

**Western
Sydney
Leadership
Dialogue**

Dialogue Submission

**Inquiry into Diabetes
by the Standing Committee
on Health, Aged Care and Sport**

30 August 2023



Submission on Diabetes

AUGUST 30 2023

The Western Sydney Leadership Dialogue welcomes the opportunity to respond to the Standing Committee on Health, Aged Care and Sport's Inquiry into Diabetes. While this examination is nationwide, we believe that the current and projected future severity of the effects of diabetes in Greater Western Sydney warrant a region-specific view.

The following submission is a high-level overview of why the region should be considered for region specific intervention relating to the prevention and treatment of diabetes. The Dialogue acknowledges that there are complex and intersecting issues relating to specific diabetes prevention and management for GWS residents that are culturally and/or linguistically diverse, Indigenous, and elderly, that aren't covered in this submission but need to be addressed.

THE GWS CONTEXT

Diabetes is a national issue, but Greater Western Sydney shows up as a glowing hotspot of this chronic disease on the NSW map, and due to this requires region specific intervention. Our region has almost twice as many residents living with diabetes than the rest of Sydney, and a greater proportion of residents when compared to the whole of NSW.¹

This is largely driven by the prevalence of residents living with overweight and obesity, which is the leading risk factor for type two diabetes.² Factors like socioeconomic determinants of health, car dependency, and food deserts combine to create an obesogenic environment that residents are forced to fight against.

¹ 2021, ABS Census

² 2011, [The Epidemic of obesity and diabetes: trends and treatments](#)

Across Australia, diabetes has been found to disproportionately affect low-income households, Aboriginal and Torres Strait Islander people and those with Pacific Island, Indian subcontinent, Chinese, and Southeast Asian backgrounds.³ There are larger proportions of GWS residents that belong to these groups in comparison to the rest of Sydney and NSW, and within the region they are considered priority populations for improving diabetes related outcomes.⁴ Additionally, the link between socioeconomic disadvantage and prevalence of diabetes in GWS is clearly seen through the most recent census data (see graph below).⁵

Index of Relative Socio-economic Advantage and Disadvantage (decile) compared to proportion of residents living with diabetes (%)



BROADER IMPACTS OF DIABETES ON THE HEALTH SYSTEM AND ECONOMY

The rate of diabetes, as well as overweight and obesity and its related conditions experienced by the GWS population is already straining the local health systems. It is also continuing to increase. While this is an issue across the country, GWS is also expected to see significant increases in population over the next two decades. These factors together contribute to a scenario of unsustainable weight on health services, to the point where even federal bodies should be forming region-specific interventions to help address it.

The Dialogue urges the Australian Government to ensure that state and local health services are not unfairly burdened in areas where the federal services can make an impact.

³ 2023, [PWC](#)

⁴ 2023, [Western Sydney Diabetes](#)

⁵ 2021, ABS Census

Hospitals should be spared all but the acute presentations of health issues associated with diabetes, overweight and obesity. It is General Practitioners (GPs), Allied Health Providers (AHPs), and Aboriginal Community Controlled Health Organisations (ACCHOs) who need to be supported to provide ongoing management to those with complex chronic health conditions like diabetes, and preventative care for those who present at risk of developing it.⁶

Falling under the remit of Primary Health Networks (PHNs), GPs, AHPs and ACCHOs present an opportunity for the federal government to enhance an existing, and well-integrated model of care in the GWS community, while also reducing pressure on the Local Health District hospitals.

The Dialogue recommends the continued support for subsidised, affordable Primary Health services so that GWS's most vulnerable residents can access the healthcare services and professionals that they need to avoid preventable complications from living with diabetes.

The Dialogue welcomes the 2023-24 federal budget's support of Primary Health services, including the \$3.5b commitment to tripling bulk billing incentives for GPs. We also encourage further investigation into how new technology, interdisciplinary care teams, and improved hybrid funding models can improve community access to diabetes related healthcare.

Diabetes is a complex disease that requires ongoing care. Mismanagement of it can result in costly, debilitating but also mostly preventable secondary complications. Complications and secondary conditions related to diabetes are estimated to be costing the Australian healthcare system \$2.3B a year⁷ through increased numbers of people requiring hospital admission, more acute healthcare concerns, and other care requirements.

Half of all Australians living with diabetes, however, are not utilising the full range of health checks that help to prevent and monitor complications.⁸ This leaves a large number of people at risk of secondary complications. For many, cost represents a significant barrier to accessing ongoing and appropriate healthcare for primary prevention of diabetes, maintenance of the condition, and prevention of related complications.

This is especially true for GWS residents⁹, who are highly sensitive to changes in healthcare expenses, such as the rising out-of-pocket GP costs. GWS residents are also the most prolific users of GP bulk billing in the country. The top 3 PHNs in Australia for bulk billed rates were all in GWS, over the last financial year.¹⁰ GWS's reliance on GP Medicare subsidies is a phenomenon specific to the region (in the context of the greater Sydney area) and is not seen in the Central and Eastern Sydney and Northern Sydney PHNs.

⁶ 2017, Taking the heat out of the diabetes hotspot

⁷ 2023, [Diabetes Australia](#)

⁸ 2023, [Diabetes Australia](#)

⁹ 2023, [Health Industry Hub](#)

¹⁰ 2023, [Department of Health and Aged Care](#)

INTERRELATED HEALTH ISSUES BETWEEN DIABETES AND OBESITY IN GREATER WESTERN SYDNEY

People's lives can be heavily impacted by living with overweight and obesity. Almost 60% of adults and 19% of children in NSW were above a healthy weight in 2020.¹¹ The future of healthcare and community services is looking increasingly strained and complicated. It's anticipated that 1 in 4 people will be living with 2 or more chronic health conditions by 2031.¹² With inactivity and unhealthy diet being key drivers of obesity and chronic diseases, urgent action is needed to address these areas.

The situation is amplified in Greater Western Sydney (GWS). The populations of the South West Sydney, Western Sydney and Nepean Blue Mountains Local Health Districts each have a higher proportions of overweight residents than the national average, and this includes children.¹³ Factors including obesogenic build environments, lower socioeconomic status in comparison to other areas of Sydney, and issues with health literacy are all contributing factors in the region.

The impact of an overweight population has compounding effects over time which further entrenches health inequities across Greater Sydney. Not only does being overweight substantially increase the risk of a person having a stroke or developing a chronic illness like type 2 diabetes, hypertension, or heart disease,¹⁴ but the stigma experienced by those who are overweight reduces the likelihood of them seeking medical help until issues become acute.¹⁵

The flow-on effect of high rates of obesity double down on some groups of the region's community. On average, Aboriginal identifying persons in GWS are younger than but 50% more likely to be diagnosed with type 2 diabetes than non-identifying residents. GWS residents from the Pacific Islands are 40% more likely to develop further complications related to diabetes after diagnosis than those who were born in Australia or Western Europe.¹⁶ Additionally, obesity is both the top risk factor for post-menopausal breast cancer and has found to be a significant barrier to women seeking breast screening.¹⁷

¹¹ 2022, [NSW Health Eating and Active Living Strategy 2022-2032](#)

¹² 2022, [NSW Health Eating and Active Living Strategy 2022-2032](#)

¹³ [McBride, K, n.d.](#)

¹⁴ [McBride, K, n.d.](#)





¹⁵ [McBride, K, n.d.](#)

¹⁶ 2022, [Western Sydney Diabetes](#)

¹⁷ [McBride, K, n.d.](#)

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