

## Response ID ANON-27WA-JEUD-9

Submitted to **The Australian National Diabetes Strategy 2016-2020: Targeted Consultation on the Implementation Plan**  
Submitted on 2017-03-29 13:13:12

### Section A: Demographics

#### 1 Please provide your name

**Name:**

Vanessa Schuldt, Policy & Advocacy Officer

#### 2 Where are you based?

Other

**If 'Other' please specify:**

National

#### 3 Please provide your email address

**Email:**

pao@daa.asn.au

#### 4 Are you providing a response:

On behalf of an organisation

**If 'Other' please specify:**

#### 5 If you are responding on behalf of an organisation, please provide the name of the organisation.

**Name of organisation:**

Dietitians Association of Australia (DAA)

#### 6 Please specify your or your organisation's area of expertise.

**Please specify your or your organisation's area of expertise :**

Nutrition and dietetics for the prevention and management of disease and the translation of science into practical advice, to guide food choices for good health.

#### 7 Do you identify as an Aboriginal or Torres Strait Islander person?

Not Answered

### Section B: Direction of future work for Goals 1 – 7

#### Goal 1: Prevent people developing type 2 diabetes

#### 8 The National Priority Actions identified in Goal 1 are adequate.

Agree

#### 9 With regard to the National Priority Actions identified in Goal 1, is there anything missing or what should change? (100 word limit)

**With regard to the National Priority Actions identified in Goal 1, is there anything missing or what should change? (200 word limit):**

The development of an 'Australian National Nutrition Policy'. Such a Policy is needed to address a spectrum of nutritional health issues, including chronic diseases like Type 2 diabetes and would draw together current activities in nutrition, such as the Australian Dietary Guidelines and the Health Star Rating, support food and nutrition monitoring and surveillance, and provide a platform to coherently address nutrition as a risk factor for chronic disease. The establishment of a National Nutrition Policy will help to guide the 'development, implementation and monitoring of national food and nutrition plans for the prevention of Type 2 diabetes'.

#### 11 With regard to the Strengthen Current Actions identified in Goal 1, is there anything missing or what should change? (100 word limit)

**With regard to the Strengthen Current Actions identified in Goal 1, is there anything missing or what should change? (200 word limit):**

Current actions relating to 'healthy eating' could be strengthened by having greater investment in community level programs led by Accredited Practising Dietitians to positively influence individual/community behaviours, improve health literacy and change social norms. An example is the 'Healthy Dads, Healthy Kids' community-based healthy lifestyle program for fathers and their children.

More work is needed in vulnerable populations e.g. people living with mental illness or disability are at higher risk of developing diabetes and need better access to Accredited Practising Dietitians for individual services or to strengthen food and nutrition systems in supported residential accommodation.

**10 The Strengthen Current Actions identified in Goal 1 are adequate.**

Agree

**12 Are there relevant Potential Areas for Action for Goal 1 from the Australian National Diabetes Strategy 2016-2020 that should be included and prioritised in the Implementation Plan? (100 word limit)**

**Are there relevant Potential Actions for Goal 1 from the National Diabetes Strategy that should be included and prioritised? (100 word limit):**

DAA would like to see an expansion of Government funded MBS Items to allow people with pre-diabetes to see an Accredited Practising Dietitian, as evidence shows lifestyle changes that include dietitian-delivered interventions are effective in reducing risk factors for Type 2 diabetes. A recent systematic review and meta-analysis showed lifestyle diabetes prevention interventions are effective in reducing body weight and glucose related outcomes. Dietitian-delivered interventions, compared with those delivered by other personnel, achieved greater weight reduction. Small to medium effect sizes were documented for 2-hour blood glucose and hemoglobin A1c (HbA1c) (Sun et al, 2017).

Reference:

Sun Y et al. The Effectiveness and Cost of Lifestyle Interventions Including Nutrition Education for Diabetes Prevention: A Systematic Review and Meta-Analysis. J Acad Nutr Diet 2017; 117:404-421.

**Goal 2: Promote awareness and earlier detection of type 1 and type 2 diabetes**

**13 The National Priority Actions identified in Goal 2 are adequate.**

Disagree

**14 With regard to the National Priority Actions identified in Goal 2, is there anything missing or what should change? (100 word limit)**

**With regard to the National Priority Actions identified in Goal 2, is there anything missing or what should change? (100 word limit):**

Measures should be implemented to support GPs to identify pre-diabetes and refer to allied health practitioners, including Accredited Practising Dietitians and Accredited Exercise Physiologists, to support lifestyle changes which delay or prevent the onset of diabetes.

References:

- Diabetes Prevention Program Research Group. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. N Engl J Med 2002; 34: 393-403.
- Tuomilehto J, et al. Prevention of type 2 diabetes mellitus by changes in lifestyle among subjects with impaired glucose tolerance. N Engl J Med 2001; 344: 1343-1350.
- Parker AR, et al. The effect of medical nutrition therapy by a registered dietitian nutritionist in patients with pre-diabetes participating in a randomized controlled clinical research trial. J Acad Nutr Diet 2014; 114: 1739-1748.

**15 The Strengthen Current Actions identified in Goal 2 are adequate.**

Disagree

**16 With regard to the Strengthen Current Actions identified in Goal 2, is there anything missing or what should change? (100 word limit)**

**With regard to the Strengthen Current Actions identified in Goal 2, is there anything missing or what should change? (100 word limit):**

Targeted risk assessment and screening should be extended to health professionals likely to encounter people with undiagnosed diabetes. This includes Accredited Practising Dietitians, who see a range of clients with risk factors for Type 2 diabetes (e.g. overweight/obese, hypertension, poor diet), which provides an ideal situation to perform a diabetes risk assessment as part of the standard consultation process. Psychiatrists are also relevant, given the risk of metabolic side effects of medication for mental illness.

**17 Are there relevant Potential Areas for Action for Goal 2 from the Australian National Diabetes Strategy 2016-2020 that should be included and prioritised in the Implementation Plan? (100 word limit)**

**Are there relevant Potential Actions for Goal 2 from the Australian National Diabetes Strategy 2016-2020 that should be included and prioritised? (100 word limit):**

**Goal 3: Reduce the occurrence of diabetes-related complications and improve quality of life among people with diabetes**

**18 The National Priority Actions identified in Goal 3 are adequate.**

Disagree

**19 With regard to the National Priority Actions identified in Goal 3, is there anything missing or what should change? (100 word limit)**

**With regard to the National Priority Actions identified in Goal 3, is there anything missing or what should change? (100 word limit):**

Of the eighteen indicators that have been identified to measure the progress of Goal 3, one is 'People with diabetes who have attended a diabetes educator', yet another more critical indicator should be: the number of people with diabetes who have attended an Accredited Practising Dietitian.

Given the attributable burden of diabetes from selected risk factors is largely diet related, it is imperative that dietary intervention be given greater national priority.

As such, DAA considers it vital to include medical nutrition therapy from an Accredited Practising Dietitian (APD) in (1) a nationally endorsed set of diabetes guidelines and (2) clinical care standards for diabetes care.

One of the other priority actions is to 'Encourage the routine assessment of the psychological well-being of people with diabetes'. In the same vein, DAA recommends including: 'An effort is made to ensure the routine assessment and intervention by an Accredited Practising Dietitian for all patients with diabetes'.

**20 The Strengthen Current Actions identified in Goal 3 are adequate.**

Disagree

**21 With regard to the Strengthen Current Actions identified in Goal 3, is there anything missing or what should change? (100 word limit)**

**With regard to the Strengthen Current Actions identified in Goal 3, is there anything missing or what should change? (100 word limit):**

Accredited Practising Dietitians and other allied health professionals have a key role to play in the prevention and treatment of both Type 1 and Type 2 diabetes. Evidence shows that dietetic intervention leads to lower HbA1c levels for those with Type 2 Diabetes and reduced hospitalisation rates(1). Support for patients with diabetes is provided by the Medicare Benefits Schedule via Chronic Disease Management Items, although DAA considers the current number of items (i.e. up to 5 allied health visits per annum) is inadequate. The recent Diabetes Care Project demonstrated that more than five visits on average are required to achieve satisfactory outcomes for all patients, and that greater investment in allied health consultations achieved better outcomes for patients, particularly for those with complex needs. This finding supports better resourcing for allied health in Medicare Chronic Disease items to improve health outcomes.

Reference:

Canadian Diabetes Association Clinical Practice Guidelines Expert Committee. Canadian Diabetes Association 2013 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada. Can J Diabetes. 2013; 37: S1-S212

**22 Are there relevant Potential Areas for Action for Goal 3 from the Australian National Diabetes Strategy 2016-2020 that should be included and prioritised in the Implementation Plan? (100 word limit)**

**Are there relevant Potential Actions for Goal 3 from the Australian National Diabetes Strategy 2016-2020 that should be included and prioritised? (100 word limit):**

**Goal 4: Reduce the impact of pre-existing and gestational diabetes in pregnancy**

**23 The National Priority Actions identified in Goal 4 are adequate.**

Disagree

**24 With regard to the National Priority Actions identified in Goal 4, is there anything missing or what should change? (100 word limit)**

**With regard to the National Priority Actions identified in Goal 4, is there anything missing or what should change? (100 word limit):**

Breastfeeding reduces the risk of diabetes not only in the baby, but in mothers with gestational or Type 2 diabetes. DAA recommends implementing more practical measures to support mothers, especially mothers with diabetes, to exclusively breastfeed their infants to around six months of age and reflect this in National Priority Actions: 'Increase the number of women with diabetes (especially gestational and Type 2 diabetes) in the community who exclusively breastfeed their infants to around six month of age'.

Changes to diagnostic criteria may increase the number of women diagnosed with GDM (Moses et al, 2011). National Priority Actions should include: 'Extend the ability of antenatal care services to provide adequate care to women identified with GDM'.

Reference:

Moses R et al. The impact of potential new diagnostic criteria on the prevalence of gestational diabetes mellitus in Australia. MJA 2011; 194: 338-340.

**25 The Strengthen Current Actions identified in Goal 4 are adequate.**

Agree

**26 With regard to the Strengthen Current Actions identified in Goal 4, is there anything missing or what should change? (100 word limit)**

**With regard to the Strengthen Current Actions identified in Goal 4, is there anything missing or what should change? (100 word limit):**

More multidisciplinary programs which include Accredited Practising Dietitians are needed for effective prevention and management of excess weight in pregnancy as a risk factor for GDM. (de Jersey et al - see: [http://eprints.qut.edu.au/61090/1/n2131943\\_deJersey\\_Thesis\\_April2013\\_FINAL\\_cleancopy.pdf](http://eprints.qut.edu.au/61090/1/n2131943_deJersey_Thesis_April2013_FINAL_cleancopy.pdf)).

Strengthen Current Action 2 by creating two separate goals as follows:

- Review and strengthen reminder alerts based on best practice for women who have had gestational diabetes (and their children) to have follow-up screening.
- Increase opportunities for women with gestational diabetes to access lifestyle (diet and physical activity) counselling to monitor and lower their risk of developing type 2 diabetes.

**27 Are there relevant Potential Areas for Action for Goal 4 from the Australian National Diabetes Strategy 2016-2020 that should be included and prioritised in the Implementation Plan? (100 word limit)**

**Are there relevant Potential Actions from the Australian National Diabetes Strategy 2016-2020 that should be included and prioritised? (100 word limit):**

## **Goal 5: Reduce the impact of diabetes among Aboriginal and Torres Strait Islander peoples**

### **28 The National Priority Actions identified in Goal 5 are adequate.**

Disagree

### **29 With regard to the National Priority Actions identified in Goal 5, is there anything missing or what should change? (100 word limit)**

**With regard to the National Priority Actions identified in Goal 5, is there anything missing or what should change? (100 word limit):**

Strengthen the National Priority Action by stating: 'Develop and implement a targeted nutrition and physical activity plan for Aboriginal and Torres Strait Islander people, with relevance to those living in both urban and rural/remote communities'.

DAA supports prevention and early intervention programs to prevent diabetes. This requires greater workforce capacity within Aboriginal Community Controlled Health Organisations (ACCHOs), which could be achieved through increased opportunities for diabetes, nutrition and lifestyle training/qualifications for Aboriginal Health Workers and ensuring ACCHOs have access to all the relevant allied health practitioners.

### **30 The Strengthen Current Actions identified in Goal 5 are adequate.**

Agree

### **31 With regard to the Strengthen Current Actions identified in Goal 5, is there anything missing or what should change? (100 word limit)**

**With regard to the Strengthen Current Actions identified in Goal 5, is there anything missing or what should change? (100 word limit):**

### **32 Are there relevant Potential Areas for Action for Goal 5 from the Australian National Diabetes Strategy 2016-2020 that should be included and prioritised in the Implementation Plan? (100 word limit)**

**Are there relevant Potential Actions for Goal 5 from the Australian National Diabetes Strategy 2016-2020 that should be included and prioritised? (100 word limit):**

The cost of a healthy food basket, monitored to assess the availability and affordability of foods required for a healthy diet, is included in the 'Indicators' for Goal 5. Action required should include development of a nationally consistent methodology for this. An indicator for cost should be added to Measures of Progress. (Lewis and Lee, 2016 DOI: <https://doi.org/10.1017/S1368980016002160>)

DAA also recommends including an action to Goal 5, along the line of: 'Increase food security of Aboriginal and Torres Strait Islander people living in rural and remote areas, including access to healthy food and beverages'.

## **Goal 6: Reduce the impact of diabetes among other priority groups**

### **33 The National Priority Actions identified in Goal 6 are adequate.**

Disagree

### **34 With regard to the National Priority Actions identified in Goal 6, is there anything missing or what should change? (100 word limit)**

**With regard to the National Priority Actions identified in Goal 6, is there anything missing or what should change? (100 word limit):**

People living in rural and remote communities lack access to allied health services to assist in the management of chronic disease, including diabetes. DAA proposes including a National Priority Action which addresses this important issue, such as: 'Examine the barriers to allied health care experienced by people with diabetes living in rural and remote areas and implement solutions (e.g. telehealth and internet services) to address the barriers'.

### **35 The Strengthen Current Actions identified in Goal 6 are adequate.**

Disagree

### **36 With regard to the Strengthen Current Actions identified in Goal 6, is there anything missing or what should change? (100 word limit)**

**With regard to the Strengthen Current Actions identified in Goal 6, is there anything missing or what should change? (100 word limit):**

With regards to: 'Expanding access to medical / specialist care for regional and remote youth', DAA considers it important to extend the action to include access to allied health services, especially access of regional and remote youth to Accredited Practising Dietitians for expert dietary advice.

An action is needed to reflect the needs of people living with mental illness treated with medication who are at risk of diabetes but do not have access to allied health professionals (Accredited Practising Dietitians and Accredited Exercise Physiologists) to support diet and physical activity to improve physical and mental health outcomes.

### **37 Are there relevant Potential Areas for Action for Goal 6 from the Australian National Diabetes Strategy 2016-2020 that should be included and prioritised in the Implementation Plan? (100 word limit)**

**Are there relevant Potential Actions for Goal 6 from the Australian National Diabetes Strategy 2016-2020 that should be included and prioritised? (100 word limit):**

## **Goal 7: Strengthen prevention and care through research, evidence and data**

### **38 The National Priority Actions identified in Goal 7 are adequate.**

Disagree

### **39 With regard to the National Priority Actions identified in Goal 7, is there anything missing or what should change? (100 word limit)**

**With regard to the National Priority Actions identified in Goal 7, is there anything missing or what should change? (100 word limit):**

Research into preventative treatment and models of care is lacking. National Priority Action could be: 'Commission research to investigate and trial new models of diabetes prevention, especially among Aboriginal and Torres Strait Islander people and priority groups'.

Clinical care of the frail elderly with diabetes is extrapolated from younger cohorts. More research is needed on treatment and goal setting of older people with diabetes which considers overall wellbeing. As an example, a National Priority Action could be: 'Commission research to investigate evidence-based medical and nutritional treatments for the elderly/fail elderly with diabetes'.

### **40 The Strengthen Current Actions identified in Goal 7 are adequate.**

Agree

### **41 With regard to the Strengthen Current Actions identified in Goal 7, is there anything missing or what should change? (100 word limit)**

**With regard to the Strengthen Current Actions identified in Goal 7, is there anything missing or what should change? (100 word limit):**

### **42 Are there relevant Potential Areas for Actions for Goal 7 from the Australian National Diabetes Strategy 2016-2020 that should be included and prioritised in the Implementation Plan? (100 word limit)**

**Are there relevant Potential Actions for Goal 7 from the Australian National Diabetes Strategy 2016-2020 that should be included and prioritised? (100 word limit):**

## **Section C: Final comments**

### **43 Any final comments? (200 word limit)**

**Any final comments? (200 word limit):**