

Analysis of the Australian National Diabetes Strategy: Effectiveness in Reducing Diabetes in Indigenous Australians

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Abstract

The aim of this paper is to critically analyse the Australian National Diabetes Strategy as to how effective it is in addressing the burden of non-communicable diseases in Indigenous Australians. This paper describes this policy and also discusses the burden of disease, and the risk factors as well as the social determinants it is intended to address. It touches upon the key principles which guide the Australian National Diabetes Strategy. This paper critically analyses the policy and implications for Indigenous Australians. The Australian National Diabetes Strategy identifies the risk factors that contribute to diabetes and has designed specific strategies to help modify such risk factors in order to reduce the prevalence of diabetes. This paper looks at practical recommendations on how to better implement the current policy. One of the key recommendations of the paper is to include more Indigenous Australian community members through the use of surveys and focus groups. This will ensure that the decision-making process includes community members. Another recommendation of this paper is that Indigenous community representatives and leaders be included in the planning of strategies directed at Indigenous groups.

Keywords: Australian National Diabetes Strategy, Indigenous Australians, Diabetes

Introduction

Non-communicable diseases are considered to be a major health problem within Australia and are considered to be responsible or contributory to 91% of all deaths in Australia (Australian Medical Students Association 2019). A non-communicable disease is a disease that a person cannot directly transmit to another person; these diseases are progressive and chronic and are often due to a combination of behavioural, environmental and genetic factors (Kruk, Nigenda & Knaul 2015). Diabetes is considered a non-communicable disease and is highly prevalent within the Australian population, contributing greatly to morbidity and mortality. It is estimated that diabetes is responsible for the deaths of 1.6 million Australians each year (Australian Medical Students Association 2019). In addition, diabetes can cause a person pain, reduced quality of life, increased financial strain, increased hospital and medical visits and expenses and complications related to poor management of diabetes and can also cause emotional and physical effects for the patient's friends and family (Jones et al. 2016).

In order to address the issue of diabetes in the Australian community, many policies have been developed; the Australian National Diabetes Strategy is one policy that aims to prevent the development of diabetes, promote awareness and detection, reduce diabetes-related complications and reduce the impact of diabetes amongst particular priority groups (Commonwealth of Australia 2015). Indigenous Australians are one particular vulnerable priority group that the policy aims to address. The current Australian National Diabetes Strategy policy effectively addresses strategies to reduce the prevalence of diabetes in the Indigenous population. However, the delivery of these strategies could be improved with recommendations.

The purpose of this report is to discuss and critically analyse the Australian National Diabetes Strategy in terms of how well it addresses the burden of non-communicable diseases in Indigenous Australians. The policy will be described along with a discussion about the burden of disease and the risk factors and social determinants that it is designed to address. Additionally, this paper will critically analyse the policy and the implications for Indigenous Australians and will provide practical recommendations on how to better implement the current policy.

Description of the Policy

The Australian National Diabetes Strategy is a policy that has been developed with an aim to reduce the prevalence of diabetes in Australia by increasing education and health care resources (Commonwealth of Australia 2015). The strategy aims to address and strengthen various aspects of diabetes care through seven goals. These goals include guiding principles for policymakers, health care workers, multidisciplinary teams, community members and other key stakeholders. The National Diabetes Strategy Advisory Group played a key role in the design of this strategic policy; this advisory group provides advice and expertise related to diabetes health care, population health and research (Commonwealth of Australia 2015).

The policy was developed in response to the growing prevalence of diabetes within Australia and the recognition that there is a need to put greater strategic effort into preventing and managing chronic conditions (Commonwealth of Australia 2015). The existing Australian National Diabetes Strategy 2016–2020 was developed after reviewing the impact of the National Diabetes Strategy 2000–2004. The current policy aims to prioritise diabetes care and education and further reduce the impact of this non-communicable disease within the community (Commonwealth of Australia 2015). Diabetes places a significant burden on patients and their family members and friends, including physical, emotional and financial burdens. The policy aims to reduce the burden of disease by addressing some factors that contribute to it. The strategy focuses on diabetes within the entire Australian community. However, it does place a special emphasis on reducing the prevalence of diabetes amongst Indigenous Australians and other vulnerable groups (Commonwealth of Australia 2015).

The Australian National Diabetes Strategy identifies several risk factors that contribute to diabetes, including the presence of other chronic health conditions such as chronic kidney disease and heart disease. Additionally, non-modifiable risk factors are included, such as a family history of diabetes, sex, age and genetics (Commonwealth of Australia 2015). The strategy places a larger emphasis on modifiable risk factors, mostly because these are some of the factors that the program recognises as factors that can be influenced or improved to reduce the prevalence of diabetes and help achieve the aim of the policy (Commonwealth of Australia 2015). Some of the modifiable risk factors that were identified include being overweight or obese, poor engagement with physical activity or having a sedentary lifestyle, poor diet, poor access to health care services and education about diabetes and lifestyle. The policy aims to address these risk factors through health care professional and patient education, screening tools, early management, integrated diabetes testing and implementing measures of progress (Commonwealth of Australia 2015).

In addition to identifying the burden of disease, community members at risk and risk factors, the policy has also identified the social determinants of health that it can address to achieve its aim. However, this was only briefly touched upon, with the policy simply mentioning that intervention programs and early years education should be provided to help address social and

environmental determinants of health and developmental vulnerabilities in the Aboriginal and Torres Strait Islander populations (Commonwealth of Australia 2015). There is evidently a need for the policy to break down the social determinants of health impacting this population group and the development of diabetes in order for these determinants to be addressed more effectively (Mitrou et al. 2014).

Critical Analysis

There are five key principles guiding the Australian National Diabetes Strategy: collaboration and cooperation, coordination and integration of diabetes care, encouragement of self-management and person-centred care, reduction of inequalities in health between populations through minimising social and economic disparities, and measuring health behaviours (Commonwealth of Australia 2015). The policy has a number of different potential areas for action that have been designed to address the risk factors and contributors to diabetes under each of the goals. The goals are evidence-based, achievable, well-articulated and sustainable when compared to the criteria outlined by the World Health Organisation's (2019) "Best Buys". In order to achieve the strategies listed within the policy, it was acknowledged that there was a strong need for partnerships, networks, workforce, leadership and governance, and financing and research (Commonwealth of Australia 2015).

To address the goal of preventing the development of type two diabetes, the policy aims to take action to reduce modifiable risk factors through workplace behaviours, education about healthy eating and physical activity, social media campaigns to promote nutrition and exercise education, and increasing the availability of healthy foods whilst decreasing the availability of unhealthy foods. Additionally, the policy aims to reduce child exposure to unhealthy food marketing and upskill health professionals on healthy food choices, particularly in Indigenous community areas (Commonwealth of Australia 2015). Modifying workplace behaviours is shown to be successful in helping to improve health outcomes, although it has proven difficult without a strong change in the workplace culture (Michaels & Greene 2013). A key way to change workplace culture and improve health care behaviours is to implement strong transformational leadership, as this promotes change; the policy could consider doing this in order to achieve this strategy (Carter et al. 2013).

In order to address the goal of promoting awareness, the policy sees potential areas for action to include educating health care providers, teachers and parents as well as increasing the availability and use of screening tools for diabetes to encourage early detection (Commonwealth of Australia 2015). Early detection of diabetes is highly important to reduce the impact of the illness and prevent complications and further health problems, so this is an effective and achievable strategy to help achieve the goal. To reduce the impact of diabetes in pregnancy, the policy aims to provide pre-pregnancy programs to assess for risk factors and screen for diabetes to promote early detection (Charles et al. 2013). Additionally, the policy aims to provide educational programs and advice to pre-pregnant, pregnant and post-pregnant women, and counselling to those who have already been diagnosed. Furthermore, it aims to provide paediatric follow-up to children who may be at risk, particularly if the mother had gestational diabetes (Commonwealth of Australia 2015). These strategies all relate to education in order to achieve the goal; this is likely to be successful, particularly as providing education helps to better inform people of issues and of strategies that they can undertake to overcome them. It also helps

empower individuals to take control of their own health, which in turn, produces positive health outcomes (Chen et al. 2015).

To reduce the occurrence of diabetes-related complications, the policy aims to develop clinical guidelines for prevention programs, including the development of clinical care standards. Additionally, the policy aims to increase consumer engagement with diabetes programs in order to encourage self-management, including promoting more support programs (Commonwealth of Australia 2015). Self-management is a highly effective and an important strategy in ensuring the long-term success of programs as well as the achievement of goals and positive health outcomes. By teaching patients to manage their own illnesses, patients are less likely to have health complications. This, therefore, directly achieves the goals identified in the policy (Shrivastava, Shrivastava & Ramasamy 2013).

Goals five and six are the main goals designed to address the identified population; these goals aim to reduce the impact of diabetes amongst the Indigenous population through community-wide, culturally safe education programs. Cultural safety and awareness are highly important in ensuring that services and programs are accessed by Indigenous populations, particularly as a lack of cultural safety is a barrier to accessing health services and thus, contributes to poor health (Almutairi 2015; Shephard et al. 2016). Additionally, the policy aims to increase the availability and affordability of healthier foods and reduce the consumption of high-fat and high-sugar processed foods. The policy also aims to encourage better identification of diabetes and greater access to health care services for Indigenous Australians, including those in remote and rural locations (Commonwealth of Australia 2015). This strategy is likely to be effective as it directly addresses risk factors for diabetes through education and reducing the availability of poor diets in the Indigenous community (Virdun et al. 2013). The strategy would be more effective if Indigenous community members were involved in the planning and implementation of this strategy (Flicker et al. 2015).

This policy has many strengths, including the large number of evidence-based strategies it proposes, the achievability of the strategies, the fact that there is a large focus on the Indigenous community and the cross-sectoral nature of the planned interventions and strategies. However, there is one main weakness that is very apparent in the policy, which is the lack of involvement from community members and health professionals in the planning of the policy and strategies (Bromley et al. 2015). Community involvement, particularly in Indigenous populations, is extremely important to ensure that the community can be included in recognising problems and planning solutions (Gradinger et al. 2013). Including community members and health professionals more in the planning increases the likelihood that individuals will follow the initiatives and hence, that better health outcomes will be achieved (Vahdat et al. 2014).

Overall, the policy has clearly identified risk factors that contribute to diabetes and has designed specific strategies to help modify such risk factors and reduce the prevalence of diabetes. Specifically, the program has adequately designed strategies to assist with diabetes management in the Indigenous community, ensuring strategies are culturally safe and promote community involvement, which is important in this population (Flavell, Thackrah & Hoffman 2013). The strategies are very achievable and there is good cross-sectoral action, particularly in regard to the coordination of health service resources and education for health professionals and patients in order to address the different goals. The community is also well articulated, with a specific focus on Indigenous Australians and other vulnerable groups as well as pregnant women, although all Australians are included (Commonwealth of Australia 2015).

Social determinants of health can significantly affect a person's development of diabetes. Common social determinants of health that can impact this include education; employment, and therefore financial income; access to health care services and nutrition (Mashford-Pringle 2016). The current policy only briefly addressed the issue of social determinants of health by stating that it was necessary to promote intervention programs and early years education to help address social and environmental determinants of health and developmental vulnerabilities in the Aboriginal and Torres Strait Islander populations (Commonwealth of Australia 2015). When considering the importance of social determinants of health and the vulnerable health of the Indigenous population, it is clear that the policy needs to break down the social determinants of health impacting this population group and the development of diabetes in order for these determinants to be addressed more effectively (Mitrou et al. 2014).

Recommendations

One area that could be improved relates to community voices being heard. It is recommended that the policy include surveys and focus groups that include various members from the community so that decision-making includes community members. This means that the community has a role in both defining the issues and taking action, meaning the goals are more likely to be achieved (Vahdat et al. 2014). In particular, it is also recommended that Indigenous community representatives and leaders be included in the planning of strategies directed at Indigenous groups. Research indicates that Indigenous people are more likely to engage in health services when there is a community representative involved (Flicker et al. 2015). It is also recommended that the policy focuses on employing transformational leaders in workplaces and health care organisations to implement the strategies, as this form of leadership has demonstrated effectiveness in initiating change (Carter et al. 2013). Additionally, although there is a large focus on staff training and development, it is also recommended that health professionals be included in focus groups and feedback surveys to ensure they are included in identifying areas for education and in planning action, as this means professional practice is more likely to be promoted and education initiatives followed (Vahdat et al. 2014). Based on the information provided about social determinants of health, it is recommended that the policy break down the actual social determinants of health contributing to the development, prevalence and worsening of diabetes in the Indigenous population so that these can be addressed properly (Mitrou et al. 2014).

Conclusion

Diabetes is a non-communicable disease that requires serious attention from policymakers and health care professionals in order to reduce the prevalence of the condition and complications and to improve awareness and overall health. The purpose of this report was to discuss and critically analyse the Australian National Diabetes Strategy in terms of how well it addresses the burden of non-communicable diseases in Indigenous Australians. The current Australian National Diabetes Strategy policy effectively addresses strategies to reduce the prevalence of diabetes in the Indigenous population and such strategies are evidence-based, achievable and well-articulated. However, the delivery of these strategies could be improved with recommendations. It is recommended that a greater emphasis be placed on including community members, particularly Indigenous Australians, in the identification of issues and planning of strategies, as this means the community will be more likely to engage with the strategies, and thus a better result is produced.

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