

House of Representatives Standing Committee on Health, Aged Care and Sport inquiry into Diabetes

**Response to consultation
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Recipient

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About Dietitians Australia

Dietitians Australia is the national association of the dietetic profession with over 8500 members, and branches in each state and territory. Dietitians Australia is the leading voice in nutrition and dietetics and advocates for the profession and the people and communities we serve.

The Accredited Practising Dietitian program provides an assurance of safety and quality and is the foundation of self-regulation of the dietetic profession in Australia. Accredited Practising Dietitians (APDs) are uniquely trained to provide one-on-one medical nutrition therapy to patients in a clinical context across a broad range of disease and health conditions. Dietitians must hold the APD credential and meet continuing professional development and recency of practice standards annually to access Medicare, Department of Veterans Affairs, National Disability Insurance Scheme, worker's compensation schemes and most private health insurers. APDs have an important role in the prevention, treatment and management of diet-related chronic disease, including diabetes (Type 1 Diabetes, Type 2 Diabetes, Gestational Diabetes and "other" diabetes).

This submission was prepared by Dietitians Australia staff following the [Conflict of Interest Management Policy](#) and processes approved by the Board of Dietitians Australia.

Recommendations

Dietitians Australia calls on the House of Representatives Standing Committee on Health, Aged Care and Sport (the Committee) to urge the Australian Government to improve access to Accredited Practising Dietitians for the prevention, treatment and management of diabetes and implement food system reform as critical measures to combat the prevalence of diabetes in Australia. These measures must include:

- expansion of Medicare's Chronic Disease Management (CDM) program to include sufficient services to provide holistic care to people with complex health needs, including those living with Type 1 Diabetes, Type 2 Diabetes, Gestational Diabetes and 'other' diabetes
- acknowledge the complexity of dietary interventions and support quality of care by increasing the current Medicare rebates for dietetic services, and creating and funding Medicare items for extended duration dietetic consultations that are more appropriate for the management of complex chronic conditions, including diabetes
- expansion of the CDM program or investment in nationwide multidisciplinary preventive services and programs for risk factor conditions including pre-diabetes to reduce the incidence of Type 2 Diabetes
- review of the current model for provision of group services under Medicare to people living with Type 2 Diabetes to improve uptake and to ensure services are sustainable and used to their full potential
- strengthened investments in community-based services delivered through Primary Health Networks to provide equitable access across the country to ongoing multidisciplinary team care for people with complex health needs, including those living with all forms of diabetes, and comorbidities
- development of a comprehensive National Nutrition Strategy with an accompanying well-resourced, co-ordinated, evidence-based and strategic action plan
- as part of the development of a National Nutrition Strategy, implementation of policies to transform the food system to support Australians' access to healthy diets, including:

- fiscal policies – mandating a 20% health levy on manufacturers of sugary drinks
- labelling policies – mandating an enhanced and strengthened Health Star Rating system across the packaged food supply
- legislation to regulate marketing - including the marketing of breastmilk substitutes as well as protecting children from unhealthy food marketing
- establishment of mandatory reformulation targets to improve the composition of the packaged food supply.

Discussion

Dietitians Australia welcomes the opportunity to provide input to the Committee’s inquiry into diabetes. We would also welcome an opportunity to present to the Committee at a public hearing.

This submission will focus on the following 2 terms of reference.

- The effectiveness of current Australian Government policies and programs to prevent, diagnose and manage diabetes.
- Any interrelated health issues between diabetes and obesity in Australia, including the relationship between type 2 and gestational diabetes and obesity, the causes of obesity and the evidence-base in the prevention, diagnosis and management of obesity.

Aspects of the remaining terms of reference are discussed in ‘General comments’ below.

General comments

The number of Australians living with diabetes increased from 400,000 to more than 1.3 million between 2000 and 2021.¹ Among the leading modifiable risk factors for the development of Type 2 Diabetes is diet.

Optimum nutrition is fundamental to good health throughout life. It is essential for the best possible growth and development of infants and children. It contributes significantly to quality of life and wellbeing, resistance to infection and protection against chronic diseases, premature death and disability.^{2,3} Unhealthy eating patterns are now the leading preventable risk factor contributing to the burden of disease globally and are a leading risk factor contributing to diabetes, cardiovascular disease, some cancers, dental disease and many other chronic conditions in Australia.⁴⁻⁶

Most Australians do not eat a healthy diet. Nationally, less than 1% of the population reports eating patterns consistent with the Australian Dietary Guidelines.³ In 2020-21, 90% of Australian children and 91% of adults weren’t eating enough vegetables and 35% of energy intake was from unhealthy foods and drinks high in added sugar, saturated fat, salt or alcohol.^{3,7-9} At present, 58% of Australian families’ food budgets is being spent on unhealthy foods and drinks.¹⁰

In 2021, poor diet contributed to 26% of the Type 2 Diabetes disease burden,⁹ and diabetes contributed to 11.2% of all deaths.¹¹ Costs to the health system are significant. For the 2019–20 financial year, the Australian Institute for Health and Welfare (AIHW) estimated that Australian health system expenditure for diabetes was \$3.1 billion, representing 2.2% of total disease expenditure. Two billion dollars of this expenditure was attributed to Type 2 Diabetes, with nearly half (\$838.5 million) for hospital services and \$575.2 million for medications. Health system expenditure For Type 1 Diabetes for the same period was estimated to be \$323.7 million with nearly half for hospital services. Expenditure for gestational diabetes was \$63.6 million, 84% of which was for hospital services.¹²

Pre-diabetes, a modifiable risk factor for the development of Type 2 Diabetes,¹³ is a condition in which blood glucose levels are above normal but are not high enough for a diagnosis of diabetes. The most recent data analysed by the AIHW shows that 3.1% of Australian adults have pre-diabetes and the proportion of adults with pre-diabetes increases with age.¹⁴ The duration of pre-diabetes in adults over 30 years is 8.5 years in men and 10.3 years in women.¹⁵ This represents a wide window of opportunity to implement effective strategies that prevent progression to Type 2 Diabetes, including evidence-based dietary interventions delivered by Accredited Practising Dietitians.

Once a diagnosis of diabetes is made, Accredited Practising Dietitians are equipped to provide dietary interventions, from a diverse suite of options, that best suit the person's health needs and goals. Dietary interventions aim to manage blood glucose levels to prevent or minimise complications that significantly impact a person's quality of life and that incur significant costs to the health care system. Type 2 Diabetes remission has also been indicated as possible for some people through dietary interventions.¹⁶

When not well-managed or when left untreated, common complications of diabetes, including cardiovascular disease, kidney disease, blindness, and lower limb nerve damage and amputation, can be the result, increasing the number of avoidable health care visits and hospitalisations.¹¹ Of the total number of hospitalisations in 2020-21, 11% were associated with diabetes.¹¹

Prevalence of overweight and obesity in Australia is high with two-thirds of the adult population and a quarter of children living with overweight or obesity. While overweight is reported to contribute to the Type 2 Diabetes disease burden,¹⁷ a focus on weight management as part of treatment is not always appropriate, can alienate consumers and can perpetuate weight stigma. Accredited Practising Dietitians work with their clients to determine the most appropriate intervention for their individual circumstances.

Action to improve diets is fundamentally important to prevent and reduce Type 2 Diabetes in Australia. With the substantial number of Australians living with Type 2 Diabetes and its risk factors, it is imperative to focus on prevention and evidence-based interventions, including dietary interventions, to optimise individual health, health system and economic outcomes.

Dietitians Australia highlights that food system reform together with improved access to Accredited Practising Dietitians for the prevention, treatment and management of diabetes are critical measures the Australian Government needs to implement to combat the prevalence of diabetes in Australia.

Effectiveness of current Australian Government policies and programs to prevent, diagnose and manage diabetes

Recommendations

Dietitians Australia strongly recommends that the Australian Government:

- expand Medicare's Chronic Disease Management (CDM) program to include sufficient services to provide holistic care to people with complex health needs, including those living with Type 1 Diabetes, Type 2 Diabetes, Gestational Diabetes and 'other' diabetes
- acknowledge the complexity of dietary interventions and support quality of care by increasing the current Medicare rebates for dietetic services, and creating and funding Medicare items for extended duration dietetic consultations that are more appropriate for the management of complex chronic conditions, including diabetes
- expand the CDM program or invest in nationwide multidisciplinary preventive services and programs for risk factor conditions including pre-diabetes to reduce the incidence of Type 2 Diabetes
- review the current model for provision of group services under Medicare to people living with Type 2 Diabetes to improve uptake and to ensure services are sustainable and used to their full potential
- strengthen investments in community-based services delivered through Primary Health Networks to provide equitable access across the country to ongoing multidisciplinary team care for people with complex health needs, including those living with all forms of diabetes, and comorbidities.

Type 2 Diabetes can be prevented or delayed in most people at risk. Food system reforms, including those described in the next section, that provide equitable, affordable access to healthy food and drink options are critical to support health-promoting behaviours. It is imperative that the onus of responsibility for prevention of chronic conditions does not rest solely on individuals. Food system reforms are an essential foundation for the prevention of chronic conditions, including diabetes.

Lifestyle modifications like diet and exercise that are underpinned by health-promoting food system and physical environments, are effective frontline strategies that can prevent or delay onset of Type 2 Diabetes in 58% of cases.¹⁸ Further, dietary interventions delivered by Accredited Practising Dietitians are well-recognised in the treatment and management of diabetes (all forms), pre-diabetes and comorbidities including cardiovascular and kidney diseases, as demonstrated in evidence-based clinical guidelines.¹⁹⁻²⁵

Accredited Practising Dietitians deliver medical nutrition therapy which provides for a systematic and evidence-based approach to the clinical management of chronic conditions like pre-diabetes, diabetes, heart and kidney diseases (and risk factors) through diet.²⁶ There are many different dietary interventions that can be employed in the prevention, management and treatment, including remission, of diabetes. There is no single 'ideal' dietary intervention. The optimum strategy is individualised and developed in partnership with the consumer, taking into consideration the consumer's health needs and goals and individual preferences. Medical nutrition therapy delivered by Accredited Practising Dietitians according to dietetic practice guidelines has been demonstrated to be both clinically and cost effective.²⁷

Recent systematic reviews have demonstrated that medical nutrition therapy delivered by dietitians is effective in improving glycaemic control, weight, body mass index, waist circumference,

cholesterol and blood pressure in people with Type 2 Diabetes, and these interventions are more effective than standard care.²⁸⁻³⁰ Further studies show that dietary interventions are effective measures to prevent the progression of pre-diabetes to Type 2 Diabetes.^{31, 32}

A recent scoping review highlighted the cost effectiveness of dietitian-led nutrition therapy for people with Type 2 Diabetes, showing that dietetic interventions reduced both healthcare and social costs.³³ Another recent study analysing the cost-effectiveness of both individual lifestyle interventions for high-risk populations and population-based strategies found that they were either cost effective or cost saving.³⁴

Strong evidence exists to indicate collaborative, multidisciplinary teams are best suited to providing diabetes management and to help facilitate self-management.³⁵⁻⁴⁰ The Australian Diabetes Educator Association (ADEA) developed [diabetes care pathways](#) which represent the gold standard in multidisciplinary diabetes care. The care pathways reflect the importance of referral to a multidisciplinary team for the management of diabetes. Multidisciplinary teams need to include Endocrinologists/Diabetes Physicians, Accredited Practising Dietitians, Credentialed Diabetes Educators and Accredited Exercise Physiologists. Various other members of a multidisciplinary care team are also indicated.

Access to effective, holistic, multidisciplinary healthcare is limited due to current health funding policies and programs. People living with diabetes and comorbidities, overweight and obesity can access Accredited Practising Dietitians and other allied health practitioners through Medicare's CDM program. The CDM program allows for a maximum of 5 services per calendar year shared across all 13 eligible allied health providers.⁴¹ This allocation does not align with best practice clinical guidelines and is not enough to meet the complex needs of people living with diabetes. The current program does not allow sufficient time to develop therapeutic relationships with clients to support sustainable long-term health behaviour changes necessary to improve health outcomes.^{42, 43} Further, the low rebate does not adequately compensate for the complexity of service delivery needed for consumers with chronic disease.

Dietetics in the ambulatory and community setting is largely a counselling-type therapy. Effective counselling in a consumer-centred approach requires time to build rapport⁴⁴ and develop an individualised nutrition care plan.⁴⁵ An Australian longitudinal study found that the mean time dietitians spent on an initial CDM consultation was 55 minutes and 36 minutes for a review.⁴⁶ Other counselling professions (eg psychologists, social workers, occupational therapists) have Medicare item numbers for consultations of 50 minutes or longer to reflect the time that is needed to support patients. The Department of Veterans' Affairs also recognises the need for longer consultations with a higher benefit for extended initial and subsequent consultations.⁴⁷ Increasing the Medicare benefit for longer consultations will help ensure that dietetic providers are able to undertake an effective assessment of the patient and provide a high-quality service, improving health outcomes for consumers with complex chronic conditions like diabetes.^{42, 43, 48}

Group sessions for people with Type 2 Diabetes, led by Accredited Practising Dietitians, are also available through Medicare. High overhead costs of running group sessions and low provider rebates limit their uptake, despite their potential effectiveness. We recommend a review of the existing rebate and model to address current issues with uptake.

We note that initiatives like the National Diabetes Services Scheme (NDSS) provide invaluable free nationwide programs and services to people living with Type 2 Diabetes. With the limitations of the CDM pathway described above, however, there remain gaps in access to preventive care and ongoing allied health care. NDSS services are only available to those with a diagnosis of diabetes and not to people living with pre-diabetes or other risk factors. We recommend greater investment be made through the Primary Health Networks to ensure local services have the capacity to provide equitable access to adequate preventive and ongoing, comprehensive multidisciplinary care.

Any interrelated health issues between diabetes and obesity in Australia, including the relationship between type 2 and gestational diabetes and obesity, the causes of obesity and the evidence-base in the prevention, diagnosis and management of obesity

Recommendations

Dietitians Australia considers that food system transformation is essential to support Australians' access to healthy diets and to reduce the incidence of chronic diseases, including diabetes. Measures to achieve these outcomes must include the development of a comprehensive National Nutrition Strategy with an accompanying well-resourced, co-ordinated, evidence-based and strategic action plan.

We call on the Committee to urge the Australian Government to ensure a new National Nutrition Strategy:⁵¹

- provides food and nutrition security for all Australians
- addresses increasing rates of diet-related chronic diseases, including diabetes
- addresses the overrepresentation of unhealthy ultra-processed foods in our food supply
- promotes and enables sustainable eating patterns with low environmental impact
- implements policy actions that support the Australian Dietary Guidelines
- aligns with international⁵²⁻⁵⁶ and domestic^{51, 57, 58} policy advice
- involves sectors beyond health, such as agriculture and trade
- has strong synergies with the National Preventive Health Strategy, Australian Breastfeeding Strategy and National Obesity Strategy
- ensures a food and nutrition system free from conflicts of interest⁵² and voluntary industry actions which undermine public health advances.⁵⁹

As part of the development of a National Nutrition Strategy, we call on the Committee to urge the Australian Government to implement the following policy priorities:

- fiscal policies – mandating a 20% health levy on manufacturers of sugary drinks
- labelling policies – mandating an enhanced and strengthened Health Star Rating system across the packaged food supply
- legislation to regulate marketing - including the marketing of breastmilk substitutes as well as protecting children from unhealthy food marketing
- establishment of mandatory reformulation targets to improve the composition of the packaged food supply.

Develop and fund a National Nutrition Strategy

We applaud the Australian Government's funding commitment to develop a national nutrition framework. We now strongly urge the Government to develop a comprehensive [National Nutrition Strategy](#) with an accompanying well-resourced, co-ordinated, evidence-based and strategic action plan.

If it was easier for Australians to enjoy healthy foods and drinks consistent with the Australian Dietary Guidelines³ the disease burden of Type 2 Diabetes in the community would be reduced by 41%.⁵⁰

An up-to-date National Nutrition Strategy would align with the National Preventive Health Strategy⁸ where the need for food and nutrition action guided by a specific policy document is acknowledged. It would also be an essential component of the National Obesity Strategy⁹ and the National Breastfeeding Strategy¹⁰ and would deliver multiple complementary benefits in terms of health, the economy, equity and environmental sustainability.

Food system policy priorities

A National Nutrition Strategy must include a focus on transforming the food system within Australia to improve health. A coordinated, multi-strategy approach to improve the food system is needed to have the greatest impact on health.⁶⁰ There are multiple policy options available to improve the food system in Australia. These can impact on the way food is made, sold, labelled and advertised. We recommend the following actions as the highest priorities.

- Fiscal policies including mandating a 20% health levy on manufacturers of sugary drinks.
- Labelling policies including mandating an enhanced and strengthened Health Star Rating system across the packaged food supply.
- Legislation to regulate marketing, including the marketing of breastmilk substitutes as well as protecting children from unhealthy food marketing.
- Mandatory reformulation targets to improve the composition of the packaged food supply.

There are many other evidence-based policy options available that can help improve food systems in Australia that should be considered as part of a National Nutrition Strategy. These policy options could include mandatory added sugar labelling and regulation of commercial product composition to provide for optimum health for all Australians, particularly for vulnerable populations including infants and children. Policies impacting on the food environment should be implemented alongside evidence-based public education campaigns to drive behaviour change and initiatives to improve health and nutrition literacy.

Policies to improve the food system must be developed and implemented within an environment that supports individuals, reduces inequity and addresses influences on health that extend beyond the health system. The social, economic, environmental and commercial determinants of health should be considered by the Committee in its report and recommendations.

Commercial influences can have a significant impact on the development and implementation of food policy in Australia.⁶¹ There is a growing body of evidence that commercial entities producing and selling manufactured food, as well as associated actors often attempt to delay, weaken, distort, and/or impede the development of food and nutrition policies and programs, effectively undermining healthier and more sustainable food systems.⁶¹ To be effective, public health reforms must be designed and implemented within a governance and regulatory framework that has the promotion and protection of public health as its primary objective. Australia's food and nutrition system and its policies must be free from conflicts of interest.

Improving the food environment and making it easier for all Australians to eat healthier food and live healthier lives will reduce the risk of all diet-related non-communicable diseases, including diabetes. It will also improve Australians' wellbeing, consistent with the recently released [Measuring What Matters framework](#) that includes the prevalence of chronic conditions as an indicator and recognises diet as a key modifiable risk factor.

Below outlines evidence and further information on the priority policies listed above.

Fiscal policies – mandate a 20% health levy on manufacturers of sugary drinks

Dietitians Australia recommends the Australian Government mandate a 20% health levy on sugary drinks manufacturers.

Over half of Australians' free sugar intake is from sugary drinks,⁶⁷ and consumption is highest among young men aged 18-24.⁶⁸ A health levy on sugary drinks will reduce sugar consumption, encourage reformulation, and raise revenue that can be used for health promotion.⁶⁵

A health levy on sugary drinks is not only effective in improving health outcomes, it is also cost effective.⁷¹ A Deakin University study found that a health levy on sugary drinks would save the Australian Government \$1.7bn.⁷² For maximum impact, revenue raised from a 20% health levy should be allocated for public health initiatives that aim to improve Australian population health and nutrition, particularly for socioeconomically disadvantaged sub-populations.⁷⁰

Mandating a health levy on sugary drinks is recommended by the World Health Organization (WHO) and is consistent with international best practice.⁶⁵ Australia is behind internationally with at least 85 countries implementing a health levy or tax on sugary drinks in some form.⁶⁶ Consideration of tax reform and use of pricing policies to reduce intake of sugary drinks are actions recommended under the National Preventive Health Strategy and National Obesity Strategy.

Labelling policies - mandate an enhanced and strengthened Health Star Rating system across the packaged food supply

We strongly recommend the Australian Government mandate the Health Star Rating system across the packaged food supply. This labelling should be clear and consistent across all products. The system should be enhanced with stronger thresholds for sodium and sugar, to have better alignment with the Australian Dietary Guidelines. The system should be reviewed and updated regularly to ensure it reflects the most up to date evidence and is promoting healthier foods. Additionally, it should be supported by public education campaigns and in-store advertising to enhance consumer awareness and understanding.

Providing consumers with transparent, accurate information about the food they eat is crucial to improving health outcomes and it also incentivises manufacturers to improve the health profile of foods. Front-of-pack nutrition labelling on pre-packaged foods contributes to increasing consumer awareness and enables consumers to make healthier choices, change purchasing intentions, and provide industry incentive to reformulate and produce healthier products.^{73, 74}

Comprehensive front-of-pack labelling is recommended by the WHO⁶² and reflected in both the National Preventive Health Strategy and National Obesity Strategy. Additionally, it is supported by the Australian public, with 3 out of 4 Australian adults in favour of government action to ensure the Health Star Rating is displayed on all packaged food and drinks.⁷⁵

Regulation of marketing - introduce legislation to regulate the marketing of breastmilk substitutes

Dietitians Australia recommends that the Committee urge the Australian Government to replace the Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement (MAIF Agreement) by legislation that reflects the [International Code of Marketing of Breastmilk Substitutes](#) and subsequent relevant WHA Resolutions (WHO Code), noting the recently concluded consultation on the [MAIF Agreement](#). We recommend this be done as soon as possible to uphold our human rights obligations.

In Australia, there are no mandatory legal measures to prevent marketing of infant formula. The voluntary system that exists, the MAIF Agreement, is inadequate. It does not prevent the commercial milk formula industry from using marketing practices that may be misleading, exploitative or that misrepresent science. Evidence from the WHO shows that formula milk marketing, not the product

itself (which has its place for women and parents who are not able or do not want to breastfeed), disrupts informed decision-making and undermines breastfeeding and infant health.⁸⁰

Legislation to regulate marketing of breastmilk substitutes is in line with recommendations made in the National Obesity Strategy.

Regulation of marketing - introduce comprehensive regulation to protect children from unhealthy food marketing

Dietitians Australia recommends the Australian Government introduce comprehensive regulation to prevent children's exposure to unhealthy food marketing. This regulation must:

- ensure television, radio and cinema are free from unhealthy food marketing from 6am to 9.30pm
- prevent processed food companies targeting children
- ensure that public spaces and events are free from unhealthy food marketing
- protect children from digital marketing of unhealthy food.

These protections must apply to all children up to age 18, include all forms of marketing and promotion, apply to brand marketing and apply a strong definition of unhealthy food that reflects the Australian Dietary Guidelines and current evidence on healthy diets.⁷⁶

Evidence clearly demonstrates that exposure to unhealthy food marketing influences the foods that children prefer, the foods they choose and the foods they eat.⁷⁷ Comprehensive government regulation is needed to ensure that children can go to school, participate in their community, play and attend sport, watch TV and go online without exposure to unhealthy food marketing that undermines their health and wellbeing.

Regulation to protect children from unhealthy food marketing is recommended by the WHO⁷⁸ and reflected in both the National Preventive Health Strategy and National Obesity Strategy. Additionally, it is supported by more than 35 public health and consumer organisations⁷⁶ and the Australian public, with 7 out of 10 Australian adults agreeing that government should take action to protect children from unhealthy food marketing.⁷⁹

Develop mandatory reformulation targets to improve the composition of the packaged food supply

We recommend the development of government-led mandatory reformulation targets for added sugars, sodium and saturated fat across the packaged food supply.

Dietitians Australia is a member of the Healthy Food Partnership. Mandating reformulation targets to reduce sodium, sugar and saturated fat of relevant packaged and processed foods is an important priority. Reformulation can be used as a tool together with other reforms, like the introduction of a health levy on sugary drinks and the improvement of the Health Star Rating, to reduce the negative impact of processed food on the health of all Australians.⁸¹ Reformulation should be government led in line with current evidence, mandated and targets should be set free from conflicts of interest.

A review of the impact of food reformulation internationally on food choices, nutrient intake and health status showed overall improvement in nutritional composition of foods purchased, improved nutritional intakes and a reduction in heart disease, including improved blood pressure.⁸²

Mandatory reformulation is supported by a growing body of evidence,⁸³ recommended by the WHO⁸⁴ and reflected in both the National Preventive Health Strategy and National Obesity Strategy.

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