2024-25 PRE-BUDGET SUBMISSION

Diabetes in Australia

JANUARY 2024

diabetes australia

ads Australian Diabetes Society

ADEA Your trusted partner in diabetes care

About Us

Diabetes Australia, the Australian Diabetes Educators Association (ADEA) and the Australian Diabetes Society (ADS) represent 1.5 million Australians living with known, diagnosed diabetes; approximately 500,000 Australians living with silent, undiagnosed type 2 diabetes; and around 2 million Australians living with prediabetes; as well as their families and carers, diabetes healthcare professionals and researchers.

We are 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.

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Diabetes Australia, Australian Diabetes Society and Australian Diabetes Educators Association acknowledge 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.

DIABETES IMPACT IN AUSTRALIA

diabetes australia

1,463,772 people in **Australia** live with diabetes, that's **5.6%** of the population.

Impact on people

136,771
with type 1 diabetes

1,270,865
with type 2 diabetes

44,213
with gestational diabetes

960,383
with diabetes aged 60+

Impact on health

4,400
amputations in **Australia** per annum

111,247
are living with diabetes-related vision loss

966,090
are living with diabetes and heart disease

278,117
are living with diabetes and kidney disease

Impact on communities

731,886
will experience a mental health challenge per annum

585,509
living with silent, undiagnosed type 2 diabetes

161,015
hospitalisations resulting from diabetes per annum

3.4B
cost of diabetes in **Australia** per annum

Scan the QR code or visit **diabetesaustralia.com.au/wp-content/uploads/2023-Snapshot-Diabetes-in-Australia.pdf** to read the latest Snapshot Report about Diabetes in Australia.

Diabetes in Australia: The case for change

Over 1.4 million people with all types of diabetes are registered with the National Diabetes Services Scheme (as at 31 December 2023) including:

Type 1 diabetes:
136,771 (9%)

Type 2 diabetes:
1,270,865 (87%)

Gestational diabetes:
44,213 (3%)

Other diabetes:
11,923 (1%)

The diabetes epidemic is one of the largest and most complex health challenges Australia is facing.

In the 12 months to December 2023 114,811 people with diabetes were newly registered with the NDSS – equivalent to 315 new registrants every day.

These rates are likely to underestimate the number of Australians living with diabetes due to a range of factors, including that NDSS registration is voluntary and that there are an estimated 500,000 Australians living with undiagnosed type 2 diabetes[1].

The total number of people with diabetes in Australia could therefore be 2 million (or 7.5% of the total population).

In 2022, it was estimated that over 1.3 million hospitalisations were attributed to diabetes (accounting for 11% of total hospitalisations in Australia).[2] Diabetes costs the Australian health care system $3.4 billion per annum[2].

Our 2024-25 budget proposals

This document is one of a series of three pre-budget submissions made by Diabetes Australia, the Australian Diabetes Educators Association and the Australian Diabetes Society which call for:



Diabetes in Australia

Priority Area	Key Action	Investment
Expand and improve access to life saving technology for people living with all types of diabetes	Pilot programs expanding access to continuous glucose monitoring for high-risk people with type 2 diabetes who use insulin	**$4.5m over two years**
Intervene early to detect diabetes-related kidney disease	Establish a National Diabetes Kidney Disease Screening Program	**$1.8m over two years**
Reduce the number of Australians developing Type 2 diabetes	Develop a national diabetes prevention phone line	**$4m over three years**
Provide more support for Aboriginal and Torres Strait Islander children with type 2 diabetes	Expand and adapt *Diabetes in Schools* to support Aboriginal and Torres Strait Islander children living with type 2 diabetes	**$1.2m over two years**
Ensure the National Diabetes Strategy improves prevention, treatment and support for all people living with diabetes	Release a funded implementation plan	



Diabetes Research

Priority Area	Key Action	Investment
Emergency funding for diabetes research	$10 million for 10 diabetes research laboratories	**$10m in 2024-25**
Medical Research Future Fund	Establish a Diabetes and Obesity Health Mission under the MRFF	**$270m over 10 years**



Optimal Care – increasing access to the Diabetes Workforce

Priority Area	Key Action	Investment
Support people with diabetes to effectively use diabetes management technology	MBS funding for initiation and support of diabetes technology from a Credentialled Diabetes Educator	**$1.1m per annum**
Support people at increased risk of diabetes-related complications by providing greater access to CDEs and multi-disciplinary care team	5 CDE visits for those most at risk of diabetes-related complications	**$30m over three years**
Support women with gestational diabetes, to prevent complications and lessen the risk of type 2 diabetes for parent and child	3 CDE visits during pregnancy, and two visits during the postpartum period.	**$14m per annum**

Access to essential diabetes technology

ACTION 1

$4.5m over two years to expand access to CGM technology for people living with type 2 diabetes, using insulin, at high risk of diabetes-related complications in two pilot programs.

Continuous glucose monitoring (CGM) technology has changed the lives of tens of thousands of Australians living with type 1 diabetes.

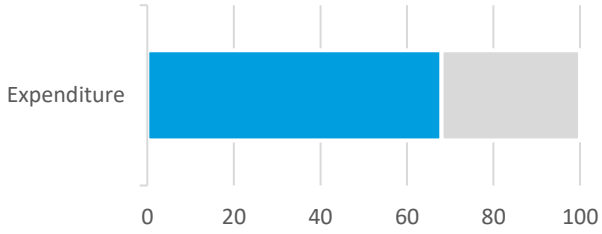
While people living with type 1 diabetes can now access CGM there are still **thousands of Australians who would benefit from this technology** – including people with type 2 diabetes who are using multiple daily insulin injections, children and young adults living with type 2 diabetes and people with a range of other types of diabetes and conditions.

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.

Further, the technology can have a positive impact on the mental health of users, as it can result in a reduction in the fear of hypoglycaemia, diabetes-related burnout and diabetes-related depression.

Expenditure on Type 2 diabetes is estimated at 68% of the total diabetes expenditure in the health system – **some $2.312B**[2].

68% **of diabetes expenditure in the health system is for type 2**



This represents a significant cost which would be reduced by greater availability of CGM for those with type 2 diabetes.

International studies demonstrate 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**[3, 4, 5]. 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.

The expansion of access to CGM technology in **two pilot programs to a targeted cohort within a Primary Health Network**, one of which is 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.

This expanded access within two pilot programs would allow for consideration and review of the workforce implications of broader CGM access. In a separate pre-budget submission about investment in the diabetes workforce we have identified the need for additional MBS funding to provide support by Credentialled Diabetes Educators (CDEs) for those who are currently eligible for CGM. The feasibility study would need to further consider how health professionals and CDEs could be funded to provide that important training and support to a larger cohort of people with diabetes.

Intervene early to detect diabetes-related kidney disease

ACTION 2

Invest $1.8m over two years to establish a National Diabetes Kidney Disease Screening Program.

More than 330,000 Australians living with diabetes have developed chronic kidney disease[6]. It is also the leading cause of end stage kidney disease in Australia and contributes to more than 250,000 hospitalisations per annum[7]. Diabetes Australia estimates that diabetes-related kidney disease costs Australia approximately **$2.68B per annum** with kidney failure accounting for **$1.9B of this**[8].

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[9]. These low screening rates are caused by low awareness levels among people with diabetes and health professionals about the need for kidney checks.

In the early stages, chronic kidney disease is asymptomatic but, if detected early, treatments and **lifestyle changes can slow or halt the progression** of the condition. As the condition progresses, its impacts can become much more serious and kidney damage is often irreversible.

An investment of $1.8m over two years would help establish a National Diabetes Kidney Disease Screening program, in partnership with the Federal Government.

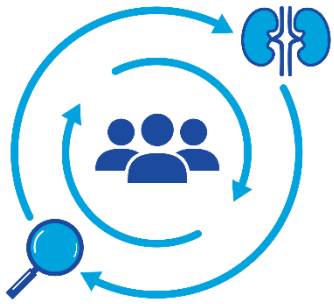
A funded National Diabetes Kidney Disease Screening Program and access to effective medicines will help reduce the impact of diabetes related kidney disease on the **1.5 million Australians** living with diabetes.

Diabetes Australia is ideally placed to implement this program as it already administers successful complication - prevention programs for people living with diabetes to prevent vision loss in **KeepSight** and foot amputations in **FootForward**.

A National Diabetes Kidney Disease Screening Program will complement the existing early detection chronic kidney disease initiatives led by our partner Kidney Health Australia.

In a separate pre-budget submission regarding the diabetes health workforce we have recommended funding for additional visits to a Credentialled Diabetes Educator for people at increased risk of diabetes-related complications. Those funded visits would have a significant impact on preventing chronic kidney disease in people living with diabetes and would complement the establishment of a Diabetes Kidney Disease Screening program.

A National Diabetes Kidney Disease Screening program would:



- ☑ make kidney screening easy;
- ☑ mobilise people with diabetes to get regular kidney health checks.

Reduce the number of Australians developing type 2 diabetes

ACTION 3

Invest $4 million over three years to promote a new National Diabetes Prevention Line to coordinate referrals between healthcare professionals and existing public and private type 2 diabetes prevention programs

Preventing type 2 diabetes from developing is the most **cost effective approach** to tackling the diabetes epidemic and is the only way to ensure that no-one has to live at risk of developing serious, life threatening complications. Prevention means making healthy eating and physical activity an everyday part of the lives of all Australians.

Diabetes Australia currently operates prevention programs in Queensland, New South Wales and Tasmania:

- in Queensland, the My Health for Life program, through Health and Wellbeing Queensland (www.myhealthforlife.com.au)
- in New South Wales, the Get Healthy Program (www.gethealthynsw.com.au); and
- in Tasmania, the COACH program (www.diabetesaustralia.com.au/phone-coaching-tasmania/).

In addition, Diabetes Victoria operates the *Life!* healthy lifestyle program.

There is currently no systematic approach to prevention in Australia and many GPs and other healthcare providers report difficulty in connecting people at risk of type 2 diabetes with available services.

Modelled on other successful helplines, a National Diabetes Prevention Line will

- optimise existing investments in type 2 diabetes prevention programs across the states;
- ease workload pressures on GPs by giving them a simple treatment pathway to support patients requiring expert behaviour change support;
- be operated by **Diabetes Australia who have a 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.



Provide more support for Aboriginal and Torres Strait Islander children with type 2 diabetes

ACTION 4

Invest $1.2 million over two years to expand and adapt *Diabetes in Schools* to support Aboriginal and Torres Strait Islander children living with type 2 diabetes.

Type 2 diabetes is one of the **leading causes of the gap in life expectancy** between Aboriginal and Torres Strait Islander peoples and other Australians[10]. 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[2].

The *Aboriginal and Torres Strait Islander Health Survey* found 64,100 Aboriginal and Torres Strait Islander people self-reported living with diabetes. This is a prevalence of 7.9% however, the actual prevalence is likely higher[2,11]. Rates of type 2 diabetes in central Australia, where around 40% of adults are living with the condition, are the **highest reported in the world**[12], attracting significant national media attention in late 2023[13,14,15].





A particular area of concern is the impact on younger Aboriginal and Torres Strait Islander people. Recent research has found rates of youth onset type 2 diabetes (aged <25 years of age) are the highest in the world**,** with children as young as four developing the condition[12].

The prevalence of diabetes among Aboriginal and Torres Strait Islander young people (15–24) has **increased by 100% over the past five years**[16].

These children require unique support in the school environment to ensure teachers can support students living with diabetes and to reduce the impact of diabetes-related stigma. The existing *Diabetes in Schools* program, currently providing support for students living with type 1 diabetes, should be **extended and adapted to support Aboriginal and Torres Strait Islander school students living with type 2 diabetes.**

An additional **$1.2 million over two years** will provide training and education to school staff to support students with type 2 diabetes. Expanding *Diabetes in Schools* will ensure access, inclusiveness, quality training, cross-jurisdictional application and program sustainability. This will ultimately improve the health and wellbeing of Aboriginal and Torres Strait Islander children with diabetes, and contribute to Closing the Gap.

Ensure the National Diabetes Strategy improves prevention, treatment and support for all people living with diabetes

ACTION 5

Release a funded implementation plan for the National Diabetes Strategy.

In November 2021 the Australian Government released the ***Australian National Diabetes Strategy 2021 – 2030***. To date the Strategy remains without an implementation plan and funding has not been committed to its implementation.

The National Diabetes Strategy followed **extensive consultation** with consumers, doctors, governments, diabetes educators and other professionals with direct knowledge of diabetes in Australia. It sets out seven clear goals[17]:

1. prevent people developing type 2 diabetes;
2. promote awareness and earlier detection of type 1 and type 2 diabetes;
3. reduce the burden of diabetes and its complications and improve quality of life;
4. reduce the impact of pre-existing diabetes and gestational diabetes in pregnancy;
5. reduce the impact of diabetes among Aboriginal and Torres Strait Islander peoples;
6. reduce the impact of diabetes among other priority groups; and
7. strengthen prevention and care through research, evidence and data.

There are five key principles which underpin the goals of the Strategy:

1. facilitation of person-centred care and self management throughout life;
2. reduction of health inequities;
3. collaboration and cooperation to improve health outcomes;
4. coordination and integration of diabetes care across services, settings, technology and sectors;
5. measurement of health behaviours and outcomes.

Recently there have been public calls for the release of an implementation plan[18] and the diabetes sector has been calling for an implementation plan since the Strategy was released[19].



The Federal Government should **release and fund the implementation plan**, noting that governments at all levels are already undertaking activities which would lead to its success.

The implementation plan should include type 2 diabetes prevention, actions to improve funding for the diabetes workforce, support for people in aged care who are living with diabetes, strategies to support Aboriginal and Torres Strait Islander people, and measures to address the alarming decline in diabetes research[19].

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	*Actions 3 and 5*
Goal 2	Promote awareness and earlier detention of type 1 and	*Actions 3 and 5*
Goal 3	Type 2 diabetes	*Actions 1, 2 and 3*
Goal 4	Reduce the burden of diabetes and its complications and improve quality of life	*Action 3*
Goal 5	Reduce the impact of pre-existing diabetes and gestational diabetes in pregnancy	*Action 4*
Goal 6	Reduce the impact of diabetes among Aboriginal and Torres Strait Islander peoples	*Actions 1, 3 and 4*

National Preventive Health Strategy 2021–2030

Aim 1	All Australians have the best start in life	*Actions 3, 4 and 5*
Aim 2	All Australians live in good health and wellbeing for as long as possible	*Actions 1, 2, 3, 4 and 5*
Aim 3	Health equity is achieved for priority populations	*Actions 3 and 4*
Aim 4	Investment in prevention is increased	*Actions 3 and 5*

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

Priority Area 1	Improving health equity across populations	Actions 1 and 3
Priority Area 2	Empowering parents and caregivers to maximise healthy development	Action 3
Priority Area 3	Tackling mental health and risky behaviours	Action 1
Priority Area 4	Addressing chronic conditions and preventive health	Actions 1, 2, 3, 4 and 5

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