

NEW SOUTH WALES DIABETES ACTION PLAN

April 2007

**COUNCIL OF AUSTRALIAN GOVERNMENTS
NATIONAL REFORM AGENDA**

Premier's Overview

Type 2 diabetes is a preventable chronic disease that is becoming increasingly common in the Australian population. Diabetes can have a significant impact on a person's quality of life, on their family and the wider community, and can also place heavy demands on the health system. Type 2 diabetes, along with other chronic diseases can affect a person's participation and productivity in the workforce, affecting both their own earning capacity and the broader economy. There is much that can be done to reduce a person's chance of developing type 2 diabetes, and to prevent or delay complications in those who have this condition.

Many of the factors that can increase the likelihood of a person developing type 2 diabetes are also risk factors for other chronic conditions. These lifestyle risk factors include poor diet and low levels of physical activity contributing to overweight and obesity, risky consumption of alcohol, and smoking.

The NSW Government invests substantially in the prevention and management of diabetes and its risk factors. Almost \$750m was spent on type 2 diabetes in hospital and ambulatory care settings in 2004/05. Since July 2006, the NSW Government has already spent \$35 million on initiatives relating to diabetes. Under this Plan NSW is committed to investing an additional \$202 million to raise awareness of lifestyle risk factors to help people address these risks in their own lives, and provide treatment, care and support for those with type 2 diabetes. This brings NSW's total commitment for type 2 diabetes under the NRA to \$237 million.

The **NSW State Plan**, released in November 2006, sets out the Government's commitment to helping individuals to stay healthy and to reduce their risk of chronic disease, as well as embedding the principle of early intervention into all service delivery, including health. The **NSW Future Directions for Health in NSW, Towards 2025** and the **NSW State Health Plan to 2010** complement the State Plan by establishing strategic directions and targets to ensure prevention is everybody's business.

This **Diabetes Action Plan April 2007** complements the *NSW State Plan* and implements the policy directions agreed by the Council of Australian Governments:

- a multi-faceted approach to primary prevention to target the known modifiable behavioural risk factors associated with type 2 diabetes;
- improve cost effective early detection and intervention for those at risk of, or currently undiagnosed with type 2 diabetes; and
- strengthened integrated health care arrangements for those recently diagnosed, or with established type 2 diabetes.

The NSW approach to implementation of the diabetes reform package is distinguished by several themes:

- an emphasis on preventing childhood obesity as established in the **Prevention of Obesity in Children and Young People – NSW Government Action Plan 2003-07** – including investment in sport and promotion of healthy foods;
 - providing information products and support for people at risk or newly diagnosed with diabetes – to ensure help is available to all who want it;
 - make the best use of the investment in type 2 diabetes to achieve better outcomes for all people with or at risk of chronic diseases that have lifestyle risk factors in common with diabetes; and
 - encouraging greater investment and regulatory reform by the Commonwealth.
- Consistent with a lifecycle approach to addressing risk factors, the *NSW Diabetes Action Plan 2007-2011* has an emphasis on early childhood obesity, including through investment in sport and healthy food choices. The NSW Government's

investment in reducing childhood obesity will reap broader benefits in the long run. Healthier children will be better learners with greater potential for excellence in literacy and numeracy. Parents, carers, early childhood nurses, GPs, teachers, sports coaches, food industry and advertisers all have a part to play in helping to turn around the trend of increasing levels of obesity in children and young people.

NSW recognises that complementary initiatives to educate and support young adults, workers and older people about the need for a healthy diet and physical activity and to help those diagnosed with diabetes to manage it effectively are also important.

Intervening early to prevent diabetes is a key theme in this Action Plan. A variety of actions are proposed in this regard. One that has promise is a lifestyle intervention program, called the *Healthy Living Program trial*, for people at risk of diabetes. In the first instance NSW will trial this new approach in an Area Health Service, targeting people aged 35 to 54 years. However, for the *Healthy Living Program* to succeed, the Commonwealth Government needs to encourage general practice and pharmacists to be involved in the recruitment of suitable participants. These professionals also have a significant role to play in caring for people who have diabetes.

Large scale roll-out of the *Healthy Living Program* would require new Commonwealth funding. NSW Health estimates that almost 1 million people aged 35 to 55 years are at risk of developing diabetes in NSW and that 161,000 people would be the highest priority for the program. Providing access to the program for all these people would cost almost \$100million.

The NSW Government will work to ensure that information, tools and assistance are available so that people at risk of diabetes are supported in helping themselves.

Creating motivating and supportive environments for people to make healthier lifestyle choices is everyone's business, not just the responsibility of NSW Health. NSW Government agencies such as Planning, Sport and Recreation, Education and Training and State and Regional Development also have important roles to play. The Commonwealth Government has the opportunity to better use its regulatory powers to address:

- junk food advertising aimed at children;
- food labelling;
- extending private health insurance cover for the *Healthy Living Program*; and
- lifting current restrictions on items under the Medical Benefits Schemes (MBS) to help the newly diagnosed access allied health services and to improve linkages between the MBS Annual Cycle of Care and early intervention programs.

The NSW Government is committed to the National Reform Agenda's 10 year program and will continue to give priority to policies and programs that contribute to prevention of the lifestyle risk factors that contribute to chronic diseases, especially type 2 diabetes. A favourable response from the Commonwealth Government to this plan will enable us to do much more and sooner. This would lead to an increase in workforce participation and productivity that would benefit the economy and generate fiscal returns to the Commonwealth Government in particular.



Morris Iemma
Premier

Context

National Reform Agenda

The Council of Australian Governments (COAG) meeting on 10 February 2006 agreed to a new National Reform Agenda (NRA) aimed at raising living standards and improving services by lifting the nation's productivity and workforce participation over the next decade.

The NRA introduces a new focus on the human capital of the Australian people – their health, their skills and their motivation to join the workforce. COAG has recognised that pressures from intensifying international competition, the ageing population and low fertility rates pose significant challenges to Australia's productivity and workforce participation. The human capital stream of the NRA aims to meet these challenges by giving Australians the opportunity and the capacity to be active and productive participants in the workforce.

By focusing on the outcomes needed to enhance participation and productivity, this would provide the building blocks for our economic development and Australia's future living standards.

The NRA is a long-term and integrated reform agenda across governments and portfolios and will be delivered as a rolling series of reforms over the coming decade. As a first tranche of human capital reforms COAG has agreed on the following priority areas:

- early childhood – with the aim of supporting families in improving childhood development outcomes in the first 5 years of a child's life, up to and including school entry;
- diabetes – with the aim of improving health outcomes focusing initially on diabetes and building on the national Chronic Diseases Strategy and the Australian Better Health Initiative;
- literacy and numeracy – with the aim of improving student outcomes on literacy and numeracy; and
- child care – with the aim of encouraging and supporting workforce participation of parents with dependent children.

Type 2 Diabetes and Human Capital Reform

Chronic diseases, such as type 2 diabetes, account for majority of the disease burden in Australia. People with chronic diseases are less likely to participate in the workforce and may be less productive than those who are free of such diseases. Many chronic diseases such as type 2 diabetes are caused by preventable risk factors such as poor diet, physical inactivity, excess weight and tobacco use.

Type 2 diabetes has been identified as a priority area for the National Reform Agenda (NRA) because the prevalence is increasing rapidly, it is influenced by a number of common risk factors, and intervention can occur at each stage of the disease to prevent progression to the acute stage.

As diabetes and several other chronic diseases (for example, certain cancers and cardiovascular disease) share the same risk factors, strategies which prevent or delay diabetes will also decrease the prevalence and impact of other diseases.

Failure to prevent diabetes, and delays in diagnosing the disease, can lead to severe complications such as heart disease, amputation, blindness and kidney failure. These unnecessary complications represent approximately 30 per cent of avoidable hospital treatments.

Diabetes places a significant financial impost on both governments, individuals, families and carers. Access Economics has estimated that the total financial costs of diabetes in Australia in 2005 was \$10.3 billion, of which health system costs were estimated at \$1.1 billion (10 per cent), productivity losses were \$4.1 billion (40 per cent) and carer costs were \$4.4 billion (43 per cent)¹. The net cost of lost well-being due to diabetes is also significant at \$11.6 billion, bringing the total cost of diabetes in 2005 to \$21.3 billion. Unless action is taken, these costs will continue to spiral, with projections indicating a 600 per cent increase in government health expenditure between 2000-01 and 2030-31.

The Productivity Commission has estimated that better preventative care could help avoid 508,000 cases of type 2 diabetes nationally, and would save about \$745 million in avoided health costs.²

¹ Access Economics (Oct 2006) – The Economic Costs of Obesity

² Productivity Commission (Feb 2007) – Potential Benefits of the National Reform Agenda – Report to the Council of Australian Governments; p 228.

Type 2 diabetes – an epidemic

Globally, diabetes has reached epidemic proportions. By 2025 there will be 330 million people with diabetes out of a total world population of 8 billion and the predicted increase in the Asia-Pacific Region is 72%.

In December 2006, the United Nations recognised diabetes as a chronic and debilitating disease that poses severe risks for families, countries and the entire world. It is only the second disease to be recognised by the United Nations, the first being AIDS.

Australia

Recent research points to a hidden diabetes epidemic in Australia with 275 people being diagnosed with diabetes every day (that is, approximately 100,000 new cases per year).³

The prevalence of type 2 diabetes in Australia has doubled over the last 20 years and there are currently one million people with the disease.

About 7.4% of Australians aged 25 years and over have diabetes and another 16.3% have a high risk of developing type 2 diabetes in the future.

Also, 60% of Australians are either overweight or obese and 30% have hypertension – both risk factors for type 2 diabetes.

Type 2 diabetes is being increasingly diagnosed in younger age groups and the rate of hospitalisations for diabetes-related complications is growing.⁴ Type 2 diabetes can cause impaired peripheral nerve function and sensation, foot deformity, and increased susceptibility to infection. These factors can lead to lower limb ulcers and amputations. In NSW in 2004-05 there were 828 hospitalisations for lower limb amputations with diabetes as a comorbidity (a rate of 11.4 per 100,000 population). The male rate was almost three times the female rate (17.4 per 100,000 compared to 6.0 per 100,000).⁵

The incidence of diabetes is distributed unequally across the Australian population with clear differences based on:

- socioeconomic status;
- Aboriginality; and
- race.

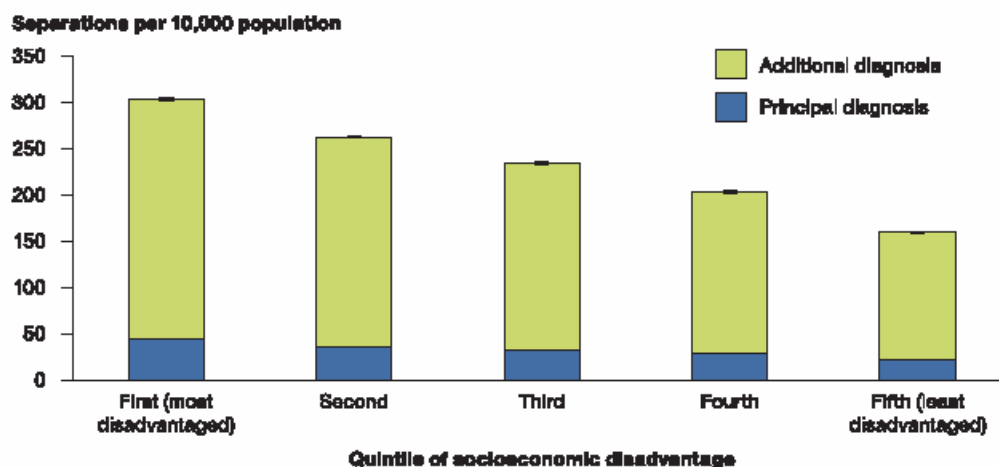
The rate of diabetes is almost twice as high in the lowest socioeconomic group compared with the highest. In 2003-04, hospital separations rates for diabetes increased from 160 per 10,000 population for the least disadvantaged to 303 per 10,000 population for the most disadvantaged (see *Figure 1*). A similar pattern was seen for separations with a principal diagnosis of diabetes (23 separations per 10,000 in the least disadvantaged group and 44 per 10,000 in the most disadvantaged group).

³ AusDiab (2006)

⁴ See Fig 2.

⁵ Report of the NSW Chief Health Officer (2006)

Figure 1 Hospital separations with any diagnosis of diabetes by quintile of relative socioeconomic disadvantage, 2003–04 (AIHW 2006)⁶



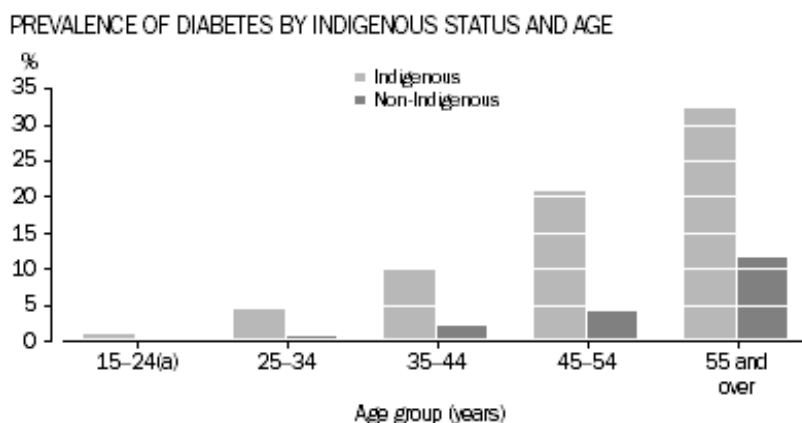
The self-reported rate of diabetes in Aboriginal people in NSW is 11%, compared with a 3% self reported rate in the general population. Aboriginal people in NSW have a hospitalisation rate for diabetes around three times higher than for the general population and this rate is increasing. Typically, the onset of diabetes in Aboriginal people is at a younger age and they tend to experience greater complications from diabetes than the general population.

One in ten Aboriginal adults have diabetes or high blood glucose. The rates are similar between males (11.6%) and females (9.7%), and increase with age—from 4.5% in the 16-24 year age group to 26.2% in the 65 years and older age group. Aboriginal people living in rural area have a higher incidence of diabetes or high blood glucose than their urban counterparts (13.9% compared to 5.5%).

After accounting for age differences between the two populations, Aboriginal Australians are more than three times as likely as non-Aboriginal Australians to report some form of diabetes⁷ (see *Figure 2*).

⁶AIHW (2006) Diabetes hospitalisations in Australia, 2003–04; Bulletin issue 47; August 2006.

Figure 2 Prevalence of diabetes in Australia by indigenous status and age (ABS 2007)



(a) Data has a relative standard error of 25% to 50% and should be used with caution.

There are also other communities at high risk of diabetes. People born overseas accounted for approximately 35% of Australian residents who reported having diabetes in 2001, even though they accounted for only 28% of the Australian population at that time.

Our performance in NSW

Where we are doing well

There have been very significant health gains for the people of NSW over the last 20 years. For example, death rates from cardiovascular disease have more than halved since 1982 as a result of behavioural changes related to smoking and nutrition and legislative changes as well as improved medical treatment and follow-up care.

Health promotion, better management in clinical practice and medical advances have all contributed to these improvements.

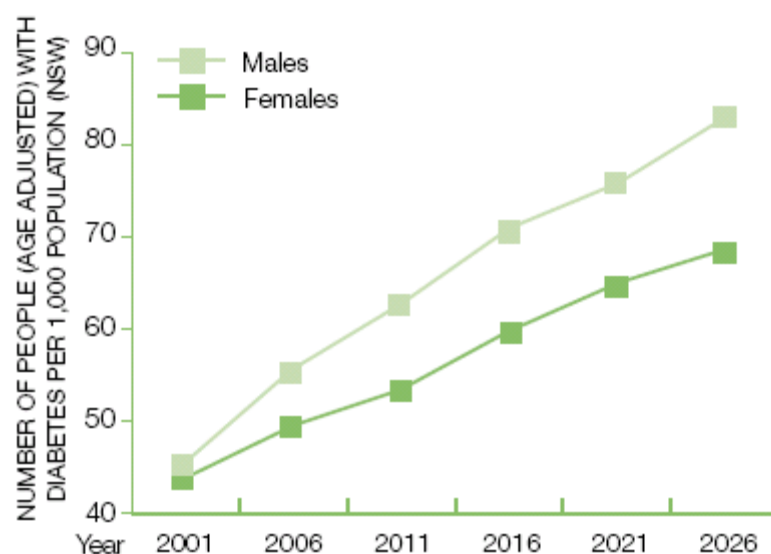
Areas where we can achieve more

NSW is facing an increasing prevalence of chronic diseases, such as type 2 diabetes, largely resulting from changes in eating and exercise patterns. Obesity, which is a key risk factor for diabetes, is a major challenge. Just over half of all NSW people are overweight or obese and less than 10% eat the recommended daily intake of vegetables. Only half of the population participate in an adequate level of physical activity.

As Figure 3 indicates, a major growth in the prevalence of diabetes is projected in NSW over the next 20 years.

Figure 3

A major increase in the prevalence of diabetes in NSW is projected (Source: Future Directions for Health in NSW – Towards 2025).



State and Commonwealth responsibilities for health services and our current commitment

The Commonwealth and State governments have different roles and responsibilities across the Australian health system in regards to funding, regulation and the provision of health services. To effectively address the prevention and management of type 2 diabetes both the Commonwealth and State governments need to work cooperatively together.

Commonwealth

The Commonwealth Government takes a leading role to provide universal and affordable access to medical, pharmaceutical and hospital services. Through Medicare, the Commonwealth subsidises access to primary care providers, including medical practitioners, and to a range of specialist and diagnostic services. The Pharmaceutical Benefits Scheme provides subsidised access to pharmaceuticals. The Commonwealth also contributes a proportion of funding public hospitals.⁸

The Commonwealth takes a leadership role in areas of national policy significance, including protecting the overall health and safety of the population, improving access to health services for the Aboriginal and Torres Strait Islander population, guiding national research and evaluation, trialling innovative service delivery approaches and coordinating information management. In addition, the Commonwealth has various regulatory responsibilities carried out by bodies such as the Therapeutic Goods Administration and Food Standards Australia New Zealand.⁹

⁸ Australian Government, Department of Health and Ageing (2005) *Submission to the House of Representatives Standing Committee on Health and Ageing Inquiry into Health Funding*

⁹ Australian Government, Department of Health and Ageing (2005) *Submission to the House of Representatives Standing Committee on Health and Ageing Inquiry into Health Funding*

State

The NSW Government is responsible for funding public health services across inpatient and community sectors that support prevention, early diagnosis, effective medical management, and behavioural management that leads to individuals and carers including self-management strategies in their day-to-day self-care. These services include rehabilitation, case management and advance care planning.

The NSW Department of Health budget accounts for the largest share of any expense category in the State Budget at nearly \$12 billion, or over 27 per cent of total general government expenses in 2006-07. In 2004-05, there were approximately 125,000 admissions to NSW public hospitals where the patient had type 2 diabetes as either their principal diagnosis or a co-morbidity. These hospitalisations cost the public health system about \$725 million. In addition, diabetes monitoring and education are offered in ambulatory care settings. In 2004-05, over 230,000 occasions of service costing the public health system around \$23 million were provided for people with diabetes in the community.

On a functional basis, the share of Health in total expenses has increased from around 24 per cent in the early 1980s. After growing by an average of 3.5 per cent per year in real terms from 1979 to 1998, growth has increased in the period since 1998 to an average of 3.8 per cent per year. Over the most recent four-year period, ending 2005, real expenses grew on average by 5.4 per cent per annum.

NSW Treasury has concluded that the Health budget will be a critical source of spending pressures in the coming decades and that the outlook is for cost and demand pressures in health to continue unabated over the next 40 years. This is because of the impact of the ageing of the population and people living longer on health services, and the rising cost of new medical technology.¹⁰

NSW is proactively managing the risks going forward through strategies such as increasing the share of resources spent on health protection, disease prevention and community based health services.

The NRA provides the opportunity to build on successful NSW initiatives and introduce and trial new evidence based approaches to reduce the incidence of type 2 diabetes. However, this cannot be fully realised without greater Commonwealth Government investment in NSW.

Meeting the challenges of diabetes

NRA diabetes targets

In July 2006, COAG agreed on the indicative outcomes for the human capital stream of the NRA. The outcomes and progress measures most relevant to the prevention and management of type 2 diabetes are:

10 See NSW Treasury (2006) *NSW Long-Term Fiscal Pressures Report – 2006/07*. Budget Paper No 6.

Outcome 1: Reduce the proportion of the working age population not participating and/or under-participating in paid employment due to illness, injury or disability;

Progress Measure - Proportion of working age population not participating and proportion under-participating due to having, or caring for those with, illness, injury or disability.

Outcome 2: Reduce the incidence of preventable chronic disease amongst the working age population; and

Progress Measure - Incidence of diabetes type 2.

Outcome 3: Reduce the prevalence of key risk factors (smoking, nutrition, physical activity, and obesity) that contribute to chronic disease for school aged children and the working age population.

Progress Measure - Proportion of overweight or obese (18 – 69 years).

Progress Measure - Proportion of people insufficiently physically active to obtain a health benefit.

NSW priorities and targets

NSW has also set more specific priorities and targets in the **NSW State Plan** that will contribute to achievement of the outcomes sought by COAG and which set the context for the actions in this plan. Relevant priorities and targets include:

State Plan Priority S2: Improve survival rates and quality of life for people with potentially fatal or chronic illness through improvements in health care

Target – Reduce the number of potentially avoidable deaths for people under 75 to 150 per 100,000 population by 2016.

State Plan Priority F1: Improved health and education for Aboriginal people

Relevant Target – Over 5 years, reduce by 15% hospital admissions for Aboriginal people who have conditions that can be appropriately treated in the home.

State Plan Priority S3: Improved health through reduced obesity, smoking, illicit drug use and risk drinking

Relevant Target – Stop the growth in childhood obesity by holding childhood obesity at the 2004 level of 25% by 2010. Then reduce levels to 22% by 2016.

State Plan Priority F4: Embedding the principle of early intervention into Government service delivery in NSW

Target – We will produce a policy framework for early intervention by the end of 2006/07 and benchmark and set targets for agency performance by no later than 2008/09.

State Plan Priority E8: More people using parks, sporting and recreational facilities

Relevant Target – Increase the number of people participating in sporting activities and physical exercise by 10% by 2016.

Plans to achieve diabetes targets

Following extensive consultation, the NSW Government released the **NSW State Plan** in November 2006. The State Plan defines the goals and outcomes that should shape public policy over the next 10 years. It commits the NSW Government to delivering services and achieving outcomes in a number of key areas. The relevant priorities and targets in the State Plan for this aspect of the NRA are described above.

Also, future directions planning by NSW Health and the **NSW State Health Plan** have established the following seven strategic directions that support the State Plan and guide the goals for NSW Health over the next 10 years:

- Make prevention everybody's business
- Create better experiences for people using health services
- Strengthen primary health and continuity of care in the community
- Build regional and other partnerships for health
- Make smart choices about the costs and benefits of health services
- Redesign and reinvigorate the health workforce
- Be ready for new risks and opportunities.

Many of the strategic directions and targets will contribute to the successful implementation of initiatives to prevent the increasing incidence of type 2 diabetes and the care of people diagnosed with disease.

Healthy People NSW sets the platform for population health action in NSW over the coming years and ensures that those interventions that have the highest benefits for our population and which address health differentials are pursued. The plan builds on existing population health efforts and identifies key issues that must be tackled to meet the challenges arising from the changing profile of our community, increasing prevalence of chronic diseases and the persistent threat of both novel and re-emergent infectious diseases.

In September 2002, the NSW Government convened the NSW Childhood Obesity Summit as it recognised the increasing problem of overweight and obesity in children. The Summit brought together health experts, parliamentary representatives, industry, parents, teachers and children to develop practical solutions to the problem of childhood obesity. Following the summit the NSW Government released the **Prevention of Obesity in Children and Young People – NSW Government Action Plan 2003-2007**, which identifies priority areas and 34 individual actions that will make a difference in preventing obesity in children and young people.

World class expertise to help us achieve diabetes targets

NSW Health has established the **Population Health Priority Taskforce**, comprised of recognised experts in the field of population health, to provide high-level strategic advice to NSW Health in relation to the 'best buys' for

population health action in NSW, including strategies that prevent the incidence of chronic diseases such as diabetes.

As part of the Government's commitment in the Prevention of Obesity in Children and Young People – NSW Government Action 2003-07, NSW Health established the **NSW Centre for Overweight and Obesity**. The Centre draws together the extensive expertise of key researchers in NSW, including the Centre for Public Health Nutrition, University of Sydney at the Children's Hospital Westmead and the Australian Child and Adolescent Obesity Research Network. The Centre provides valuable information to the Government about the best ways to prevent obesity and to help the Government understand whether its actions are being successful.

Clinical experts are formally consulted through ***Clinical Expert Reference Groups*** and an ***Advisory Group for Chronic Care***.

The input from these groups has been used to develop guides for NSW Area Health Service and other local health providers for the delivery of chronic care in NSW, including:

- ***NSW Chronic Disease Strategy 2006-09*** – which provides an overview of structures and interventions required to provide effective chronic disease services across NSW.
- ***NSW Health Rehabilitation for Chronic Disease Vol 1 (2006)*** – which outlines an innovative and cost-effective but therapeutic approach to chronic disease rehabilitation and includes diabetes interventions.
- ***NSW Health Implementing Rehabilitation for Chronic Disease Vol 2 (2006)*** – which describes in detail many of the interventions to be used in a chronic care rehabilitation service and includes diabetes interventions.

Policy Directions

The States, Territories and the Commonwealth have agreed to three overarching policy directions to reduce the risk and development of type 2 diabetes. These form the key elements of the NSW Action Plan.

The policy directions are:

- 1) A multi-faceted approach to primary prevention to target the known modifiable behavioural risk factors associated with type 2 diabetes;
- 2) Improve cost effective early detection and intervention for those at risk of, or currently undiagnosed with type 2 diabetes; and
- 3) Strengthened integrated health care arrangements for those recently diagnosed, or with established type 2 diabetes.

Policy Direction 1 – Primary Prevention

A multi-faceted approach to primary prevention to target the known modifiable behavioural risk factors associated with type 2 diabetes

Strong primary prevention can limit the incidence of disease and disability in the population. This can be achieved by helping people to eliminate or reduce risky lifestyle behaviours; control their exposure to risk; and promote factors that are protective of health.

The focus of Policy Direction 1 is promoting healthy lifestyles through supporting an increase in physical activity and the uptake of healthy eating in the general population and specific groups. To be effective the primary prevention activities will be implemented across different settings, such as childcare centres, schools, employers, and health settings to inform and educate as many people in the population as possible.

Priority action area 1

Improving current activity in the area of promotion of healthy eating and active living through key settings such as schools, workplaces and communities; and giving effect to the creation of environments that support healthy lifestyle choices.

NSW commits to:

- Build on and align existing initiatives to strengthen primary prevention efforts to reduce the causes of type 2 diabetes; and
- Prevention of type 2 diabetes on a population-wide basis by encouraging healthy and active living through a range of strategies which build on the existing *Australian Better Health Initiative* and ongoing work on improved consumer food choices.

We will implement these commitments through:

1.0 Ongoing and new commitments to address childhood obesity

1.1 “Premier’s Sporting Challenge”

NSW will introduce the “Premier’s Sporting Challenge” for primary school students to 200 *primary schools* in 2007/08, and all primary schools by 2010/11. It will involve:

- Students taking part in a range of physical activities each week for 25 weeks to reach a predetermined target of physical activity;
- Allowing each student to set themselves a target such as walking or running a certain distance over a period of time or participating in sporting activities such as cricket or netball; and
- Awarding certificates to classes and schools that meet the challenge.

Starting with 60 *high schools* in 2007/08 and expanding to all schools by 2010/11, the “Premier’s Sporting Challenge” will seek to maximise high school student participation in sport, promote inter-school sport and recognise athletic achievement. It will include:

- Schools being accredited to provide special sporting and physical activity programs;
- Students achieving set levels of physical activity, playing competitive interschool sport, or receiving individual accreditation in particular sports;
- Incentives for students like accreditation in first aid, emergency care, and coaching certificates that have extra-curricular value; and
- Encouraging participation in sporting activities from all students regardless of background or sporting ability.

As a related measure, NSW will also extend the *Dancing Classrooms* program from 6 to 18 primary schools throughout the State.

1.2 ‘Go for 2 and 5’

As part of a national strategy, “Go for 2 and 5” is, in part, a NSW sponsored population and state-wide social marketing campaign aimed at increasing awareness of the recommended daily intake of fruit and vegetables, knowledge of the benefits of fruit and vegetables and positive attitude towards fruit and vegetables. NSW will continue to provide this program as a strategy to address childhood and adult obesity.

1.3 ‘Fresh Tastes @ School’

“Fresh Tastes @ School” is a healthy school canteen partnership between NSW Health, the NSW Department of Education and Training, the Catholic Education Commission, the Association of Independent Schools and the NSW School Canteen Association.

This program will improve the quality of food and drinks sold in schools by setting minimum standards for the types of food and drinks available in school canteens. For example, since January 2007, soft drinks have been banned in NSW public school canteens.

NSW will continue to provide this program with a greater focus on schools most in need of support.

1.4 Guidance to child care settings on eating and physical activity

NSW is developing healthy eating and physical activity guidelines for 2 to 5 years olds to be made available in childcare centres. The guidelines will aim to educate teachers, parents and carers about the importance healthy eating and lifestyles for young children.

1.5 Food regulatory reforms

NSW will continue to campaign against childhood obesity by lobbying for a national ban on 'Trans Fats' by food manufacturers and corporations. We will seek national restrictions at a national level and, if unsuccessful, will pursue unilateral State based restrictions on Trans Fats products.

1.6 Hunter New England Pilot Program

NSW is undertaking Australia's biggest childhood obesity trial through the Hunter New England Area Health Service. The 5 year program known as 'Good for Kids, Good for Life' will include measurement of children's body mass index (BMI) and a range of interventions targeting 0 to 15 year olds. Interventions will occur in schools, health services, childcare and preschools, and the community.

The objective of this program is to prevent overweight and obesity in children and build the evidence for policy and practice in relation to the prevention of childhood obesity in NSW.

1.7 Local and targeted childhood obesity programs

NSW will, through Area Health Services and the Department of Health, continue to provide a range of targeted and local programs to address childhood obesity with the objective of addressing the diabetes risk factors.

1.8 Review of approach to childhood obesity

In 2002, the NSW Government convened a Childhood Obesity Summit that resulted in a cross-government action plan: *Prevention of Obesity in Children and Young People – NSW Government Action Plan 2003-2007*. This has provided an appropriate framework by considering a range of settings for action, and in some cases laid the foundations for the policy and culture change required, for example healthy school canteens and the promotion of breastfeeding. As the term of this action plan nears completion, NSW will establish a senior officers group to review the approach to this issue and further advise the Government on strategies to achieve NSW State Plan targets in this area.

2.0 A range of programs and resources to help individuals to Live Life Well

Launched in December 2006, *Life Life Well* provides a banner under which to promote and brand prevention and health promotion activities in NSW.

2.1 www.livelifewell.nsw.gov.au

NSW will develop, maintain and promote a website with the *Live Life Well* brand (www.livelifewell.nsw.gov.au) to encourage and support people with the information resources they need to make positive, lifesaving changes to their lifestyle.

The website will offer people, including those with or at risk of diabetes, the information and tools (such as checklists and calculators) they need to start making healthier changes, including eating better, being active and maintaining a healthy weight.

The website directs people to *Live Life Well* activities in their Area Health Service and, in this respect, provides a vehicle for encouraging and supporting community based programs.

2.2 Social marketing campaigns

The *Australian Better Health Initiative* social marketing campaign is a national campaign to promote healthy lifestyle choices in relation to nutrition and physical activity. The total budget is \$43m, with the NSW contribution over \$4m over 4 years to the pooled funding. NSW has also committed resources towards local activities to support the campaign.

NSW will continue to contribute to and support the national social marketing campaigns aimed at increasing awareness and knowledge, and shaping and sustaining positive attitudes and behaviours about physical activity and healthy eating.

NSW will also develop appropriate support activities and social marketing campaigns for local communities, culturally and linguistically diverse communities and Aboriginal communities that shape and sustain positive attitudes and behaviours in relation to the lifestyle risk factors of type 2 diabetes.

2.3 Healthy Lifestyle and Risk Modification Information Service

NSW will pilot a healthy lifestyle and risk modification information service through a centralised call centre. Separate from the National Health Call Centre, the pilot will provide information on chronic disease risk factors and advice and encouragement to people to change lifestyle behaviours.

2.4 “Good Health” television

NSW Health will continue to produce and make available the program “Good Health” on Channel NSW. Broadcast every day at 1pm and repeated in the evenings, “Good Health” is designed especially for health consumers and offers viewers health information to stay healthy and reduce the risk of illness, disease and injury.

3.0 Infrastructure to encourage physical activity

3.1 Premier’s Sporting Challenge

NSW will supply schools with new sporting equipment, such as gymnastic and fitness equipment and upgrade and improve standards of existing sports facilities, including netball and basketball courts, playing fields and practice nets.

NSW will also provide infrastructure upgrades at 7 specialist sports high schools.

3.2 Capital assistance for sporting facilities

NSW will continue to administer a Capital Assistance Program and Regional Sport Facilities Program, with a combined standard annual allocation of \$5.5m, to assist Local Government Authorities and not for profit organisations to develop community oriented local sporting and recreational facilities.

For example, in 2006/07, 348 projects have received a total of \$4m under the Capital Assistance Program and 32 projects have received a total of \$3.9m under the Regional Sport Facilities Program.

3.3 New 'Community use of school playing fields' policy

NSW will revise the *Community Use of Schools Policy* to facilitate joint use of school grounds for community sporting activities. This will increase the community's access to facilities for physical activity.

3.4 Providing cycling facilities across NSW

NSW will continue to provide and fund cycling facilities across NSW and promote and recognise the health benefits of cycling. This includes funding cycling facilities as part of major road reconstruction; supporting local councils for the development and implementation of local cycling initiatives; and encouraging the private sector to provide cycling facilities as part of new road projects.

4.0 Research, policies and programs

4.1 Population Health Monitoring Program

The NSW *Population Health Monitoring Program* is aimed at tracking trends in health status and health behaviours, including obesity, type 2 diabetes, cancer and the associated risk factors in NSW. The program involves a continuing telephone survey of NSW households between February and December each year. The target sample is 12,000 people from birth upwards.

4.2 Developing an evidence based diabetes prevention policy framework for NSW

NSW will work with researchers and health promotion practitioners and other Australian Governments to continue to build the evidence base for policy and practice in relation to the prevention of risk factors for chronic disease.

Where initiatives are trialled or piloted we will ensure there is a rigorous evaluation process and that the results are shared appropriately to inform policy and practice.

4.3 Grants

NSW will continue to fund local governments and the non-Government sector to undertake programs directed at the risk factors for diabetes. Some examples include:

- Implementing an ***Integrated Chronic Disease Prevention Innovation Grants Scheme*** to fund innovative prevention activities and enhance existing activities targeting local populations focused in: local government, health services; school and childcare settings and addressing diabetes risk factors.
- Conducting the ***NSW Healthy Urban Planning Project*** to increase the capacity of health and planning sectors to create healthy and sustainable communities through improved urban planning practices.

- Implementing the **Healthy Local Government Grants Scheme** aimed at identifying and piloting models of best practice in the areas of active and safe communities, nutrition, tobacco and alcohol.
- Funding a **Health Professional Development Program** run by the National Heart Foundation of Australia (NSW Division) which aims to educate health workers in the management of chronic disease risk factors, such as lack of physical activity.

4.4 Health policies

NSW will ensure that its health policies are developed in a way that maximises opportunities to address the risk factors for diabetes. Some examples in this regard include:

- **NSW Falls Prevention Policy** which currently promotes physical activity amongst older people to assist with healthy ageing.
- **NSW Cancer Prevention Plan** which provides advice about healthy living including healthy eating and physical activity.

4.5 Partnership with Local Government and Shires Association of NSW

NSW Health funds the position of a public health officer at the Local Government and Shires Association Primarily which aims to develop capacity within the Local Government and Shires Association of NSW to focus on population health issues and to enhance partnership arrangements.

5.0 Recommendations for complementary actions by the Commonwealth Government

NSW is working hard to address the growing incidence of type 2 diabetes in the areas that it can influence, however to improve the reach and effectiveness of the reforms a contribution from the Commonwealth is required.

NSW calls on the Commonwealth to:

5.1 Establish a National Diabetes Monitoring System

NSW currently undertakes comprehensive monitoring of nutrition, physical activity and other risk factors, with validation of those measures every three to five years. NSW would be happy to work with other jurisdictions to ensure there is some national consistency across this monitoring.

There is evidence to suggest that a new national biomedical survey would assist in gathering accurate data on the incidence of risk factors for developing type 2 diabetes. Biomedical measurement is when surveyors undertake to weigh and measure the survey respondents. This practice would be significantly more accurate than collection of the current self-reported information.

NSW calls on the Commonwealth to establish, and fund on an ongoing basis, a new biomedical survey to provide data on risk factors and prevalence based

on physical measures and blood tests. NSW also calls on the Commonwealth to provide access to data in this system to States and Territories for free.

5.2 Complementary funding for sports infrastructure

In June 2006 the NSW Legislative Assembly Standing Committee on Public Works resolved to inquire into the availability and core objectives for the management of sports grounds in NSW. An aim of the inquiry was to assess current and projected community demand for sportsground facilities. The Committee released its report that made 15 recommendations, one of which was directed at the Commonwealth Government to make available annual funding of \$150 million, based on a maximum of \$1m per Federal electorate, for sporting applications to develop new grounds or to improve existing facilities for groups and organisation with unmet needs.

NSW looks forward to the Commonwealth Government's response to the Committee's recommendation in the near future.

5.3 Provide an ongoing licence, or access to spectrum, for Channel NSW at nominal fee

In March 2004 the NSW Government, through the Department of Commerce, commenced a partnership with Broadcast Australia to trial the delivery of Government and public information services using digital television. *Channel NSW*, on channel 45 in the Sydney metropolitan area, is the vehicle for this datacasting trial – which will conclude on permanent allocation of the datacasting spectrum in the latter half of 2007.

Channel NSW has several shows that have the potential to improve outcomes in the NRA priority areas. These include “Good Health”, described above, “School Kid TV” and “Late Night Languages”. As the uptake of digital television by consumers increases over the next few years, Channel NSW will be an increasingly powerful tool for dissemination of public information.

The future of Channel NSW is not secure. The Commonwealth Government is currently considering the permanent allocation of datacasting spectrum which will be auctioned in August 2007.

NSW calls on the Commonwealth to confer an ongoing licence or access to spectrum on the NSW Government, for a nominal fee, to enable Channel NSW to continue to provide programs such as “Good Health”.

Priority action area 2

Supporting interventions in the workplace to promote employee health, including individual-based approaches and environmental changes to workplaces.

NSW commits to:

- a review of workplace-based prevention initiatives that promote and facilitate employee health by the end of 2007.

We will implement these commitments through:

6.0 Review of workplace interventions

NSW, in conjunction with the Commonwealth and other States and Territories will commission a review to examine the evidence of effective workplace initiatives that support healthy lifestyles for employees. The review will also include a survey of employers to determine what the barriers that prevent employers from introducing employee health programs and what incentives would be required to engage employers in this area. The outcome of the review will assist in understanding better what works in practice to inform ongoing development of possible proposals in this area.

7.0 NSW public sector championship of workplace based prevention initiatives

NSW will consider the findings of the review under 6.0 (above) and will, to the extent that resources permit, encourage public sector agencies to support initiatives for which there is a sound evidence base.

8.0 Advocating complementary actions by the Commonwealth Government

NSW calls on the support of the Commonwealth to:

8.1 Provide exemptions from Fringe Benefits Tax (FBT) for workplace-based prevention programs

Businesses are more likely to invest where the costs of that investment are tax deductible or FBT exempt. The types of services that are FBT exempt are very limited and subject to various conditions. These complex tax rules deter investment, particularly discretionary investment by smaller businesses that do not have the resources to investigate taxation law. However, it would appear unlikely that employer sponsored risk assessments and lifestyle interventions for people with or at risk of diabetes are currently FBT exempt.

NSW calls on the Commonwealth to reform taxation law to provide that employer investment in actions designed to improve employee health outcomes are exempt from fringe benefits tax.

8.2 Support for evidence based workplace interventions

The review of evidence and consultation with employers (see 6.0, above) is expected to identify a range of strategies that could be implemented by the Commonwealth to support and encourage work place based interventions to prevent diabetes.

NSW calls on the Commonwealth to support workplaces for promoting and facilitating preventative health, including addressing issues raised by employers regarding any impediments and incentives that are required.



Q4: *Live Outside the Box* is an example of a multi-faceted, primary prevention initiative developed and implemented through strong partnerships between the Northern Sydney Central Coast Area Health Service, the Central Coast Region of the NSW Department of Education and. In keeping with a lifecycle approach to increasing healthy eating and physical activity and decreasing sedentary behaviours, it targets children and young people with healthy lifestyle messages.

Q4: Live Outside the Box is a school community intervention designed to raise awareness about the components of daily life that are contributing to the increasing rates of overweight and obesity in children and young people.

Key elements of the *Q4: Live Outside the Box* program include:

- Primary school students recording TV/computer use, fruit and vegetable consumption, and time spent being active in a special passport, and
- Secondary students developing concepts for a television commercial, produced into an ad and screened on local television networks.

Q4: Live Outside the Box has started the process of tackling childhood overweight and obesity through raising awareness, promoting healthy behaviour changes, providing families with practical ideas and opportunities to improve healthy behaviours and providing resources for schools to support education about healthy lifestyles.

Policy Direction 2 – Early detection and intervention

Improve cost-effective early detection and intervention for those at risk of, or currently undiagnosed with type 2 diabetes

Policy direction 2 is an agreed priority area for governments. It represents a relatively new area of activity for NSW, as it moves beyond prevention but intervenes at points before chronic care is required.

NSW is heartened by the evidence from Finland, the USA, China and Australia that healthy living programs for people at risk of type 2 diabetes can be effective. Indeed, recent modelling completed by NATSEM (2006) estimated that if a healthy living program for at-risk people (similar to the Finnish model) was introduced in Australia, the number of adults expected to have type 2 diabetes could be 30 per cent lower by 2026 than if current trends continue without intervention.

NSW will collaborate with other jurisdictions to establish the foundations for a Healthy Living Program and will trial such a program in one Area Health Service to see if it is an appropriate and viable model for this State. We will also prioritise the development of information products and other support tools for those at risk of type 2 diabetes.

Priority action area 3

Supporting the early detection of risk factors for type 2 diabetes through development of a risk assessment tool (sensitive to different population sub-groups) and improving the quality of support for people who have risk factors through agreed national standards and accreditation processes to ensure that healthy living programs are evidence-based and effective.

NSW commits to working with the Commonwealth and other States and Territories to:

- develop a nationally agreed risk assessment tick test to assess the risk of a person developing type 2 diabetes;
- develop national standards for healthy living programs for people at increased risk of progressing to type 2 diabetes; and
- develop accreditation arrangements for programs and/or providers for people at risk of developing type 2 diabetes.

We will implement these commitments through:

9.0 Risk assessment tick test

There is a precedent, internationally, for using a simple questionnaire to assess whether a person is at risk of developing diabetes. Questionnaires of this kind cover matters such as age, body mass index, waist circumference, physical activity, consumption of fruit and vegetables, regular use of blood pressure medication, previous history of gestational diabetes, and family history of diabetes.

NSW Health will contribute funding and expertise to the development of a nationally agreed risk assessment tick test to assess the risk status for type 2 diabetes.

In developing the tick test we will ensure that is scientifically sound and is appropriate for those groups in the community that are most at risk of diabetes, including Aboriginal people. We will also ensure that it is value for money and builds on existing work, rather than seeking to “re-invent the wheel”.

Once the tick test is nationally agreed, NSW will use it as part of its recruitment strategy for the trial of the Healthy Living Program.

10.0 National standards for Healthy Living Programs

NSW will contribute funding and expertise to the development of national standards for Healthy Living Programs.

NSW will agree to national standards that support innovation and jurisdictional flexibility in program design and implementation.

Once the national standards are agreed, we will ensure that Healthy Living Programs conducted by the NSW Government meet them.

11.0 Accreditation arrangements for Healthy Living Programs

NSW will contribute funding and expertise to the development of accreditation arrangements for programs and/or providers for the Healthy Living Programs.

We will agree to arrangements that do not impose undue regulatory burden on providers and support innovation and flexibility in program implementation.

Priority action area 4

Improving support for people at high-risk of developing type 2 diabetes through the provision of accredited healthy living programs offered in community or workplace-based settings.

NSW commits to:

- to trial recruitment of at-risk people into Healthy Living Programs. We will implement this commitment though:

12.0 Piloting the Healthy Living Program

One of the key initiatives in this Action Plan is to develop, implement and evaluate a community based **Healthy Living Program pilot** in urban and rural communities in one Area Health Services for people at risk of developing diabetes.

The trial participants, aged 35-54, will be involved in intensive lifestyle interventions, covering diet, exercise and behaviour modifications designed to:

- decrease their body weight (by at least 5 per cent)
- reduce fat intake (by at least 30 per cent)
- increase fibre intake (by at least 15 per cent)
- increase moderate to intense physical activity (greater than 30 minutes each day).

Teams of community educators, dieticians, exercise physiologists and other health professionals in hospital and community settings will manage the project, providing individually based interventions for those at risk of developing diabetes.

The progress of the trial will be monitored for its feasibility and effectiveness in NSW. The evaluation of the pilot will address issues such as recruitment of participants.

13.0 Recommendations for complementary actions by the Commonwealth Government

13.1 Overcoming workforce impediments to providing the Healthy Living Program

Given the current national shortages in general practitioners, nurses and allied health practitioners, consideration needs to be given to the implications of using the existing workforce to deliver the Healthy Living Program. Availability of multidisciplinary teams to deliver the program is likely to be linked to a number of factors such as socio-demographic, service availability, population health and geographic location. Building the workforce capacity to

ensure the delivery of the Healthy Living Program is both a Commonwealth and State responsibility and there is much to be gained by exploring these issues together.

NSW calls on the Commonwealth to address the workforce implications stemming from the phased roll-out of the Healthy Living Program, including engaging with the States and Territories and the health professions to address impediments to service delivery pertaining to the supply of suitable workers.

13.2 Private Health Insurance to meet program costs for privately insured

In an environment of limited public funds for diabetes intervention programs, it is appropriate to request private health insurers to meet the costs of their members' participation in such activities. This would free up public resources for the most needy. It would also be in the long term interests of the insurers because participants are less likely to require costly care for chronic conditions in the future.

NSW calls on the Commonwealth to ensure that private health insurers meet program costs for the privately insured that are at risk or newly diagnosed with diabetes.

13.3 Commonwealth to provide or fund the delivery of the Healthy Living Program for more people at risk of diabetes

Large scale roll-out of the *Healthy Living Program* would only be possible in NSW with significant new Commonwealth funding because the number of people at-risk of developing type 2 diabetes is so large. NSW Health estimates that there are 1 million people aged 35-55 years at risk of diabetes in NSW and that more than 161,000 people would be priority targets for the program. Providing access to the *Healthy Living Program* for all these people would cost almost \$100 million.

NSW calls on the Commonwealth to assume full responsibility for the delivery of the Healthy Living Program to people at risk of diabetes in NSW or to provide funding to NSW for the phased roll-out of this program on a geographic basis.

Priority action area 5

Providing recruitment points to healthy living programs for people at high risk of developing type 2 diabetes, such as community health and other community-based settings (scaled to reflect the capacity of jurisdictions to deliver healthy living programs).

NSW commits to:

- Implementing recruitment strategies to Healthy Living Programs; and
- Provide self help tools to support consumer prevention and management of type 2 diabetes.

We will implement these commitments through:

14.0 Recruitment to the Healthy Living Program trial

NSW will develop a range of recruitment options for the *Healthy Living Program* trial and, in this regard, will consider the provision of information through websites, phone lines and printed material to inform people at risk of developing diabetes of the availability of the trial program.

15.0 Providing appropriate self-help tools and information products

NSW will offer to work with other States and Territories to develop self-help tools to reduce the incidence of type 2 diabetes, including resources such as DVDs that would be based on the nationally agreed risk assessment tool and nationally agreed standards for lifestyle interventions.

Other initiatives that will improve detection and reduce the development of type 2 diabetes include implementation of a project to enhance the skills of community health staff to detect, assess and provide advice on the risk factors of type 2 diabetes and other chronic diseases to their client in order assist in helping people to self-manage their own risky lifestyle behaviours.

16.0 Establishing HealthOne NSW

Health systems around the world are recognising that there must be a greater emphasis on reducing the demand for hospital services by strengthening primary health care. The HealthOne NSW program represents a new approach to providing primary health and community care services in NSW by focussing on the development of effective strategies for health promotion (maintaining wellness) and disease prevention, as well as earlier diagnosis and intervention to reduce health risks and avoid or delay the development of chronic disease.

In November 2006, the Premier announced the locations of the first six HealthOne NSW services to be established. These services will bring together community health, general practice, allied health, aged care and community services and childcare and related services. However each centre will have different service delivery arrangements that build on existing services and are shaped by a clear understanding of local need.

With multidisciplinary community based teams that will include general practitioners, HealthOne NSW services will be well placed to offer health promotion programs, identify people at risk of type 2 diabetes and intervene early, as well as care for those who already have diabetes and help ensure that their condition does not deteriorate.

17.0 Recommendations for complementary actions by the Commonwealth Government

17.1 Recruitment to Healthy Living Programs through general practice and pharmacies

There is a high likelihood that most of the people that are at risk of diabetes will, at some time, visit their doctor. It therefore makes sense to utilise general practices in the identification of people that are at risk. There are several ways that this could be done, ranging from making the risk assessment tick test and other information products available in doctor's waiting rooms to more active involvement in assessment by general practitioners.

The Commonwealth has invested in exploration of a role for pharmacies in the identification and management of diabetes. Given the accessibility of pharmacies and the interest and skills of these health professionals, it makes sense to provide them with a role in the recruitment of people at risk to the Healthy Living Program.

NSW calls on the Commonwealth to offer incentive payments to GPs and pharmacists that meet targets for completed risk assessment tick tests

17.2 Nationally agreed recruitment and self-help tools

There are obvious economies of scale from collaboration between Governments on the development and distribution of information products and other tools that help people to identify their own level of risk, help prevent diabetes, and recruit people at risk to the Healthy Living Program.

NSW calls on the Commonwealth to lead and contribute funding to national information products and self-help tools for people at risk of diabetes and the newly diagnosed.

Policy Direction 3 – Integrated health care

Strengthened integrated health care arrangements for those recently diagnosed, or with established type 2 diabetes

Each year, approximately 100,000 people across Australia are newly diagnosed with type 2 diabetes. If appropriate management does not occur, complications can develop which include early and late stage kidney and eye disease, foot and leg ulcers, lower limb amputations, cardiovascular disease and stroke. The cost of treating a person with diabetes is estimated as up to 1.7 times higher than a person without diabetes and is increasingly being dealt with in the acute health sector. Approximately four per cent of all hospital admissions are due to type 2 diabetes (either as principal diagnosis or co-morbidity). Additionally, just under one tenth of all potentially avoidable hospital admissions are due to type 2 diabetes.

The National Chronic Disease Strategy (2006) and supporting documentation identifies the need for improved integration and continuity of care for persons with type 2 diabetes.

General Practice is the predominant setting for the management of people with chronic disease and NSW is keen to work GPs to ensure optimal treatment and cover for people with diabetes.

Priority action area 6

Improve access for newly diagnosed people with type 2 diabetes to early intervention programs that focus on self-management (building on the healthy living programs, standards and accreditation covered in policy direction 2) to be rolled out on a phased geographic basis, consistent with the evidence for early intervention and current service gaps.

NSW commits to working with the Commonwealth and other States and Territories to:

- develop national standards for healthy living programs for people newly diagnosed with type 2 diabetes; and
- develop accreditation arrangements for programs and/or providers for people newly diagnosed with type 2 diabetes.

NSW also commits to:

- ensure existing initiatives improve referral pathways, self management programs and integrated care for established and newly diagnosed cases of type 2 diabetes.

We will implement these commitments through:

18.0 National standards for Healthy Living Programs for the newly diagnosed

NSW will contribute funding and expertise to the development of national standards for lifestyle programs for people newly diagnosed with diabetes.

While recognising the needs of the newly diagnosed differ from those of people at risk of diabetes, in undertaking this task we will seek to build on and align with the work done on the development of national standards for *Healthy Living Programs*.

We will only agree to national standards that support innovation and flexibility in program design and implementation.

Once the national standards are agreed, we will ensure that relevant programs conducted by the NSW Government meet them.

19.0 Accreditation arrangements for the Healthy Living Program for the newly diagnosed

NSW will contribute funding and expertise to the development of accreditation arrangements for programs and/or providers for lifestyle programs for people newly diagnosed with diabetes.

In undertaking this task we will seek to build on and align with the work done on the development of accreditation arrangements for *Healthy Living Programs*.

We will only agree to arrangements that do not impose undue regulatory burden on providers or stifle innovation and flexibility in program implementation.

20.0 Recommendations for complementary actions by the Commonwealth Government

20.1 Integrate the early intervention programs to support the newly diagnosed

Similar to Policy Direction 2, there are several areas where investment and action by the Commonwealth Government would produce better outcomes for people newly diagnosed with diabetes. In many cases investment for actions

pertaining to people at risk of diabetes could be leveraged to help the newly diagnosed. Accordingly, NSW calls on the Commonwealth to:

- *Implement the phased roll-out of lifestyle programs for the newly diagnosed and overcome any workforce impediments associated with program delivery.*
- *Implement recruitment strategies to lifestyle programs for the newly diagnosed focusing on General Practice, pharmacies and workplaces.*
- *Provide self-help tools to support the management of type 2 diabetes.*

20.2 Expansion of the Medical Benefits Scheme to encourage a systemic approach to care for the newly diagnosed

While arrangements currently exist through the MBS to facilitate improved management of people living with chronic disease, for example the Annual Cycle of Care and associated Chronic Disease Management items. It is proposed that the Commonwealth provide further incentives through the MBS to facilitate multidisciplinary care for the newly diagnosed and overcome current restrictions. NSW calls upon the Commonwealth to:

- *Amend Chronic Diseases Management Items on the MBS by removing the cap on the number of visits people with type 2 diabetes can make to allied health providers in a 12 month period.*
- *Investigate the expansion of the current Practice Nurse Incentive Payments to include a payment for practices to employ a nurse to undertake diabetes/ chronic disease care.*
- *Continue beyond 2007 and expand the National Primary Care Collaboratives across all Divisions of General Practice to support implementation and facilitation at the local level.*
- *Provide cover for intervention programs for the newly diagnosed under the MBS.*
- *Provide increased support for education of General Practitioners on effective management of type 2 diabetes.*

20.3 Explore the issues related to capturing information on the management of type 2 diabetes

The Australian Health Ministers' Conference should explore possible ways, and associated costs and benefits, of assisting general practitioners to record data on the management and care of patients diagnosed with type 2 diabetes.

Learnings from the National Primary Care Collaboratives

The Australian National Primary Care Collaboratives (NPCC) is funded by the Commonwealth Government until December 2007. A collaborative is a group of practices learning and sharing ways to achieve rapid improvements in clinical outcomes. The goal is to assist practices in developing their capability to deliver rapid, sustainable and systematic improvements in care they provide to patients and their communities. 487 practices have taken part in the program nationally and there have been several great success stories.

In a 15 month period, a number of practices within the Riverina Division of General Practice and Primary Care have shown extraordinary improvements from baseline:

- 212% improvement in the percentage of diabetic patients with a cholesterol <4mmol/L
- 451% improvement in the percentage of diabetic patients with blood pressure equal to or below 130/80mmHg
- 91% improvement in the percentage of diabetic patients who have had a diabetes annual cycle of care
- 141% improvement in the percentage of diabetic patients with HbA1c levels <= 7%

32 practices (37.5% of total practices) from the Blue Mountains, Nepean and Hawksbury Hills Divisions continue to show significant quality improvement achievements in diabetes. The improvements recorded for Wave One, Two and Three from baseline measures are as follows:

- An improvement of 54% in the number of patients on the diabetes register
- 29% improvement in patients with a cholesterol of <4mmol/L
- 175% improvement in the percentage of diabetic patients with blood pressure equal to or below 130/80mmHg
- 48% improvement in the percentage of diabetic patients who have had a diabetes annual cycle of care
- 29% improvement in the percentage of diabetic patients with HbA1c levels <= 7%

21.0 Integrated care arrangements

The NSW Government has made significant investment in reforms to improve the care provided to people who suffer a chronic disease, including type 2 diabetes, by funding the development of specific chronic disease services across NSW.

21.1 Establishment of Centre of Excellence for Chronic and Complex Care

Dubbo Base Hospital will become a **Centre of Excellence for Chronic and Complex Care**. It will deliver new and improved services for patients who require complex care for a range of illnesses that are prolonged, do not resolve spontaneously and are rarely completely cured, such as type 2 diabetes, cancer, coronary artery disease, asthma and arthritis.

21.2 “Health Care at Home”

NSW will develop and further refine a suite of services that deliver **Health Care at Home**. These services include rehabilitation and self-management support, early intervention for older people, hospital avoidance for conditions, and care coordination strategies for people diagnosed with chronic diseases such as type 2 diabetes. Specific strategies for *Health Care at Home* include:

- Referral information centres;
- Community and post acute services;
- SAFTE care services: Sub-Acute Fast Track Elderly Care programs are partnerships of health services, community services and general practitioners that enable people over 75 years to receive the right care at the right time through fast tracking diagnosis, diagnostics and clinical management and thus avoiding inappropriate hospital admissions.
- ComPacks: are case-managed packages of care for up to 6 weeks that enable certain patients, particularly those with complex health conditions, to return home safely with appropriate care in place rather than remain in hospital for unnecessarily long periods of time.

Other related activities that NSW provides at the local level through Area Health Services to continue to build on chronic disease management, encompassing people with type 2 diabetes, include:

- rehabilitation for chronic disease that includes intensive lifestyle and disease management interventions;
- support self-management, both as the primary aim of chronic care activities (including rehabilitation services) and in the wider community;
- incorporate case management into the delivery of care for those who are unable to self-manage (from a health status or social perspective);
- develop an electronic health record specific to the needs of chronic care service delivery to enable tracking of outcomes more efficiently; and
- support the augmentation and/or development of community led services that enhance self-management of chronic disease and its risk factors including diabetes. Examples include peer led support groups,

HeartMoves groups that are provided by National Heart Foundation of Australia trained fitness leaders to deliver appropriate exercise programs for people with chronic diseases; and ShareWest Health and Fitness organised by the Sydney West Area Health Service.



Diabetes Centre, Prince of Wales Hospital

Prince of Wales Hospital, in Sydney, provides a comprehensive diabetes education and clinical service.

Patients newly diagnosed with type 2 diabetes, receive shared care from their GP and the Diabetes Clinic.

The clinic offers a multidisciplinary program, which is tailored to individual needs, with a strong focus on education. The patient is supported to develop effective skills in self-management under the guidance of their GP, with referral back to the clinic for any complex issues.

Addressing the special needs of Aboriginal people in NSW

Aboriginal Australians are more than 3 times as likely as non-Aboriginal people to report some form of diabetes. Prevalence is twice as high in remote Aboriginal communities as in non-remote - as high as 30 per cent in some communities.

There are a number of barriers that prevent Aboriginal people from accessing health services and being involved in primary prevention activities to reduce the prevalence of lifestyle risk factors;

- poorly maintained, insufficient or non-existent physical activity infrastructure;
- the preference to access culturally appropriate primary healthcare services;
- high cost and limited availability of healthy food for rural communities;
- poor environmental conditions including poor quality housing.

NSW commits to providing programs for the at-risk and newly diagnosed that address the distinct needs of Aboriginal people in both urban and regional/remote communities. As previously mentioned in Action 2.2, under NSW's commitment to the *Australian Better Health Initiative*, the Government will develop appropriate support activities and social marketing campaigns for Aboriginal communities that shape and sustain positive attitudes and behaviours in relation to the lifestyle risk factors of type 2 diabetes.

We will implement these commitments through:

22.0 Continuing to develop innovative and culturally appropriate programs for Aboriginal people

22.1 Aboriginal Vascular Health Program

The NSW Government will continue to fund and provide the **Aboriginal Vascular Health Program** as it is successfully addressing the common risk factors for a suite of chronic diseases, including type 2 diabetes. Established in 2000, the *Aboriginal Vascular Health Program* aims to prevent the risk factors and complications of vascular disease at all three levels of prevention - primary, secondary and tertiary.

Funding is provided to 23 sites throughout NSW with a further 9 sites in Justice Health. The program sites provide a combination of screening, management and healthy lifestyle programs based on local need. All programs deliver screening and risk assessments. Through the screening clinics clients are assessed for risk of undiagnosed vascular disease and other chronic diseases including type 2 diabetes and referred to appropriate

healthcare providers or services, including quit smoking programs for smokers or dieticians for people overweight or obese.

This program is delivered by a dedicated workforce of Aboriginal Vascular Health workers which can include Aboriginal Health Workers.


22.2 Healthy weight program pilot

NSW is developing a community based healthy weight program pilot for Aboriginal communities. The program will train and encourage Aboriginal health professionals to deliver healthy weight programs within community settings across NSW.

23.0 Recommendations for complementary actions by the Commonwealth Government

The NSW Government calls on the Commonwealth to champion and fund services to prevent and reduce the risk of type 2 diabetes among Aboriginal people in remote, regional and urban communities. This may include

- helping to provide lifestyle modification programs specifically for Aboriginal and Torres Strait Islander communities; and
- assisting to provide a trained workforce, which may include Aboriginal Health Workers, to act as change agents to facilitate health lifestyles in communities.



Aunty Jean's Good Health Team
South Eastern Sydney Illawarra Area Health Service

Aunty Jean's Good Health Team aims to improve the health outcomes of Aboriginal people in the Illawarra with or at risk of vascular disease and other chronic diseases, such as type 2 diabetes, through improved prevention, early identification and intervention and ongoing care.

The key elements of the project are increasing accessibility and coordination of existing services and programs, the development of community based disease self management models and building the capacity of the local Aboriginal Health workforce in addressing vascular disease and other chronic diseases.

Aunty Jean's Health Team has become established as a very successful, innovative and culturally appropriate program for Aboriginal community elders with demonstrable health improvements for participants. The program model has created great interest and has been a catalyst and focus in engaging a wide range of service providers in addressing Aboriginal chronic disease issues.

Schedule 1

TIMEFRAMES, MILESTONES & RESPONSIBILITY FOR ACTIONS

Policy Direction 1 – A multi faceted approach to primary prevention to target the known modifiable behavioural risk factors associated with type 2 diabetes.

Initiative	Responsibility	Milestones & Timelines
Priority Action Area 1 - improving current activity in the area of promotion of healthy and active living through key settings such as schools, workplaces and communities; and giving effect to the creation of environments that supports healthy lifestyle choices		
1.0 Ongoing and new commitment to address childhood obesity		
1.1 Premier's Sporting Challenge to encourage school children to participate in physical activity.	NSW Government	To be provided to 200 primary schools and 60 high schools in 2007/08 and then rolled out to all schools by 2010/11
1.2 'Go for 2 and 5'	NSW Government	Ongoing throughout 2007-2011
1.3 'Fresh Tastes @ School' – NSW Healthy School Canteen Strategy across NSW with a greater focus on disadvantaged schools	NSW Government	Implementation of Canteen Strategy – ongoing
1.4 Develop and deliver healthy eating and physical activity guidelines for childcare settings aimed at 2 – 5 year olds	NSW Government	Development and dissemination of Guidelines by December 2009
1.5 Food regulatory reforms - advocate for regulatory reform of food labelling, advertising of junk food to children and ban on Trans Fats.	NSW Government	Ongoing throughout 2007-2011
1.6 Hunter New England Pilot Program - comprehensive obesity prevention program aimed at preventing overweight and obesity in children aged 0-15 years and building the evidence for policy and practice in relation to the prevention of childhood obesity in NSW	NSW Government	Ongoing throughout 2007-2012
1.7 Local and targeted childhood obesity programs	NSW Government	
1.8 Review of approach to childhood obesity	NSW Government	Ongoing throughout 2007-2011
2.0 A range of programs and resources to help individuals to <i>Live Life Well</i>		
2.1 www.livelifewell.nsw.gov.au	NSW Government	Ongoing
2.2 Social marketing campaigns – continue to support national social marketing campaigns. NSW will also develop appropriate support activities for local communities, including culturally and linguistically diverse communities and Aboriginal communities.	NSW Government	Collaborative agreement in National campaign - June 2007 Implementation of social marketing campaigns – ongoing

2.3 Healthy lifestyle and risk modification information service	NSW Government	Recruitment of service provider by June 2008. Implementation and evaluation ongoing.
2.4 'Good Health' Television provides health information to stay healthy and reduce the risk of illness, disease and injury.	NSW Government	
3.0 Infrastructure, lifestyle and risk modification information service		
3.1 Premier's Sporting Challenge to supply new sporting equipment and upgrade sporting facilities and provide additional upgrades to specialist sports high schools.	NSW Government	Ongoing throughout 2007-2011
3.2 Capital Assistance Program and Regional Sport Facilities Program	NSW Government	Continued and ongoing throughout 2007-2011
3.3 New 'Community use of school playing fields' policy to increase the community's access to facilities for physical activity.	NSW Government	Ongoing throughout 2007-2011
4.0 Research, policies and programs		
4.1 Enhance the NSW Population Health Survey Program aimed at tracking trends in obesity, type 2 diabetes, cancer and the associated risk factors	NSW Government	Development and enhancement of appropriate risk factor modules by December 2007. Analysis and reporting of relevant information ongoing
4.2 Developing an evidence based diabetes prevention policy framework for NSW	NSW Government	Ongoing throughout 2007-2011
4.3 Grant schemes will continued to be funded including: <ul style="list-style-type: none"> • Integrated Chronic Disease Prevention Innovation Grants Scheme; • NSW Healthy Urban Planning Project; • Healthy Local Government Grants Scheme; and • Health Professional Development Program 	NSW Government	Ongoing throughout 2007-2011
4.4 Health policies will be developed in a way that leverages opportunities to address diabetes risk factors	NSW Government	Ongoing throughout 2007-2011
4.5 Public Health Officer at the Local Government and Shires Association of NSW	NSW Government	Ongoing
5.0 Recommendations for complementary actions by the Commonwealth Government		
5.1 Establish a national diabetes monitoring system	Commonwealth Government	
5.2 Complementary funding for sports infrastructure	Commonwealth Government	As soon as possible
5.3 Provide ongoing licence or access to spectrum for Channel NSW	Commonwealth Government	
Priority Action Area 2 – Supporting interventions in the workplace to promote		

employee health, including individual-based approaches and environmental changes to workplaces		
6.0 Review of workplace interventions	Joint Commonwealth and State Governments	To be conducted in 2007
7.0 NSW public sector championship of workplace based prevention and interventions	NSW Government	
8.0 Recommendations for complementary actions by the Commonwealth Government		
8.1 Provide exemptions from Fringe Benefits Tax for workplace-based prevention programs	Commonwealth Government	
8.2 Support for evidence based workplace interventions	Commonwealth Government	

Policy Direction 2 – Improve cost-effective early detection and intervention for those at risk of, or currently undiagnosed with type 2 diabetes.

Initiative	Responsibility	Milestones & Timelines
Priority action area 3 – Supporting the early detection of risk factors for type 2 diabetes through development of a risk assessment tool and improving the quality of support for people who have risk factors through agreed national standards and accreditation processes to ensure that healthy living programs are evidence-based and effective		
9.0 Risk assessment tick test	Joint Commonwealth and State Governments	
10.0 National standards for Healthy Living Programs	Joint Commonwealth and State Governments	
11.0 Accreditation arrangements for programs and providers of the Healthy Living Program	Joint Commonwealth and State Governments	
Priority action area 4 – Improving support for people at high-risk of developing type 2 diabetes through the provision of accredited healthy living programs offered in community or workplace-based settings		
12.0 Healthy Living Program Pilot	NSW Government	Development, implementation and evaluation will be ongoing throughout 2007-2011
13.0 Recommendations for complementary actions by the Commonwealth Government		
13.1 Overcoming workforce impediments to providing the Healthy Living Program	Commonwealth and NSW Government	
13.2 Private Health Insurance to meet program costs for privately insured	Commonwealth Government	
13.3 Provide or fund the delivery of the Healthy Living Program for more people at risk of developing diabetes	Commonwealth Government	
Priority action area 5 – Providing recruitment points to healthy living programs for people at high risk of developing type 2 diabetes, such as community health and other community-based settings		
14.0 Recruitment to the Healthy Living Program pilot	NSW Government	
15.0 Providing appropriate self-help tools and information products	NSW Government in conjunction with other State and Territory Governments	
16.0 Establishing HealthOne NSW	NSW Government	By late 2008, 6 services will be operational. By 2010 up to a further 14 services will be operational
17.0 Recommendations for complementary actions by the Commonwealth Government		

17.1 Recruitment to Healthy Living Program through general practice and pharmacies	Commonwealth Government	
17.2 National agreed recruitment and self help tools	Commonwealth to join the States and Territories in developing and providing self help tools and recruitment tools	

Policy Direction3 – Strengthened integrated health care arrangements for those recently diagnosed, or with established type 2 diabetes.

Initiative	Responsibility	Milestones & Timelines
Priority action area 6 – Improve access for newly diagnosed people with type 2 diabetes to early intervention programs that focus on self management to be rolled out on a phased geographic basis, consistent with the evidence for early intervention and current service gaps		
18.0 National standards for healthy living programs for the newly diagnosed	Joint Commonwealth and State Governments	
19.0 Accreditation arrangements for healthy living programs for the newly diagnosed	Joint Commonwealth and State Governments	
20.0 Recommendations for complementary actions by the Commonwealth Government		
20.1 Integrate the early intervention programs to support the newly diagnosed through: <ul style="list-style-type: none"> • Implementing the phased roll-out of lifestyle programs for the newly diagnosed and overcome workforce impediments • Implementing recruitment strategies to lifestyle programs for the newly diagnosed, focusing on general practice, pharmacies and workplaces • Providing self-help tools to support management of type 2 diabetes. 	Commonwealth Government	
20.2 Expansion of the Medical Benefits Scheme to encourage a systemic approach to care for the newly diagnosed by: <ul style="list-style-type: none"> • Amending Chronic Disease Management Items on the MBS by removing cap on the number of visits to allied health practitioners; • The Commonwealth investigate the expansion of the current Practice Nurse Incentive Payments to include a payment for practices to employ a nurse to undertake diabetes care; • Providing cover for intervention programs for the newly diagnosed under the MBS; and • Providing increase support for education of General Practitioners on management of type 2 diabetes. 		
20.3 Explore the issues related to assisting GPs to capture information on the management of type 2 diabetes.		
21.0 Integrated care arrangements		
21.1 Establishment of Centre of	NSW Government	Ongoing

Excellence for Chronic and Complex Care		
<p>21.2 Health Care at Home Services and programs</p> <ul style="list-style-type: none"> • Rehabilitation for chronic disease that includes intensive lifestyle and disease management interventions • Support self-management, both as the primary aim of chronic care activity and in the wider community • Incorporate case management into the delivery of care for those who are unable to self-manage their diabetes • Develop and electronic health records specific to the needs to chronic care service delivery to enable tracking of outcomes more efficiently • Support the augmentation and development of community led services that enhance self-management of chronic diseases and its risk factors. 	NSW Government	Ongoing throughout 2007-2011

Addressing the special needs of Aboriginal people in NSW

Initiative	Responsibility	Milestones & Timelines
22.0 Continuing to develop innovative and culturally appropriate programs for Aboriginal people in NSW		
22.1 Aboriginal Vascular Health Program	NSW Government	Ongoing throughout 2007-2011
22.2 Healthy weight program pilot	NSW Government	Development, implementation and evaluation ongoing throughout 2007-2011
23.0 Recommendations for complementary actions by the Commonwealth Government		
<ul style="list-style-type: none"> • helping to provide lifestyle modification programs specifically for Aboriginal and Torres Strait Islander communities; and • assisting to provide a trained workforce, which may include Aboriginal Health Workers, to act as change agents to facilitate health lifestyles in communities. 	Commonwealth Government	