

Strategic Plan 2020-25



OUR PURPOSE

We are the national organisation supporting all people living with or at risk of diabetes. We put people first. We work in collaboration with member organisations, consumers, health professionals, researchers, and the community.

OUR VALUES Integrity • Care • Excellence

OUR ENABLERS People • Funding • Sustainability • Technology



Diabetes Australia Strategic Plan 2020-25

1. Our Vision and Mission

People First

Diabetes Australia works towards a world free from diabetes for all Australians. We strive to reduce the impact of diabetes. We put people first.

People First embraces:

- people with diabetes, and their families & carers, and those at risk at the centre of all that we do
- people understanding how to self care and live well with their diabetes
- health professionals - personalised support and care provided by an interdisciplinary health professional team
- diabetes researchers - striving for new discoveries
- staff, volunteers and supporters - people as the core asset of our organisation

By ensuring *people* are our *first* priority - our thinking, our planning, our actions, and our services and programs, and our organisation will stay focused on our reason for being.

Four strategic priority areas have been identified and will help guide our efforts and maintain our focus.

- Leadership for diabetes
- Living with diabetes
- Preventing diabetes
- Research for diabetes

2. Our Purpose

Our purpose statement is concise and meaningful. It says who we are, what we do, and how we do it. It enables all of us, no matter what our role is with Diabetes Australia, to simply explain our purpose:

We are the national organisation supporting all people living with or at risk of diabetes. We put people first.

We work in collaboration with member organisations, consumers, health professionals, researchers, and the community.

Who we are?	Who do we serve?	How we do it?
<i>Diabetes Australia is the national organisation</i>	<i>Supporting all people living with or at risk of diabetes</i>	<i>We work in collaboration with member organisations, consumers, health professionals, researchers, and the community</i>

The purpose statement underpins the brand identity of Diabetes Australia - it is how all external stakeholders and all employees will easily understand who Diabetes Australia is, and what we do – and provides a consistent form of words for people to use in describing this.

The word “support” means many things in this purpose statement - it means being a voice; providing advocacy; fighting for the cause; delivering information, education and support programs; developing prevention strategies and programs; and the many aspects of research.

The words “all people living with...diabetes” has broad meaning and embraces:

- People with any type of diabetes (type 1 diabetes, type 2 diabetes, gestational diabetes or other diabetes)
- The parents, families, carers and peer supporters who also “live” with diabetes
- The health professional teams supporting people living with diabetes.

3. Strategic priority: Leadership for diabetes

Leadership for diabetes has broad meaning with three key activity areas identified:

- ***Build the voice, brand and cause***
- ***Advocacy to transform lives***
- ***Listen, connect, partner***

Leadership for diabetes builds on the strong foundations of Diabetes Australia as the leading organisation for diabetes in Australia, an influential trusted national brand, and a strong and consistent voice on behalf of people with diabetes and their team of supports. Diabetes Australia will continue to build on long term strategic advocacy, policy development, and campaigning with government, community, member organisations and partners.

Key initiatives will focus on making leadership for diabetes more “personal” – so that Diabetes Australia is not perceived as a large organisation or arm of Government (or service provider) but perceived to be the voice of people with diabetes, always working for people with diabetes, with a strong focus on the personal challenges and impacts of diabetes.

Part of this more “personal” strategy is listening to people with diabetes, deeper connections through community peer groups and stronger partnering - with member organisations, community, politicians, government and businesses to become more engaged and invested in the diabetes cause.

In Leadership for Diabetes we will always give hope - not hype - and turn the noise into knowledge and action.

3.1. Key activity area – *Build the voice, brand, cause*

Diabetes Australia’s leadership role is supported by a strong communications, media, campaigns and marketing team and we will continue to strengthen this capability.

This includes a strong focus on increasing awareness and understanding of all types of diabetes, and that diabetes is a serious and complex condition with preventable complications.

“Building” is the key word. As the diabetes epidemic continues to get bigger in scope, scale and impact - the voice and brand needs to build in response to the challenge. This does not necessarily mean more people, but certainly means having greater impact.

We will continue to fight for affordable and equitable access to health professional services, diabetes products, medicines and support for people with diabetes – and for this to be the right access and support, at the right time, for each age and stage of diabetes.

The impacts of diabetes in individuals, as well as communities and the nation, and potential for better outcomes for people with diabetes will be addressed consistently with a focus on the “personal/human” impacts while maintaining the importance of “hard” cost benefits and return on investment (health economics) of education, awareness and programs.

3.2. Key activity area - *Advocacy to transform lives*

Advocacy remains at the core of Leadership in Diabetes and what Diabetes Australia represents to the community.

Advocacy has broad meaning and includes:

- Developing policies and positions on issues of importance – having something to say – to government, to the media, to the community
- Having a strong government advocacy capability to maintain and grow the support for diabetes with all politicians and policy makers
- Having a strong proactive and reactive media, communications and messaging capability – to develop content, create media interest and respond to issues and opportunities in the most effective way
- The capability to develop and deliver high value, low cost, effective, public campaigns to help transform lives by creating better understanding and greater support for diabetes in the general community.

Diabetes Australia will continue to present itself as less of a “corporate” entity and more as a “personal voice” and a “diabetes community” – an approachable, connected and personal place for all people.

We will create innovative campaigns that will generate awareness, have a long-lasting effect, improve equity of access and deliver measurable impacts and returns.

Aboriginal and Torres Strait Islander people and diabetes will be a stronger focus of our advocacy programs. We are committed to working for real improvement for Aboriginal and Torres Strait Islander health outcomes through stronger partnership and collaboration with indigenous led organisations and indigenous people and communities. We will engage honestly and meaningfully with indigenous people, communities and organisations to develop and support culturally appropriate initiatives in prevention and management of diabetes.

3.3. Key activity area – Listen, connect, partner

Diabetes Australia recognises that leadership for diabetes requires a strong ability to listen to the views of many, to connect with many, and to partner with many.

We will have a clear focus on listening to member organisations, people with diabetes and those at risk, health professionals, the community, industry and government to understand their needs and priorities.

We will establish stronger mechanisms to listen including new national policy committees in key areas to inform the national team and leadership.

4. Strategic priority: Living with diabetes

People living with diabetes are at the core of our purpose and this priority includes three key activity areas:

- *Self care, support and choice*
- *The different ages, stages, types, places and cultures*
- *The impact of diabetes on people*

4.1. Key activity area – Self care, support and choice

Diabetes Australia strives to ensure that every Australian with diabetes can access the best possible care. Self care, support and choice are critical elements of this.

The National Diabetes Services Scheme (NDSS) has been a core activity for Diabetes Australia since the inception of the NDSS in 1987. The NDSS is an Australian Government initiative providing universal access to diabetes self management products and services for all Australians. Diabetes Australia administers the NDSS and is responsible for all services provided. Diabetes Australia appoints state and territory diabetes organisations, and other contractors, to deliver some services.

We recognise that diabetes is different to many other health conditions in that people with diabetes, with the support team of family, peers and health professionals, can effectively self-manage their diabetes every day in many different ways.

Diabetes Australia is not, first and foremost a health professional organisation, nor a research organisation, nor a clinical service organisation – we are a “people with diabetes” organisation always promoting the ability of people to effectively self-care as a priority.

There is an increasing desire, and increasing opportunity, with new technologies for people to take a more active role in managing their own health.

We also understand that the health system is complex and difficult to navigate. Much of what we do should be to support and assist people with diabetes to understand what and who to ask, where to go, how to navigate and help improve their health literacy and access.

We recognise that affordable access is critical, and we will focus on affordability and ensuring the Australia's universal, affordable access schemes including the National Diabetes Services Scheme (NDSS), Medicare and Pharmaceutical Benefits Scheme are expanded and enhanced for people with diabetes and those at risk.

We recognise the value of diabetes technologies (insulin pumps, glucose monitoring devices, convergent smart technology) in transforming lives for the better – and even saving lives. We will have a strong focus on affordable access to the latest and best technology.

We recognise that technology on its own is not a solution – we will support people with diabetes and health professionals to ensure there is capacity and funding to enable the best use of technology.

4.2. Key activity area – The different ages, stages, types, places and cultures

We recognise that the current typology of diabetes – such as type 1 diabetes, type 2 diabetes, gestational diabetes and other diabetes – does not serve people with diabetes effectively.

This typology creates stigma and discrimination and is out of step with many other serious and complex health issues such as cancer – where the ages, stages and types of cancer are much more sensibly used and understood by people, the health system and funders.

Whilst we have moved some way towards identifying, acknowledging and attempting to support key stages and transitions in diabetes – such as in children with type 1 diabetes, children and youth with type 2 diabetes, newly diagnosed diabetes, older people – we need to move further and lead the way in improving understanding of the many different ages and stages of diabetes that each require different approaches to support, treat, manage and fund.

Peer support activities will be an important new focus for Diabetes Australia in this strategic plan particularly when considering the increasingly digitally connected world.

Intergenerational diabetes will be a much stronger focus, in particular, recognising and supporting efforts to address pre- and post-pregnancy diabetes risk and better manage gestational diabetes, and prevention for families after gestational diabetes.

Aboriginal and Torres Strait Islander health and diabetes will be a stronger priority – to work with Aboriginal and Torres Strait Islander people and Indigenous led organisations to co-design and develop culturally safe and effective programs.

We recognise the need for place-based programs including workplaces, schools, the home, and other settings.

We will continue a strong focus on cultural and linguistic diversity as it relates to diabetes prevention and management and health literacy.

4.3. Key activity area – The impact of diabetes on people

We recognise the impact of diabetes on people, families, communities and the nation has the potential to reach crisis point – and we will increase our efforts to help reduce the impact.

Some of the impacts of diabetes are well recognised and some good progress has been made in addressing them. These include:

- Vision loss and blindness
- Foot problems and amputations
- Kidney damage
- Heart damage and strokes

However, much more needs to be done in these areas.

Other impacts of diabetes are less recognised and need to be given more emphasis in policy and planning, service delivery, and support generally. These include:

- Diabetes stress/distress, anxiety and depression (emotional and mental health impacts)
- Diabetes in older people and aged care settings
- Diabetes and disability
- Diabetes and multiple chronic conditions

Diabetes Australia will continue to explore ways to enhance, create, link and use appropriate data to create opportunities to reduce the impact of diabetes.

5. Strategic priority: Preventing diabetes

Preventing diabetes has three key activity areas including:

- National prevention programs
- Risk assessment and early detection
- Healthy communities, workplaces, environments

While there has been some positive progress and investment in diabetes prevention programs in Queensland (since 2016) and Victoria (since 2007) and some smaller investments in other jurisdictions – a challenge for the nation and for Diabetes Australia in the coming years is to create a stronger national focus on preventing diabetes.

We recognise not all diabetes is preventable, and we recognise prevention of type 2 diabetes requires a focus on two areas at the same time:

- evidence-based prevention programs for individuals at high risk (with prediabetes),
- efforts to create a healthier environment for people to remain healthy. This embraces healthy eating, healthy activity and healthy weight.

We recognise that most of the modifiable risk factors for type 2 diabetes are common to cardiovascular disease, kidney disease and dementia – and policy and advocacy efforts and programs for prevention need to be in partnership.

5.1. Key activity area – National prevention programs

Some of the strongest evidence for prevention of type 2 diabetes is in support of structured lifestyle behaviour change in people with prediabetes.

We will have a strong focus on advocating for a National Diabetes Prevention Program targeting the delivery of evidence-based prevention programs to people with prediabetes. (Prediabetes is our preferred, simple term to embrace people at high risk of developing type 2 diabetes and including technical terms such as IFG and IGT).

The success and support of Victorian and Queensland statewide prevention programs led by the state diabetes organisations will be used as leverage to create diabetes prevention programs in other states and nationally.

5.2. Key activity area – Risk assessment and early detection

The systematic and opportunistic risk assessment, screening and early detection for type 2 diabetes (using AUSDRISK and clinical tests) is a critical area of activity.

This requires an integrated approach of awareness raising and encouraging individuals, health professionals and health services to address both aspects:

- Risk assessment – which is primarily community based. It can be self-assessed and help identify people with prediabetes who should be supported to access prevention programs
- Early detection – which primarily is a clinical service activity for GP's and health professionals and can be done in many settings – emergency departments, GP clinics, pharmacies

The focus will not just be on preventing type 2 diabetes.

There will be a focus on intergenerational diabetes and prevention of gestational diabetes in women integrated with prevention of type 2 diabetes after GDM to benefit both mother and baby.

Preventing type 1 diabetes will continue to be an area to support with emerging evidence of possible effective delays or prevention.

5.3. Key activity area – Healthy communities, workplaces, environments

Diabetes Australia will increase efforts to work with other health partners and relevant policy makers to develop stronger national policies and programs, legislation and regulation, and public policy to effect real change in creating healthier eating, healthier physical activity, and healthy weight across key settings.

We recognise these efforts need to lead and be supported by communities and be culturally appropriate and sector specific.

This activity may not be diabetes specific and will primarily be done through key advocacy and policy partnerships in which we actively participate including the Australian Chronic Disease Prevention Alliance and other alliances. We will have a strong focus on regulatory mechanisms including taxation incentives and dis-incentives. This will include organisational responsibilities such as Occupational Health and Safety and other legislation.

We will promote a systems approach which recognises the social determinants and importance of social policy, income, disadvantage, education, housing and climate change.

6. Strategic priority: Research for diabetes

Research for diabetes has three key activity areas:

- Help set the diabetes research agenda
- Evidence and outcomes
- Grow diabetes research funding opportunities

Research has been “core business” for Diabetes Australia since the Diabetes Australia Research Trust was established in 1984.

We will continue to ensure there is a strong focus on diabetes research – we recognise the competitive nature of research funding and that diabetes needs to compete with cancer, mental health, dementia and many other areas of research.

We will focus on impact - where the most leverage can be achieved, for the community.

We will have a broad focus for our research efforts and not try to “pick winners”. We value national, competitive and peer reviewed research funding and we recognise that more research effort and funding is needed in all areas of diabetes and prevention.

6.1. Key activity area – Help set the diabetes research agenda

We will work in partnership with people with diabetes, researchers, Member Organisations, JRDF Australia and others to help set the diabetes research agenda for Australia, including State and Territory funded research.

We will develop stronger relationships with key funding agencies including National Health and Medical Research Council (NHMRC) Australian Research Council (ARC), Medical Research Future Fund (MRFF) and other.

Diabetes Australia will continue to identify new areas and opportunities to increase diabetes research funding and support.

6.2. Key activity area - Evidence and outcomes

Diabetes Australia will continue to directly support diabetes research through our Diabetes Australia Research Program and strategic partnerships. In the coming years we will review the level of funding provided for general grants and other grants to ensure these are optimal.

We will develop a stronger approach to gathering, documenting and communicating the evidence and learnings from research we fund, and translating research findings into real world practice.

We will also have a greater focus on gathering the evidence and outcomes from other research and use it in a powerful way.

We will develop a stronger communications approach to “tell the story” of diabetes research in transforming lives. This will include a focus on researchers communicating better and more on our behalf.

6.3. Key activity area – Grow diabetes research funding opportunities

We recognise the great ongoing support of many donors – but we need to find many more donors and supporters of diabetes research.

We will develop a stronger, multi-pronged approach targeting:

- Grass roots general community support and donation to diabetes research
- Corporate support for diabetes research
- Partnership approaches to grow funding – where others do the work and diabetes research is the beneficiary

7. Our culture and values

The following values reflect what the Board, the management, the staff, member organisations, people with diabetes, and the community should see and experience when they connect with Diabetes Australia at any level:

Integrity: we are committed to being transparent and accountable in everything we do.

Care: we feel strongly about diabetes, we are passionate, we fight for the cause. We always think about the person with diabetes – we take the time to listen and care about different perspectives and backgrounds. We respect diversity.

Excellence: we have the best possible evidence for everything we do and we strive to have the best people in every role.

We strive to have the most supportive culture and values, and the best possible processes to be effective and efficient.

The culture and values should be demonstrated by and shared between the Board, leadership, management and employees and define the Diabetes Australia brand.

8. How we will achieve our goals

A strong focus will be maintained on sound financial management, best business practices, good governance and accountability.

8.1. Strategic Enablers

The following strategic enablers will underpin the success in implementation of this strategic plan:

Our people – we will strive to have the best people in all roles within the diabetes network. We will support our people at all levels and provide opportunities by investing in our current and future workforce capability and develop better ways of working together. We will develop thought leadership across many levels and foster subject matter experts both within the organisation, within partnerships and collaborations, and within the community.

Our Funding – funding is always a priority - to secure, retain and optimise opportunities. This includes community funding, government funding and corporate support.

Our Sustainability – we recognise that success is not just on the financial balance sheet. We also look to human (people with diabetes), social and environmental impacts. We will consider the community, social impact and environment in all key decisions.

Our Technology – we seek to embrace technology, new ways to deliver services and to realise the opportunities of digital health, big data, digital fundraising, new media, new approaches to measurement and evaluation of programs and outcomes.