



diabetes
new zealand

Diabetes Matters

Diabetes New Zealand 2022 Policy Statement

The Role Of Diabetes New Zealand

Diabetes New Zealand represents and acts for all New Zealanders affected by or at risk of diabetes.

We seek to empower people with diabetes to live their best lives and become experts in managing their own condition.

Diabetes New Zealand has reoriented itself over several years from a primarily health-focused organisation to a community-centric organisation that understands that health promotion and community engagement are interwoven. We know that we are most successful if support comes from within communities rather than from outside: be it Māori working with Māori or Pacific peoples working with Pacific peoples.

This approach is woven into our successful Diabetes Community Co-ordinator roles, Diabetes Self-Management Programmes and prevention programmes such as our Mobile Awareness Van and HOPE, which are providing support to individuals and communities most affected by diabetes.

Diabetes New Zealand has also grown in the last few years and is established as a credible voice among clinicians. We have invested heavily in training and guidance to ensure that local services are consistent and high-quality.

To make further progress against diabetes, barriers to entry need to be lowered to make the health system easier to access for some communities. Diabetes New Zealand works across the country to build partnerships with communities and health providers to deliver programmes, provide leadership around diabetes and advocate for better services.

We are trusted by clinicians and by the communities we serve.



“Diabetes Matters”

The Impact

Type 2 Diabetes is the single biggest challenge facing the New Zealand health system and the 4th leading cause of death.

Diabetes now affects about 1 in 4 New Zealanders aged 15 or over. In 2020, 278,000 New Zealanders (5.3% of the population) have diabetes. This is projected to rise by 2040 to between 390,000 and 430,000 (6.6% to 7.4% of the population).

The cost of managing diabetes is \$2.1 billion annually, or 0.67% of GDP. By 2040, this will rise to over \$3.5B. Chronic long-term conditions—and diabetes in particular—is a ticking time bomb for the health system. Without effective intervention, largely avoidable costs of treating those with diabetes and diabetes-related comorbidities will increasingly crowd out other health priorities.

Impact on communities

The challenge of managing diabetes is compounded by the fact that those who have diabetes are more likely to belong to communities that experience barriers in accessing the healthcare system. This means that while advice and treatment is available, it often doesn't reach those who need it most.

New Zealand has marked health inequalities for diabetes with much worse outcomes for Māori, Pacific, Asian people and those living in deprived areas. Diabetes is almost three times more common in Māori than non-Māori. Death rates due to diabetes for Māori aged 45–64 years are nine times higher than for non-Māori New Zealanders of the same age. These disparities are forecast to grow.

Impact on individuals

Diabetes affects almost every aspect of a person's life, including their physical health, mental health, social life and employment.

Diabetes is the tip of the iceberg as the cause of significant health issues with downstream comorbidities – cardiovascular disease, stroke, kidney failure, vision loss neuropathies and lower limb amputation. In New Zealand, 17% of all health loss across the population is the result of diabetes.



What Can We Do?

Diabetes is a national policy priority.

There is opportunity to change the trajectory of projected diabetes prevalence, cost and health outcomes by introducing a systemic approach, that revolutionises our current diabetes model of care.

We know from the experience of Smokefree Aotearoa 2025 that joined-up responses work. This campaign reduced the number of Year 10 students who smoked daily from 15.2% in 1998 to 1.9% in 2018.

Making the same impact on diabetes is possible but needs:

- Diabetes to be made a national health priority (aligned to the New Zealand Health and Disability System Reforms).
- National targets to be agreed along with adequate accountability systems.
- National data sets to drive change.
- A national diabetes strategy agreeing what needs to be done.
- Appropriate resourcing in order to implement change.
- Co-designed services that are informed by people with lived experience of diabetes.

Specific initiatives

A national strategy needs to incorporate a number of evidence-based interventions:

1. Healthy People, Healthy Lives: Lifestyle intervention to prevent the development of type 2 diabetes.
2. Owning our futures: Lifestyle intervention to achieve remission from type 2 diabetes.
3. Better diabetes medication: Gold standard medication to better manage diabetes.
4. Foot screening and protection: Better foot screening and protection to avoid amputation.
5. Equitable access to modern technology.

ACTION 1:

Healthy People, Healthy Lives

Invest \$44 million over 10 years to provide education and support to people to achieve positive long-term changes with personalised treatment plans for diet and exercise.

A Finnish Diabetes Prevention Study, which works with people who have pre-diabetes to prevent the onset of type 2 diabetes. After three years participants had lost, on average, 5% of their bodyweight and were less than half as likely to have developed type 2 diabetes (9% of participants compared to 22% of people who did not receive the programme.)

After seven years, positive effects remained in place with a 43% risk reduction of the incidence of 2 diabetes among participants.

By using a whānau-centred delivery approach, this intervention is likely to be more effective for and accepted by Māori and Pacific communities, addressing existing inequities.

PROGRAMME IMPACT

Government ROI	Societal ROI	Quality-adjusted life years
0.95	2.95	+0.57

ACTION 2:

Owning our futures

Invest \$23 million over 50 years to provide education and support to people to achieve lasting weight loss through an intensive weight reduction programme.

Modelled on the UK Diabetes Remission Clinical Trial (DIRECT), the programme works with people who have been diagnosed with diabetes in the last six years to achieve remission from the disease.

46% of participants in the programmes did achieve remission from diabetes and, after 12 months, 74% of participants were taking no antidiabetic medications.

PROGRAMME IMPACT

Government ROI	Societal ROI	Quality-adjusted life years
0.97	2.69	+0.06

ACTION 3: Better diabetes medication

Invest in gold standard medications to everyone who needs them. The estimated discounted price of lifetime medication for 40,000 people is \$499 million.

New Zealand currently sits last out of 20 OECD countries in providing access to modern diabetes medication. 'Gold-standard' diabetes medications have traditionally not been funded and people being treated for diabetes in New Zealand have not received the benefits that more modern, better medication can provide.

As of September 2021, gold standard diabetes medication has been available in New Zealand on a relatively limited basis, under which 80% of current patients are ineligible for the new medication.

Gold standard medications make it much easier for people to manage their diabetes and have significant health benefits, including a 12-15% increase in life expectancy and a 39% reduction in diabetes-related cardiovascular death.

PROGRAMME IMPACT

Government ROI	Societal ROI	Quality-adjusted life years
3.0	4.2	+0.24

ACTION 4: Foot screening and amputation

Invest in optimal foot care to all New Zealanders with diabetes prioritising those with at higher risk of developing diabetes foot ulcers and related complications.

A New Zealand trial in Waitematā showed that appropriate monitoring can result in a 40% reduction in hospitalisations and a 30-72% decrease in amputations.

Preventing an individual from lower-limb amputation provides an NPV cost saving benefit of \$40,654 for major and \$36,500 for minor.

ACTION 5: Equitable access to modern technology

Invest \$5.2 million to fund modern technology for approximately 2,000 children and young people with Type 1 diabetes.

Due to being diagnosed young, it means that the long term complications of diabetes occur when they are much younger. This can lead to earlier mortality for those who do not have good control of their blood glucose levels. Funding blood monitoring devices will help to manage diabetes before complications set in and will significantly reduce the cost of interventions further down the line.

The individual cost of technology at \$50 per week would address the inequity that currently exists with people who cannot afford a CGM/FGM. Access to this type of technology is life-changing.

What Is Diabetes?

Diabetes Mellitus (commonly referred to simply as diabetes) is a disorder that is characterised by a persistent high blood sugar (blood glucose) level. There are many causes of a high blood glucose level and, therefore, many 'types' of diabetes.

The 3 main types of diabetes are known as Type 1 diabetes, Type 2 diabetes, and Gestational diabetes, as outlined below. In addition, we have 1 in 4 adults in New Zealand with pre-diabetes, which is potentially a reversible condition, if recognised and addressed early in the disease process.

All types of diabetes can lead to a plethora of further health complications which commonly result in heart attack, stroke, vision loss, kidney failure, nerve damage and lower limb amputations.


Type 1 diabetes is usually caused by an autoimmune response, which results in the destruction of insulin-producing beta cells in the pancreas. This may happen over a short or long period of time, depending on the individual. We know that both genetic and environmental factors are involved.

Type 2 diabetes is a more complex, progressive disorder, resulting from either insulin resistance and/or an inability to produce sufficient insulin on demand. Type 2 diabetes, which accounts for 90% of diabetes, is potentially preventable and may be reversible if diagnosed early and is appropriately treated. Type 1 diabetes cannot be prevented and there is no known cure.

Having diabetes can affect almost all aspects of a person's life, not just their physical health. People with diabetes are less likely to be in work, have interrupted schooling, have less social contact and have poorer mental health.

Without appropriate treatment diabetes may lead to health complications that threaten quality of life and life expectancy. Diabetes is a major cause of blindness, kidney failure, heart attacks, stroke and lower limb amputation.

Gestational diabetes occurs when a pregnant woman has high levels of glucose in her blood. High blood glucose is caused because the mother can't produce enough insulin (a pregnant person's insulin needs are two to three times that of normal women). If not well managed it may seriously affect the health of both baby and mother. Gestational diabetes is only temporary and usually disappears after pregnancy. However, a person who has had gestational diabetes has an increased risk (50-60%) of developing type 2 diabetes in the future; therefore they should be tested for type 2 diabetes each year.



Diabetes affects
a quarter of all
New Zealanders



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