaviour change, it demands a coordinated, inclusive approach that addresses the broader social and environmental drivers of health.

This paper sets out clear goals and actions, grounded in extensive evidence, to guide Australia's response. Achieving them will require bold, united leadership from all levels of government and a shared commitment to reversing the impact of diabetes on Australians and safeguarding the future of our health system.

Justine Cain

Group CEO, Diabetes Australia

Executive summary

Diabetes is one of Australia's most significant and growing health challenges. The rising prevalence of type 2 diabetes, preventable complications, and disproportionate impact on vulnerable communities demand a coordinated, national response. (See Annex 1 for a detailed typology of diabetes).

Australia is well-positioned to advance diabetes prevention and care, building on strong foundations that include.

- A longstanding commitment to universal health coverage, supported by Medicare, the Pharmaceutical Benefits Scheme (PBS), the National Diabetes Services Scheme (NDSS), and a range of successful public health and prevention initiatives.
- Strategic reform commitments from governments that recognise the key enablers of a stronger, more integrated health system. These include:
  - Harnessing data and digital capabilities to improve care coordination and outcomes;
  - Reforming governance and funding models to support integrated, person-centred care;
  - Advancing workforce reforms that enable multidisciplinary teams to work to their full scope of practice.

This paper outlines four key goals: reducing disparities and overcoming barriers, supporting prevention and early detection, enabling self-management and preventing complications, all underpinned by coordinated government leadership and system reform. It aligns with the significant amount of work already undertaken in relation to the *Parliamentary Inquiry into Diabetes (2024)*, the *National Diabetes Strategy 2021-2030* and the *National Preventive Health Strategy 2021-2030*.

Since 2000, the number of Australians diagnosed with diabetes has surged by 220%, from 460,000 to over 1.5 million.

Our goals

Goal 1: Prioritise reducing disparities and overcoming barriers

Type 2 diabetes disproportionately affects Aboriginal and Torres Strait Islander peoples, people in low socioeconomic areas, rural and remote communities, older Australians, people with disabilities, and culturally diverse populations. These disparities are deepening the crisis and require targeted, sustained action.

Key actions include:

- Expanding place-based partnerships and community-led program design.
- Strengthening and upskilling the primary and community care workforce, including through Aboriginal health coaches, community connectors and peers.
- Embedding person-centred, culturally safe care and data-driven improvement across services.
- Developing strategies to address the social determinants of health and maximising support from specialist services.

Goal 2: Prevention and early detection of type 2 diabetes

Type 2 diabetes continues to rise, driven by modifiable risk factors shaped by broader social and environmental conditions. Early detection offers a critical opportunity to prevent complications and, in some cases, achieve remission.

Key actions include:

- Implementing public health and environmental interventions, such as food subsidies, urban design improvements, fiscal policies like a sugar-sweetened beverage levy and stricter regulation of unhealthy food and beverages in food retail outlets.
- Scaling community-based education, lifestyle and support programs, including virtual delivery.
- Expanding systematic screening in primary care, pharmacies, hospitals, and community settings.

Goal 3: Strengthen support for diabetes self-management

Empowering people to effectively self-manage all types of diabetes is essential for improving health outcomes and reducing complications. It can even help prevent type 2 diabetes and obesity in the next generation. Optimising diabetes management before and during pregnancy, improves health outcomes for the child. This requires a skilled workforce, access to technology, and supportive funding models.

Key actions include:

- Expanding and supporting the capabilities of primary and community care.
- Improving access to a dedicated diabetes workforce, including the multidisciplinary diabetes care team.
- Expanding access to structured education, digital tools, and interoperable healthcare systems for people living with diabetes.
- Increasing access to diabetes technologies and emerging pharmacotherapies, prioritising equity in availability.

Goal 4: Prevent complications and optimise diabetes management

Preventing complications such as kidney failure, vision loss, congenital malformations and amputations is critical to improving quality of life and reducing pressure on the health system. Many of these outcomes are avoidable with timely, coordinated care.

Key actions include:

- Scaling multidisciplinary and integrated care models.
- Strengthening routine screening and expanding virtual care.
- Improving inpatient diabetes management and discharge coordination.
- Ensuring equitable access to diabetes care in pregnancy, including pre- and post-pregnancy programs.

Leadership for a unified system

A national, coordinated approach is essential to drive progress. Despite strong consensus on what works, implementation remains fragmented and underfunded.

Key enablers include:

- Making type 2 diabetes prevention a national priority, led by the Health Ministers' Meeting and embedded in the National Health Reform Agreement.
- Increasing investment in preventive health to 5% of total health expenditure by 2030.
- Establishing a national monitoring and learning framework to guide decision-making and track progress.
- Empowering local leadership and innovation through joint planning, regional needs assessments, and investment in a learning health system.
- Investing in more integrated approaches to diabetes care.
- Strengthening prevention of type 2 diabetes and its diabetes complications through research and dedicated research funding.

By working together with, governments, health professionals, communities, and people living with diabetes, we can turn the tide on this type 2 diabetes epidemic and build a healthier future for all Australians.

What we need to do

Goal 1: Prioritise reducing disparities and overcoming barriers

Policy objective

To reduce the significant disparities in health outcomes experienced by people living with and at risk of diabetes through intentional, targeted action.

Why action is needed

Some communities face a disproportionate burden of type 2 and gestational diabetes and its diabetes complications, and unique challenges in their management. These inequities are deepening the type 2 diabetes crisis and demand focused, sustained responses.

Groups most affected include:

- Aboriginal and Torres Strait Islander peoples
- People in lower socioeconomic areas
- Those living in rural and remote communities
- Older Australians
- People with disability
- Culturally and Linguistically Diverse (CALD) communities
- Pregnant women
- Children
- People with mental health conditions

What should be done

1.1 Combine national programs with targeted, local approaches

- Place-based partnerships should be expanded to tailor solutions to local needs and strengths. Initiatives such as the Diabetes across the Lifecourse: Northern Australia Partnership[1], Keepsight[2] and Foot Forward[3] demonstrate how collaboration among communities, health services, and governments can drive meaningful change.
- Community-led design and delivery ensures programs are relevant, trusted, and sustainable.

1.2 Strengthen the primary and community care workforce

- Workforce reform is essential to improve access in underserved areas. This includes scaling up innovative models such as:
  - Aboriginal health coaching roles (e.g. Katherine West Health Board[4])

[1] https://diabeteslifecourse.org.au/

[2] https://www.keepsight.org.au/

[3] https://www.footforward.org.au/

[4] https://www.kwhb.com.au/

- Community connector-type roles (e.g. Metro South Health and Western Queensland PHN[5])
- Care coordinator roles (e.g. Diabetes Connect pilot in Victoria[6])
- Peer support facilitator roles (e.g. Pasifika Prevention Diabetes Program[7])

- Aligning national and state policy will support the spread of these models and peer support to play a greater role in prevention and care.

1.3 Improve the care environment

- Support learning health systems that use data to improve health outcomes, care quality and equity.
- Align primary care funding to equity-adjusted outcome measures to drive improvements in access and quality.
- Promote person-centred care by embedding flexibility, cultural safety, and continuity into service design.
- Ensure appropriate referral pathways are in place.

Goal 2: Prevention and early detection of type 2 diabetes

Policy objective

To reduce the incidence and burden of type 2 diabetes through targeted public health interventions and early detection strategies that address the broader social, environmental, and structural factors influencing health.

Why action is needed

Type 2 diabetes continues to rise in Australia, driven by modifiable risk factors such as poor diet, physical inactivity, and obesity - as well as younger diagnosis and longer life expectancy. Lifestyle factors are shaped by the environments in which people live, work, and play — from access to food and urban design to socioeconomic conditions and digital influences.

Early detection of diabetes and prediabetes offers a critical opportunity to prevent type 2 diabetes, diabetes complications and, in some cases, achieve type 2 remission. A proactive approach can reduce long-term health system costs and improve quality of life.

[5] https://www.wqphn.com.au/

[6] https://www.health.vic.gov.au/primary-and-community-health/integrated-care

[7] https://www.westernsydney.edu.au/domtru/projects/prevention/pasifika_preventing_diabetes_programme

What should be done

2.1 Public health and environmental interventions

- Ensure access to healthy food options and clean drinking water, particularly in low-income and remote communities.
- Expand school-based nutrition and physical activity programs and invest in mass media campaigns tailored to diverse audiences.
- Improve built environments to support walkability, access to green spaces, and the availability of healthy food outlets.
- Implement fiscal policies, such as a levy on sugar-sweetened beverages as well as stricter regulation of unhealthy food and beverages in food retail outlets, to reduce consumption and encourage reformulation.

  Reduce the exposure to unhealthy food and drink advertising across all audio-visual media.

2.2 Systematic screening and early detection

- Expand community-based screening using tools like AUSDRISK, paired with confirmatory testing in primary care.
- Integrate primary health care and systemic screening with access to lifestyle programs
- Expand current restricted access to MBS rebates for diabetes specific risk assessments in general practice without being managed under a chronic condition plan.
- Scale up pharmacy-based screening, building on successful pilots to improve access, particularly in rural and remote areas.

2.3 Community-based education and lifestyle programs

- Scale up structured lifestyle programs that support nutrition, physical activity, and behaviour change.
- Fund community-led education initiatives that are culturally relevant and locally delivered.
- Support virtual delivery models to reach diverse and remote populations.

The Get Healthy Service operating in NSW delivers free telephone coaching (6-10 tailored calls over approximately six months) by university-qualified coaches. The service aims to improve lifestyle behaviours for all adults statewide, with dedicated streams for diabetes prevention, pregnancy and Aboriginal and Torres Strait Islander participants.

My health for life operating in Queensland provides six coaching sessions over six months offered as small group (face-to-face/video call), telephone, or digital modules. The program targets adults at high-risk of developing chronic conditions.

The COACH program which operates in Tasmania provides structured 6-month one-to-one telephone coaching led by health professionals to reduce risk factors for adults with a diagnosed chronic condition or are at high risk of developing one.

Goal 3: Strengthen support for diabetes self-management

Policy objective

Empower Australians living with all types of diabetes to self-manage their condition, prevent or delay complications, and type 2 diabetes remission where possible.

Why action is needed

Diabetes care is complex and requires a coordinated, multidisciplinary approach. Empowerment and support for self-management is crucial for people living with diabetes given all parts of their daily life require decisions for the active and effective management of their condition. Current structures and funding models in primary care do not adequately support the time, expertise, or team-based care needed to deliver best practice management and facilitate self-management. Strengthening the diabetes workforce and enabling access to emerging technologies are critical to improving outcomes and reducing inequities.

What should be done

3.1 Strengthen the diabetes workforce

- Expand training and increase the number of Credentialled Diabetes Educators (CDEs).
- Fund CDEs to provide structured education and support for self-management at the point of diagnosis, the introduction of continuous glucose monitoring (CGM) and other technologies and as individual patient needs are identified.
- Ensure primary care reform and improved funding to better integrate allied health services.
- Support innovative allied health models, such as where dieticians support primary care remission programs.

3.2 Provide access to education and support

- Expand access to structured education and support programs through the National Diabetes Services Scheme and local diabetes organisations.
- Provide a clear pathway to information and referral systems that promote prevention and early intervention for diabetes, supporting navigation to and integration with relevant services.

3.3 Expand access to technology and innovation

- Expand access to subsidised CGM devices for people living with all types of diabetes who need it to manage their condition. Introduction would be staged first for people who have type 2 diabetes (prioritising those using insulin) and who are pregnant; under the age of 21; or who identify as an Aboriginal or Torres Strait Islander person, as well as people living with other types of diabetes who require intensive insulin therapy.
- Increase access, alongside education and support, to highly effective glucose-lowering pharmacotherapies, such as GLP-1 receptor agonists that have known benefits in preventing diabetes complications and improving weight, lipids and blood pressure.

- Support the use of digital health tools (e.g. telehealth, mobile apps, AI-powered platforms) to enhance screening, glycaemic control, and self-management.
- Promote data-sharing and interoperability of electronic health records and My Health Record to support coordinated care and medication safety.

Goal 4: Prevent complications and optimise diabetes management

Policy objective

Preventing diabetes complications and avoidable hospital admissions improves health outcomes, reduces healthcare costs, and enhances workforce productivity and household financial resilience.

Why action is needed

Diabetes can lead to serious and life-altering complications, including blindness, kidney failure, heart disease, stroke, amputations, and mental health challenges. These complications are often preventable with timely, coordinated care.

Hospitalisation rates and healthcare costs remain high, particularly among older Australians and those with chronic conditions. People with diabetes are more likely to be hospitalised, stay longer, and require more frequent medical consultations, placing pressure on the health system and families.

What should be done

4.1 Expand multidisciplinary and integrated care

- Support multidisciplinary teams across all levels of care to deliver coordinated, person-centred diabetes management.
- Promote case conferencing and joint care planning between GPs, specialists, and allied health professionals.
- Scale integrated care models that improve continuity, experience, and outcomes.
- Introduce population-based shared clinical records for use across primary and specialist care including decision support.

4.2 Strengthen routine screening and virtual care

- Ensure routine screening for complications such as eye, kidney, foot, and nerve damage is accessible and consistent.
- Expand integrated virtual care models that combine remote monitoring, education, coaching, and follow-up to support best practice management, especially in rural and remote areas.

4.3 Improve inpatient diabetes management

- Support hospital staff to implement standardised diabetes care protocols to manage blood glucose levels and reduce complications during hospital stays.
- Establish specialist inpatient diabetes teams to oversee care and support discharge planning.

- Ensure timely access to discharge summaries and follow-up coordination, leveraging tools such as My Health Record.

4.4 Address diabetes in pregnancy

- Guarantee equitable access to diabetes care for pregnant women, particularly in rural and remote communities.
- Provide pre-pregnancy programs for women with existing diabetes and those with a history of gestational diabetes.
- Support post-pregnancy follow-up to prevent type 2 diabetes in mothers and children, including structured lifestyle programs, CDE consultations, and annual screening reminders.

Leadership for a unified system

Why it matters

Preventing diabetes and its complications offers a powerful opportunity to demonstrate how a unified, outcomes-focused health system can deliver better care, reduce costs, and improve population wellbeing. Despite strong consensus on what works, implementation remains fragmented and underfunded.

A national, coordinated approach is essential to drive progress, supported by shared leadership, investment, and accountability.

What's needed

1. **Make prevention a national priority**

- Governments must jointly prioritise diabetes prevention as a national imperative.
- The Health Ministers' Meeting should lead whole-of-system reform, aligning with the National Preventive Health Strategy, the National Diabetes Strategy, and the Parliamentary Inquiry into Diabetes.
- Establish a national inter-jurisdictional body to oversee funding and clinical governance related to diabetes.
- The National Health Reform Agreement (NHRA) must embed prevention as a core performance driver across hospital, primary, aged, and disability care.
- Systematically share data collected by relevant national clinical registries.

2. **Increase investment in prevention**

- Commit to lifting preventive health investment to 5% of total health expenditure by 2030, as outlined in the National Preventive Health Strategy.
- Establish clear plans, milestones, and accountability to track progress and ensure transparency.

3. **Establish a national monitoring and learning framework**

- Develop an interjurisdictional framework and forum to track progress, share insights, and guide decision-making in investments in prevention.
- Co-design this framework with people with lived experience, clinicians, and service providers.
- Leverage existing government activity such as:
  - The National Preventive Health Monitoring Dashboard
  - The Atlas on Healthcare Variation

- › The 'Measuring What Matters' wellbeing framework
- › The Australian Centre for Evaluation

4. Enable local leadership and innovation

- Empower health leaders to use data to drive local priorities and monitor the impact of broader sectors on promoting good health in communities.
- Strengthen governance between PHNs and Local Health Networks or Districts and requirements for joint planning and regional needs assessments to enable preventive action.
- Invest in a learning health system that supports innovation, evaluation, and scale-up of effective models for prevention.

5. Strengthen prevention through research

- Create a national diabetes specific research fund under the NHMRC/MRFF to accelerate research into solutions to prevent diabetes and its complications across Australia.
- Monitor the incidence of diabetes and diabetes-related complications to help prioritise and evaluate public health prevention strategies.
- Develop/adapt and evaluate prevention programs for priority populations expand benchmarking and quality improvement of diabetes care delivery, including in priority areas such as pregnancy and diabetes-related foot disease.

Conclusion

Australia stands at a critical juncture in its response to the type 2 diabetes epidemic. With prevalence rising, complications increasing, and disparities widening, the need for bold, coordinated action has never been more urgent. Yet, we also have a powerful opportunity: to reshape our approach to diabetes prevention and care in ways that are more equitable, sustainable, and person-centred.

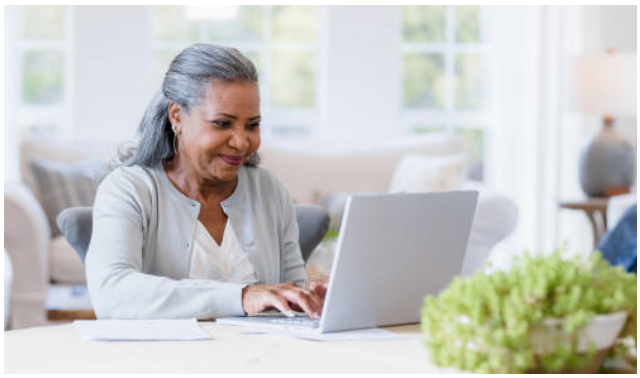
This paper outlines a clear and achievable path forward, one that prioritises reducing disparities, preventing complications, supporting early detection, and empowering people to manage their condition effectively. It calls for investment in the enablers of reform: a skilled and supported workforce, integrated models of care, digital innovation, and a stronger focus on prevention across all levels of government.

Importantly, it also highlights the need for unified government leadership. Preventing diabetes and its complications where possible is not just a health issue, it is a national imperative that requires shared stewardship, long-term investment, and accountability across jurisdictions. A coordinated national framework, supported by local innovation and community leadership, will be essential to delivering better outcomes for individuals and ensuring the sustainability of our health system.

The evidence is clear. The tools are available. What is needed now is the collective will to act.

By working together - governments, health professionals, communities, and people living with diabetes - we can turn the tide on this epidemic and build a healthier future for all Australians.

Annex 1:



Diabetes defined

Diabetes Mellitus (often just called diabetes) is a metabolic condition characterised by high blood glucose levels which may arise from either the body's inability to produce insulin or its inability to respond to insulin. Insulin is a hormone that regulates blood glucose levels by allowing the body's cells to absorb and use glucose for energy. If hyperglycaemia is not treated it can become severe and cause serious health problems. There are distinct types of diabetes with different causes; the three most common types of diabetes are type 1 diabetes, type 2 diabetes and gestational diabetes mellitus (GDM). There are also other, rarer, types of diabetes that can be caused by genetic variations, other medical conditions (also known as secondary diabetes) or by certain medications (such as corticosteroids, antipsychotics, and beta-blockers).

Type 1 diabetes

Type 1 diabetes is a chronic, autoimmune condition. The exact cause of this type of diabetes is not fully understood, but it is believed to result from an autoimmune response in which the body's immune system mistakenly attacks and destroys the insulin producing beta cells in the pancreas. Type 1 diabetes currently cannot be prevented, and it is not linked to modifiable lifestyle factors. More research on the exact genetic and environmental causal factors of type 1 diabetes is needed. Type 1 diabetes can develop very quickly, and if it is not diagnosed in time, it can be fatal. However, while the peak age of diagnosis for type 1 diabetes is between 10 - 14 years, significant numbers of new type 1 diabetes diagnoses are occurring in adults, including those 65 years and over, and particularly in men.

Type 2 diabetes

Type 2 diabetes is a condition in which the body doesn't effectively use the insulin that it produces, often resulting in high blood glucose levels. The body produces more insulin to compensate and eventually the body's cells become resistant to insulin. The condition has strong genetic and family-related (nonmodifiable) risk factors and is also often associated with modifiable lifestyle risk factors. We do not know the exact genetic causes of type 2 diabetes. People may be able to significantly slow or even halt the progression of the condition through changes to diet and increasing the amount of physical activity they do. Evidence shows that around half of all people with recently diagnosed type 2 diabetes can achieve remission through intensive dietary changes and weight loss. There are a range of genetic and other risk factors for developing type 2 diabetes. These

include, but are not limited to, being overweight, unhealthy diet (with a possible link with eating processed foods and developing type 2 diabetes), physical inactivity, smoking, high blood pressure, high blood lipids, and a family history of diabetes. Women who have had a previous gestational diabetes mellitus (GDM) diagnosis are seven times more likely to develop type 2 diabetes later in life. Children born to mothers with GDM are also at higher risk of developing type 2 diabetes later in life. Health inequalities, demographic, socioeconomic, and environmental factors are also important contributors towards the number of people at risk of developing, and living with, diabetes in Australia. Obesity is the main risk factor for developing type 2 diabetes, although not everyone who is overweight or obese will develop diabetes. Australia has an obesogenic environment that promotes obesity with accessible unhealthy food choices and sedentary lifestyles. Recent research has also suggested that type 2 diabetes may be more complex than previously thought, with one study identifying at least four subtypes. The levels of insulin resistance, risk and severity of complications differed across these subtypes, meaning that some people living with type 2 diabetes may be at higher risk of diabetes-related complications than other groups. Further research is needed to validate and understand these findings.

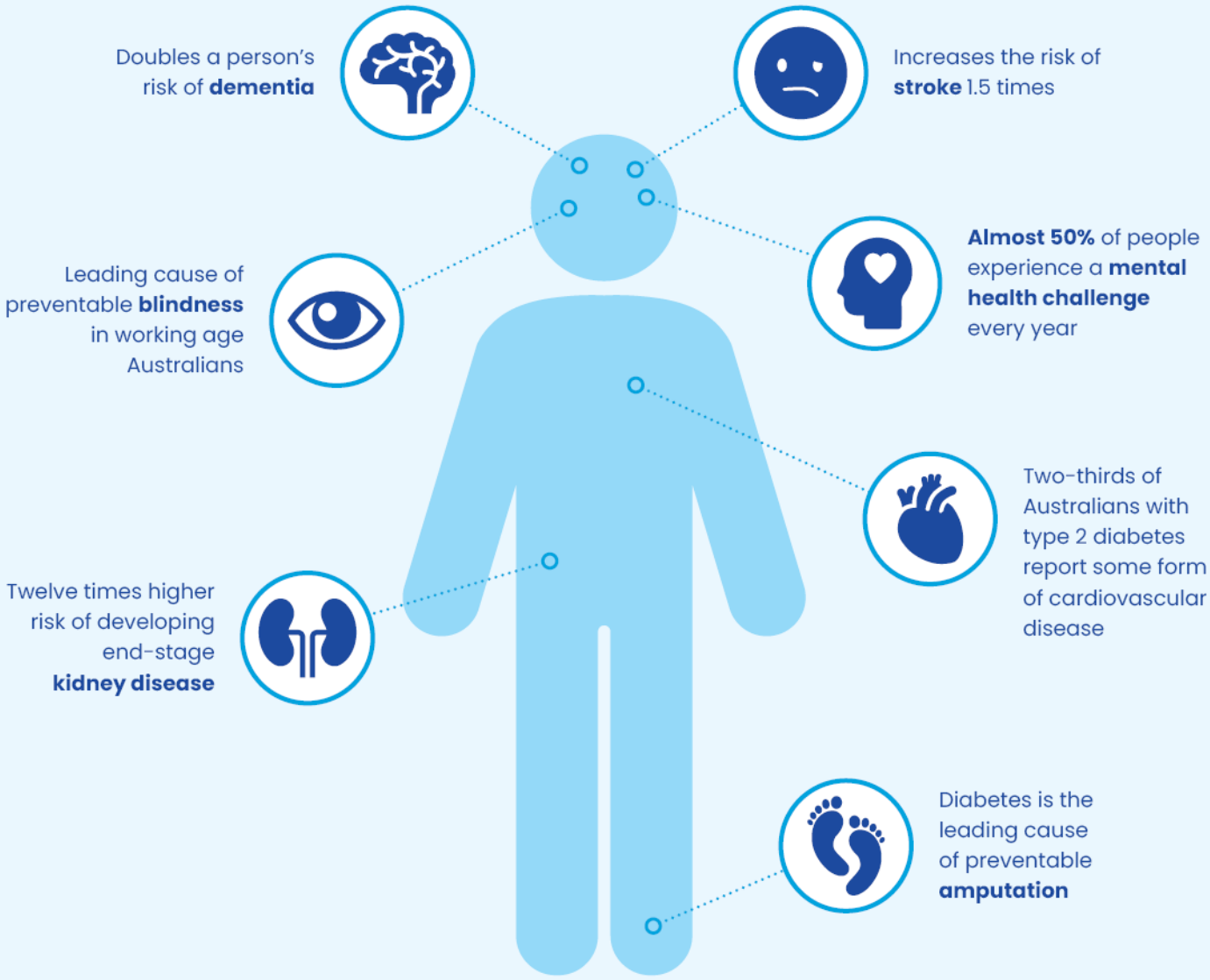
Gestational diabetes

Gestational diabetes (GDM) typically develops during the second or third trimester of pregnancy. While the exact causes are not fully understood, there are some known risk factors that can increase a woman's likelihood of having GDM. Some of the most common risk factors include: age (women over 35 have a higher risk of GDM); family history; prior GDM; being overweight or obese before becoming pregnant; gaining excessive weight during pregnancy; ethnicity; and having polycystic ovarian syndrome. Having one or more of these risk factors does not mean that a woman will develop GDM. However, if they do, GDM can cause pregnancy complications. Furthermore, women with a history of GDM have a high risk of developing type 2 diabetes later in life as well as cardiovascular disease.

Other types of diabetes

There are a number of other, less common types of diabetes that are generally grouped together under the term "other types of diabetes". These include maturity onset diabetes of the young (MODY), latent autoimmune diabetes in adults (LADA), type 3c diabetes (which occurs when another disease, such as pancreatitis damages the pancreas), people who have had their pancreas removed surgically, or cystic fibrosis-related diabetes.

DIABETES IMPACTS EVERY PART OF THE BODY



Pregnancy – Twice as likely to require **caesarean birth** (women living with type 1 and type 2 diabetes)

Children born to mothers with type 2 diabetes and gestational diabetes are at higher risk of developing type 2 diabetes

DIABETES AUSTRALIA
Phone: 1800 177 055
E-mail: info@diabetesaustralia.com.au
Website: diabetesaustralia.com.au