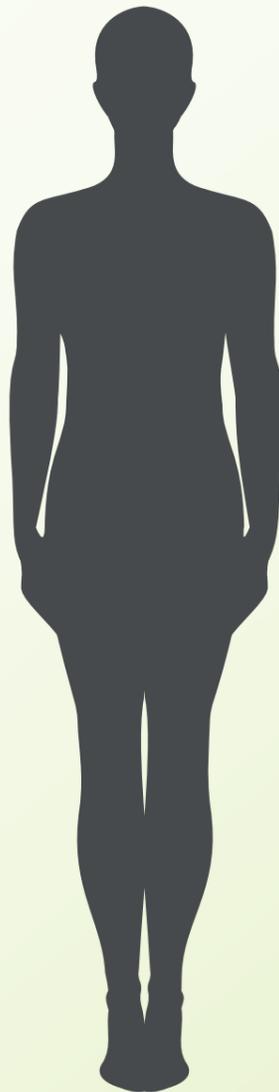


Diabetes Action Plan

A person with diabetes is up to four times as likely to have a stroke. Effective treatment reduces strokes by more than a third. ¹



Diabetes is a leading cause of blindness. Effective treatment reduces vision deterioration by more than one third. ¹

Kidney failure is three times as likely for a person with diabetes. Effective treatment reduces the risk of kidney failure by more than a third. ¹



Heart attacks are three times as likely for people with diabetes and heart disease is up to four times as likely. Effective treatment halves the risk of heart failure. ¹



Diabetes is the leading cause of non-traumatic lower limb amputations. Effective treatment reduces the number of amputations and foot ulcers. ¹

¹ Baker IDI/Diabetes Australia (2012) Diabetes: the silent pandemic and its impact on Australia

“ Diabetes is the most serious and expensive health issue facing Queensland. Diabetes expenditure is forecast to increase by around 500 per cent over the three decades to 2032-33 unless we take urgent action. Alarming, Queensland Health statistics show that more than half of Queenslanders with diabetes are not getting the education and support they need to keep them healthy and out of hospital. The ‘Diabetes Action Plan’ is a cost-effective way to save lives, cut waiting lists and keep Queensland’s health system strong. ”

The Case for Action

Diabetes is the single biggest health challenge facing Queensland. More than 200,000 Queenslanders have diabetes and Diabetes Queensland estimates that there are a further 356,000 people with diabetes who are undiagnosed. This figure increases by 62 every day, with 60 people being diagnosed with type 2 diabetes and two people being diagnosed with type 1 diabetes. This rate does not appear to be slowing.

Type 1 diabetes is an autoimmune condition that attacks the cells in the pancreas that produce insulin. It can occur at any age but diagnosis is most common in children and young adults. It cannot be prevented. Both type 1 and type 2 diabetes require individuals to play a role in the day to day monitoring and management of their condition. Type 2 diabetes is a chronic progressive disease, which can often initially be managed through diet and exercise, however most people will progress to requiring medication.

Diabetes is expensive – to people, and to Queensland. Each case of type 2 diabetes costs approximately \$10,000 per year to treat and this is a cost the whole state bears. By far the largest costs associated with diabetes are hospital costs – 39 per cent of direct health care costs for people with type 2 diabetes are attributable to hospital care, and 47 per cent for people with type 1 diabetes¹. Expenditure for admitted hospital patients has doubled in the eight years between 2000-01 and 2008-09².

Complications arising from diabetes include; blindness, heart attack, stroke, and lower limb amputation, which are caused by chronic hyperglycaemia. Many of these complications

could be avoided with early investment and better support. The cost impact people with type 2 diabetes can have on the health system is extreme, and can be lessened with proper self-management education and support.

The Queensland Plan identifies that the proportion of Queenslanders with diabetes will double between 2003 and 2033. The advice of the Chief Health Officer that 8.6 per cent of Queenslanders have either diabetes or high blood glucose levels, combined with the 57.7 per cent of adults who are overweight or obese and the 26.6 per cent of children who are overweight or obese, is alarming^{3,4}.

Diabetes is the fastest growing chronic disease in the world⁵ and Queensland cannot afford not to act. Nearly half of Queenslanders are at risk and if we do not act now it will become an epidemic.

These statistics will not decline without action. They require a sustained approach which builds on a foundation of personal responsibility with government leverage, much like the long-term effort to reduce smoking rates. Fortunately, it is possible to prevent many cases of type 2 diabetes from developing through programs to support people to make behavioural change particularly in the areas of diet and exercise. Similarly, many complications of diabetes are also preventable through effective self-management.

Failure to invest in diabetes care now will see the disease burden on the state government continue to increase in coming years. Diabetes Queensland has drawn upon our history and expertise in supporting people with diabetes to develop this plan of action to intervene in the growth of diabetes in Queensland.

¹ Colaguiari, S; Colaguiari, R; Conway, B; Grainger, D. & Davey, P. 2003. Diabco\$ Australia: Assessing the burden of Type 2 Diabetes in Australia. Canberra: Diabetes Australia
² Queensland Chief Health Officer. 2014. The Health of Queenslanders 2014: Fifth Report of the Chief Health Officer Queensland
³ Queensland Government. 2014. The Queensland Plan: Queenslanders' 30-year vision. P53.
⁴ Queensland Chief Health Officer. 2012. Fourth Report- the Health of Queenslanders 2012: Advancing Good Health
⁵ Ausdiab Study, International Diabetes Institute 2006

Self-Management

Diabetes Queensland believes self-management is the cornerstone of successful diabetes care. People with diabetes should be the centre of their health care team. Self-management is a form of personal responsibility which has the potential to allow the individual to be as healthy as possible, make informed decisions and cope with living with a chronic disease and therefore stay out of hospital, live complication free and contribute to the community and the economy⁶. Self-management is best achieved by people who have the opportunity to undertake a good quality, structured education program. This document expands on what is needed to improve self-management and where government can assist.

System Improvement

The potential for the Queensland health system to bear the brunt of the diabetes epidemic is clear. More people with diabetes mean more people are at risk of hospitalisation for diabetes-related health complications. System improvements now could mean that more people are having their health needs met by their GP and/or by their health team and specialists, thus reducing the impact on the hospital system. This is the aim of the system improvements outlined in this document.

Prevention

It is possible to prevent type 2 diabetes in most cases. The first step is to understand your risk. It is proven that many people misjudge their weight and therefore misjudge their risk of type 2 diabetes. By conducting whole of community awareness and risk assessment interventions, more people will know their risk and be able to act upon it. Behaviour modification programs targeting people at high risk can help reduce the number of people diagnosed with type 2 diabetes. These programs are a cost effective way to reduce the burden of the disease on Queensland's health system.

These three initiatives will help people self-manage their diabetes, and provide the basis for the person's first year of post-diagnosis support:

	WHAT	WHY	HOW	COST
1 Diabetes Passport	An action-oriented information kit distributed to every person diagnosed with type 1 or type 2 diabetes.	An informative, interactive and localised- diabetes passport will help newly diagnosed people engage with their diabetes care, assist them to navigate the health system, and identify their health team members.	Development and provision to newly diagnosed people.	\$200,000 per year to reach approximately 13,000 newly diagnosed people
2 Diabetes Queensland telephone support service	An inbound and outbound support service that provides brief intervention for people newly diagnosed with type 1 or type 2 diabetes and ongoing follow up.	To assist people with diabetes navigate the array of information, this brief intervention phone call, in conjunction with the Diabetes Passport, will start them on the right track and connect them to structured education. Ongoing telephone support will also be available.	Self-referral and referral by health professionals into the telephone support service.	\$283,000 per year for approximately 20,000 people over three years
3 Structured education course	A best-practice structured education course available across the state to people with type 2 diabetes, targeting regional and remote communities.	Research suggests that people manage their diabetes better when they have received structured education, however 54 per cent of people with diabetes do not receive it. A 'train the trainer' model along with a range of delivery modalities will ensure access to structured education for people with type 2 diabetes wherever they are in Queensland.	Course development, training and ongoing support for delivery to people with type 2 diabetes living in target areas.	\$210,000 per year to develop and support delivery of 250 courses per year

These two initiatives will improve the health system for people with type 1 or type 2 diabetes:

	WHAT	WHY	HOW	COST
4 Education modules for health professionals	Funding to support the roll-out of diabetes related education modules to health professionals in targeted rural or regional areas of Queensland currently not well serviced by diabetes health professionals.	Diabetes Queensland has teamed with CheckUP to develop education modules to upskill health professionals about diabetes.	GPs or other health professionals will be provided with professional development in contemporary diabetes management.	\$100,000 one off to upskill approximately 200 GPs or health professionals
5 Model of care framework	A model of care framework for diabetes to be developed by the government modelled on those in other states such as Victoria and Western Australia.	A model of care framework will map referral pathways and standards of care across the health continuum for practitioners and patients, so that everyone gets the care that they need regardless of where they live.	Diabetes Queensland will contribute expertise to assist the development of the model of care framework, to be coordinated by a health department project officer.	\$100,000 one off to deliver the project within 12 months

These two initiatives are aimed at preventing people from developing type 2 diabetes:

	WHAT	WHY	HOW	COST
6 Community based risk assessment initiative	Community based approach to improving risk awareness and increasing participation in risk assessments.	AusDrisk screening tool is an effective way of determining risk for type 2 diabetes. When people know their risk they are better able to assess and act upon reducing it. Risk assessment services will be made available at community events such as exhibition shows and sporting events as well as co-located with other health services. A broader community awareness campaign will be run in conjunction.	A specific community will be targeted for a four to six week period with a range of public awareness, screening and health information initiatives delivered alongside a media campaign. Three communities will be targeted each year.	\$500,000 per year to reach three communities per year
7 Trial a behaviour modification program in three HHSs in Queensland	Behaviour modification programs such as Life! in Victoria are effective at lowering risk.	By trialling the program in three HHSs the risk of developing type 2 diabetes to Queenslanders can be reduced.	Delivery of lifestyle modification course to approximately 1,600 people across three HHSs with high prevalence of type 2 diabetes risk factors.	\$1,000,000 per year for three years

(Total cost \$6.78 million over 3 years)

Supporting more than 200,000 registrants and 40,000 financial members in Queensland, Diabetes Queensland is the charity for people with diabetes in Queensland. We work hard to improve the lives of people affected by all types of diabetes by providing ongoing education, support and advice to people with diabetes, health professionals, government, researchers and the broader community.



**For more information:
www.diabetesqld.org.au**

1300 136 588
29 Finchley Street, MILTON QLD 4064
GPO Box 9824 BRISBANE QLD 4001