

FOCUS ON DIABETES

QUEENSLAND ELECTION 2020



diabetes
queensland



262,000
QUEENSLANDERS

More than a quarter of a million Queenslanders are living with diabetes. About half of these cases are preventable with the support of Government.



\$1BILLION
PER YEAR

Diabetes costs the Queensland Health system \$1 billion a year.

It is responsible for one in ten public hospitalisations (400 patients a day). Investing a fraction of that amount in prevention can dramatically reduce the impact of diabetes on our health system, economy, and residents.



200,000
HOSPITALISATIONS

Diabetes is associated with more than 200,000 hospitalisations each year.

It is the principal diagnosis for 10,000 hospitalisations and 46,000 (25%) potentially preventable hospitalisations stem from diabetes complications.

TEN STEPS TO A HEALTHIER QUEENSLAND



1. Continue and expand the *My health for life* program to build upon its work in delivering health promotion to 10,000 Queenslanders to date, and reduce the impact of chronic conditions including type 2 diabetes;
2. Increase the early diagnosis of type 2 diabetes through implementing a trial testing regimen in emergency departments, to prevent the complications and preventable hospitalisations caused by the progression of the undiagnosed condition;
3. Increase awareness of the symptoms of type 1 diabetes and its speed of diagnosis throughout the State, with a focus on skilling health staff in regional areas, to reduce life threatening Diabetic Ketoacidosis (DKA);
4. Continue the work that has begun with the establishment of Health and Wellbeing Queensland to create a world class health promotion and prevention agency;
5. Continue to support prevention initiatives such as curbing junk food advertising to vulnerable audiences;
6. Focus on the pathways open to people who have been recently diagnosed with type 1, type 2 or gestational diabetes, to ensure they can access information, support and allied services, including mental health, at the beginning of their journey;
7. Increase access for people in regional and rural areas by embracing the telehealth and e-health changes that have been implemented to deal with COVID-19;
8. Improve the management of diabetes in hospitals by ensuring diabetes is treated as a primary condition, even when it is not the primary reason for admission;
9. Recognise the particular impact of diabetes on groups of people within our community, including people of First Nations or some cultural backgrounds, regional and rural Queenslanders and people without ease of access to services; and target interventions to help those communities;
10. Work to create a better understanding of diabetes in workplaces across the State to reduce the incidence of discrimination.

AREAS FOR FOCUS



PREVENTION

The most common diabetes, type 2 diabetes, can be prevented in about 60 per cent of cases. Continuing and expanding programs to change lifestyle factors and reduce the risk of type 2 diabetes will help to prevent a significant burden on our health system.

EARLY DIAGNOSIS

Type 1 diabetes has a fast onset, and early diagnosis is essential to prevent life-threatening Diabetic Ketoacidosis (DKA). Type 2 diabetes is progressive, and can be doing damage to the body for years before diagnosis. Enabling a diagnosis before complications set in will allow people to live better quality of life and reduce the 25 per cent of potentially preventable hospitalisations across Queensland which result from Type 2 diabetes.

GUIDANCE

There is no consistent way that health professionals deal with people when they are diagnosed with diabetes. Access to standardised information on access to services, including mental health, will help people to take control of their diabetes management early on, when everything can seem very daunting and confusing.

MANAGEMENT

Diabetes is commonly an underlying or associated condition, so many people go to hospital with diabetes, but not primarily because of it. It is essential that diabetes management be a priority in hospital settings, regardless of the reason for admission.



WHAT IS DIABETES



Type 1 is an autoimmune condition which stops your body producing insulin. There is no cure, and no prevention. Most people are diagnosed in childhood and young adulthood, but it can develop at any age. Type 1 diabetes requires multiple daily doses of insulin, and constant management. In Queensland, there are 24,400 people living with Type 1 diabetes.



Gestational diabetes occurs during pregnancy, and increases the risk of type 2 diabetes later in life for both mother and baby. It can also cause pregnancy complications. There are 7,780 Queenslanders currently living with gestational diabetes, and who, without preventive measures, are facing the risk of type 2 diabetes in coming years.



Type 2 is a progressive condition, meaning people can live with it for many years without knowing it. Many tens of thousands of Queenslanders are living with undiagnosed type 2 diabetes. Diagnosis is often made as a result of complications, following years of living with diabetes and its damage throughout the body. There are 228,110 Queenslanders who are living with a diagnosis of type 2 diabetes, and about 100,000 more who have the condition but are not yet aware of it.



Prediabetes is a condition in which elevated levels of glucose in the blood create a significant risk of progressing to type 2 diabetes. Prediabetes is one of the best targets for helping to reduce the rate of type 2 diabetes in our State. Prediabetes affects nearly 1 in 6 Australians over the age of 25 years, and without intervention, approximately 1 in 3 people with prediabetes will develop type 2 diabetes within ten years, as well as a higher risk of other chronic conditions.

All diabetes has an impact across the whole body – sight, circulation, heart, kidneys, wound healing, mental health. It usually coexists with other health conditions, or increases the risk or severity of them.

RISK FACTORS FOR TYPE 2 DIABETES

There are a number of risk factors for type 2 diabetes including age, having family members with diabetes, your cultural background and leading an unhealthy lifestyle.

Risk Factor	What we know	Impact for Queensland
Age 	The incidence of type 2 diabetes increases over the age of 45.	Queensland's median age is forecast to increase from 37.3 years to 40.7 years in the next 20 years, with substantial increases in the over-70s.
Cultural background 	People born in the Middle East, North Africa, Southern and South East Asia are more at risk of type 2 diabetes, while people from the South Pacific, Middle East, North Africa and Southern Europe have higher rates of hospitalisation.	Queensland now has more than 11 per cent of the population from non-English speaking backgrounds.
First Nations heritage 	Type 2 diabetes is more than three times as common in Queenslanders who are First Nations people.	First Nations peoples account for 4.7 per cent of our population but they represent 5.3 per cent of our diabetes diagnoses.
Overweight and obese 	The lifetime risk of type 2 diabetes increases up to seven times with increasing body mass index. Healthier food and drinks, and more physical activity can help reduce the risk.	About two-thirds of Queensland adults (65.9%) are overweight or obese - 33.5% are overweight and 32.4% obese. About a quarter of children are overweight - 19% overweight, 7 % obese.
Socioeconomic status 	Lower socioeconomic status is associated with higher type 2 diabetes prevalence, hospitalisation and death rates.	Rates of hospitalisations for type 2 diabetes are twice as high in the lowest socioeconomic demographics compared to the highest. Deaths were 2.3 times higher comparing the same groups.

Type 2 diabetes can be prevented or delayed in up to 60 per cent of cases with a healthy diet and active lifestyle.

Early detection and treatment of diabetes can prevent the development of serious, and in some cases life-threatening, health problems.

SIGN AND SYMPTOMS

TYPE 1

The signs and symptoms of type 1 diabetes can develop suddenly over a few days or weeks. They can be severe and, if left untreated, life-threatening. Being diagnosed and treated quickly is critical.

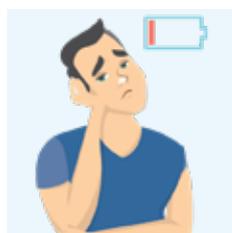
The signs and symptoms of type 1 diabetes are known as the four T's



Increased thirst



Increased urination



Excessive tiredness



Weight loss

TYPE 2:

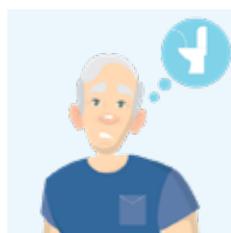
Type 2 diabetes is a progressive condition that tends to develop gradually. As a result, the signs and symptoms may develop very slowly and can be dismissed as a normal part of getting older. This can mean people have been living with diabetes for some years, putting them at risk of complications such as kidney and eye damage, heart disease, stroke or amputation.



Increased thirst



Excessive hunger



Frequent urination



Blurred vision



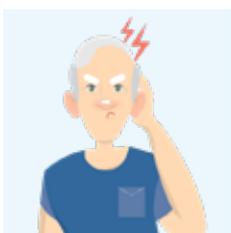
Poor wound healing



Itching, skin infections



Weight gain



Headaches



Dizziness



Leg cramps

AN APPROACH FOR A HEALTHIER QUEENSLAND



1 Continue and expand the *My health for life* program to build upon its work in delivering health promotion to 10,000 Queenslanders and reduce the impact of chronic conditions including type 2 diabetes:

The funding of the My health for life program has enabled 10,000 Queenslanders to engage with the program, and have the opportunity to change lifestyle factors that are associated with chronic disease.

Diabetes Queensland, and its partners in the Healthier Queensland Alliance, have broken new ground in preventive health across Queensland, providing the community with an evidence-based and accessible preventive health program that, when compared to activities world-wide, provides proof that Queensland is on target with world's best practice in prevention even at this early stage.

Some particular highlights of the program to date include:

- more than 210,000 people throughout Queensland have engaged in a conversation about their health by undertaking a chronic disease risk assessment.
- more than 16,000 people have enrolled in the My health for life program, with 14,500 people commencing the program, and 10,600 completing it. An average 65 participants per week completed the program (with some decreases over the COVID 19 period), making change to their lifestyles to improve their health and reduce their risk of disease.

- more than 95 locally based healthcare organisations are actively involved in delivering the program in their community and targeting prevention as a key activity complementing the Government's preventive health agenda.
- The program has been positively accepted and is now incorporated into workplace activities in an increasing number of workplaces including the Departments of Transport and Main Roads, Queensland Police Service and Queensland Health.
- the Healthier Queensland Alliance continue to contribute positively to the delivery of the program by leveraging their own organisations to ensure the best use of the investment being made in the program
- The program continued delivery throughout the period of COVID-19, proving its adaptability and value to all Queenslanders.
- The workplace program has been developed over the last two years with flexible delivery options to be successfully delivered across all industries.
- More than 180 Queensland workplaces have engaged with My health for life workplace program as part of their wellbeing strategy.
- More than 11,900 employees have completed the My health for life risk assessment. This has provided workplaces with an understanding of workforce health to aid the planning of wellbeing initiatives. It has supported staff awareness of their health and provide a triage system of referrals to support services including My health for life , Get Healthy, Quitline, 10,000 steps, Heart Foundation Walking.
- Over 1,000 employees have completed the My health for life program within their workplace or have been supported to complete the program within the community.

2 Increase the early diagnosis of type 2 diabetes by implementing a trial testing regimen in emergency departments. This would support the prevention of complications and preventable hospitalisations caused by the progression of undiagnosed diabetes.

A trial in Western Sydney provided startling results on the levels of undiagnosed cases of diabetes and levels of risk. The trial unearthed rates of undiagnosed type 2 diabetes as high as 17%, with a further 28 per cent of those tested having pre-diabetes.

Early intervention for these people would increase the chances of avoiding diabetes complications, preventable hospitalisations, and the prevention of the progression from prediabetes to type 2 diabetes.

Because type 2 diabetes is often diagnosed at the point of a major complication, such as loss or reduction of sight, amputations, stroke or cardiac failure, early intervention is a life and cost saving measure. An HbA1c test costs between \$15 and \$22 depending on the region, and Emergency Department admissions offer an accessible and practical opportunity for broadscale testing.

Diabetes Queensland believes a trial across at least three major hospital sites is essential to understanding and treating the true rates of type 2 diabetes in the State.

3 Increase awareness of the symptoms of type 1 diabetes and its speed of diagnosis throughout the State, with a focus on skilling health staff in regional areas, to reduce life threatening Diabetic Ketoacidosis.

For type 1 diabetes, a failure to diagnose the condition promptly leads to the life-threatening onset of ~Diabetic Ketoacidosis (DKA).

Equipping Hospital and Health Services throughout the State, particularly in regional areas, with better knowledge to diagnose type 1 diabetes earlier will reduce the risk of severe to fatal damage to a person awaiting a type 1 diabetes diagnosis.

Hospitalisation rates for children with DKA have increased nationwide by 14 per cent in 5 years. Approximately 45 per cent of Queensland children diagnosed with type 1 diabetes present with DKA.

In addition to equipping hospitals and health services local and state based campaigns alerting people to the symptoms of type 1 diabetes, particularly in childhood are essential. With many diagnoses occurring in early childhood, it is important that parents are aware of symptoms, especially in their children's non-verbal years.

Building on existing partnerships with selected Hospital and Health Services, a '4Ts' campaign which highlights the main symptoms – Toilet, Thirsty, Tired, and Thinner, that is promoted through state and localised networks will increase awareness and speed up diagnosis in many cases.

Diabetes Queensland believes a health professional team in each region needs to be equipped with the resources and information to increase the recognition and awareness of DKA. Diabetes Queensland also seeks a supported campaign to raise awareness of type 1 diabetes symptoms to reduce the rate of DKA.

4 Continue the work that has begun with the establishment of Health and Wellbeing Queensland to create a world class health promotion and prevention agency.

The establishment of Health and Wellbeing Queensland was a significant step for health promotion and prevention of chronic conditions in Queensland. Diabetes

Queensland applauds the creation of the agency, and is fully supportive of its aims to target localised interventions built on evidence-based need.

The agency's focus on families and children can provide our younger generations with the ability to break the cycle that is making chronic conditions such a burden. The impact of obesity and overweight hits later in life, but its governing behaviours begin in childhood, and are too often cyclical.

A projection by the Australian Institute of Health and Welfare estimates that 14% of disease burden due to overweight and obesity could be avoided at the end of the decade if the at-risk-population at the beginning of the decade reduced their body mass index (BMI) by 1 and maintained that loss.

Changing risk lifestyle behaviours can have a large impact on health, wellbeing, productivity, and the economy.

Diabetes Queensland looks forward to seeing Health and Wellbeing Queensland deliver a prevention framework for a healthier state.

5 Continue to support prevention initiatives such as curbing junk food advertising to vulnerable audiences.

Diabetes Queensland fully supports the ban on junk food advertising on Government-owned sites.

Diabetes Queensland also supports removing unhealthy food and beverage sponsorships for activities targeting children.

6 Focus on the pathways open to people who have been recently diagnosed with type 1, type 2 or gestational diabetes, to ensure they can access information, support and allied services, including mental health, at the beginning of their journey.

There is little consistency in the engagement

people have with the health system following a diagnosis of diabetes which leaves many people feeling overwhelmed and confused, or even dismissive of the condition.

Diabetes Queensland urges the Government to fund a gateway to allow the transition from diagnosis to quick and effective access to services.

Diabetes is a complex condition that covers many aspects of physical and mental health, and needs to be taken seriously from the outset. Connecting people with services in a streamlined way will help to make management of the condition less daunting and difficult, and help people to self-manage more quickly and effectively.

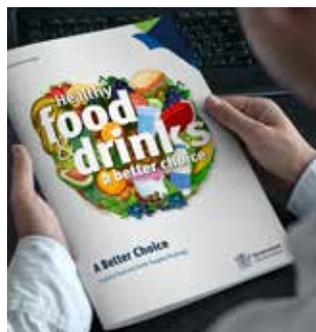
This gateway could also fill a vital gap for patients discharged from hospital so they can avoid a possible readmission.

Diabetes Queensland would like to partner with the Government to help to deliver this gateway.

7 Increase access for people in regional and rural areas by embracing the telehealth and e-health changes that have been implemented to deal with COVID-19.

The move to telehealth for allied health services, including credentialed diabetes educators, has been of significant advantage during the COVID-19 pandemic, but also illustrates a very effective and efficient way of delivering health services throughout regional and remote Queensland.

The changes that were necessary to allow access to services because of COVID-19 can be harnessed by State health services to enhance health management options throughout the State by using telehealth more widely as a foundational method of health service delivery, rather than a backup or incidental process.



Telehealth allows for real-time, supportive and individualised health management, irrespective of a person's location or demographic. For diabetes management, which relies on constant and regular interactions with health professionals to reduce the risk of complications, telehealth provides a sensible and efficient way of encouraging continuing engagement with the health sector, and the ability to avert potentially preventable hospitalisations.

8 Improve the management of diabetes in hospitals by ensuring diabetes is treated as a primary condition, even when it is not the primary reason for admission.

Diabetes Queensland is urging the Government to undertake wider diabetes skilling programs across our health services to ensure that any patient admitted to hospital who has diabetes, regardless of the reason for admission, has their needs for diabetes met.

It is essential that a person's diabetes is treated as a primary condition, even when coexisting with other conditions.

Mismanagement of diabetes during a hospital stay prolongs the length of the hospital stay and increases the risk of complications.

9 Recognise the particular impact of diabetes on groups of people within our community, including people of First Nations or some cultural backgrounds, regional and rural Queenslanders and people without ease of access to services; and target interventions to help those communities.

Particular groups of Queenslanders are more heavily impacted by diabetes.

First Nations people are 3.3 times more likely to have diabetes, and 40% less likely to be managing their diabetes

Australians born in South East Asia have

1.6 times the prevalence of type 2 diabetes, people born in the Pacific Islands and the Middle East have nearly twice the prevalence, and those born in North Africa 2.3 times the diagnosis rate.

These statistics highlight the need for culturally appropriate and targeted interventions with a broad reach across these communities.

Regional and rural Queenslanders are faced with increased difficulty in accessing health and allied health services. Regular engagement with these services are essential for best-possible diabetes management. Innovations in regional delivery are required to increase the engagement of people living in more remote areas with health professionals.

10 Work to create a better understanding of diabetes in workplaces across the State to reduce the incidence of discrimination.

One of the most common advocacy issues raised with Diabetes Queensland is discrimination in workplaces.

For people living with either type 1 or type 2 diabetes, encountering difficulties in the workplace based on insulin injections, medical issues, exclusion from activities, refusal for shift or break changes, and other issues are too commonplace. Most of the issues are borne out of ignorance, but highlight the need for employers to be more aware of their responsibilities to employees with chronic conditions including diabetes.

Diabetes Queensland looks to the State Government to provide an information campaign to employers on workplace discrimination for employees living with chronic conditions.

STATISTICS

Diabetes is Australia's fastest growing chronic condition. Here are some key statistics about the different types of diabetes and the impact of the condition on the community.

1 in 4 adults are either living with diabetes or pre-diabetes

No 1 cost to the Australian health system in the next five years if left unchecked

\$14 billion the annual cost of diabetes in Australia

15,000 people die from diabetes and its complications in Australia—that's more than breast, prostate and brain cancer combined

1.3 million Australians live with diabetes + a further **500,000** are undiagnosed

people with diabetes will spend an estimated **1.4** extra days in hospital per visit

Every day **284** people are diagnosed with diabetes in Australia

Every **5 minutes** an Australian is diagnosed with diabetes

7,780 women registered with gestational diabetes in Queensland

