

Findings and Recommendations

Finding 1

Page 9

There is insufficient data to clearly identify how many West Australians are currently suffering with type 2 diabetes and to predict the increase in incidence of the disease.

Recommendation 1

Page 9

The Department of Health should ensure that it collects accurate data showing the incidence of type 2 diabetes in all sectors of the West Australian population.

Finding 2

Page 21

Western Australian and Australian bodies which advise patients on managing type 2 diabetes have not endorsed a very low calorie diet as a management option, despite international evidence and acknowledgement of its success in lowering blood glucose levels.

Finding 3

Page 25

Western Australian and Australian bodies which advise patients on managing type 2 diabetes have not officially endorsed a low carbohydrate diet as a management option, despite considerable evidence from the United Kingdom in particular that it can lower blood glucose levels.

Finding 4

Page 26

The Department of Health and Diabetes WA are not aligned in regard to the suitability of the Australian Dietary Guidelines for type 2 diabetics.

Recommendation 2

Page 26

The Department of Health and Diabetes WA should consult with one another to ensure they are providing consistent advice in regard to the Australian Dietary Guidelines. Diabetes WA should align with the Department of Health position that the Australian Dietary Guidelines are not suitable for people with type 2 diabetes.

Finding 5

Page 28

There is convincing evidence to support the use of dietary interventions such as the very low calorie diet and the low carbohydrate diet in the treatment of people with type 2 diabetes.

Recommendation 3

Page 28

The Department of Health ensure that guidelines for the management of type 2 diabetes reflect the success of dietary interventions – such as the very low calorie diet and the low carbohydrate diet – in treating the disease. These approaches should be formally offered as management options.

Recommendation 4

Page 29

The Department of Health commence a campaign to ensure that healthcare professionals, and general practitioners in particular, are aware of the alternative (dietary) approaches for treating type 2 diabetes.

Finding 6 **Page 35**

Bariatric surgery is an effective method of treating type 2 diabetes, often to remission, but limited access in the public health system means people who might benefit the most miss out, or are forced to draw on their savings to fund it privately.

Finding 7 **Page 39**

Self-management education programs for people with type 2 diabetes (such as DESMOND) appear to be a useful method of improving management and potentially reducing dependence on pharmacotherapy.

Recommendation 5 **Page 39**

Self-management education programs be offered to everyone with type 2 diabetes, in line with the Framework for Action on Diabetes and Diabetes Service Standards 2014. Programs should be evaluated at least every two years to ensure that they meet quality assurance criteria and are sustainable.

Recommendation 6 **Page 49**

The State Government task the Department of Primary Industry and Regional Development to work with other government agencies, such as the Department of Planning, Lands and Heritage, to identify and overcome obstacles to remote communities developing fresh food sources for personal and commercial purposes.

Recommendation 7 **Page 49**

The Department of Housing consult with Aboriginal people in remote communities to ensure that the housing provided is appropriate for their lifestyle.

Finding 8 **Page 52**

There is convincing evidence that dietary interventions, including liquid meal replacements, can delay or prevent the development of type 2 diabetes in people who have pre-diabetes when they are adhered to.

Finding 9 **Page 52**

There is evidence from the United Kingdom that education and behaviour change programs, such as *Let's Prevent*, can delay or prevent the development of type 2 diabetes in people who have pre-diabetes.

Recommendation 8 **Page 53**

The Department of Health should review the evidence from abroad that a lower carbohydrate diet is beneficial to women with gestational diabetes, and consider revising its healthy eating advice for gestational diabetes.

Finding 10 **Page 56**

Public health programs aimed at losing weight to prevent chronic diseases are most effective when ongoing professional support or coaching is provided.

Finding 11 **Page 57**

Campaigns promoting healthy eating help to create awareness but can only be regarded as one part of the solution to the obesity problem.

Finding 12 **Page 57**

The United Kingdom has found that the imposition of a soft drinks industry levy has led to manufacturers reformulating their products to contain less sugar.

Recommendation 9 **Page 59**

The State Government regulates to restrict unhealthy food marketing in settings solely within its control.

Recommendation 10 **Page 59**

The State Government implements kilojoule menu labelling to assist consumers to make healthier choices in fast food settings, in a manner that is meaningful for consumers.

Recommendation 11 **Page 60**

The State Government extends the Healthy Options WA policy to all government-funded settings.

Recommendation 12 **Page 62**

The State Government amends the *Planning and Development Act 2005* to enable health and wellbeing to be a relevant consideration in fast food restaurant planning applications.

Finding 13 **Page 64**

Helping people to choose a few healthier options, rather than expecting people to embrace all of the healthiest options, is a realistic approach to public health as it takes into account the way people actually behave.

Recommendation 13 **Page 64**

The Department of Health investigates nudging strategies to shift the shopping habits of consumers to promote healthy food and drink choices, and promote that with WA food retailers.

Finding 14 **Page 66**

GPs are not comfortable broaching the topic of a patient's weight and may not have the tools to assist them in providing advice on an appropriate diet.

Recommendation 14 **Page 66**

The Department of Health and the WA Primary Health Alliance should work with the medical profession to ensure that GPs' knowledge of nutrition is adequate and that they feel confident discussing weight issues with patients.

Finding 15 **Page 73**

Type 2 diabetes prevention is dependent on understanding the social, cultural and environmental factors, particular to a city and its communities, that underlie the development of the disease.

Recommendation 15 **Page 73**

The State Government and/or local government authorities use the tools offered by Cities Changing Diabetes to help understand vulnerable populations, or consider joining the program.

Recommendation 16 **Page 73**

The State Government consider funding a WA Local Government to participate in the Cities Changing Diabetes program.

Finding 16 **Page 79**

There is no State-based strategy specifically targeting type 2 diabetes and pre-diabetes, and there has been limited progress in implementing the aims of the national strategy.

Finding 17 **Page 79**

Progress on improving the management and reducing the incidence of type 2 diabetes is not measured as part of the Department of Health's annual reporting key performance indicators.

Recommendation 17 **Page 79**

The Department of Health create a key performance indicator (or indicators), to be included in its annual report, which provides some measure of progress towards managing type 2 diabetes and reducing its prevalence.

Finding 18 **Page 85**

Access to dietitians and diabetes educators is limited, particularly for people who have not yet had a formal type 2 diabetes diagnosis and cannot access public health system services.

Finding 19 **Page 85**

The five allied health appointments available annually under Medicare Chronic Disease Management plans are insufficient to address the dietetic needs of people with type 2 diabetes.

Finding 20 **Page 85**

Type 2 diabetes management programs and community-based nutrition and healthy lifestyle programs are sometimes not accessed because general practitioners are not aware of what is available.

Finding 21 **Page 86**

There are concerns that a lack of coordination of community-based healthy lifestyle programs could lead to duplication of services, and that there is insufficient evaluation of the programs being provided.

Recommendation 18 **Page 86**

The State Government lobby the Federal Government through the appropriate forum to increase the number of dietetic consultations offered under the Medicare Chronic Disease Management scheme.

Recommendation 19 **Page 86**

The Department of Health and the WA Primary Health Alliance increase measures to improve general practitioner awareness of nutrition and healthy lifestyle programs – many of which are State Government-funded.

Recommendation 20 **Page 86**

The Department of Health ensure that healthy lifestyle programs it funds are monitored and evaluated.

Recommendation 21 **Page 90**

A focus on delivering primary care and allied health services to meet the needs of patients with (or at risk of) type 2 diabetes is required in remote regions, and should be a focus of any future funding agreements between the Commonwealth and State.

Finding 22 **Page 91**

The potential of telehealth services to address poor access to health professionals in rural and regional areas has not been fully realised.

Recommendation 22 **Page 97**

Type 2 diabetes management and prevention for Aboriginal communities should be community led and Aboriginal community health workers resourced to ensure the delivery of culturally appropriate care.

Finding 23 **Page 101**

There is a need for more awareness and dietary education services targeting migrants and ethnic minorities at high risk of developing type 2 diabetes.

Finding 24 **Page 104**

More and more women are developing gestational diabetes but there are few programs aimed at gestational diabetes prevention or prevention of type 2 diabetes following gestational diabetes.

Recommendation 23 **Page 104**

The Department of Health invest in programs aimed at reducing the prevalence of gestational diabetes and the number of women who develop type 2 diabetes as a result of having had gestational diabetes. Online programs should be investigated.

Finding 25 **Page 106**

There are no programs specifically targeting type 2 diabetes prevention and management for people who are socioeconomically disadvantaged

Recommendation 24 **Page 106**

The Department of Health invest in ways to engage people from socioeconomically disadvantaged communities in type 2 diabetes prevention programs, focusing on diet.

Recommendation 25 **Page 108**

The Department of Health liaise with the Department of Local Government, Sport and Cultural Industries regarding changes to the *Local Government Act 1995*, which would empower local governments to enable restrictions on unhealthy food and beverages in their facilities and on advertising materials.

Finding 26 **Page 109**

A whole community, multi-faceted effort coordinated by local government is required to address healthy eating, including the leveraging of well-respected high profile sporting organisations, businesses and local facilities to increase the health of local areas.

Finding 27 **Page 110**

Through participation in Cities Changing Diabetes, Leicester City Council has a defined framework in which to operate to address diabetes in its public health planning.

Finding 28 **Page 111**

The *Public Health Act 2016* is a major public health reform that will require local governments to understand the health priorities of their communities and put in place programs to respond to them. However, resources for local governments to implement the reforms are lacking, particularly for those that are smaller.

Recommendation 26 **Page 111**

The State Government provide more support to the local government sector to assist in the development of wellbeing indicators and an outcomes measurement framework.

Recommendation 27 **Page 111**

The State Government assist the local government sector to implement the requirements of the *Public Health Act 2016*.

Recommendation 28 **Page 111**

The Department of Health invest in the development of health and wellbeing officers that will be required to meet the workforce demands in the implementation of the public health plans.

Finding 29 **Page 114**

Pharmacies are well-placed to provide support to consumers purchasing liquid meal replacement products, but the level of support provided is variable.

Finding 30 **Page 114**

The cost-effectiveness of pharmacies providing screening for type 2 diabetes has not been determined.

Recommendation 29 **Page 114**

The Department of Health investigate how pharmacies can play a greater role in type 2 diabetes and pre-diabetes management, to assist people in the early stages of diagnosis.

Finding 31 **Page 118**

It is estimated that type 2 diabetes costs the public health system around \$1 billion per year, which is approximately 10 per cent of the State health budget. The data provided were inadequate to validate this estimate, however various analyses reach a similar estimated proportion.

Finding 32 **Page 118**

Complications associated with type 2 diabetes place a significant burden on the tertiary care sector.

Finding 33 **Page 118**

Type 2 diabetes has as many, if not more, indirect costs to the economy in lost time and welfare payments as it does direct costs to the health system, in addition to the burden on the individual.

Recommendation 30 **Page 118**

The Department of Health must collect data that can provide an accurate indication of the cost of type 2 diabetes to the public health system.

Recommendation 31 **Page 118**

The Department of Treasury produce an economic model of the impact of type 2 diabetes on productivity and labour force participation in WA, with a view to savings that could be achieved through implementing prevention and management programs. **Page 118**

Recommendation 32

The Department of Health implement prevention and management programs to reduce the incidence of type 2 diabetes complications, reducing the cost to the WA Health system.

Finding 34 **Page 122**

While the cost-effectiveness of treating type 2 diabetes with a subsidised low calorie diet using meal replacements is yet to be finalised, initial success in the treatment has led the UK's National Health Service to trial meal replacements as part of its Diabetes Prevention Programme.

Finding 35 **Page 123**

Costs associated with following a low carbohydrate diet as a way of managing blood glucose levels is mostly associated with practitioner supervision of the patient.

Recommendation 33 **Page 123**

The Department of Health investigate how the low carbohydrate program developed by the CSIRO can be made readily available to WA doctors as part of the treatment guidelines for people with pre-diabetes and type 2 diabetes.

Recommendation 34 **Page 123**

The Department of Health monitor the UK National Health Service trial of subsidised meal replacements as part of type 2 diabetes prevention, and report back to the Parliament on how the State Government can facilitate a similar program, either through the Commonwealth or through local government public health plans.

Finding 36 **Page 125**

Bariatric surgery is a cost-effective treatment for people with type 2 diabetes.

Finding 37 **Page 125**

Public health patients face a long wait time for bariatric surgery. It is currently five years.

Recommendation 35 **Page 125**

A greater proportion of bariatric procedures be performed in the public health system so that those with the greatest metabolic need can be treated, affording equity of access to all.

Finding 38 **Page 128**

Education self-management programs deliver potentially significant savings in tertiary care for a small investment.

Finding 39 **Page 130**

Failure to consider type 2 diabetes as a priority within the health system has led to higher health costs as prevalence grows and complications requiring hospital treatment increase. Continued inaction will lead to even higher costs in the future.

Recommendation 36 **Page 130**

The State Government treats type 2 diabetes as a health priority and properly considers the cost-benefits of implementing a suite of prevention and management strategies, which would include:

- delivery of dietary intervention programs to put type 2 diabetes into remission
- publicly funded bariatric surgery for patients with type 2 diabetes who stand to benefit the most metabolically
- group self-management programs
- regulatory measures.