Diabetes WA solutions for WA Health – tackling diabetes and obesity together

This prospectus outlines four unfunded Diabetes WA health solution opportunities designed to tackle two of the most pressing health challenges in Western Australia - diabetes and obesity.

Diabetes and obesity are closely entwined and are leading causes of poor community health outcomes, health inequity and preventable hospitalisations.

With funding, the solutions will be ready for development by the next WA State election in March 2021 and benefits delivered within the following term of government.

Diabetes WA's programs are proven to activate people to better manage diabetes and obesity with the potential to reduce complications, hospitalisations and costs to the health system.

This prospectus provides background and evidence for Diabetes WA's successful health programs and encloses details of four new opportunities, including expected health outcomes and system improvements, and funding requirements for:

Diabetes WA calls on all political parties at the 2021 State election to work together and support funding of the health solutions outlined for the benefit of all Western Australians.

Opportunity 1: Build a Culturally Secure Diabetes Workforce

Opportunity 2: Halt Obesity

Opportunity 3: Break Intergenerational Diabetes

Opportunity 4: Cool Off Perth's Diabetes Hotspots

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Diabetes WA solutions for WA Health - tackling diabetes and obesity together

Diabetes WA solutions for WA Health outlines the latest opportunities for Diabetes WA to support WA Health to deliver significant improvements in diabetes and obesity management health outcomes and meet strategic health goals over the next term of government.

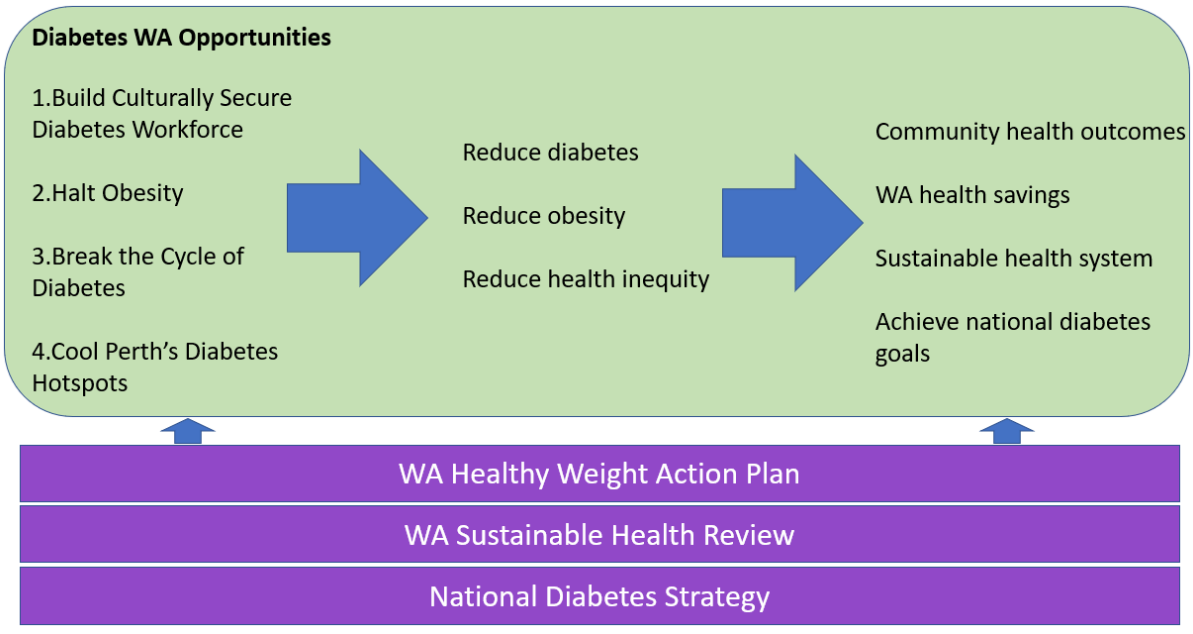
Today, an estimated 30 per cent of hospital beds are taken up by people with diabetes-related complications, costing the WA health system around $1b a year. This is expected to climb.

For over 55 years, Diabetes WA has been supporting the WA diabetes community in reducing the impact of diabetes on lives and on communities, including the most vulnerable, in every corner of our vast State.

Today Diabetes WA is a leading and innovative health solution provider, helping to deliver a more sustainable, equitable health system in WA by helping WA Health meet the goals of the *National Diabetes Strategy*, *Sustainable Health Review* and *WA Health Weight Action Plan*.

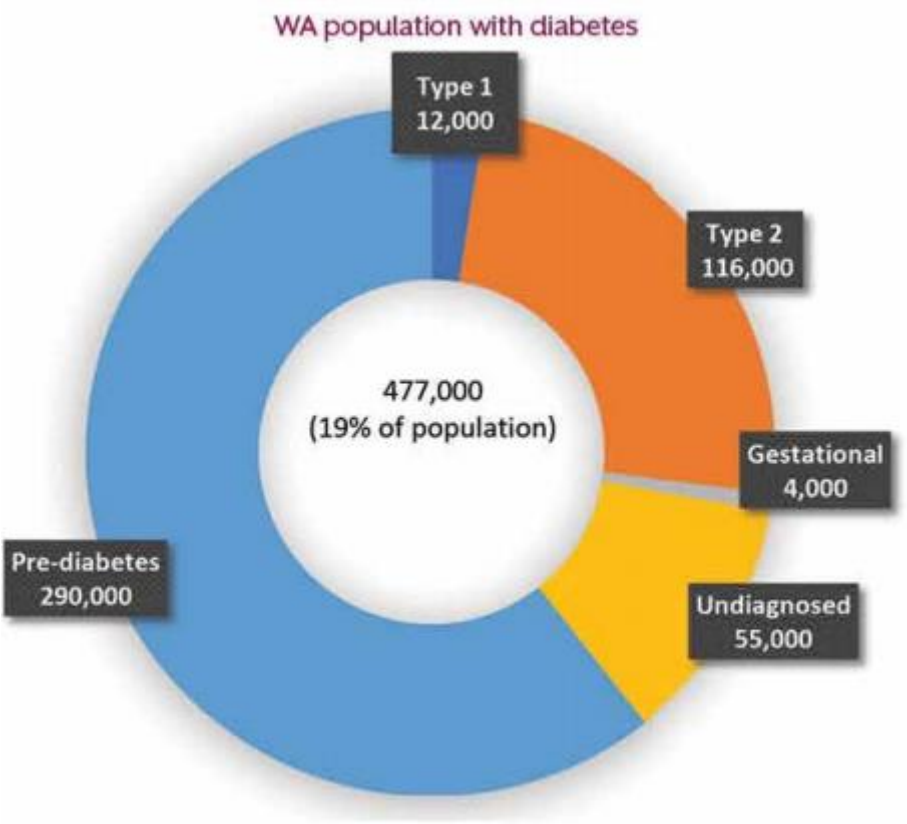
Included are details on four new unfunded projects designed to deliver priority health outcomes and help WA meet its strategic health commitments through cost-effective diabetes and obesity management and prevention programs.

Diabetes WA is seeking commitment at the next WA State election for funding which can help WA Health deliver its ambitious health objectives for the WA community.



The state of diabetes in Western Australia

Nearly half a million Western Australians (over 19%) either live with diabetes or are at risk, impacting lives, families, communities and the health system.



A third of those with diabetes are undiagnosed – putting them at risk of life changing complications.

Every day 25 people are diagnosed with diabetes and need support and advice how to manage their condition to live a full life.

16% of the WA population (over 290,000) have pre-diabetes, with up to 30% likely to develop type 2 diabetes within 5 years.

Gestational diabetes is the fastest growing type of diabetes, putting mothers and their children at increased risk of type 2 diabetes.

COVID-19 and diabetes – people living with diabetes are at increased risk of becoming severely ill if they contract COVID-19. Diabetes WA research and consumer feedback shows that the diabetes community remains cautious, making people feel more vulnerable, more isolated and less willing to access their normal health care support.

COVID-19 has changed how people access their important diabetes care. Over a third are more likely to use digital health services, providing low cost and safe access to services from home - anywhere in WA. Demand for Diabetes WA digital services was shown to double across telehealth, online education courses, health professional training and home delivery of diabetes health supplies.

Location and diabetes - the impact of diabetes is dependent on where people live and access to appropriate health services.

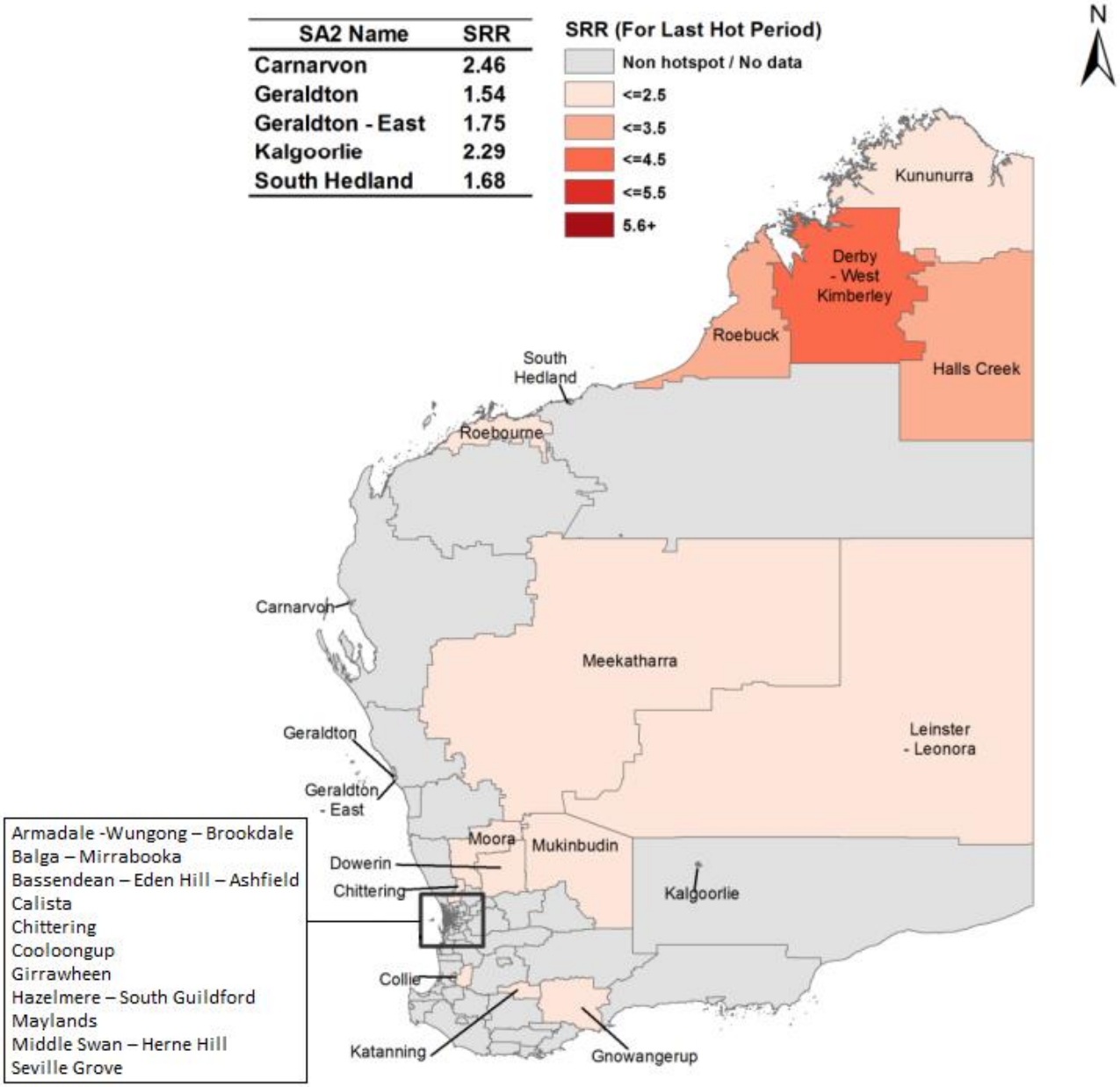
In 2018, diabetes was the second leading cause of death for Aboriginal people in Australia. 11% of the Aboriginal and Torres Strait population of WA (and NT) have diabetes, with rates up to 30% in remote communities - the highest prevalence out of all States and Territories.

In the Kimberley diabetes complications is the leading cause (15%) of preventable hospitalisations.

There are 30 diabetes hotspots areas in WA (a third in Perth metro) where the rate of hospitalisation for diabetes is at least 1.5 times the state average (measured by the Standard Rate Ratio, or 'SRR').

With over 70 per cent of Western Australian adults and 25% of children overweight or obesity, there is a close correlation with prevalence of diabetes and pre-diabetes in these areas.

Diabetes Complications Hotspots (Lessons of Location report (WAPHA, 2017)):



The personal impact of diabetes

Diabetes has no known cure, requires lifelong management and can be overwhelming.

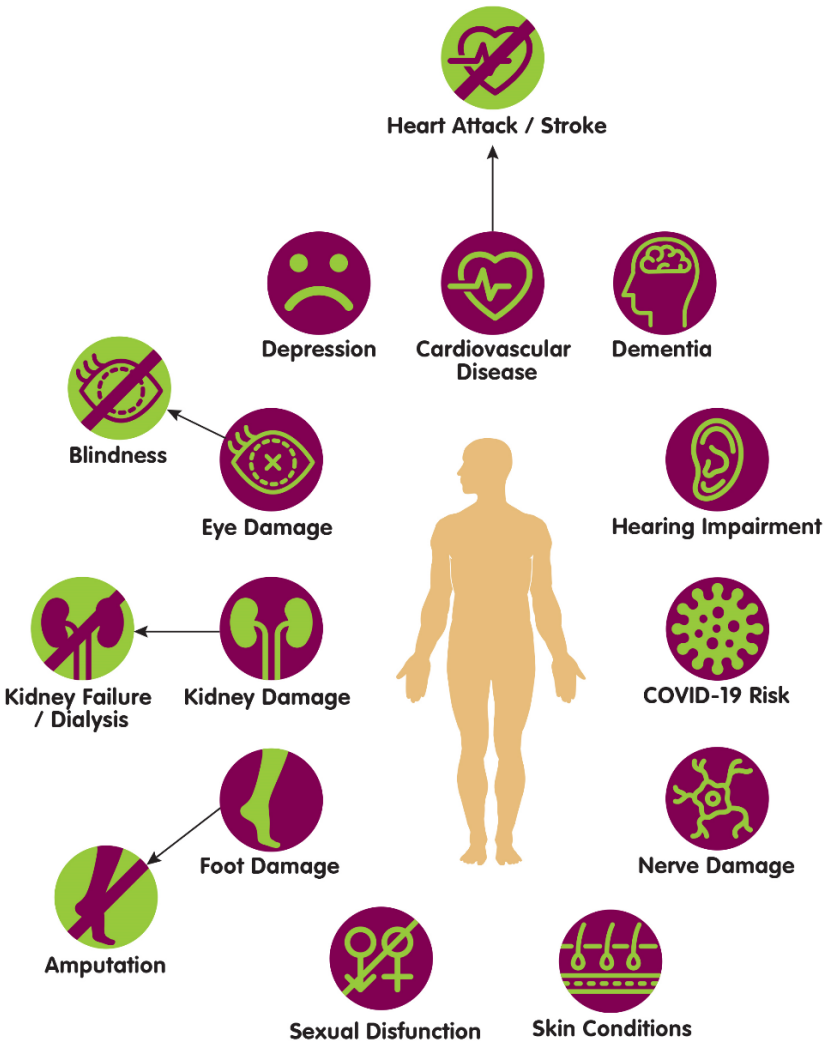
Without the right support and management, or left undiagnosed, diabetes can lead to life-changing complications, the impacts of which are often underestimated.

Managing diabetes well is hard and considerably impacts personal lives and mental health. It requires a 24/7 365 days a year commitment to healthy eating, physical activity, blood glucose monitoring, medication, regular medical check-ups, as well as problem solving and healthy coping.

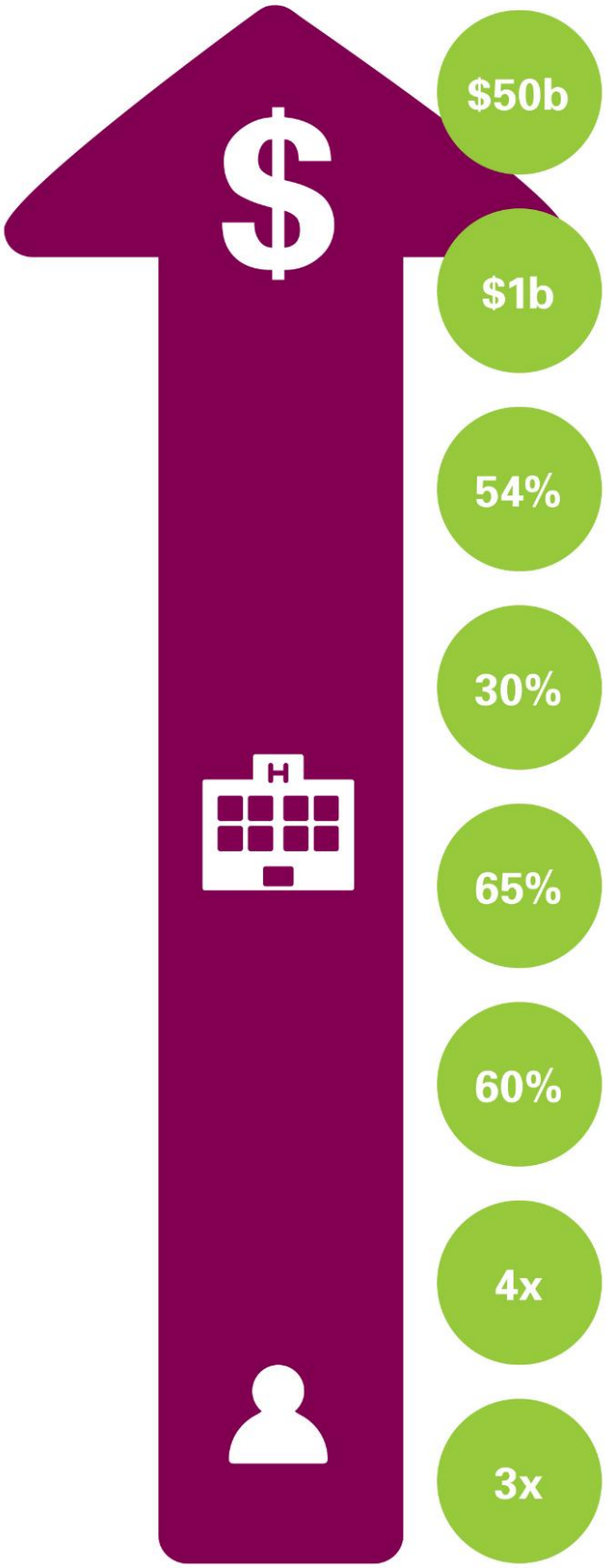
98% of people with diabetes also have at least one comorbidity and many have multiple, complicating diabetes management by reducing time, increasing stress and increasing costs.

Uncontrolled hyperglycaemia is a risk factor for increased severity and mortality in patients with COVID-19. With COVID-19 continuing to be a risk within the community, most people with diabetes continue to socially isolate, impacting mental health and access to essential health care.

> If crocodiles had taken 34 legs and 14 lives in 3 years and had cost the taxpayer $3.5 million dollars, every person in Australia would know about it, and there would be an outcry for action' (WA Foot Model of Care; 2010)



The impact of diabetes on Western Australia



$50b the forecast cost each year to the Australian economy by 2051.

$1b the cost to the Western Australian health system each year (10% of the health budget).

54% of hospitalisations for diabetes are due to being overweight or obese.

30% of hospital beds are filled due to diabetes complications.

65% of Australian cardiovascular disease deaths are due to diabetes.

60% of amputations in Australia are from diabetes complications.

4x is the increased risk of heart attack or stroke.

3x is the increased risk of kidney failure.

Most of the impact of diabetes is preventable

Research results from the Diabetes WA community are clear - that to live a full and healthy life, they need to self-manage their condition:

95% agree that if they don't manage their diabetes, they will probably get diabetes complications.

95% agree that with good self-management, they can enjoy a full life and 86% agree that the negative effects of diabetes can be avoided through good self-management.

90% agree there is a lot they can do to manage the symptoms of their diabetes.

81% agree that the right way to manage diabetes is through diet and exercise.

67% of people with diabetes are most worried about developing diabetes complications.

Well managed blood glucose levels significantly reduce a person's risk of complications. However, managing diabetes is hard and doesn't stop. For many it is overwhelming. The average person sees their GP for only five hours a year, yet they live with diabetes every hour of every day.

To manage diabetes, people face an estimated 180 diabetes-related decisions every day with 37% feeling burnt out by the constant effort. Despite this, only about half of people achieve adequate management of blood glucose levels – putting them at risk of complications.

International guidelines recommend each person receives a minimum of 10 hours of diabetes self-management education to improve diabetes management and reduce the risk of complications. RACGP best practice guidelines recommend all people with type 2 diabetes and their carers be offered structured, evidence-based diabetes education at diagnosis, with regular review.

Studies show that Diabetes WA's programs are effective in activating participants to better manage their diabetes self-care with the potential to reduce complications and prevent hospitalisations.

When people feel empowered and activated, they have less 'diabetes distress', they can better deal with their self-care activities, take part in decisions about their treatment, and work with their health professionals to proactively manage their diabetes.

Meet Richard

When Richard tipped the scales at 120kg, he knew he had to make drastic lifestyle change.

Medically classified as morbidly obese, Richard was determined to turn his life around.

After signing up for a home delivery meal service, he lost 2kg, which was a small but significant win.

While losing weight was the first step in overhauling his health, Richard soon realised he needed help to better manage his type 2 diabetes.

He then turned to Diabetes WA and was booked into a DESMOND workshop for people living with type 2 diabetes.

Richard with his wife and two daughters

"I went to a full-day diabetes session and learned so much about healthy and junk foods, blood pressure, sugar content in food and how to read food labels - something I still do," he said.

Since January, Richard has lost close to 18kg, with his blood glucose dropping 4.5 mmol/L to 5 mmol/L, and his resting heart rate is down from 92 to 68.

"A big part of my success is the DESMOND day I attended back in March," he said.

"I learned so much that day. The downside is the cost of buying new clothes (which) is outrageous but really satisfying!"

With support from his family, friends and colleagues, Richard hopes to get down to 89kg, the weight he was more than 24 years ago.

"I want to live to see my 11 and 13-year-old daughters graduate, get married and have children," he said

Diabetes WA - developing diabetes solutions for a sustainable health system

Diabetes WA's core business is the delivery of evidence-based diabetes education programs. These are setting the standards for diabetes self-management education in Australia (through sub-licensing to the Commonwealth Government) and are shown to have the potential to significantly reduce diabetes-related hospitalisations.

Diabetes WA's Let's Prevent weight management program pilot, in 2019 – 20, activated overweight participants to make changes to their lifestyle - with an average self-reported weight loss of 5.4kg amongst those with a goal of losing weight.

According to the 2020 report The Burden And Cost Of Excess Body Mass in WA, if all adults with overweight or obesity in WA in 2016 reduced their body mass index (BMI) by 1 kg/m2, it would save the health system $95.6 million (or 28%) in 2026 compared to current trends in excess body mass continuing.

Supported by the evidence, over the last two years, Diabetes WA has applied its *empower & activate* program philosophy to new program development and investments to tackle diabetes and the growth in obesity.

In collaboration with WA Health, a range of pilot programs in diabetes prevention and obesity management are currently underway, but with additional funding Diabetes WA can develop new health solutions to help WA meet ambitious community health and system improvement goals:

National Diabetes Strategy goals	*WA Sustainable Health Review recommendations*	*WA Healthy Weight Action Plan actions*
Goal 1: Prevent people developing type 2 diabetes	Commit and collaborate to address major public health issues	Connect better
Goal 2: Promote awareness and earlier detection of type 1 and type 2 diabetes	Great beginnings and a dignified end of life	Change how we talk about weight
Goal 3: Reduce the occurrence of diabetes-related complications and improve quality of life among people with diabetes	Person-centred, equitable, seamless access	Better access and care coordination
Goal 4: Reduce the impact of pre-existing and gestational diabetes in pregnancy	Invest in digital healthcare and use data wisely	Build workforce capability and confidence
Goal 5 & 6: Reduce the impact of diabetes among Aboriginal and Torres Strait Islander peoples and other priority groups	Culture and workforce to support new models of care	Quality improvement
Goal 7: Strengthen prevention and care through research, evidence and data	Innovate for sustainability	Innovation
		Empower the community to take action

Diabetes WA health outcomes

The evidence is clear – Diabetes WA's person-centred and culturally appropriate *empower & activate* program philosophy supports people to self-manage their condition - reducing distress, reducing the financial burden, preventing complications and potentially reducing hospitalisations.

Last year Diabetes WA provided help more than 42,000 times to the 130,000 Western Australians living with diabetes, their health professionals and supporting community

Diabetes WA service design framework

Diabetes WA program design steps

1. Consumer and community consultation to identify needs.
2. Identify priorities and health system alignment through *National Diabetes Strategy*, *Sustainable Health Review*, *WA Healthy Weight Action Plan*.
3. Globally leading, evidence-based programs are developed, piloted and evaluated locally or sourced through partnerships with global leaders in chronic healthcare, including the UK's Leicester Diabetes Centre.

Health system integration

- The leading, evidence-based, cost-effective programs are integrated and coordinated with health system partners without duplication.
- Programs reduce health inequity through digital solutions, community consultation and cultural adaptation, improving access for the most remote and most vulnerable communities across WA.
- Health system capacity building trains the local primary care workforce to deliver programs in community.

Summary of health improvement opportunities

With funding, the proposed opportunities have the potential to deliver improved health outcomes for the WA community and significant cost savings for the WA health system.

National Diabetes Strategy goals	***1.Build Diabetes Workforce***	***2.Halt Obesity***	***3.Break Cycle of Diabetes***	***4.Cool Off Perth's Hotspots***
Goal 1: Prevent people developing type 2 diabetes	✓	✓	✓	✓
Goal 2: Promote awareness and earlier detection of type 1 and type 2 diabetes	✓	✓	✓	✓
Goal 3: Reduce the occurrence of diabetes-related complications and improve quality of life among people with diabetes	✓	✓	✓	✓
Goal 4: Reduce the impact of pre-existing and gestational diabetes in pregnancy	✓	✓	✓	✓
Goal 5 & 6: Reduce the impact of diabetes among Aboriginal and Torres Strait Islander peoples and other priority groups	✓	✓	✓	✓
Goal 7: Strengthen prevention and care through research, evidence and data	✓	✓	✓	✓
WA Sustainable Health Review recommendations				
Commit and collaborate to address major public health issues	✓	✓	✓	✓
Great beginnings and a dignified end of life	✓	✓	✓	✓
Person-centred, equitable, seamless access	✓	✓	✓	✓
Invest in digital healthcare and use data wisely	✓	✓	✓	✓
Culture and workforce to support new models of care	✓	✓	✓	✓
Innovate for sustainability	✓	✓	✓	✓
WA Health Weight Action Plan 2019 – 2024 actions				
Connect better	✓	✓	✓	✓
Change how we talk about weight	✓	✓	✓	✓
Better access and care coordination	✓	✓	✓	✓
Build workforce capability and confidence	✓	✓	✓	✓
Quality improvement	✓	✓	✓	✓
Innovation	✓	✓	✓	✓
Empower the community to take action	✓	✓	✓	✓
Delivery date	2024	2024	2024	*2026*

Opportunity 1: Build a Culturally Secure Diabetes Workforce

The Reason:

Diabetes and its complications are disproportionately impacting on the lives of Aboriginal and Torres Strait Islander people. The consequences can be seen in the opening of new dialysis centres across rural and remote WA We are currently losing the diabetes battle.

Diabetes was the second highest cause of death for Aboriginal and Torres Strait Islander people in WA in 2017. National data indicates 11% in Aboriginal people in WA have diabetes, but the local experience indicates poor rates of diagnosis and prevalence rates above 30% in some communities.

Type 2 diabetes in youth is more severe and progressive than in adults, with 50% of youth failing treatments and requiring insulin within 2 to 5 years of diagnosis. A child with type 2 diabetes has a predicted life span 15 years less than a child with type 1 diabetes, with 50% of the deaths due to cardiovascular disease.

Diabetes strikes Aboriginal people earlier in life and more aggressively. Over 12 years, the incidence of type 2 diabetes in Western Australian Aboriginal children increased from 4.5 to 31.1 per 100 000 person years. Incidence in non- Indigenous children over the same time period rose from 0 to 1.4 per 100 000 person years.

Diabetes WA's strong partnerships with Aboriginal Community Controlled Health Organisations and significant investment in program co-design and community consultation has demonstrated the importance of co-designed programs delivered by an Aboriginal Health workforce trained in diabetes, mentored by culturally competent health professionals

The Sustainable Health Review calls for a reduction in inequity of health outcomes and access to care with focus on Aboriginal people and it calls for implementation of new models of care in the community for groups of people with complex conditions who are frequent presenters to hospital. This will only be achieved if Enduring Strategy 7 'Culture and Workforce to support new models of care' is applied to an Aboriginal Diabetes Specialist Workforce across WA.

The Commitment Sought:

Existing Commitments by Diabetes WA

- Strong relationships with Aboriginal Community Controlled Health Organisations across WA.
- Investment of a $250k Google Grant to consult community and stakeholders to grow adoption of diabetes telehealth services in the Kimberley region. This involved recruitment of a specialist local Aboriginal health nurse to represent Diabetes WA.
- 7 years of co-designing and yarning to produce the *Aboriginal DESMOND* type 2 diabetes education program and associated Aboriginal Health Worker facilitator training and mentoring
- Donated wound (e.g. diabetic foot ulcer) imaging technology to the Kimberley Region to enable Aboriginal Health Workers to have a role in foot ulcer management.
- Host of the annual Aboriginal Health Forum to showcase and support collaboration amongst Aboriginal Health Workers and their colleagues in the diabetes space.
- Provided *Diabetes Telehealth Service for Country WA* and Diabetes Helpline to provide virtual access to a multidisciplinary diabetes team.

The Solutions:

Creation of a state-wide Aboriginal Health Workforce specialising in diabetes by:

- Training and mentoring an Aboriginal Health workforce to engage local communities in diabetes and obesity prevention and management.
- Training and mentoring an Aboriginal Health workforce to deliver *Aboriginal DESMOND* in country.
- Engage Aboriginal communities to co-design and adapt the *Foot Smart*, *Shop Smart* and *Med Smart* programs for their country.
- Expand the Diabetes WA Aboriginal Health Workforce to enable an Aboriginal Health Worker to be part of the *Diabetes Telehealth Service for Country WA* and increase capacity to have Aboriginal staff facilitating training and mentoring the external diabetes workforce.
- Train Aboriginal Health workforce to engage local communities to take up telehealth and other digital health initiatives.
- Cultural competency training of external non-Indigenous health professionals contracted to co-facilitate the *Aboriginal DESMOND* program across WA.

The Outcomes:

- Increased Aboriginal Health Workforce capacity and capability to support people with diabetes in country.
- Reduced inequity of access to diabetes self-management education and support (due to geographical and resource allocation disparities).
- Improved care coordination and strengthened multidisciplinary approaches to the management of diabetes services across the WA Health System.
- Improved vulnerable group engagement with (and experience of) diabetes education services.
- Improved adaption of digital health services in Aboriginal communities who would benefit most from improved access.
- Support WA Health to meet the *National Diabetes Strategy* goals, *Sustainable Health Review* recommendations and *WA Health Weight Action* Plan actions.

The Ask:

Funding support over the next three years.

Opportunity 2: Halt Obesity

The Reason:

Over 70 per cent of Western Australian adults and 25% of children were estimated to be living with overweight or obesity in 2018 and forecast costs to the Western Australian health system will increase by 80 per cent in the decade between 2016 and 2026, from $338.7 million to $610.1 million.

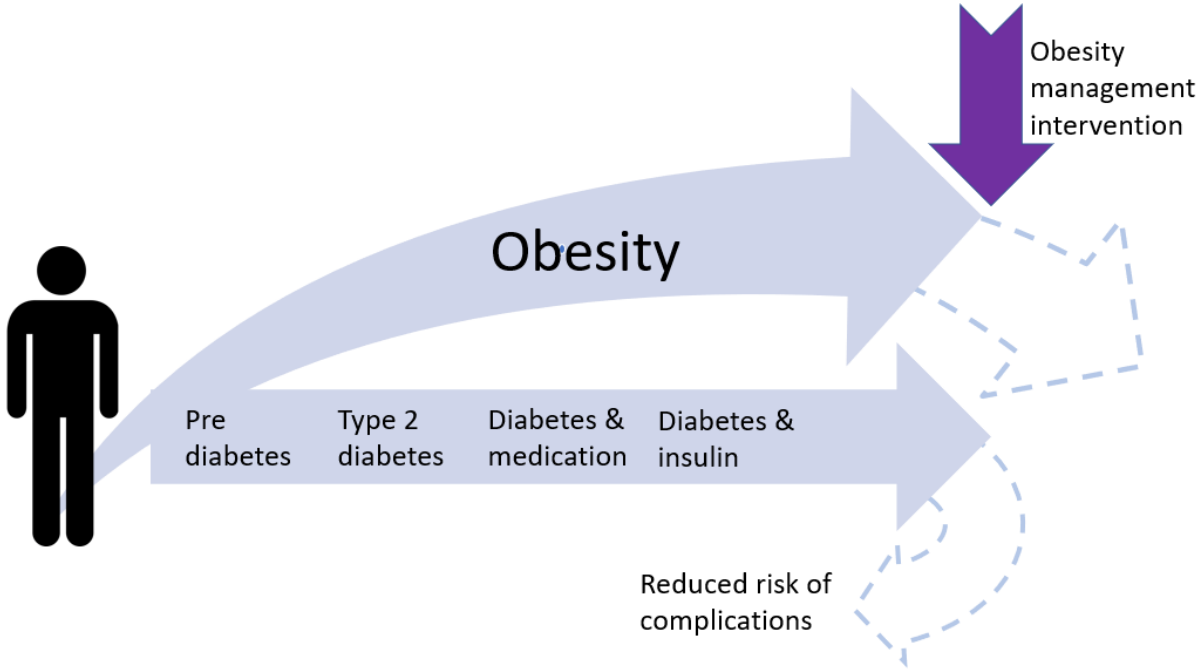
The Sustainable Health Review report to the WA Government in 2019 established the goal of 'halting the rise in obesity in WA by July 2024 and having the highest percentage of population with a healthy weight of all states in Australia by July 2029'.

If this is to be achieved, a range of community-based interventions targeted at our most vulnerable overweight and obese consumers must be available from the Western Australian health system.

Obesity is a complex condition and should be treated as such. Thinking we can treat it by simply telling people to 'Live Lighter' isn't reducing our rates of obesity nor can bariatric surgery be a 'stand-alone' solution for all consumers with the condition.

As clearly identified in the *WA Healthy Weight Action Plan 2019 – 2024*, those who are already overweight or obese (the majority) must be helped to manage their weight with person-centred, evidence-based approaches which activate (not judge) people to make sustained behaviour changes over the long-term.

Obesity and diabetes are metabolically linked and in the mind of many consumers they are interchangeable. If you reduce obesity you reduce type 2 diabetes rates and if you reduce type 2 diabetes you will see obesity decrease.



Diabetes WA represents a significant population who are overweight or obese and either have diabetes or are at high risk of developing diabetes – they are living with 'diaobesity'.

The Commitment Sought:

Existing Commitments by Diabetes WA:

Diabetes WA has already received a funding investment from WA Health to:

- Pilot the *Let's Prevent* program in the South West and extend this pilot to the Mid-West regions of WA for those who are at risk of developing diabetes and cardiovascular disease. This program has shown success in activating overweight people to take a 'lifestyle change' approach to losing weight with average self-reported weight loss of 5.4kg amongst those with a goal of losing weight. Current funding is until June 2022.
- Pilot a community-based rapid weight loss intervention using 'Total Meal Replacement' or 'Very Low Energy Diets' previously demonstrated in the UK to delay diagnosis or put type 2 diabetes into remission. This provides an evidence-based 'medical nutrition therapy' approach to the management of obesity. Current funding is due to end in June 2021.

In addition, Diabetes WA has gathered consumer and health professional feedback through focus groups to identify potential obesity management solutions.

The Solutions:

- Expand the *Let's Prevent* weight loss activation program investment into all WA communities, including priority populations.
- Source and adapt for Australian audiences a digital version of the *Let's Prevent* program to increase cost effective access and reach for the program across WA. Due to Diabetes WA's existing licensing arrangements with the UK's Leicester Diabetes Centre, this can be achieved quickly and cost-effectively.
- Adapt the *Let's Prevent* program for priority populations such as Aboriginal and Torres Strait Islander people and those who are Culturally and Linguistically Diverse (CALD) with community champions trained to deliver the program.
- Extend the existing Diabetes Telehealth Service for Country WA (funded by WACHS and WAPHA) to target those living in rural and remote WA who are obese and provide them access to a rapid weight loss intervention.
- Establishment of a Healthy Living WA web portal that assists consumers to navigate and assess weight management options that are tailored to their needs.

The Outcomes:

- WA would be the first State in Australia to have a commitment to obesity management for our most vulnerable groups.
- A new, low cost, community-based weight management intervention that directly targets vulnerable populations and enables equity of access.
- Overweight and obese consumers have choice, not just a 'one size fits all' approach.
- Significant progress towards the Sustainable Health Review's goal of 'halting the rise in obesity in WA by July 2024 and having the highest percentage of population with a healthy weight of all states in Australia by July 2029'.
- Support WA Health to meet the *National Diabetes Strategy* goals, *Sustainable Health Review* recommendations and *WA Health Weight Action* Plan actions.

The Ask:

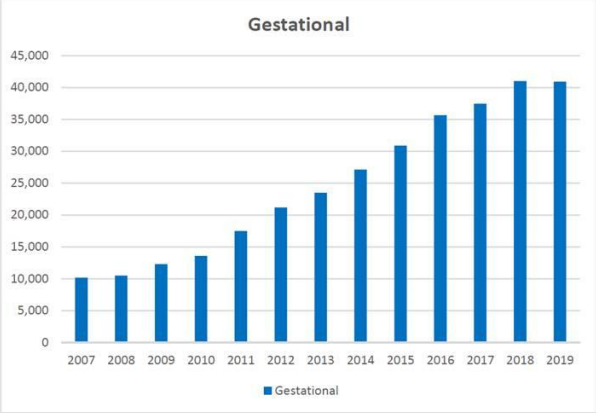
Funding support over three years and WACHS embeds *Let's Prevent* into core business funding.

Opportunity 3: Break Intergenerational Diabetes

The Reason:

Every child exposed intrauterine to abnormally high blood glucose levels is another child destined for obesity and potentially type 2 diabetes. This cycle must be broken.

Gestational diabetes is the fastest growing type of diabetes in Australia and increases the risk to both the mother and child of developing type 2 diabetes in the future. In the last year nearly 3,500 women were diagnosed in WA.



The intergenerational cycle of diabetes is a major contributor to the impact of diabetes.

- The incidence of type 2 diabetes in Aboriginal children increased six-fold since 1990.
- Childhood obesity and young onset type 2 diabetes continues to increase in prevalence.
- Women with a family history of type 2 diabetes are at increased risk of developing gestational diabetes.
- Children of women who had gestational diabetes and maternal obesity have an increased risk of childhood obesity and the development of type 2 diabetes at a younger age.
- It is likely that gestational diabetes is being underdiagnosed in rural and remote WA. With quality improvement of glucose testing protocols prevalence of gestational diabetes in the ORCHID study of Kimberley women increased from 9.7% to 28.5%.

The *Sustainable Health Review* recommends the health system focuses on better beginnings and invest in the first 1000 days of life. A commitment is needed to ensure early diagnosis of gestational diabetes (and picking up pre-existing diabetes in pregnancy), introduce new interventions during pregnancy and then to support mothers and their children. Prevention of type 2 diabetes begins with good maternal health and prevalence rates of childhood obesity and young onset type 2 will continue to rise if the cycle is not broken.

The Commitment Sought:

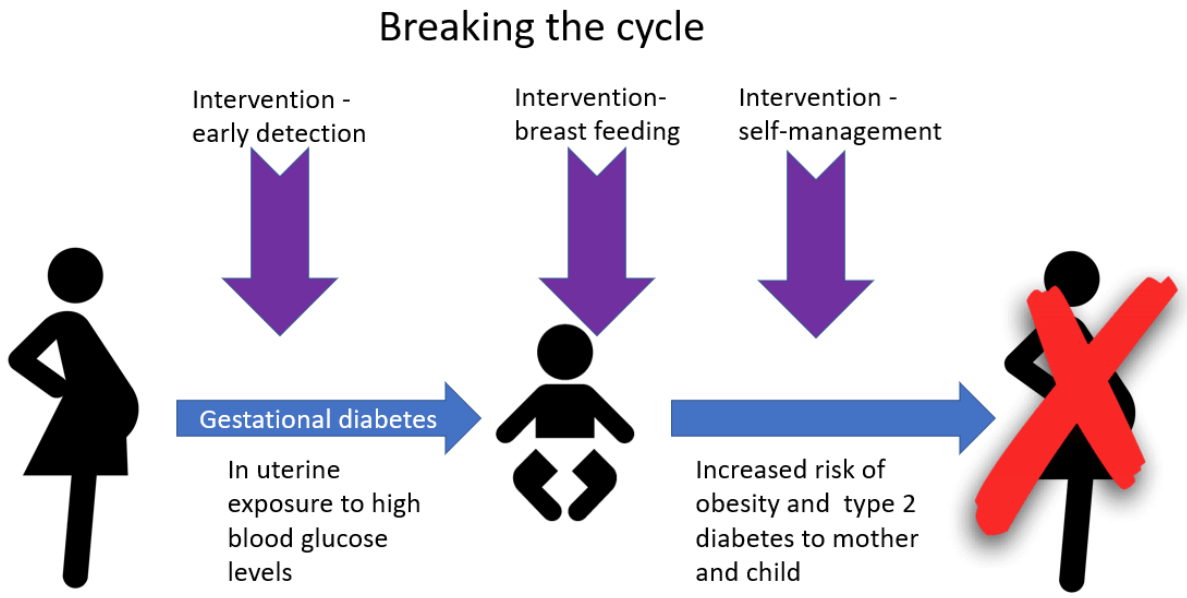
Existing Commitments by Diabetes WA:

- Support for women with gestational diabetes across regional and remote WA, expanding to support the metropolitan region during COVID19.

- Development and delivery of the 'Baby Steps' self-management program as an online platform to prevent women with previous gestational diabetes from developing type 2 diabetes.

The Solutions:

- Expand the *Diabetes Telehealth Service for Country WA* (funded by WACHS and WAPHA) to include vulnerable groups with gestational diabetes into the metropolitan region.
- Increase community and health professional awareness of gestational diabetes and the importance of early diagnosis through focused health professional engagement.
- Develop and implement digital solutions to support women with gestational diabetes during pregnancy.
- Undertake targeted and culturally appropriate initiatives to encourage and support breastfeeding in women with gestational diabetes.
- Diabetes WA to lead a review into gestational diabetes diagnostic procedures and protocols, particularly in vulnerable communities.



The Outcomes:

- Earlier diagnosis and improved management of gestational diabetes/maternal obesity = a reduced intra-uterine 'obesogenic' environment.
- Increased breastfeeding rates in a population at high risk of childhood obesity
- Timely and equitable access to gestational diabetes services for vulnerable groups.
- At risk children and families have access to the support they need to improve their health.
- Support WA Health to meet the *National Diabetes Strategy* goals, *Sustainable Health Review* recommendations and *WA Health Weight Action* Plan actions.

The Ask:

Funding support over the next three years.

Opportunity 4: Cool Off Perth's Diabetes Hotspots

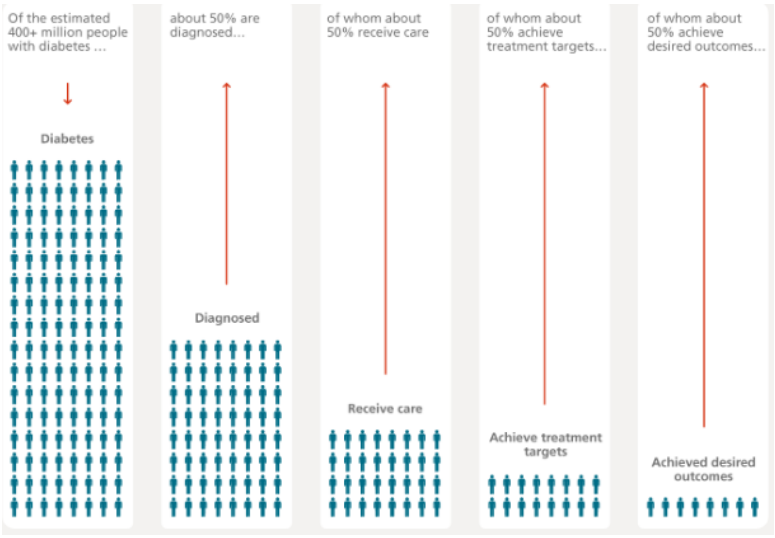
The Reason:

The Sustainable Health Review calls for reduced inequity in health outcomes and access to care for people living in lower socioeconomic conditions. It also calls for new approaches to support community partnerships in the design, delivery and evaluation of sustainable health and social care services and reported outcomes.

Most people living with diabetes live in the metropolitan area. The Department of Health's "Lessons of Location' report identifies 30 'diabetes hotspots' with rates of hospital admissions for diabetes related complications 1.5 times higher than the state average. All but one of these areas are associated with social disadvantage and a third of these are in the metropolitan area.

The cities of Kwinana, Rockingham, Armadale and Swan have been identified by Diabetes WA as collectively representing the diabetes hotspots with the most significant opportunity for improved health outcomes.

The 'Rule of Halves' model states that roughly half of all people with type 2 diabetes are not diagnosed; half of those diagnosed do not receive care; half of those who receive care do not achieve their treatment targets; and half of those who reach their targets do not achieve the desired outcomes.



Diabetes WA cannot bend the diabetes curve alone. If we hope to cool off these diabetes hotspots, diabetes must be tackled collaboratively, with partners beyond the health system, to address its underlying social determinants and building healthy cities within a collaborative governance structure.

Currently Western Australia and Australia lack the level of detailed understanding of the prevalence of diabetes and tracking to enable an effective system wide approach to target and tackle diabetes in diabetes hotspots and the wider community across key areas of everyday life.

Diabetes WA's research partner, Leicester Diabetes Centre in the UK is currently driving the 'Cities Changing Diabetes' Collaborative, a global movement and model that could efficiently be duplicated here in Western Australia with their mentoring and support. Also recommended by the Food Fix Report, WA has the opportunity to be the first city in Australia to be part of this global network http://www.citieschangingdiabetes.com

To tackle diabetes in Perth's hotspots would be to collaborate across government and community to develop new models of care reducing health inequity, reduce obesity and support a more sustainable health system.

The Commitment sought:

Diabetes WA has already:

- Established collaborative partnership with Leicester Diabetes Centre enabling access to 'Cities Changing Diabetes' tools, programs, research that can be tailored for a WA hotspot, and an understanding of the functioning of a successful collaborative.
- Invested in bringing evidenced based diabetes education and prevention programs (world leading diabetes IP) to WA, specifically designed for those with low health literacy.
- Targeted the delivery of these programs and services for people with and at risk of diabetes in these 'diabetes hotspots'
- Partnered with local governments in diabetes hotspots to cross promote existing programs and services
- Collaborated with WAPHA to provide GP education and improve awareness of access to the National Diabetes Services Scheme in 'diabetes hotspots'
- Developed and implemented digital solutions and culturally adapted programs to increase reach into vulnerable groups.

The Solutions:

1. Metropolitan Perth to become the first Australian city to participate as one of the Leicester Diabetes Centre's 'networked cities' in the 'Cities Changing Diabetes' initiative to reduce obesity by 25% globally by 2045.
2. Establishment of a multiagency 'Metropolitan Perth Diabetes Taskforce' targeting cities of Rockingham, Kwinana, Armadale and Swan.
3. Development of the *Perth Diabetes Hotspot Action Plan and Pilot,* including:
    - Develop a model using the 'Rule of Halves' framework to accurately obtain a baseline picture of diabetes and obesity prevalence in each city to inform development of a *Diabetes Map of WA* as a guiding document to inform policy and change initiatives.
    - Conduct the Diabetes Priority Assessment to explore the impact and assess the relevance of eight social factors and cultural determinants of type 2 diabetes.
    - Work collaboratively with WA stakeholders (including State and Local Government stakeholders) to address obesity and diabetes prevalence through risk awareness and identification, environmental change and public health approaches, training and partnering for sustainability.

The Outcomes:

- Reduce preventable hospitalisations and costs from diabetes complications and obesity.
- Perth to be the first Australian city to participate in the 'Cities Changing Diabetes' initiative.
- Pilot of a targeted, systems wide approach to addressing diabetes and obesity, ready for adoption by other towns and cities in WA with additional funding.
- Develop digital monitoring systems based on the *WA Diabetes Map* that supply live dynamic data to agencies to track progress towards obesity and diabetes reduction targets.
- Reduce fragmentation and improved collaborative action to inform future planning of the transport, housing, climate change, food supply agendas.
- Support WA Health to meet the *National Diabetes Strategy* goals, *Sustainable Health Review* recommendations and *WA Health Weight Action* Plan actions.

The Ask:

Funding support over the next five years.