Sub # 006

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Diabetes QUEENSLAND

turning diabetes around

Mr Brook Hastie
Research Director
Health and Ambulance Services Committee
Parliament House
BRISBANE QLD 4000

Dear Mr Hastie

It is a pleasure to provide this submission from Diabetes Queensland in response to the Health and Ambulance Committee's enquiry into the establishment of the Queensland Health Promotion Commission.

The Health Promotion Commission provides an opportunity to understand the health needs of all Queenslanders, not just those who utilise the hospital system and already have progressed conditions and illnesses.

The benefit of this is the chance to implement behavioural changes based on evident community and demographic risk, lessening the future growth of diagnosis and burden on the health system.

The individual and community benefits will match the economic outcomes for the State.

What the Commission needs to represent.

The formation of the Health Promotion Commission needs to bestow it with the authority of knowing the health needs of Queenslanders, access to inter-departmental information, partnerships with on-the-ground non-government organisations, and the ability to coordinate resources to target localised need.

Fundamentally, to be effective, the Commission needs to be credible and listened to by other departments, and Governments, including around the Cabinet table.

It cannot be isolated, and it needs to utilise and cooperate with existing networks to allow it to reach across communities, conditions, and departments.

It needs to be a true partner with the existing networks and resources to develop coordinated campaigns in communities across the state.

This will also encourage partnerships within the non-Government sector in response to identified need, with cooperative use of resources and expertise.

The Commission needs to be able to credibly map need in the community, and be a resource for all relevant and authorised agencies, government and non-government, to contribute to it. Without knowing the true community need and risk, any programs and interventions cannot be adequately targeted.

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This is an exciting opportunity that could be a turning point in how our State deals with chronic conditions, and Diabetes Queensland is proud to support the establishment of the Health Promotion Commission.

Growth of chronic conditions

As health issues have changed over the previous decades, Queenslanders are now living longer, and living with more chronic conditions.

Chronic conditions were present in 90 per cent of deaths in 2011. The Australian Institute of Health and Welfare attributes this to improved health responses to infection and infant mortality, combined with the dual factors of aging population and changing lifestyle.

Additionally, chronic conditions are increasingly present in conjunction with each other. On average, there are 3 conditions associated with a death, with about 20% of deaths having five or more associated conditions.[1]

The 2007–08 National Health Survey indicated that more than one in every three Australians reported at least one chronic condition, with the proportion reporting diagnosis increasing with age[2].

A patient presenting with cardiac issues may also have a diabetes diagnosis, and arthritis, and mental health conditions.

'GPs report that the most common chronic diseases or conditions they see are hypertension, diabetes and depression, followed by arthritis and lipid disorders, including high blood cholesterol.'[3]

While it is essential to target specific conditions in order to stem their advance, both in diagnosis and progression, it is also not possible to view them wholly in isolation from other conditions.

The escalation of type 2 diabetes will see it become the leading health burden in Australia by 2017[4]. Every day, another 280 people are diagnosed[5], 60 of these in Queensland. Yet, about 60 per cent of type 2 cases are preventable[6].

Also, in the case of diabetes, the cost to our State-funded hospital system is $610 million a year.

In order to limit the incidence and prevalence of chronic conditions, broad scale intervention is required. While other programs (notably, the $27 million investment in Health for Life!) target high risk demographics for Type 2 diabetes, a focus on populations who are not at immediate risk is also required in order to prevent progression to a high risk status.

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[1] Australian Institute of Health and Welfare 2014 *Australia's health 2014*. Australia's health series no. 14. Cat. no. AUS 178. Canberra: AIHW

[2] ibid

[3] ibid

[4] Diabetes Australia, 2013 A National Diabetes Strategy and Action Plan.: Diabetes Australia.

[5] http://www.diabetesaustralia.com.au/Understanding-Diabetes/Diabetes-in-Australia/

[6] Diabetes Prevention Program Research Group. Reduction in the Incidence of Type 2 Diabetes With Lifestyle Interventions or Metformin. The New England Journal of Medicine. 2002.: 346 (6): 393-403

Obesity is growing rapidly, with adult obesity increasing by 22 per cent in four years to 2014, averaging an annual increase of 40,000 cases a year over a decade[7]. While 65 per cent of adult Queenslanders are overweight or obese, worryingly more than a quarter (28 per cent) of children are similarly overweight or obese[8].

A whole-of-community preventative health focus, which teaches people methods of behavioural change and increases general awareness of healthy living and chronic conditions, is needed to ensure generational progress against the burden of these conditions.

In addition, there is the opportunity to target demographics with known risk.

The need for a broad scope – a type 2 diabetes snapshot.

As with other chronic conditions, a majority of diagnoses of type 2 diabetes are preventable (60 per cent). While some of these diagnoses are preventable by individual changes to behaviours, others relate to more difficult aspects of lifestyle, including location and work type..

Individual choices over lifestyle may be limited by geographic isolation, and issues such as the availability and affordability of fresh food.

Others are sector based, such as shift work, as experienced particularly in the mining and transport industries.

Access to health services and resources also play a large part in prevention, early intervention, diagnosis and management of conditions including type 2 diabetes.

Some risk factors are unchangeable, such as gender and ethnicity, though attention can be paid to these factors to tailor the message to mitigate the inherent risk.

Some populations face an increased risk of type 2 diabetes, including Aboriginal and Torres Strait Islanders who are three times more likely to develop the condition[9]. Australians born in South East Asia have 1.6 times the prevalence of type 2 diabetes, people born in the Pacific Islands and the Middle East have nearly twice the prevalence, and those born in North Africa 2.3 times the diagnosis rate.[10]

As the Australian Medical Association said, "The implications of the social determinants are not bound by race, although race might be thought of as a social determinant in itself. Social determinants are important to health outcomes for all Australians. [11]

Type 2 diabetes has a strong correlation to age, with 75 per cent of people diagnosed being over the age of 55[12]. This means that as Australia's population ages, the rate of type 2 diabetes is expected to grow significantly. Between 1994 and 2014, the proportion of Australia's population aged 65 and over increased by nearly three per cent[13].

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[7] Chief Health Officer of Queensland (2014) Media Release – Obesity fuels growing health epidemic. 19 November 2014.
[8] Queensland Health. *The health of Queenslanders 2014. Fifth report of the Chief Health Officer Queensland*. Queensland Government. Brisbane 2014.
[9] http://www.aihw.gov.au/diabetes/
[10] Australian Institute of Health and Welfare 2008. Diabetes: Australian facts 2008. Diabetes series no. 8. Cat. no. CVD 40. Canberra: AIHW.
[11] Owler, B (AMA) (2015) Speech to BMA Symposium, *The Role of Physicians and National Medical Associations in Addressing the Social Determinants of Health and Increasing Health Equity* London, 24 March 2015
[12] ABS *Australian Health Survey: First Results, 2011-12*. Australian Bureau of Statistics. Canberra. 29 October 2012.
[13] ABS *Australian Demographic Statistics June 2014*. Australian Bureau of Statistics. Canberra, 18 December 2014.

In combination with this, there is an increase in the number of people developing the condition at an earlier age. Nearly 1,000 people under the age of 20 have now been diagnosed with type 2 diabetes, while close to four per cent of type 2 diabetes registrants with the NDSS are aged less than 40[14].

This effectively means both ends of the age spectrum are increasing in diagnosis rates. The prevalence of diabetes is forecast to grow by 207 per cent between the years 2003 and 2033[15].

This emphasises the need for the Commission to inform and enact generational change, and to work to the broadest possible targets.

In a purely economic sense, our health system will not be able to support demand if we do not act. The impost on the health system is forecast to increase significantly, with the cost of treatment of type 2 diabetes set to rise between 2003 and 2033 by 436 per cent.[16]

The impact on productivity, society, and individuals are similarly increasing.

The total annual cost impact of diabetes in Australia is estimated at $14.6 billion[17]. While it is the largest, it is just one of the chronic conditions impacting our community at an increasingly great rate.

Social determinants of health

The World Health Organisation identified a series of non-health factors which are contributory or causative to the overall state of a person's health. These social determinants are the "conditions in which people are born, grow, live, work and age".[18] While they are causative in the onset of health conditions, they are also contributory to health iniquities and ultimately outcomes.

The National Rural Health Alliance identified social determinants that are highly applicable to the urban-regional spread in Queensland. "In Australia, country people are subject to the same types of social disadvantage as can occur in cities (such as lower educational attainment, job uncertainties and unemployment, poor access to appropriate housing etc)."[19]

A type 2 diabetes-specific application of social determinants provides a marked relationship. "The underlying determinants of diabetes are the same the world over. Economic development is associated with increasingly 'obesogenic environments' characterized by decreased physical activity and increasing access to energy-rich diets." [20]

This means that those who are facing greatest social disadvantage are most likely to be exposed to circumstances which create worse health outcomes for them, in turn increasing social disadvantage.

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[14] NDSS Statistical Snapshot March 2015.
[15] Goss J 2008. Projection of Australian health care expenditure by disease, 2003 to 2033. Cat. no. HWE 43.Canberra: AIHW.
[16] Goss J 2008. Projection of Australian health care expenditure by disease, 2003 to 2033. Cat. no. HWE 43.Canberra: AIHW.
[17] https://www.diabetesaustralia.com.au/diabetes-in-australia
[18] WHO (http://www.who.int/social_determinants/sdh_definition/en/)
[19] National Rural Health Alliance (http://ruralhealth.org.au/advocacy/current-focus-areas/social-determinants-health)
[20] IDF - The social determinants of diabetes and the challenge of prevention (https://www.idf.org/diabetesatlas/5e/the-social-determinants-of-diabetes-and-the-challenge-of-prevention)

While social factors would be beyond the remit of the Commission, it would be in the beneficial position of having access to data at a Governmental level which would help tailor programs to best meet the needs of the target audience. Prevention programs would need to have regard for the broader implications of the social determinants.

Additionally, information could be gathered from organisations on the ground as to needs, increasing the knowledge base and ability to make specific interventions.

Walker et al state "A lack of attention to the importance of social determinants of health, or the social and economic conditions that influence health, has been suggested as a reason for the lack of population level change in diabetes outcomes"[21]

The Scope of the Commission

The key objective of the proposed Health Promotion Commission should be to change the health behaviour of the general community. This begins with influencing the behaviour of targeted communities.

To deliver its objective, the Commission should be the key point of coordination for health promotion projects. It should work with communities, through Hospital and Health Services, Primary Health Networks and non-government organisations to ascertain local needs and risks.

It should be able to guide intervention decisions in chronic health promotions, based on evaluation, evidence and partnerships. With the imprimatur of the Executive, the Commission should be able to undertake its work utilising the information and resources of multiple agencies across Government. It needs to be recognised as a credible and active agency and supported at the Cabinet Table, in the Parliament, among Health Practitioners, and in the general community.

The diverse network and resources of the non-Government sector are part of the core of health-related service delivery. Traditional problems with duplication and a lack of co-ordination are to be addressed.

Using an evidence-based approach and utilising the existing resources and networks of these organisations, the Commission would be able to reach all areas and demographics of the state. Knowledge that is currently isolated because of the fragmentation of the system could be used in cohesive responses to deliver tangible outcomes.

Importantly, it will also act as a complement to health management programs which target the high-risk populations. It can prevent the progression to high risk, decreasing the cost to individual, community and economy.

A current interjurisdictional example is VicHealth, the Victorian Health Promotion Foundation. [22] This Foundation advises Government and contributes to work across a number of portfolios. It works in areas including healthy eating, alcohol harm prevention, domestic violence, physical activity, health equity and social connection.

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[21] Walker, R et al. (2014) *Relationship between social determinants of health and processes and outcomes in adults with type 2 diabetes: validation of a conceptual framework* BMC Endocrine Disorders *2014, **14**:82 doi:10.1186/1472-6823-14-82*

[22] https://www.vichealth.vic.gov.au/

It also cites among its goals, a 'comprehensive, inclusive approach to health'[23], which focuses on conditions, or social determinants, beyond health which in turn have a direct influence on health.

A successful Health Promotion Commission relies on a fundamental understanding of the social determinants of health. "Understanding the causal pathway of social determinants of health is now recognized as a critical aspect for understanding the root cause for health problems and developing effective health interventions." [24]

In the Queensland context, the Commission could provide the first opportunity to thoroughly examine the increasing burden of chronic disease through all the barriers imposed by social determinants, and state-specific circumstance.

The Commission could complete the groundwork to better identify needs, resources and outcomes on a highly regionalised basis, creating a knowledge platform about chronic disease and the available response.

It could then use this knowledge in partnership with the non-government sector to better tailor resources, funding and programs to the populations who will see relevant and proven benefit.

Reducing fragmentation further still, there could be multi-tiered partnerships between multiple agencies, including departments, Hospital and Health Services, and several non-government agencies in a bid to offer more comprehensive and streamlined responses.

By aligning relevant agencies to contribute collectively to a targeted community, programs can be delivered with more depth and success. It would be the role of the Commission to identify the need, coordinate the partnerships, and evaluate the outcomes.

Yours sincerely

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[23] https://www.vichealth.vic.gov.au/about/what-we-do

[24] Walker, R et al. (2014) *Relationship between social determinants of health and processes and outcomes in adults with type 2 diabetes: validation of a conceptual framework* BMC Endocrine Disorders *2014, **14**:82 doi:10.1186/1472-6823-14-82*