



A submission to the Standing
Committee on Health, Aged Care and
Sport from the
Australian Health Promotion Association
on
the Inquiry into Diabetes

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INTRODUCTION

The Australian Health Promotion Association Ltd (AHPA®) is the peak body for health promotion in Australia. AHPA advocates for the development of healthy living, working and recreational environments for all people. Through our work we support the participation of communities and groups in decisions that affect their health. Australia is one of the healthiest countries in the world. This is largely because of effective public health and its core services – protection, prevention and health promotion which includes action to create and support the social and environmental conditions that enable Australians to enjoy a healthy and happy life. We are now more aware than ever of just how complex the circumstances are by which human health is influenced – policies and actions shaped by the unfair distribution of wealth, power and resources, both locally and internationally. We are also more cognisant of the range of skills and practices required to enhance individual and community capacity and act to address those forces that lead to health inequities - the unfair and avoidable differences in health status seen within and between countries. **Health promotion's role has never been so significant.**

ABOUT US

Incorporated in 1990, AHPA is the only professional association specifically for people interested or involved in the practice, policy, research and study of health promotion. Our member-driven national Association represents over 1000 members and subscribers and is governed by a Board at the national level with operational branches representing all states and territories. Membership of AHPA is diverse, and includes designated health promotion practitioners, researchers and students, as well as others involved in promoting physical, mental, social, cultural and environmental health, whose primary profession or area of study may be something different, but whose responsibilities include promoting health. Members represent a broad range of sectors including health, education, welfare, environment, transport, law enforcement, town planning, housing, and politics. They are drawn from government departments and agencies, universities, non-government organisations, community-based organisations and groups, private companies, and students.

Our activities include: national registration of health promotion practitioners for the International Union for Health Promotion and Education (IUHPE) in Australia; national health promotion university learning and teaching network; early career support; national and local conferences and events; a tri-yearly Population Health Congress (with partners: Public Health Association of Australia, Australasian Epidemiological Association and Australasian Faculty of Public Health Medicine); a website providing professional and membership information; a national listserv providing members with sector news, employment, advocacy and events information; stakeholder and member communication across a range of platforms; advocacy action; strong partnership working with a range of organisations; awards; traineeships; mentoring; scholarships and bursaries; and the Health Promotion Journal of Australia.

Our Vision

A healthy, equitable Australia.

Our Purpose

Leadership, advocacy and workforce development for health promotion practice, research, evaluation and policy.

Our Principles

- Ethical practice - Supporting culturally informed, participatory, respectful, and safe practice.
- Health equity - Addressing the sociocultural, economic, political, commercial and ecological determinants of health in order to build health equity.
- Innovative and evidence informed approaches - Promoting and supporting evidence informed research, policy and practice.
- Collaboration - Working in partnership with other organisations to improve health and wellbeing.

OUR SUBMISSION

This submission highlights importance of understanding and addressing the determinants of health when tackling diabetes. As outlined in our previous [Budget Submission](#), despite the evidence governments have continues to focus on health crisis rather than addressing the causes of poor health. An agenda of personal responsibility and victim blaming for “unhealthy” “behaviours” and “lifestyles” persists in health policymaking.^[1] We strongly encourage the use of strengths-focused language and action that adequately reflects the evidence of the broader determinants which create the conditions for health inequities. We provide four recommendations to the government which suggests a multifaceted, whole-of-government approach is required.

The Australian Health Promotion Association calls on the government to:

- Bolster the diabetes prevention system with a sustained investment in a health promotion workforce to focus on health equity and the broad determinants of health to address obesity and diabetes in Australia.
- Invest in high-quality applied, health promotion and illness prevention research and ensure review funding rounds are considerate of the complexities of real-world, community-based prevention research.
- Implement policies, programs and strategies that demonstrate utility at scale and tailor approaches to local contexts. These tailored approaches should be co-designed with community members and people with lived experience to ensure that they are guided by community from whom the programs, policies and systems represent.
- Evaluate the effectiveness of current government policies and programs and integrate evidence-based approaches into policy and practice.

More about our vision for a healthy, equitable Australia can be found in AHPA’s [Health Promotion and Illness Prevention Policy](#).

Please do not hesitate to contact us with further questions.



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THE CAUSES OF DIABETES IN AUSTRALIA

AHPA recognises that the causes of diabetes encompass a range of factors, including genetics, family history, age, sedentary behaviour, and other medical conditions. However, whilst there is evidence for genetics and individual determinants increasing the risk of developing obesity, type 2 diabetes (and gestational diabetes), there is a plethora of evidence connecting wider determinants of health with obesity and diabetes risk.^[2] Evidence shows that socio-economic status, health literacy, cultural and linguistic diversity, location, and access to supportive environments impact the risk of developing obesity, type 2 and gestational diabetes.^[3-9] By addressing these broader determinants of health – social, cultural, commercial, political, economic and ecological, we can achieve a healthy, equitable Australia.

With much already known about the causes of obesity and diabetes, AHPA calls on the government to adequately resource, develop, implement, and evaluate multiple complementary evidence-informed health promotion and primary prevention strategies that particularly seek to address inequities that mean some individuals, because of their circumstances are worse off than others. Consequently, it is critical that any strategies aim to reach those most vulnerable and at risk of developing diabetes, ensuring no one is left behind because of who they are or where they live.

Co-design and co-development of interventions with communities is an integral part of diabetes prevention to harness community levels of readiness to change into action by ensuring interventions meet the needs of the community and the voices of those with lived experience are heard. Evidence highlights the vital role that community engagement and culturally tailored programs play in community readiness for diabetes prevention, particularly for those less likely to engage with the traditional health system.^[10-11] In order to achieve this a well-resourced, skilled, culturally diverse health promotion workforce is needed.

NEW EVIDENCE-BASED ADVANCES IN DIABETES PREVENTION, DIAGNOSIS, AND MANAGEMENT

AHPA calls for strengths-based approaches and asks that through this inquiry national policies and prevention related funding are put in place to support such strategies. Strengths based approaches build on the assets of communities and aim to build capacity and empower communities to take action to support their health, rather than focusing on addressing needs only. Prevention policies and programs should be tailored at the local level, using grassroots, community-based approaches.

For example, where healthy food access is limited community owned and run food hubs with a local farmer to local community model benefit not only individuals eating and selling these foods but also reduce the impacts of climate change through shortening food chain systems by cutting down on transport and packaging¹. Several models are available across the country². Despite the potential benefits on individuals, communities and our environment from community run food hubs, challenges are faced with establishing such models that could be addressed through national level policies. For example, during times when food access and supply are negatively impacted in Australia, short-term and suboptimal food relief is often the response instead of more sustainable strategies to support local food environments, which would ultimately lead to increasing an individual's access to and consumption of healthy foods.^[12]

Why does this happen? Across Australia, the governance around local food systems is fragmented, there is much need of comprehensive policy coverage to support resilient local food systems^[13] and nutrition and population health outcomes are not sufficiently integrated within existing policies governing local food systems.^[12-14] AHPA calls for more funding to support local, sustainable food systems, such as the example we have provided here of food hubs.

¹ See: [How to co-design a food hub with your community - Open Food Network Australia](#)

² See: <https://www.boxdivvy.com/run-a-food-hub>, <https://melbournefoodhub.org.au/home/>, <https://conversations.merri-bek.vic.gov.au/community-food-hub-moreland>

It is essential that policymakers address urban planning contributions to obesity and diabetes in the Australian population and incorporate this into their policies and programs to further ensure all Australians have food security and with healthy food options, particularly those who may experience greater health inequities.

We also ask for consideration of the role that the built environment plays in preventing obesity and diabetes. Previous research has shown that changing the built environment impacts on health – walking paths, streetlamps, safe neighbourhoods and places to play are associated with better health and wellbeing.^[15] Additionally, we ask for a focus on strategies across the lifespan. It is pertinent to mention here that pre-school healthy eating and physical activity programs through to those targeting the elderly are generational approaches that will impact on the evolution of health literacy and health prevention.^[16]

One of AHPA's principles is to promote and support evidence informed research, policy, and practice. We ask the government to ensure there is adequate funding dedicated to health promotion and illness prevention research. It is crucial to recognise the value of prevention research and ensure that it receives the necessary support and resources. By adapting funding rounds to consider the complexities of real-world, community-based prevention research and incorporating a health equity lens, policymakers can enable the implementation of evidence-based prevention interventions that target health inequities and contribute to Australia's future health goals. Funding for management and treatment of health conditions dominates the approach to health in Australia. We advocate for dedicated funding rounds of health promotion and illness prevention focused research with a focus on broader determinants of health.

We invite review of our additional thoughts on [investments for prevention in our special issue](#) of the Health Promotion Journal of Australia. [The journal can also be accessed](#) for a broader range of evidence to support a health promotion and primary prevention approach to taking action to reduce the impact and burden of diabetes in Australia, including a [recent issue on equity and health literacy](#) and an issue on [nutrition and physical activity](#).

THE BROADER IMPACTS OF DIABETES ON AUSTRALIA'S HEALTH SYSTEM AND ECONOMY

Diabetes is a significant contributor to the total disease burden in Australia, impacting both the quantity and health-related quality of Australian lives.^[17] Type 2 diabetes contributed 2.3% of the total disease burden in Australia and was the 12th leading contributor. According to state-based registers of the National Diabetes Service Scheme (NDSS) and the Australasian Paediatric Endocrine Group (APEG), in 2021, an estimated 1 in 20 (over 1.3 million) Australians were living with diabetes.^[18] This includes people living with type 1 diabetes, type 2 diabetes and other diabetes, but excludes gestational diabetes. While these estimates present a snapshot into the number of people living with diabetes in Australia, they also translate to pressures (or burdens) on the Australian health system.

The AIHW reports an estimated \$3.1 billion of the Australian health system expenditure was attributed to diabetes.^[19] Of that expenditure, type 2 diabetes accounted for 63%, type 1 diabetes represented 10%, gestational diabetes represented 2% and other diabetes, 24%. These resources were spent on hospital services including public hospital admitted patients, public hospital outpatient services, private hospital services, public hospital emergency departments, medications dispensed through the pharmaceutical benefit scheme (PBS) and on dental programs and services.^[20] Expenditure represents areas with great cost-savings potentials. Savings will be achieved by investing in a combination of upstream, population-based approaches (such as pricing, legislation and policy) and approaches further downstream (such as awareness-raising community empowerment models) that take action on the leading risk factors of type 2 diabetes – overweight and obesity, diet and physical inactivity.

The impacts of diabetes extend beyond individual health, affecting the broader health system and economy. By intervening early, significant savings in terms of quality of life and healthcare costs can be achieved. By investing in prevention strategies and evidence-informed approaches, the government can ensure a healthier population, reduce the burden on the health system, and contribute to the long-term economic well-being of Australia. **We know that for every \$1 invested in health promotion and illness prevention there is \$14.30 in benefits.**^[21,22]

INTERRELATED HEALTH ISSUES BETWEEN DIABETES AND OBESITY

AHPA acknowledges the interrelatedness of diabetes and obesity and the intersectionality of risk factors for obesity and diabetes.^[23-24] When multiple risk factors co-exist and intersect, the overall risk of developing these conditions increases. As a result, it is critical to adopt a health equity lens to ensure strategies address the intersecting factors contributing to obesity and diabetes. Addressing obesity is crucial for diabetes prevention and management.

The recommendations proposed in this submission, which align with AHPA's asks including for the last [federal election](#), focus on evidence-informed approaches in the prevention, diagnosis, and management of obesity. By implementing these strategies, policymakers can tackle the intertwined challenges of obesity and diabetes, leading to improved health outcomes for all Australians.

EFFECTIVENESS OF CURRENT AUSTRALIAN GOVERNMENT POLICIES AND PROGRAMS

AHPA strongly recommend policymakers ensure only evidence-informed policies, programs and strategies, that are co-developed with communities are utilised. It is essential to evaluate the effectiveness of current government initiatives and ensure that resources are allocated to effective interventions. Australia is very good at developing strategies and frameworks, but resourcing, monitoring and evaluation and scaling interventions that are show efficacy in research is limited.

By aligning policies with the available evidence and investing in health promotion and illness prevention initiatives, the government can maximise the impact of its efforts and achieve better health outcomes for all Australians. A trained, skilled and well-resourced workforce is needed to address the complex causes of diabetes – this extends beyond the clinical workforce. Health promotion practitioners bring a unique set of skills and [competencies](#) to the table in order to be able to address the determinants of health and deliver effective policies and programs, particularly those that relate to working with communities to increase health literacy and participation.

Effective action to tackle the conditions that make Australians vulnerable for diabetes are embedded in the National Preventive Health Strategy as well as other Australian policy frameworks. Any future action should ensure that there is explicit mapping across strategies can highlight overall investment and have synergies for resourcing, implementation and outcomes.

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