



Australian College of Nursing

INQUIRY INTO DIABETES

THE AUSTRALIAN COLLEGE OF NURSING RESPONSE TO
STANDING COMMITTEE ON HEALTH, AGED CARE AND
SPORT (AUGUST 2023)

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Acknowledgement

The Australian College of Nursing (ACN) prides itself on being an inclusive organisation that supports equity for all people. ACN represents the nursing profession and supports social models of health care that address the needs of individuals and communities while considering the social, economic, and environmental factors impacting their health.

Executive summary

The Australian College of Nursing (ACN) would like to thank the Standing Committee on Health, Aged Care and Sport for the opportunity to provide feedback on the **Inquiry into Diabetes**.

Around 1.3 million people in Australia have diabetes,¹ 1.2 million of those with type 2 diabetes. Diabetes adds an enormous cost to the Australian economy.^{2,3}

Due to their education, skills, and values, nurses are well-positioned to address the need for holistic care that acknowledges the social determinants of health and improves health outcomes.⁴ By being embedded within communities, nurses promote public health and disease prevention to make healthier choices and empower individuals and families by supporting and working alongside local populations. Nurses can educate communities about health resilience in the current climate of increasing health burdens related to chronic conditions and multi-morbidity and, as such, their role as a culturally attuned promoter of health and provider is invaluable.⁵

Furthermore, ACN would like to express concern over the lack of acknowledgement of, or reference to, nurses in the Australian National Diabetes Strategy 2021 – 2030.⁶ As discussed below, nurse-led care in managing and supporting people with diabetes is an effective and welcome addition to health care.⁷ There is only one reference to nurses in the strategy. Leveraging the role of the nurse is critical to supporting the healthcare system. ACN urges the Australian Government to consider the nurse's value and intrinsic role in supporting patients/clients in managing their disease and working with other healthcare workers, including the primary healthcare workforce. ACN highlights the underutilised role of the nurse practitioner as a solution to closing gaps in healthcare.⁸

¹ Australian Institute of Health and Welfare (n.d.) [Diabetes: Australian facts](#).

² Lee, C. M. Y., Colagiuri, R., Magliano, D. J., Cameron, A. J., Shaw, J., Zimmet, P., & Colagiuri, S. (2013). The cost of diabetes in adults in Australia. *Diabetes research and clinical practice*, 99(3), 385-390.

³ Lee, C. M. Y., Goode, B., Nørtoft, E., Shaw, J. E., Magliano, D. J., & Colagiuri, S. (2018). The cost of diabetes and obesity in Australia. *Journal of medical economics*, 21(10), 1001-1005.

⁴ Australian College of Nursing (ACN). 2020, '[The role of the nurse in the assessment and management of multimorbidity – Position Statement](#)', ACN, Canberra.

⁵ Australian College of Nursing (ACN). 2019, '[The role of nurses in chronic disease prevention and management in rural and remote areas – Position Statement](#)', ACN, Canberra.

⁶ Department of Health (2021) [Australian National Diabetes Strategy 2021 – 2030](#).

⁷ Holloway, D., James, S., Ekinci, E., & Craft, J. (2023) Systematic review of the effectiveness of nurse-led care in reducing glycated haemoglobin in adults with Type 1 or 2 diabetes. *International Journal of Nursing Practice*, e13135.

⁸ Rosa, W.E., Fitzgerald, M., Davis, S., Farley, J.E., Khanyola, J., Kwong, J., Moreland, P.J., Rogers, M., Sibanda, B., Turale, S. (2020). Leveraging nurse practitioner capacities to achieve global health for all: COVID-19 and beyond. *Int Nurs Rev*. 67(4):554-559. doi: 10.1111/inr.12632

ACN has consulted extensively with its membership to formulate this organisational response grounded on opportunities that nursing roles can create to improve the community's health. It also draws upon the lived experiences of ACN members and the difficulties individuals experience in maintaining good health whilst managing their diabetes.

As the peak professional body and leader of the nursing profession, ACN believes there is a significant opportunity for the Australian Government to take positive action on progressing its commitment announced in the National Preventive Health Strategy (2021) that 5% of Commonwealth, state, and territory health expenditure (in aggregate) should be directed to preventive health investments by 2030.⁹

Increasing prevention and detection efforts are important support tools to help Australians stay healthy and to reduce the financial cost to the Australian health system and the health cost to individuals. People in Australia should be provided access to screening services to enable early detection before irreversible harms impact their health. People with diabetes and pre-diabetics must be offered support to help them manage their diet and exercise. In effect, ACN calls for more emphasis on preventative care and support for self-care. The increased revenue from alcohol, tobacco, and sugar-sweetened drinks can supplement funding for these interventions.

Summary of ACN's Recommendations

ACN recommends:

- The Australian Government promotes and invests in nurse-led and multidisciplinary clinics throughout Australia to provide better access and care for all people living with diabetes.¹⁰ These services should be supported to complement existing services nationally, including in rural and remote areas of Australia where the prevalence of chronic diseases, including diabetes, is 20% higher than in urban areas.
- Every Australian living with diabetes has access to nurse-led chronic disease management plans in primary care provided by nurses and Nurse Practitioners with appropriate post graduate education and training in diabetes management.
- The Australian Government invests in funding the Australian College of Nursing to develop a suite of online diabetes learning modules which will be freely available at no cost to all nurses.
- The Australian Government further invests in building healthy communities which addresses both the social and environmental known risk factors for diabetes, together with health promotion programs targeting known risk factors.

⁹ Department of Health (2021) [National Preventative Health Strategy 2021-2030](#)

¹⁰ Wens, J., Vermeire, E., Royen, P. V., Sabbe, B., & Denekens, J. (2005). GPs' perspectives of type 2 diabetes patients' adherence to treatment: A qualitative analysis of barriers and solutions. *BMC family practice*, 6(1), 20. <https://doi.org/10.1186/1471-2296-6-20>

Introduction

In undertaking the inquiry, ACN considered the following terms of reference:

1. The causes of diabetes (type 1, type 2 and gestational) in Australia, including risk factors such as genetics, family history, age, physical inactivity, other medical conditions, and medications used
2. New evidence-based advances in the prevention, diagnosis, and management of diabetes in Australia and internationally
3. The broader impacts of diabetes on Australia's health system and economy
4. 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; and
5. The effectiveness of current Australian Government policies and programs to prevent, diagnose and manage diabetes.

Our submission to the Parliamentary Inquiry highlights the increasing prevalence of type 2 diabetes and the growing impact of diabetes-related complications. ACN's recommendations stress the need to both address diabetes before it occurs and to support those diagnosed with diabetes to manage their diet, exercise, and lifestyle to allow them to remain fit and healthy.

Our response stresses the need for Australia to:

- Scale up type 2 diabetes prevention, including increasing funding and investment.
- Increase type 2 diabetes detection efforts, including more opportunistic screening in healthcare settings and community locations.
- Set clear, measurable targets for type 2 diabetes prevention and the prevention of diabetes-related complications.
- Ensure Australians with type 2 diabetes who want to attempt type 2 diabetes remission can access specialised support to help them.
- Introduce key population health-level prevention initiatives, including a levy on sugar-sweetened beverages, restrictions on marketing unhealthy food to children, strengthened Health Star Rating system and planning requirements that promote physical activity.
- Ensure all Australians can access affordable, healthy, fresh food.
- Recognise the importance of the Nursing role in managing diabetes and preventive health.

1. The causes of diabetes (type 1, type 2 and gestational) in Australia, including risk factors such as genetics, family history, age, physical inactivity, other medical conditions, and medications used

ACN acknowledges the published risk factors related to the causes of all forms of diabetes. ACN will contribute to the discussion on societal risk factors in our response to the term of reference number 4. This includes the 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-based in the prevention, diagnosis, and management of obesity.

2. New evidence-based advances in the prevention, diagnosis, and management of diabetes in Australia and internationally

ACN members stated that self-management of health issues for many people is complex and arduous, even for those members with diabetes who understand the complications that long-term diabetes can cause. To help people with diabetes manage their health, a care plan is recommended. However, when a person with diabetes makes an appointment with a doctor, the time allowed for a consultation is too short to enable the doctor to address the person's issues adequately. The resulting care plan may not address the major concerns the patient is experiencing and thus may not be followed up by the patient. For example, one ACN member said they felt the care plan could have been more helpful, saying her most pressing concern, access to directed exercise, had not been included. The person with diabetes requires time with a familiar healthcare professional to discuss their health, ensuring their care plan is tailored to meet their needs. Members spoke of the benefit of consistently seeing the same healthcare person, allowing continuity of care and familiarity with the one professional.

A person with diabetes cannot make an appointment directly with a diabetic nurse educator but must be referred by a medical practitioner.¹¹ This practice puts strain on an already overburdened medical profession, raises barriers to access for those less comfortable about visiting a doctor, and underutilises the skills and professionalism of nurses operating nurse-led clinics.

Nurses are well equipped to support people struggling with the fragmentation of care and multi-morbidities associated with chronic diseases and lead care teams to provide holistic, patient-centred care.¹² Nurses can provide cost-effective and direct healthcare planning and develop knowledge, skills, and confidence within communities around ownership of health.¹³ A visit to a diabetes nurse educator

¹¹ Department of Health and Aged Care (n.d.) [Medical Benefits Schedule – Item 10951](#).

¹² Australian College of Nursing (ACN). 2019, '[Person-Centred Care](#)', ACN, Canberra.

¹³ (ACN). 2019, '[The role of nurses in chronic disease prevention and management in rural and remote areas – Position Statement](#)', ACN, Canberra.

enables a more extended interaction between nurse and patient than a standard visit to a medical practitioner allows.¹⁴ The longer face-to-face time with a diabetes nurse educator enables the nurse to better understand the patient's issues and create a better-tailored care plan.

ACN members recommend that nurses take on the management of diabetes to help reduce the burden on primary healthcare workers and enable longer, more directed consultation time with the patient. This model of care is already in use in pockets across Australia and other parts of the world, and reports reveal it to be highly effective.¹⁵ In the United Kingdom, through the National Health Scheme (NHS), nurse-led clinics showed an increase in the number of patients with diabetes presenting for management.¹⁶

Research supports a high level of effectiveness of nurse-led clinics in enabling patients to manage their diabetes through regular interaction with nurse Credentialed Diabetes Educators (CDE) in nurse-led clinics. A study from Sweden reports that 'regular check-ups by DNSs [diabetes nurse specialists] created an important and exclusive feeling of safety, security, and support, which developed patients' good daily habits and confirmed their diabetes management'.¹⁷ This positive outcome is mirrored in a study that examined how nurse CDEs improved the health outcomes of patients with type 2 diabetes through improvements in their self-confidence and self-management of care. This study was conducted in rural and remote Queensland; the patients were all aiming to manage their diabetes from a background of poor social determinants of health. The study investigated how social determinants of health could be incorporated into care, guiding a person-centred approach to care.¹⁸ These studies provide more support for nurse-led clinics to be established nationwide.

There is a clear need for more nurses trained as CDEs. Although there has been a 20% increase in CDEs over the past five years, this only brings the total number of CDEs in Australia to 1,549. This number must be increased to address the significant rise in people living with diabetes in Australia.¹⁹

It has been shown that how a healthcare worker tailors care impacts patient outcomes. The current shortage of general practitioners (GPs) and the time constraints under which they are urged to work lead to GPs needing more time to manage their patients' needs.²⁰ To provide better care, health professionals should provide 'empathetic, non-judgemental, patient-centred care', a basic tenet of the nursing profession.²¹

¹⁴ Information from a Diabetes Nurse Educator interviewed for this response.

¹⁵ Muirhead, S., & Birks, M. (2019). Roles of rural and remote registered nurses in Australia: an integrative review. *Australian Journal of Advanced Nursing, The*, 37(1), 21-33.

¹⁶ Holloway, D., James, S., Ekinci, E., & Craft, J. (2023) Systematic review of the effectiveness of nurse-led care in reducing glycosylated haemoglobin in adults with Type 1 or 2 diabetes. *International Journal of Nursing Practice*, e13135.

¹⁷ Edwall, L. L., Hellström, A. L., Öhrn, I., & Danielson, E. (2008) The lived experience of the diabetes nurse specialist regular check-ups, as narrated by patients with type 2 diabetes. *Journal of clinical nursing*, 17(6), 772-781.

¹⁸ Frier, A., Devine, S., Barnett, F., McBain-Rigg, K., Dunning, T. (2022) Improving type 2 diabetes care and self-management at the individual level by incorporating social determinants of health. *Australian and New Zealand Journal of Public Health*, 46 (6), 865-871

¹⁹ Australian Diabetes Educators Association (n.d.) [Annual Report 2021-22](#)

²⁰ Wens, J., Vermeire, E., Royen, P. V., Sabbe, B., & Denekens, J. (2005). GPs' perspectives of type 2 diabetes patients' adherence to treatment: A qualitative analysis of barriers and solutions. *BMC family practice*, 6(1), 20. <https://doi.org/10.1186/1471-2296-6-20>

²¹ Australian College of Nursing (ACN). 2019, '[Person-Centred Care](#)', ACN, Canberra.

3. The broader impacts of diabetes on Australia's health system and economy

According to the Australian Institute of Health and Welfare (AIHW), around 1.3 million people in Australia have diabetes,²² 1.2 million of those with type 2 diabetes. However, this must be understood as a conservative estimate as this figure was measured by registration with the National Diabetes Service Scheme (NDSS), to which not all people with diabetes register. The statistics also do not reflect the number of undiagnosed people with limited access to a health professional. The overall cost to the Australian economy is significant. In 2019-20, it was estimated that of the \$3.1 billion health system expenditure, \$323.7 million was attributed to type 1 diabetes, \$2.0 billion was attributed to type 2 diabetes, \$63.6 million was attributed to gestational diabetes, \$767.1 million was attributed to 'other/unknown' diabetes.²³ These figures demonstrate a significant economic burden and a further strain on a depleted healthcare workforce.²⁴

The higher risk to marginalised populations must also be acknowledged. Diabetes within the Aboriginal and Torres Strait Islander communities is 2.9 times higher than that of the non-Indigenous population.²⁵ The occurrence of type 2 diabetes increases in rural and remote communities.²⁶ For this reason, ACN urges the Australian Government to consider the utilisation of the nursing workforce to enable preventative health outcomes for all Australians.

While Australia talks about the challenge of reducing obesity and preventing the increase in type 2 diabetes, it is important to set clear, measurable targets for diabetes prevention and diabetes-related complications. Australia could look to the National Health Service (UK) for their work to prevent those diagnosed with pre-diabetes from developing type 2 diabetes. For those enrolled in the Healthier You Prevention Programme, the risk of developing diabetes has dropped by a third.²⁷ Achieving this target for Australians with pre-diabetes would be measurable and achievable. What emerges from this is the need for interventions that will be effective in all regions of Australia, across a diversity of ethnicities and the full range of ages.

²² Australian Institute of Health and Welfare (n.d.) [Diabetes: Australian facts](#).

²³ Australian Institute of Health and Welfare (2023) [Diabetes: Australian facts](#)

²⁴ Lee, C. M. Y., Colagiuri, R., Magliano, D. J., Cameron, A. J., Shaw, J., Zimmet, P., & Colagiuri, S. (2013). The cost of diabetes in adults in Australia. *Diabetes research and clinical practice*, 99(3), 385-390.

²⁵ Australian Institute of Health and Welfare (n.d.) [Diabetes: Australian facts](#).

²⁶ Ibid.

²⁷ NHS 75 England (n.d.) [NHS Diabetes Prevention Programme \(NHS DPP\)](#)

4. 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

According to Analysis and Policy Observatory (APO), 'more than one in eight adults and one in six children live below the poverty line in Australia'.²⁸ This statistic is drawn from the Poverty in Australia 2020 report.²⁹ The poverty estimate for Aboriginal and Torres Strait Islander peoples is 24% in major cities and 54% in remote communities.³⁰

A conservative estimate of Australians experiencing food scarcity is approximately 5% of the population, roughly equating to about 1 million Australians.³¹ For an individual to have food security, they must have access to adequate, safe food for themselves and their family. This food must be both healthy and enjoyable, obtained in a manner that makes the person feel good about themselves.³² Current increases in cost-of-living pressures have seen significant increases in people relying on charities to secure food for themselves and their families. The demographics of those accessing these services have shifted from just those receiving welfare payments to families with secure incomes and employment struggling to make ends meet.³³

A good diet can improve the community's overall long-term health, reducing the burden of obesity-related diseases. This is pertinent to the care, management, and prevention of diabetes in Australia. However, telling community members that their health will improve with a better diet only reveals the divide within the community between those who can afford good food and those who simply cannot. Purchasing fresh fruit and vegetables has become too costly for many surviving on social payments.

Furthermore, the divide between metropolitan, rural, and remote communities is widening. Food for all remote and rural communities is increasingly costly,³⁴ exacerbated by extreme inflation in grocery prices due to freight costs. This often results in grocery stores stocking longer-life foods and offering fewer

²⁸ Analysis & Policy Observatory (APO). (n.d.) Description of the Poverty in Australia 2020 – part 1: overview report.

²⁹ Australian Council of Social Service in partnership with UNSW Sydney (2020) Poverty in Australia 2020: Part 1. Poverty in Australia 2020 - part 1: overview (apo.org.au) [Poverty in Australia 2020 - part 1: overview \(apo.org.au\)](https://apo.org.au/publication/poverty-in-australia-2020-part-1-overview)

³⁰ Australian Council of Social Service in partnership with UNSW Sydney. 2020. Poverty in Australia 2020: Part 2. [Poverty in Australia 2020 - Part 2: Who is affected \(acoss.org.au\)](https://acoss.org.au/publication/poverty-in-australia-2020-part-2-who-is-affected)

³¹ Seivwright AN, Callis Z, Flatau P. (2020) Food Insecurity and Socioeconomic Disadvantage in Australia. International Journal of Environmental Research and Public Health. 17(2):559. <https://doi.org/10.3390/ijerph17020559>

³² Ibid

³³ Boisvert, E., Hayne, I. (2022) Interest rate pressure on homeowners leading to greater demand for food donations, Adelaide charity says. ABC News [Online] [Interest rate pressure on home owners leading to greater demand for food donations, Adelaide charity says - ABC News](https://www.abc.net.au/news/2022-08-18/interest-rate-pressure-on-home-owners-leading-to-greater-demand-for-food-donations-adelaide-charity-says/10311114)

³⁴ Neuen, Brendon I., O'Dea, Kerin, Demaio, Sandro, Larkins, Sarah, (2013) Rural Australians are missing out on affordable fresh food, The Conversation. [Rural Australians are missing out on affordable fresh food \(theconversation.com\)](https://www.theconversation.com/2013/08/rural-australians-are-missing-out-on-affordable-fresh-food)

options.³⁵ People living in remote and rural areas are more likely to have poorer health outcomes than their metropolitan counterparts due to a disparity in access to healthcare services and lifestyle differences.³⁶ To compound these disparities, the increasing loss of food preparation and cooking skills impacts the community's ability to prepare healthy and balanced food. Fast food is ubiquitous, ever-present, and easy to access. Society makes unhealthy eating the easy option.

This is a direct result of not paying heed to the impact of the social determinants of health on communities. Due to their education, skills, and values, nurses are well-positioned to address the need for holistic care that acknowledges the social determinants of health. Due to their strong connection to their communities and the ability to operate in both a clinical and social context, nurses can promote public health and disease prevention to empower individuals and families by providing support directly applicable to their communities. Through implementing family-centred care approaches, nurses can have sensitive conversations with families of children above a healthy weight range and at risk of diabetes. This is due to their strong links with families and presence throughout the healthcare journey.³⁷ In the current climate of increasing health burdens related to chronic conditions and multi-morbidity, the nurse's role as a culturally attuned health promoter and provider is invaluable.³⁸

Staying fit and healthy is important for maintaining good health for those diagnosed with type 2 diabetes. Exercise could be considered medicine for those with type 2 diabetes.³⁹ However, guided exercise planned with an accredited exercise physiologist (AEP) that considers the needs of the person with diabetes is costly for many. Yet the cost burden to the Australian health system from disease suffered by those who do not manage their health and fitness is high:⁴⁰ inactivity is directly associated with increased chronic disease risk.⁴¹ ACN acknowledges that a diabetes care plan allows up to five individual consultations or eight group sessions with an AEP funded by the Medicare Benefits Schedule (MBS). Once these have been accessed, the exercise sessions must be paid for. Providing more lasting financial assistance to ensure long-term benefits is highly recommended for people who want to manage their exercise in a safe, supportive, and encouraging environment.

The Australian Dietary Guidelines recommend eating five servings of fresh fruit and vegetables daily and two servings of lean meat, poultry, fish, or other protein daily for health and to help manage weight.⁴² Given the financial stresses many people face, these are unrealistic for many community members.

³⁵ Indigenous Allied Health Australia (2020) Report on food pricing and food security in remote Indigenous communities. [Report on food pricing and food security in remote Indigenous communities - Indigenous Allied Health Australia \(iaha.com.au\)](https://iaha.com.au)

³⁶ AIHW (2022) Rural and remote Australians. Australian Institute of Health and Welfare, <https://www.aihw.gov.au/reports-data/population-groups/rural-remote-australians/overview>

³⁷ Australian College of Nursing (ACN). 2020, '[Working with children above a healthy weight in primary health care: ACN Toolkit for nurses](#)', ACN, Canberra.

³⁸ Australian College of Nursing (ACN). 2019, '[The role of nurses in chronic disease prevention and management in rural and remote areas – Position Statement](#)', ACN, Canberra.

³⁹ Turner, G., Quigg, S., Davoren, P., Basile, R., McAuley, S. A., & Coombes, J. S. (2019). Resources to guide exercise specialists managing adults with diabetes. *Sports Medicine-Open*, 5(1), 1-12.

⁴⁰ Williams, A., Radford, J., O'Brien, J., & Davison, K. (2020). Type 2 diabetes and the medicine of exercise: The role of general practice in ensuring exercise is part of every patient's plan. *Australian journal of general practice*, 49(4), 189–193. <https://doi.org/10.31128/AJGP-09-19-5091>

⁴¹ Anderson, E, Durstine, J. L. (2019). Physical activity, exercise, and chronic diseases: A brief review. *Sports Medicine and Health Science*, 1(1), 3-10.

⁴² National Health and Medical Research Council (2013) [Australian Dietary Guidelines](#). Canberra: National Health and Medical Research Council.

Furthermore, more people are working more than one job to help keep up with the cost of living.⁴³ Longer working hours mean less time to plan for meal preparation, exercise, and day-to-day home life. A busier lifestyle that leads to sleep deprivation and tiredness severely impacts diet and health – good sleeping regimes help people manage their diet and make better food choices.⁴⁴

In all, fragile food security coupled with less downtime are significant factors impacting a person's ability to adapt their diet as a preventive and curative measure for their health. A healthy community depends on good food and a sound work/life balance. These structural barriers in Australia inhibit equitable access to health-supporting behaviours and health care.

Some social and population groups are better serviced by health infrastructure than other groups or communities, which can lead to or amplify health inequalities.⁴⁵ These barriers include:

- The cost of health care and user fees
- The availability of timely and quality services
- Systemic racism and discrimination
- Health literacy levels
- Geographic location.

Access to health care is a particular issue for rural and remote communities. Importantly, for some Aboriginal and Torres Strait Islander people, there are historical and cultural factors, including racism and discrimination, colonisation and colonialism, and the Stolen Generations, that have an ongoing impact on their health and well-being.⁴⁶ The effects of these factors are evident today in reduced employment and educational opportunities, inequitable living conditions and cultural dislocation, all of which influence health outcomes.^{47 48}

ACN members recommended subsidies to enable all people in Australia to access affordable fresh fruit and vegetables and easier access to lean proteins. In the longer term, subsidising food saves money spent on health care, ensures a healthier population, and potentially reduces the incidence of type 2 diabetes.

For those with type 2 diabetes, supporting and managing weight loss would effectively reduce the need for glucose-lowering medications and improve glycaemic control.⁴⁹ Weight loss is most effectively achieved through regular consultations with a dietician. However, attending a structured diet program is costly. ACN members agree that enabling access to structured weight loss programs for all Australians

⁴³ Australian Bureau of Statistics (2023) [Labour Account Australia](#)

⁴⁴ Suni, Eric & Truong, Kimberly (2023) [Nutrition and Sleep](#)

⁴⁵ Australian Institute of Health and Welfare (2018) [Survey of Health Care: selected findings for rural and remote Australians](#).

⁴⁶ The Royal Australian College of General Practitioners, 2020. [Addressing social and cultural determinants in primary care for Aboriginal and Torres Strait Islander peoples: position statement](#). RACGP.

⁴⁷ Australian Institute of Health and Welfare, (2020). [Patient experiences in Australia by small geographic areas in 2018–19](#).

⁴⁸ Macdonald J J, (2010). Health equity and the social determinants of health in Australia. *Social Alternatives*. 29(2), 34-40.

⁴⁹ American Diabetes Association Professional Practice Committee, & American Diabetes Association Professional Practice Committee: (2022). 8. Obesity and weight management for the prevention and treatment of type 2 diabetes: standards of medical care in diabetes—2022. *Diabetes Care*, 45(Supplement_1), S113-S124.

would enable people to stay healthy, reduce the occurrence of obesity-related diseases, and save money that poor health costs the country.

Providing face-to-face diet consultations for those with diabetes would present challenges, given the geographic distribution of the population within Australia. However, technological solutions might provide a cost-effective response that would help those people with diabetes to achieve a modest weight loss, adopt an exercise regime and improve their health.

A program in the United Kingdom offers people in England access to the 'Healthier You' National Health Service diabetes prevention program, targeting people with a high risk of developing type 2 diabetes.⁵⁰ The program aims for behavioural modification, changing diet and exercise regimes. It shows substantial promise in reducing the number of people who develop type 2 diabetes. Some people cannot attend face-to-face, so an alternative technological solution is being trialled. The trial is proving effective.⁵¹ ACN suggests that this intervention would be cost-effective and able to reach pre-diabetics and people with diabetes across the country.

There is a discussion concerning a correlation between antipsychotic use and increased risk of type 2 diabetes. Anti-psychotics as a treatment for mental illness and to help prevent relapse is considered essential for some patients. The antipsychotic drugs result in less chance of the patient being re-admitted to the hospital and less risk of suicide.⁵² The risk to patients with mental illness, treated with anti-psychotics, developing diabetes appears complicated at this stage. The drugs can cause weight gain, a risk factor for diabetes.

Studies suggest that various anti-psychotic drugs have a range of impacts on the body. Selecting the right anti-psychotic for the patient and ensuring mental health nurses monitor weight gain and diet choices may prevent a patient with mental illness from developing type 2 diabetes.⁵³ Research is ongoing.

⁵⁰ NHS 75 England (n.d.) [NHS Diabetes Prevention Programme \(NHS DPP\)](#)

⁵¹ Ross JAD, Barron E, McGough B, *et al* (2022). Uptake and impact of the English National Health Service digital diabetes prevention programme: observational study. *BMJ Open Diabetes Research and Care* 2022;**10**:e002736. doi: 10.1136/bmjdr-2021-002736

⁵² Holt R. I. G. (2019). Association Between Antipsychotic Medication Use and Diabetes. *Current diabetes reports*, 19(10), 96. <https://doi.org/10.1007/s11892-019-1220-8>

⁵³ Kosmalski, M., Różycka-Kosmalska, M., Sikora, J. & Pietras, T. (3921). Diabetes mellitus in patients using psychotropic medications: How does it work?*. *Postępy Higieny i Medycyny Doświadczalnej*, 75(1) 398-405. <https://doi.org/10.5604/01.3001.0014.9330>

5. The effectiveness of current Australian Government policies and programs to prevent, diagnose and manage diabetes.

ACN would like to take this opportunity to acknowledge the incredible potential of the forthcoming Australian Centre for Disease Control (CDC) in driving innovative healthcare interventions for chronic diseases, including diabetes. This would directly align with the Australian CDC's goal of working to prevent non-communicable (chronic) diseases.⁵⁴

ACN would like to emphasise the importance of nurse leadership in consulting on issues of concern with the CDC. Nurses can provide critical information on their communities due to their direct involvement across a patient's care journey. In addition, they have direct experience in the success and opportunities for improvement in current programs.

Nurses are often responsible for enabling people with complex health needs to remain and receive care in their homes, reducing hospital transfers.⁵⁵ Utilising nursing knowledge is imperative to the success of disease prevention across Australia's diverse communities. ACN believes that Monash's current model of chronic disease management clinics is a successful model that must be further investigated and implemented more widely.⁵⁶ This multidisciplinary model provides management and support services to patients, including a Nurse Practitioner, dietician, and diabetes educator. These models are imperative to providing patients with holistic care in one clinic, eliminating fragmentation of care, and alleviating strains on hospitals and primary care resources while lowering the complexity of the disease and managing a person's chances of deterioration.

Along with the introduction of chronic disease management clinics must come opportunities for better detection of diabetes and pre-diabetes within communities, particularly for those people living in remote and rural Australia. Identifying pre-diabetes enables interventions to prevent the onset of diabetes. Early detection of type 2 diabetes can result in less damage to organs, eyes, blood vessels, and feet and prevent lower limb amputations.⁵⁷ Undetected diabetes can also lead to heart disease, stroke, kidney, and nerve damage.⁵⁸ ACN strongly supports increased funding to ensure improved diabetes detection and screening programs nationwide. Early detection will positively impact the community, ensuring fewer complications usually associated with diabetes. In turn, this result will lead to less pressure on healthcare providers and thus less cost to all areas of the health system.

Several members spoke of technological advances making diabetes easier to manage and with improved control. ACN is watching the improvements and welcomes any device to ensure people with diabetes have a good quality of life. Several members suggested that more research could be funded to leverage the data new technologies are collecting to develop innovative models of care, thus reducing unnecessary admission and presentation to hospitals. Furthermore, the data should be accessed to provide telehealth models, allowing specialist teams to help patients manage their health remotely.

⁵⁴ Australian Government. (2023). Australian Centre for Disease Control. [Australian Centre for Disease Control | Australian Government Department of Health and Aged Care](#)

⁵⁵ Australian College of Nursing (ACN). (2021). '[Reimagining the Community and Primary Health Care System. A White Paper by ACN](#)'. ACN, Canberra.

⁵⁶ Monash Health. (n.d.). [Monash Diabetes Referral Guidelines: Diabetes Services](#).

⁵⁷ World Health Organization (2023) [Diabetes](#)

⁵⁸ Healthline (n.d.) [The Effects of Diabetes on Your Body](#)

Members spoke of the inequities surrounding new technologies and the cost. For those people without private health insurance, there needs to be more available access to technologies.

Members highlighted the need to improve access to out-of-hours care, particularly accessed through telehealth. Members mentioned that many people manage their health well, but access to care promptly when required is essential. In relation to accessible care, members support the introduction of more nurse-led clinics to manage the burden of diabetes management in a timely and cost-effective manner.

ACN members supported the view of the Australian Government to take more direct action on diet choices within the Australian population. Members believe introducing key population health-level prevention initiatives will impact Australians' health and well-being. Initiatives include introducing a levy on sugar-sweetened beverages, restricting unhealthy food marketing to children, and strengthening the Health Star Rating system. Newly built communities must have better access to good food and improved planning requirements that promote physical activity by including green space and community centres.

Several ACN members spoke of the lack of contact that people with diabetes receive to encourage or prompt good management of their condition. Members suggested that a mailout such as that distributed nationally to encourage testing for bowel cancer should be initiated by the National Diabetes Service Scheme (NDSS). Members thought an initial mailout to all Australians once they reach a pre-determined age and a prompt sent to all those receiving diabetes treatment yearly or biannually as a reminder to seek a review of their condition. Members also discussed the distance between the NDSS and their care.

Several members asked why women with gestational diabetes did not have access to individual care and support but were directed instead to group support sessions or private specialists. Advice for those rural or remote people with gestational diabetes includes travelling to a major centre with tailored services to help manage the pregnancy safely.⁵⁹ This may not be a workable solution for many; there is a risk that some women are unmonitored and risk the mother and baby's life. ACN supports the rollout of the M♡THER health platform⁶⁰ throughout Queensland and Australia-wide to support rural and remote women in managing gestational diabetes.

After the birth of their child, many women return to their pre-pregnancy diet and lifestyle, increasing the risk of type 2 diabetes. Testing post-pregnancy is recommended every three years; however, this is up to the individual to consider. A contributing factor to a return to pre-pregnancy diet and lifestyle is that women view their new children and families as more in need of care than themselves and find themselves constantly tired. Research encourages more one-on-one support throughout pregnancy and beyond to reduce the risk of type 2 diabetes for this group.⁶¹ Follow-up services for women who have experienced gestational diabetes would help warn people at the pre-diabetes stage, potentially preventing type 2 diabetes. Nurses are ideally placed to manage such a service.

⁵⁹ National Diabetes Services Scheme (n.d.) [Pregnancy support services](#).

⁶⁰ CSIRO (n.d.). [Mobile platform for gestational diabetes support](#)

⁶¹ Dennison, R. A., Ward, R. J., Griffin, S. J., & Usher-Smith, J. A. (2019). Women's views on lifestyle changes to reduce the risk of developing type 2 diabetes after gestational diabetes: a systematic review, qualitative synthesis, and recommendations for practice. *Diabetic Medicine*, 36(6), 702-717.

Obesity impacts the health of many Australians, but the management of diet and food is a complex issue. Telling people to eat better food, stop eating fast foods, limit alcohol intake and quit drinking soft drinks is less than helpful. This advice cannot come without better management of advertisements for fast foods, making good food more affordable and accessible for those in remote and rural communities, or for those living in so-called food deserts in the outskirts of major cities, or without providing support for those wanting to lose weight or to join an exercise regime.⁶² Framing obesity as an individual problem rather than a societal issue that individuals need real help with is unhelpful. By taking on board the recommendations made in the National Obesity Strategy, communities will be supported to better manage health through a good diet and sound exercise plan.⁶³

About ACN

The Australian College of Nursing is the peak professional body and leader of the nursing profession. We are a for-purpose organisation committed to our mission of Shaping Health, Advancing Nursing. We support nurses to uphold the highest possible standards of integrity, clinical expertise, ethical conduct, and professionalism through our six pillars of Education, Leadership, Community, Social Impact, Advocacy and Policy.

The Australian College of Nursing has achieved outstanding results by securing educational credibility, empowering nurse leadership, building networks and raising the organisation's profile as a professional and powerful advocacy voice for the profession. We continue to grow our membership and influence.

The Australian College of Nursing is a national body that drives change to enhance the delivery of health services to the Australian community. We are an organisation not afraid to address the issues affecting the nursing profession or Australia's health care systems.

The Australian College of Nursing is a member-based organisation with corporate and individual membership reaching over 150,000 people across all Australian states and territories. However, our reach and scope are significantly greater. We actively advocate Government for better policy and education and seek support from the media to highlight the country's largest clinical profession.

Our membership consists of clinical nurse experts, organisational leaders, academics, educators, researchers, and early and mid-career nurses looking to move into leadership roles within the profession.

The Australian College of Nursing is an accredited higher education provider and registered training organisation (RTO), graduating 100,000 nurses with post-graduate qualifications over the past 15 years. We are an Australian member of the International Council of Nurses headquartered in Geneva in collaboration with the Australian Nursing and Midwifery Federation (ANMF).

⁶² Global Nutrition Report (n.d.). Food systems and nutrition equity. <https://globalnutritionreport.org/reports/2020-global-nutrition-report/food-systems-and-nutrition-equity/>.

⁶³ Commonwealth of Australia (2022). [The National Obesity Strategy 2022-2032](#). Health Ministers Meeting