Australian Physiotherapy Association
Submission

AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

Feedback on the Development of the Australian National Diabetes Strategy

Presented to the National Diabetes Strategy Advisory Group (NDSAG)

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Authorised by:

Marcus Dripps
President
Australian Physiotherapy Association
Level 1, 1175 Toorak Rd
Camberwell VIC 3124
Phone: (03) 9092 0888
Fax: (03) 9092 0899
www.physiotherapy.asn.au

AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

Australian Physiotherapy Association

The Australian Physiotherapy Association (APA) is the peak body representing the interests of Australian physiotherapists and their patients. The APA is a national organisation with state and territory branches and specialty subgroups. The APA corporate structure is one of a company limited by guarantee. The organisation has approximately 12,000 members, some 70 staff and over 300 members in volunteer positions on committees and working parties. The APA is governed by a Board of Directors elected by representatives of all stakeholder groups within the Association.

The APA vision is that all Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing. The APA has a Platform and Vision for Physiotherapy 2020 and its current submissions are publicly available via the APA website www.physiotherapy.asn.au.

AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

Development of the Australian National Diabetes Strategy - *Online Public Consultation*

Consultation details

Overview

The new Australian National Diabetes Strategy seeks to prioritise Australia's response to diabetes, and to identify approaches to reduce the impact of diabetes in the community.

Developing a new Australian National Diabetes Strategy provides a valuable opportunity to evaluate current approaches to diabetes services and care; consider the role of governments at all levels, as well as other stakeholders; evaluate whether current efforts and investments align with identified needs; maximise the efficient use of existing, limited healthcare resources; and articulate a vision for preventing, detecting, and managing diabetes and for diabetes research efforts.

The Australian National Diabetes Strategy will form part of the Government's overall strategic framework for managing chronic diseases, which recognises the shared health determinants, risk factors and multi-morbidities that exist across a broad range of chronic conditions.

We welcome the diverse perspectives, experience and knowledge of all diabetes stakeholders and interested members of the community including people with diabetes, families, carers, health care professionals, researchers, community and non-government organisations, all levels of government, industry and business.

Why we are consulting

The purpose of this consultation is to seek feedback from the community on the draft *Strategic Framework for Action* presented in the *Consultation Paper for the development of the Australian National Diabetes Strategy* and further inform the development of the Strategy. The consultation paper has been prepared by the National Diabetes Strategy Advisory Group (NDSAG), a committee appointed by the Australian Government.

How to give us your views

A Strategic Framework for Action: Consultation paper for the development of the Australian National Diabetes Strategy is available for you to download and read.

Online questionnaire

The online questionnaire contains:

- Demographics
- Questions under each of the 5 goals
- Final comments

Tips

- It is not compulsory to answer every question.
- If you wish to leave a section blank, click 'next'.
- Keep responses concise, 500 words (1000–2000 allowed for the final question). Type or 'copy and paste' responses directly into the text field for each question.
- You can start and return later—please note the email address and login details you use.
- This document is provided as an aid for you or your organisation to complete the online questionnaire. While it sets out the consultation questions, it is not a template for you to complete your answers. You will still be required to enter your responses and submit into the online questionnaire.
- Where applicable please identify the full name of any programmes/initiatives you refer to and list relevant web links and supporting references.

Contact details
If you have any questions, please email your enquiry to NDSAG.secretariat@health.gov.au.

How we will use your responses

1. Your submission is being provided to the Australian Government Department of Health to inform the development of the Australian National Diabetes Strategy and may be made available to our committee members, contractors or consultants.
2. Submissions may be published online or quoted at the discretion of the Australian Government Department of Health. Please indicate in the 'About you' section whether your submission includes confidential information, is not for publication or your name is not to be published with your submission.
3. Your name and email address is requested in case we have questions about your response. If provided, your email may be used to inform you when the Strategy is publicly released or to advise you of any future consultations on related topics.
4. All responses will be treated as confidential, and no personally identifying information from your response will be released to any third party unless you specify otherwise.

Demographics

Please select the category or categories which best describe you

- an Individual
  - at-risk of diabetes
  - with type 1 diabetes
  - with type 2 diabetes
  - with gestational diabetes
- caring for someone with diabetes
- prefer not to disclose
- none of the above
- organisation
- Health professional
- Researcher/Academic (please specify field of expertise)
- Providing an official submission on behalf of the Australian Physiotherapy Association (APA)

I am:

- of Aboriginal or Torres Strait Islander descent
- a person from a culturally linguistic and diverse background
- I live in an:
  - urban area
  - rural area
  - remote area
- Please provide your name Nada Martinovic, Senior Policy Advisor APA
- Please provide the name of your organisation
  Australian Physiotherapy Association
  Level 1,1175 Toorak Road, Camberwell,
  VIC 3124 Australia
  PO Box 437 Hawthorn BC VIC 3122 Australia
- Please provide your email address so that we may contact you (optional) –
  e: nada.martinovic@physiotherapy.asn.au
- Please indicate if your responses:
  - may be published online or quoted, with your name included
  - may be published online or quoted without your name associated
  - are regarded as personal or confidential

AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

Questionnaire

Goal 1: Reduce the prevalence and incidence of people living with type 2 diabetes

500 word limit for each response

Question 1:

a) Which of the areas for action described for this goal are most appropriate and why?

The APA submits that all three areas identified in the *Consultation Paper* for action are appropriate.

Identifying those with pre-diabetes and applying appropriate prevention programs is likely to markedly reduce the number of people who will subsequently go on to develop type 2 diabetes. This area for action is the most immediately urgent of the three areas identified. Preventing the development of type 2 diabetes will have a very significant benefit on personal, state and federal health costs and on the quality of life among people with pre-diabetes. The APA believes the main challenge here (other than cost) is identification of those with pre-diabetes because many people with pre-diabetes will be unaware of their pre-diabetic status. The APA supports identification by public education and free screening and national telephone risk-lines. Physiotherapists, along with other appropriately qualified health professionals, are well-versed in exercise prescription and management; and physiotherapists in particular are very well trained to adjust exercise prescription as necessary to account for comorbidities and injuries. The APA would suggest that telephone risk-line guidance may include advice to consult a physiotherapist regarding an appropriate exercise program, especially for people with existing injuries and comorbidities.

In addition to the immediate risk for mother and baby with gestational diabetes, the risk of developing type 2 diabetes at a later stage is markedly elevated among women with previous gestational diabetes. Thus, ensuring pregnant women are appropriately screened, treated as required if gestational diabetes is identified and educated regarding their elevated risk of type 2 diabetes is highly important for the long-term health of women with previous gestational diabetes. Physiotherapists are often consulted by women who have painful lower backs with pregnancy and/or who may be incontinent after delivery. Thus as either primary contact practitioners or by referral (from GPs or specialists), physiotherapists are in an established and trusted position to provide maternity care and ongoing care - specific treatment as required and exercise appropriately adjusted for any musculoskeletal condition (including pelvic floor issues) or comorbidity.

Reducing the modifiable risk factors for type 2 diabetes among the general population is an excellent longer-term strategy that will have a major impact on the health of Australians. Such a strategy will not only reduce the incidence and prevalence of diabetes but will also reduce the risk of cardiovascular disease and cardiovascular events, obesity, sleep apnoea and other co-morbidities such as osteoarthritis. Education and adoption of a healthy lifestyle are key factors in achieving this aim. Physical activity is essential to health and wellbeing and has been shown to delay the onset of diabetes in those most at risk by burning fat and helping to regulate blood glucose levels through reducing insulin resistance. Given the rise of childhood obesity, hypertension and diabetes, the APA believes that ensuring optimal health and screening of children is another vital measure in providing for the long-term health of Australians.

The APA strongly supports that culturally appropriate Aboriginal and Torres Strait Islander (ATSI) designed and implemented policies across sectors will enable and empower the community to improve health behaviour. Culturally sensitive strategies may reduce the prevalence of modifiable risk factors. Addressing these risk factors directly to at risk community groups or areas which may already be easily identified will enable individuals with pre-diabetes or diabetes to manage their condition more effectively.

b) Are there any additional actions you would like to see the governments and/or other stakeholders take and why?

Rather than categorising school-age children under 'general population', the APA suggests a better strategy would be to implement school screening programs and regular exercise among primary and secondary student cohorts. Screening for waist circumference, body mass index, blood pressure and fasting blood glucose are simple measures with strong predictive values for future risk or early identification of diabetes. In addition to nation-wide screening programs, introduction of regular exercise education and sessions and nutritional education in primary schools would likely address modifiable risk factors and prevent a number of children from later developing type 2 diabetes. So, rather than the general reference that includes school-age children under point one, a specific area for action should be: "Identify children at risk of developing type 2 diabetes via school screening programs and provide a nation-wide exercise and nutrition curricula for primary school-aged children".

The APA also supports that health care resources should be targeted and distributed according to need, for example for maternal health services and services in Aboriginal and Torres Strait Islander communities. Specifically, there should be a commitment to Aboriginal and Torres Strait Islander health empowerment across various sectors, including health, community services, legal and corporate (business) services.

The APA submits that physiotherapists are trained to discover barriers to physical activity and take account of co-morbidities, particularly the role of chronic pain as a barrier to physical activity. Other barriers include psychosocial, cultural and financial barriers as well as time limitations, sedentary jobs, caring responsibilities and lack of safe environments for physical activity. While physiotherapists can address some barriers, such as pain and co-morbidities, other barriers require a change of focus on a societal level but can be encouraged through appropriate public policy. For example, WorkCover could promote a reduction in sedentary work habits through encouraging standing computer work stations, good food choices at kiosks and canteens and by promoting walking during break times.

Question 2:

a) Please describe any existing programmes, initiatives or activities relevant to this goal that you think are working well and why? (Please indicate if you are aware of an evaluation report and how it may be obtained)

Strong evidence exists for the efficacy of exercise programs – resistance training or aerobic exercise – to improve risk factors such as waist circumference, fat mass and distribution, hypertension, glycaemia and to reduce HbA1c and reverse pre-diabetes to prevent the development of type 2 diabetes. Physiotherapists are experts in exercise prescription and the Position Statement "Chronic Disease and Physiotherapy", published by the Australian Physiotherapy Association (2010) provides that: *"half of all adults do not get enough physical activity – a significant risk factor for the development of chronic diseases such as type 2 diabetes, cardiovascular diseases, some cancers and musculoskeletal conditions."*

Physiotherapists support people at high risk of type 2 diabetes to modify their lifestyle to prevent the onset of diabetes and reach their goals for a healthier life. Some physiotherapists administer the *Life!* program in their clinical settings. This program is government-funded and physiotherapists successfully deliver the program as a group course, involving a one-on-one introductory session and five 90-minute group sessions run over a six month period, primarily lead by a physiotherapist and often facilitated by a dietitian who provides knowledge, skills, support and expert advice needed to make lifestyle choices to prevent the onset of type 2 diabetes. Other programs include the community walk and campout organised annually by the Ngaanyatjarra Health Service in Western Australia.

The APA submits that multi-disciplinary services, such as community health centres allow clients to access holistic team-based care more readily. Cross referrals between allied health professionals at these centres makes it easier for clients to access a variety of medical and allied health services, thus reducing a barrier to accessing services. Low-cost physical activity groups at community health centres and neighbourhood houses reduce the financial barriers to exercise and can promote healthy lifestyle messages.

b) Are there any existing activities, services or systems relevant to this goal that you think are not working well? (Please explain why, and discuss any barriers to their effectiveness)

Whilst various programs may be successful in the short term, there is no nationally coordinated strategy that adequately addresses the ongoing needs of patients with type 2 diabetes mellitus or those with pre-diabetes, or who are at high risk of developing diabetes such as women with previous gestational diabetes. The APA believes that five sessions over 6 months, as provided by the *Life!* Program is insufficient. This means that patients have to be selective about what services they access and patients will not necessarily get the number of visits required to make long-term changes to their lifestyle. Waiting lists and limited visits to publically funded services means that access is not always timely and does not always provide enough intervention to make long-term lifestyle changes. Physiotherapists who delivered the *Life!* Program (described above), were provided with feedback from referring GP's that they would have referred more people to the program if it was funded on the Medicare Benefits Schedule (MBS). Although the *Life!* program was publicly funded, the methodology of the funding was foreign to GP's, who had a more thorough understanding of the MBS as a funding mechanism. The APA believes that more people at risk of developing diabetes would benefit from the program, if it were provided through the MBS.

A coordinated national strategy that operates long-term is essential to ensure that the ageing population does not end up being an ageing population heavily burdened with diabetes. As well, of particular concern are Aboriginal and Torres Strait Islander people. The APA submits that a nationally coordinated strategy should incorporate health services in areas where Aboriginal and Torres Strait Islanders live to encourage healthy behaviours at the grass-roots level and discourage migration into bigger towns and cities where the barriers to healthy behaviours are significantly increased.

Question 3:

The paper outlines some potential ways to measure Australia's progress towards this goal. What do you think would be the most appropriate ways to measure this goal and why?

The APA supports that a periodic nation-wide survey is an appropriate method to gain a snapshot of the prevalence of diabetes in Australia. The APA submits that an additional means of eliciting more comprehensive data gathering, would be to include several questions regarding: weight, waist circumference, height, diabetes status, blood glucose or HbA1c (if known), blood pressure (if known) in the national census data. However, the Australian Health Survey would provide richer data than possible with census data and would seem to be the most cost-effective, comprehensive manner in which to collect prevalent data. The data doesn't capture those people with pre-diabetes who are unaware of their status; however identification of risk factors (e.g. physical inactivity, obesity, high cholesterol) would give an indication of those potentially at risk and may provide a mechanism of feedback to individuals to prompt them to seek screening.

In terms of identifying children with diabetes, pre-diabetes or those with a similarly high risk of developing diabetes (e.g. obese, hypertensive, physically inactive), a new nation-wide system needs to be considered. Mandatory school-age screening for risk factors (e.g. obesity, hypertension, waist circumference, fasting glucose) may be one suitable solution; in addition to public education campaigns that target people (families) exposed to environments that place them at risk. Allied health and education practitioners who have frequent contact with school-age children (e.g. physiotherapists, nurses, physical education teachers) may be best qualified and best placed to help deliver such an approach. These comments apply to the first two points.

Further, the APA submits that outcomes need to be more detailed to identify other key areas outlined in the document, including:

(a) physical activity levels in at risk groups – quantifiable measure – e.g. mins/wk exercises;

(b) perceptions on what percentage of individuals in at risk areas have access to affordable, healthy food;

(c) smoking rates; and

(d) it is important to measure achievement of these goals in all ways suggested and to ensure that Aboriginal and Torres Strait Islander status is collected.

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Goal 2: Promote earlier detection of diabetes

500 word limit for each response

Question 4:

a) Which of the areas for action described for this goal are most appropriate and why?

The APA believes that improving detection of diabetes in primary care is essential to enable early treatment and prevention of type 2 diabetes and its complications and we fully support this area for action. Physiotherapists are primary contact practitioners. Most physiotherapists are exposed, during their university course/s to education regarding type 2 diabetes, risk factors and use of the AUSDRISK tool. Specifically developing type 2 diabetes is a health risk for a greater proportion of society, in particular Aboriginal and Torres Strait Islander populations. Increasing the base level of knowledge across health and non-health related professions is key to identify areas or communities at risk and to direct further funds in a targeted way to these areas to establish appropriate programs and reduce the overall incidence of diabetes. Some physiotherapists will be credentialed as diabetes educators. Thus, in any primary health care campaign of education and renewed awareness regarding earlier detection of diabetes, the APA submits that physiotherapists should be included so as to increase the "reach" of early detection methods. This applies both to any federal initiatives and to university education providers for primary contact health care practitioners.

b) Are there any additional actions you would you like to see the governments and/or other stakeholders take and why?

Missing from the strategy in this section is the need for public education (in addition to education of primary care practitioners). At times, the patient rather than the physician or other primary contact allied health practitioner may be the initiator of screening for disease. Public education regarding risk factors for both types 1 and 2 diabetes may prompt patients to ask busy and overloaded primary contact practitioners: 'Am I at risk of diabetes?' or 'Could my/my child's signs and symptoms be due to diabetes?'

The APA submits that the national strategy should promote the role of physiotherapists in the early detection of diabetes by funding more community physiotherapists. Further, the national strategy should facilitate access to GPs for high risk groups, as well as increased access to culturally appropriate case-management for high risk groups such as Aboriginal and Torres Strait Islander communities.

Question 5:

a) Please describe any existing programmes, initiatives or activities relevant to this goal that you think are working well and why? (Please indicate if you are aware of an evaluation report and how it may be obtained)

Please refer to the answer at Question 2(a).

b) Are there any existing activities, services or systems relevant to this goal that you think are not working well? (Please explain why, and discuss any barriers to their effectiveness)

The APA submits that forced closure of Aboriginal communities will prevent early detection of type 2 diabetes, as will the lack of properly funded community health centres, which a large proportion of the Aboriginal and Torres Strait Islander population attend.

Question 6:

The paper outlines some potential ways to measure Australia's progress towards this goal. What do you think would be the most appropriate ways to measure this goal and why?

Please refer to the answer at Question 3.

AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

Goal 3: Reduce the occurrence of diabetes-related complications and improve quality of life among people with diabetes

500 word limit for each response

Question 7:

a) Which of the areas for action described for this goal are most appropriate and why?

Each area for action is important and the APA supports strategies targeted at: consumer engagement and self-management, information and communication technology, funding reforms and incentives, nationally agreed guidelines, local care pathways and complications prevention programs.

Improved information and communication technology will assist multidisciplinary teams to better serve individual patients, which will likely enhance consumer engagement. Promotion of self-management skills is crucial in helping patients to reduce or prevent complications and will therefore promote maintenance of a better quality of life and will reduce personal and governmental costs.

Increasing the workforce capacity of allied health professionals is vital. The APA believes that the integration of allied health services in relation to the primary health networks must be urgently addressed. This is highly relevant in the context of developing local care pathways and complications prevention programs for patients. A further comment from the APA is that physiotherapists have not been listed among the allied health professionals in the *National Diabetes Strategy Consultation Paper*. The APA strongly advocates, for the reasons stated in Q17 below, that physiotherapists should be included in the scope of this *Consultation Paper*.

b) Are there any additional actions you would like to see the governments and/or other stakeholders take and why?

The *National Diabetes Strategy Consultation Paper* states that: *"Optimal care requires integrated and coordinated healthcare services because people with diabetes often see a number of different health professionals across primary, community and specialist care services. It has been shown, both in Australia and overseas, that best-practice, high-quality diabetes care can only be achieved when these healthcare professionals work as a team, alongside the person with diabetes."* The APA supports that diabetes should be treated in a team environment of allied health practitioners. However, the proposed primary health networks are strongly focused on GPs, with very little evidence of planning for the integration of allied health services such as physiotherapy, occupational therapy, exercise physiology and others.

Of great concern is the current situation in which the federal government will not provide funds to the states to establish the primary health networks, even though the networks were meant to commence in July 2015. As a result, experienced primary health care practitioners are being forced to leave certain areas such as rural settings because they have no assurance of ongoing employment. This will further degrade the ability to provide quality, integrated health care for patients with chronic conditions such as diabetes.

To ensure that optimal healthcare is provided to people with diabetes, the APA believes that the federal government must work hand-in-hand with the state governments to provide funding to enable planning of the linkages between GPs/primary health networks and allied health services. These will of course differ for different primary health networks but an overt strategy to actively plan linkages of primary health networks with allied health care is paramount for optimal patient care. Impediments such as unstandardised electronic medical record systems, management and access will need to be addressed to facilitate optimal care.

Question 8:

a) Please describe any existing programmes, initiatives or activities relevant to this goal that you think are working well and why? (Please indicate if you are aware of an evaluation report and how it may be obtained)

b) Are there any existing activities, services or systems relevant to this goal that you think are not working well? (Please explain why, and discuss any barriers to their effectiveness)

The current funding mechanisms that support multidisciplinary team care limit the ability of people with, or at risk of developing chronic diseases to pay for adequate levels of physiotherapy service, particularly where co-morbidities exist. Supervised group programs are a cost effective way of preventing and managing many chronic diseases, yet funding restricts the affordability of group sessions for people who would benefit most from these services.

Question 9:

The paper outlines some potential ways to measure Australia's progress towards this goal. What do you think would be the most appropriate ways to measure this goal and why?

Goal 4: Reduce the impact of diabetes in Aboriginal and Torres Strait Islander peoples and other high risk groups

500 word limit for each response

Question 10:

a) Which of the areas for action described for this goal are most appropriate and why?

The APA believes that this major health priority should be met with appropriate, targeted funding of initiatives to assist the many health and non-health professionals to address the diabetes problem in a culturally sensitive way. The majority of Aboriginal and Torres Strait Islander people live in urban areas but still do not access mainstream health services as easily as the general population. The reasons for this might include fear of racism, negative expectations of health outcomes and prioritising other areas of life, such as caring for family above their own health. Health services that understand and help to address these reasons would provide improved access to health education and support of healthier lifestyles. Lack of easy access to culturally appropriate medical and allied health services by Aboriginal and Torres Strait Islanders living in remote areas is still an obvious problem that needs addressing. Health workers may unintentionally make assumptions about the Aboriginal community and have unrealistic expectations of health literacy and behaviour, which impacts on the effectiveness of their interventions. The same risk may also apply to other culturally and linguistically diverse populations in Australia.

b) Are there any additional actions you would like to see the governments and/or other stakeholders take and why?

The APA supports that governments and/or other relevant stakeholders should become more engaged with Aboriginal and Torres Strait Islander peoples and other communities and discuss measures to help address issues in individual areas. The APA suggests that this would be best done by providing funding to programmes with clear outcomes, aligned to the national strategy with the aim of each community having ownership of the program.

The APA suggests that it would be useful to state and/or national based conferences for these groups to improve discussion across groups with similar problems and successes. Currently, this is far too fragmented and improved communication across industry groups at events such as this would provide a great boost to awareness of a variety of issues, provide support for workers in rural and remote areas who are less supported professionally and would help disseminate knowledge regarding any national strategies. It is important that any national strategy takes account of social determinants of health, specifically the impact of psychosocial factors on health outcomes. In particular, placing a bigger emphasis on this in planning and providing services will improve equity of these services to all people.

Question 11:

a) **Please describe any existing programmes, initiatives or activities relevant to this goal that you think are working well and why? (Please indicate if you are aware of an evaluation report and how it may be obtained)**

The Aboriginal Health Promotion and Chronic Care (AHPACC) program places Aboriginal liaison health workers in health centres with other health professionals, providing an invaluable partnership between mainstream health workers and the Aboriginal community. This builds culturally sensitive services, trust and ease of referral, thus providing a better service. Case co-ordination for Aboriginal and CALD people assists them to navigate the health system and improves access to health services.

b) **Are there any existing activities, services or systems relevant to this goal that you think are not working well? (Please explain why, and discuss any barriers to their effectiveness)**

The APA would emphasise that most group programs are only run in English, which limits access to those of non-English speaking backgrounds. Further, health services that are in different locations, have different funding sources and do not interact with each other make navigating the system difficult for high-risk groups.

Question 12:

The paper outlines some potential ways to measure Australia's progress towards this goal. What do you think would be the most appropriate ways to measure this goal and why?

Further detail regarding education of diabetes in Aboriginal and Torres Strait Islander areas in particular is lacking. Looking at numbers of appropriately trained health professionals in different areas, it is important to consider how long they have been in the job, as well as qualitative evaluation of perceptions of how health professionals and Aboriginal and Torres Strait Islander people feel they are supported and what strategies might help them to achieve their aims. For individuals, these might include questions such as:

(a) do you have daily affordable access to healthy fruit and vegetables?; and

(b) who do you turn to if you aren't feeling ok?

Question 13:

In relation to the impact of diabetes in Aboriginal and Torres Strait Islander peoples and high risk groups, please describe any barriers in accessing health services and/or education.

Barriers to access to Aboriginal and Torres Strait Islander healthcare and other high risk groups (including culturally and linguistically diverse people) broadly include:

- services in their first language not available;
- high incidence of chronic pain and other co-morbidities that are not well-managed, including mental health;
- negative beliefs of the health system and pessimism about the potential for their health to improve;
- lack of food security in both urban and remote areas; and
- social determinants of health – education, work, housing, social connectedness, lack of modelling of self-care.

However, in establishing funding for programmes, the APA suggests that all members undergo culturally specific training, have local community members as part of the programme and have key performance indicators linked to their specific needs and those that will generate the greatest reduction in the prevalence/incidence of diabetes.

Goal 5: Strengthen prevention and care through research, evidence and data

500 word limit for each response

Question 14:

a) **Which of the areas for action described for this goal are most appropriate and why?**
b) **Are there any additional actions you would you like to see the governments and/or other stakeholders take and why?**

Question 15:

a) **Please describe any existing programmes, initiatives or activities relevant to this goal that you think are working well and why? (Please indicate if you are aware of an evaluation report and how it may be obtained)**
b) **Are there any existing activities, services or systems relevant to this goal that you think are not working well? (Please explain why, and discuss any barriers to their effectiveness)**

Question 16:

The paper outlines some potential ways to measure Australia's progress towards this goal. What do you think would be the most appropriate ways to measure this goal and why?

Final comments

Question 17:

1,000–2,000 word limit

Please provide any further comments you may have.

The APA strongly advocates, for the reasons outlined below, that physiotherapists should be included in the scope of this *Consultation Paper*.

The Australian Diabetes Educators Association (ADEA) recently sanctioned eligibility of physiotherapists to complete training to become credentialed Diabetes Educators. In addition to being eligible to attain this specific qualification, physiotherapists are trained to apply advanced clinical reasoning to formulate and deliver appropriate, individualised, evidence-based exercise, lifestyle and behavioural modification programs to support a person with diabetes. Such programs are regularly reviewed and modified by physiotherapists according to each individual patient's preferences, response to the program, multi morbidities and any intercurrent illness. Physiotherapists are well trained to identify evolving medical/health issues and to refer the person with diabetes to appropriate other health professionals if required. Furthermore, physiotherapists routinely work in multi-disciplinary settings, together with GPs and other allied health providers and are thus an invaluable part of a multidisciplinary team for people at high risk of developing diabetes (e.g. women with current or previous gestational diabetes; those with pre-diabetes) and those with type 2 diabetes mellitus.

Physiotherapists are cognisant of the value of applying a biopsychosocial approach during patient/therapist interactions and treatment planning. Physiotherapists are able to provide musculoskeletal, neurological and metabolic (exercise) therapy and assist people who are at risk of developing diabetes or who have diabetes to effectively manage their own care and safely optimise their level of physical activity. Some examples of physiotherapy care in the management of diabetes include:

- prescription and implementation of therapeutic exercise at an individual or group level and leadership of exercise and education classes for people who have been diagnosed with, or are at risk of developing type 2 diabetes. Such exercise therapy may be designed to address: improvement in glycaemia, reduction of cardiovascular risk factors (e.g. hypertension, obesity), improvement in muscle strength and maximal oxygen uptake (both inversely associated with cardiac morbidity and mortality) and improved balance (e.g. for patients with peripheral neuropathy);

- provision of education (e.g. risk factors for diabetes and cardiovascular disease, exercise guidelines, foot care, advice about shoe choice) that takes place in a variety of settings, ranging from one-on-one consultations to formal group education sessions;
- provision of therapy after amputation of a lower leg and re-education of balancing, walking and ADL skills with use of a lower limb prosthesis;
- treatment of musculoskeletal conditions associated with diabetes, such as frozen shoulder or stiff hand syndrome. Recognition of the link between these conditions and diabetes (tissue glycosylation, collagen deposition) may prompt a physiotherapist to undertake preliminary screening for diabetes and then refer a patient to the GP for formal diabetes screening (e.g. fasting glucose, oral glucose tolerance test, HbA1c); and
- ability to adjust exercise prescription to account for the presence of the multimorbidity and complications that are common among people with long-standing type 2 diabetes. The presence of multimorbidity and complications renders self-management more complex and physiotherapists are able to provide advice and refer patients as required (e.g. for podiatry). Physiotherapists have the expertise, including a broad skill base and an excellent knowledge of pathology and its impact on exercise prescription, to effectively manage many aspects of care for people with diabetes.

The APA submits that physiotherapists are experts in exercise prescription and there is a volume of literature on the efficacy of exercise prescription in preventing the onset of type 2 diabetes mellitus. The Position Statement, Chronic Disease and Physiotherapy, published by the Australian Physiotherapy Association (2010) provides that: *"half of all adults do not get enough physical activity – a significant risk factor for the development of chronic diseases such as type 2 diabetes, cardiovascular diseases, some cancers and musculoskeletal conditions."* For most people with type 2 diabetes mellitus, exercise is recommended for diabetes management and can be undertaken safely and effectively.

Physiotherapists assist people who are at risk of developing or have a chronic disease to safely optimise their level of physical activity. They also help people with chronic diseases to safely and effectively manage their own care. There are a number of distinct ways in which physiotherapists can actively contribute to decreasing the burden of chronic disease in Australia:

- physiotherapists can prescribe and implement therapeutic exercise at an individual or group level, and lead exercise and education classes for people who have been diagnosed with or are at risk of developing chronic diseases such as type 2 diabetes;
- physiotherapists prescribe exercise therapy to improve glucose control in people with or at risk of developing diabetes;
- physiotherapists can provide education that takes place in a variety of settings, ranging from one on one consultations to formal group education sessions including disease specific self-management classes;
- physiotherapists have a thorough understanding of the biopsychosocial influences that are important in long-term diseases - all factors important to enable self-care for chronic disease; and
- co-morbidities and complications are common in chronic diseases such as type 2 diabetes and cardiovascular disease. This can complicate self-management and the provision of therapy.

Physiotherapists have the expertise, including a broad skill base and an excellent knowledge of pathology and its impact on exercise prescription, to effectively manage many aspects of care for people with chronic disease; Where there is evidence for the efficacy of physiotherapy interventions, the APA submits that such interventions should be funded through the MBS. Mechanisms to assess the clinical efficacy and cost-effectiveness of treatments for chronic diseases currently listed on the Medicare Benefits Schedule (MBS) are limited. The APA believes that emphasis should be placed on the development of these mechanisms. Funding must be flexible enough to ensure that people with chronic disease are not denied access to innovative and cost-effective treatments, including classes and self-management education sessions run by skilled health professionals such as physiotherapists. The current funding mechanisms that support multidisciplinary team care limit the ability of people with, or at risk of developing chronic diseases to pay for adequate levels of physiotherapy service, particularly where co-morbidities exist. Supervised group programs are a cost-effective way of preventing and managing many chronic diseases, yet funding restricts the affordability of group sessions for people who would benefit most from these services

Regarding Aboriginal and Torres Strait Islander people, amongst this population 1 in 5 people have diabetes over the age of 25 (and under-reported). As such, there is a greater need for a broader understanding amongst the Australian public regarding the desperate need to provide access to what is basic health care, education and a right to live in a way that all Australians should deserve to live. Provision of programmes that encourage healthy habits of:

- Improved physical activity
- Managing injuries that prevent physical activity
- Eating well
- Discussing your health with loved ones and health care workers

The programs mentioned above, and many more, should be encouraged and appropriately funded and be appropriately delivered using a culturally sensitive, combined approach with community groups and health care organisations. In particular, partnerships between the community health centre and the AHPACC might facilitate cultural awareness training of the health centre staff. The training might involve challenging racist ideas and discrimination as well as understanding the deep impact of colonisation on Aboriginal people. Expanding this kind of partnership would assist in improving health outcomes of Aboriginal people.