

PARLIAMENTARY INQUIRY QUESTION ON NOTICE
Department of Health and Aged Care
Standing Committee on Health, Aged Care and Sport
Diabetes in Australia
1 May 2024

PDR Number: IQ24-000023

National health promotion campaigns

Spoken

Hansard page number: 19

Senator: Graham Perrett

Question:

Mr PERRETT: I want to turn to the long-term national health promotion campaigns, which, for those of a certain age, I will call the Life Be In It type campaign. When was the last national health promotion campaign run? Is there evidence on whether they change behaviour?

Ms Goodchild: I'll probably have to take it on notice when the last one was done. I think the last big national campaign was The Girls Make Your Move. We have done campaigns since promoting things such as the health star rating and different social media. The department constantly posts on our social media channels.

Answer:

The Australian Government has implemented The Girls Make Your Move and Health Star Ratings campaigns to encourage Australians to take positive actions to improve their physical health.

The **Girls Make Your Move** campaign ran over 3 years from 2016-2018, targeting 12–19-year-old women and girls. The campaign encouraged girls and women to increase physical activity.

This campaign found strong evidence of behaviour change regarding the benefits of physical activity:

- 83% of 12-19 year-olds recognised the campaign as did 44% of parents of teens.
- 71% of those recognising the campaign reported taking some action as a direct result of the campaign with 1 in 5 (23%) reporting they had undertaken more physical activity. This increase in activity was stable throughout the campaign.
- There were also strong positive shifts on a range of number of attitudinal measures about the importance of physical activity for both physical and mental health and that sport can be fun and enjoyable.

The **Health Star Rating (HSR)** campaign launched in 2014 and ran over multiple years. The campaign was jointly funded by Australian and state and territory governments and targeted Australian grocery buyers. The campaign aimed to increase awareness, understanding and uptake of the HSR system and how it can be used to make healthier food choices, as part of a balanced diet.

The 2016 campaign evaluation found strong evidence of sustained behaviour change regarding shopping and healthier eating:

- 59% of main or joint grocery buyers were aware of the system and 1 in 2 were likely to use it on a regular basis.
- 1 in 4 saw the HSR campaign and 77% of them acted because of it.
- 1 in 3 of those aware of the system reported buying a new product specifically based on the HSR and 79% continued to buy that product.
- There were strong positive shifts on several attitudinal measures about the campaign increasing trust in the system, understanding of the system, and ease of use of the system.

Additionally, the department continues to regularly promote the health benefits of physical activity and health eating via social media channels and stakeholder networks.

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PDR Number: IQ24-000024

Mental health and diabetes

Spoken

Hansard page number: 20

Senator: Graham Perrett

Question:

Mr PERRETT: My final question is not as much on prevention but straddling that idea. It was put to me that half of the people with diabetes have a mental health condition. That was the figure given to me. I didn't see peer reviewed data. Does the mental health part of the department of health interact with the diabetes part?

Ms Goodchild: We are all in the same what we would call group. The mental health division sits with the same group with population division and cancer and chronic diseases. Obviously, there are conversations that occur between us all across the board. I think for a collaboration between mental health and diabetes—I will refer to my colleague for that—I don't think we would have seen data on that.

Mr PERRETT: Can I put that on notice for you to fact check? What mental health condition is it? I'm not sure we would go to the DSM-V.

Mrs McINTOSH: Also that it's pre-existing or whether it is a result of the condition.

Mr PERRETT: Yes. It is about diabetes type 1 and 2.

Mr Carlile: We're not talking about it causing diabetes?

Mr PERRETT: No.

Ms Platona: I can also ask Diabetes Australia that question.

Mr PERRETT: They are the ones that gave me the data.

Answer:

Recent data from the National Health Survey 2022 (www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey/latest-release) estimate that, of people aged 15 and over with diabetes (type 1, type 2 and unknown), approximately 43% reported moderate, high or very high psychological distress (Table 5.1). The survey uses the Kessler Psychological Distress Scale (K10) which provides an indication of psychological distress.

The Diabetes Australia website's depression and mental health page (www.diabetesaustralia.com.au/living-with-diabetes/preventing-complications/depression-and-mental-health) and the SANE guide to good mental health for people affected by diabetes (www.diabetesaustralia.com.au/wp-content/uploads/The-SANE-Guide-to-Good-Mental-Health.pdf) report that up to half of people with diabetes are affected by mental health conditions, such as depression and anxiety. The SANE report states that this includes undiagnosed mental health conditions. There is no source provided for this figure.

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PDR Number: IQ24-000025

Diabetes in Schools program

Spoken

Hansard page number: 21

Senator: Melissa McIntosh

Question:

Ms Platona: Senator, there is a program under the NDSS that is administered by Services Australia. It is called the Diabetes in School program.

Mrs McINTOSH: That was my next question, thank you.

Ms Platona: What would you like me to say about that?

Mrs McINTOSH: We've heard some concerns about the Diabetes in Schools program, including insulin being administered without proper training. We discussed this with the previous people, who gave evidence that there's now technology in schools. Is the Diabetes in Schools program up to date with the technology that kids are now using? Do you have any information you can provide on how that Diabetes in Schools program is going? Ms Platona: I'm going to take your more detailed question on notice and ask Diabetes Australia to provide a written response. I only have high-level information here about the program. For example, more than 5,000 schools and over 100,000 school staff have voluntarily participated in the program and completed training. I'm happy to take more detailed questions and come back to you on that.

Answer:

Is the Diabetes in Schools program up to date with the technology that kids are now using?

The Diabetes in Schools program training and on-line resources provide current and appropriate information on the diabetes management technology applicable to students (For example: www.diabetesinschools.com.au/resources/diabetes-technology).

Do you have any information you can provide on how that Diabetes in Schools program is going?

- Since it commenced in 2020, the Diabetes in Schools program has had widescale support and uptake from schools across the country, including in regional, remote and very remote locations.
- As at 21 March 2024, as advised on the NDSS Diabetes in Schools program website www.diabetesinschools.com.au:
 - There are 5,581 schools participating in the Diabetes in Schools program.
 - 223,034 school staff members have successfully completed training through the Diabetes in Schools program.
 - 1,327,061 modules have been completed in the Diabetes in Schools training program.
- In relation to the training provided through the Diabetes in Schools program, each state and territory education department is responsible for determining and resourcing their jurisdiction's teachers and support staff to access the program. The decision by a school to use the program is voluntary.
 - Level 1 and 2 online training modules are designed for school staff who wish to voluntarily expand their knowledge of type 1 diabetes and its treatment. This training does not provide clinical qualification.
 - Level 3 training is provided at the request of a school principal with parental consent and is delivered by the child's clinical care team. Level 3 training is based on the child's individual diabetes management plan, developed by the clinical team and the child's parents. This training is provided to designated staff who volunteer to be trained to support an individual child's diabetes management plan while the child is in their care at school. Level 3 skills training may include administration of insulin.
- The Diabetes in Schools program has received significant nation-wide positive feedback from teachers and parents. Evaluation of the program shows participants welcome the opportunity for training to build knowledge, skills and confidence to support their students.
- While the Diabetes in Schools program is a relatively new program, it continues to expand. There are currently a number of pilots underway to help identify how the program can grow its reach in the future, particularly in regional Queensland and New South Wales.

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PDR Number: IQ24-000026

COVID and chronic disease

Spoken

Senator: Melissa McIntosh

Question:

ACTING CHAIR (Mrs McIntosh): When we were going through the long COVID inquiry, we were hearing that there's more and more evidence gathering about the correlation between COVID and chronic disease such as type 1. There is an increase around the world of people presenting with type 1. That was last year. Is there further evidence around COVID and chronic disease and an increase?

Prof. Lawler: That is a question, Acting Chair, that we might need to take on notice. I'm not sure that we have the best people here to respond to it. We'll take it on notice.

Prof. Langham: It would be more for Population Health. We could certainly find out.

Prof. Lawler: I suspect that it might be something we direct to the office of the Chief Medical Officer. We'll take it on notice, if that's alright.

Answer:

The current literature reports that COVID-19 can give rise to new diagnoses of chronic conditions in the post-acute phase (Australian Institute of Health and Welfare (AIHW 2022). This AIHW report can be accessed at www.aihw.gov.au/reports/covid-19/long-covid-in-australia-a-review-of-the-literature/summary. For example, pooled evidence from multiple studies estimates that the risk of developing diabetes for those with COVID-19 compared to those without infection increases by 1.6 times. Further information regarding these pooled studies can be accessed at www.ncbi.nlm.nih.gov/pmc/articles/PMC10244847. However, many studies are based on cases diagnosed early in the pandemic, prior to widespread COVID-19 vaccination.

The National Centre for Immunisation Research and Surveillance (NCIRS) and academic partners received \$898,414.30 (announced 31 July 2023, over a three year period) in funding from the National Health and Medical Research Council to study post-acute outcomes following COVID-19 (including but not limited to cardiovascular, chronic lung diseases and metabolic morbidity such as diabetes) using the COVID-19 Register and will also quantify how vaccination and antiviral treatments may alter the clinical course. Further information can be found at www.aihw.gov.au/reports-data/covid-linked-data-set/current-approved-projects.