

Our audience is **250,000** people with diabetes and **1 in 4** with pre diabetes.



www.diabetes.org.nz



Our impact - vision and strategy

Our Vision

Life free of diabetes and all its complications and burdens

Our Mission



Lead, champion and advocate for change to reduce the incidence of diabetes, improved diabetes health care, and empower those affected by or at risk of diabetes to lead healthy, active lives







Our Purpose

Provide Leadership

Empower

Champion and advocate

Prevent





0800 342 238 (Diabetes) - admin@diabetes.org.nz











Diabetes

糖尿病与 健康食物选择



食用健康食品是糖尿病

自我管理中重要的一部分。

diabetes new zealand

2型糖尿病患者 如何保持健康



बेहतर जीवन टाइप 2 डायबिटीज के साथ



diabetes new zealand

diabetes and healthy food choices



Eating healthy food is an important part of self-managing diabetes





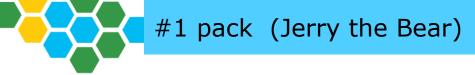


Our impact – reach and engagement



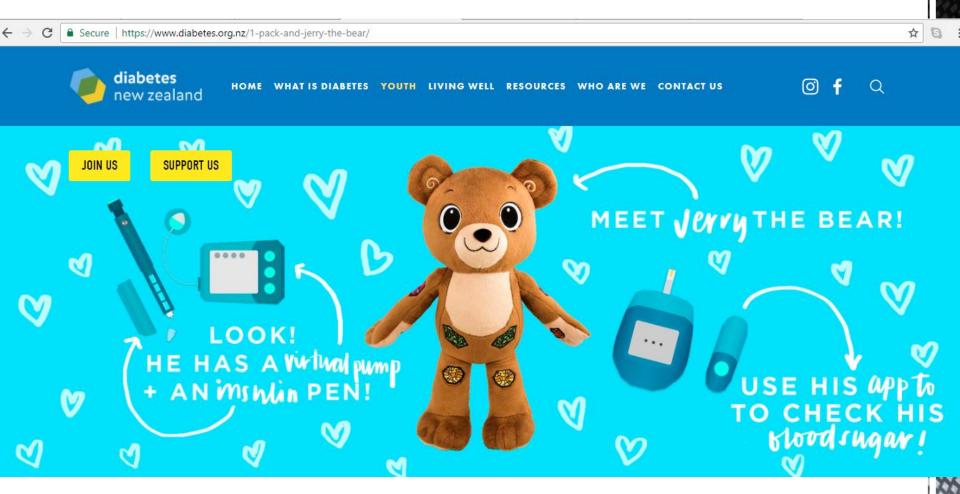






The #1 pack is available for children aged 4-10 years old residing in New Zealand.

www.diabetes.org.nz > Youth > #1 pack and Jerry the bear





Type 1 and Type 2 – Know the Difference



KNOW THE DIFFERENCE TO MAKE A DIFFERENCE

IT COULD SAVE SOMEONE'S LIFE

BE A DIABETES DETECTIVE











LOOKS FOR 'CLUES' (SIGNS)

A METABOLIC CONDITION

INSIDIOUS ONSET

Is usually recognised only 5-12 years after

in which the body progressively fails to produce

insulin and the body cells resist insulin action

EVIDENCE (SYMPTOMS) AND LOOKS FOR SUSPECTS

TYPE 2

THE CASE TO A CONCLUSION (DIAGNOSIS BY GP)

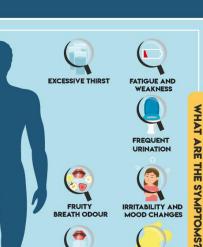
THE SYMPTOMS?

ARE

WHAT

FINDS SUPPORT FROM DIABETES NZ

SOLVES A MYSTERY AND MAKES A DIFFERENCE





in which the immune system destroys the cells in the pancreas that produces insulin

RAPID ONSET

NO CURE BUT CAN 1

BE CONTROLLED

USUALLY DEVELOPS IN

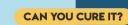
CHILDHOOD

If not diagnosed quickly may lead to coma or possible death



CAN YOU PREVENT IT?

WHAT IS IT?



WHEN DOES IT OCCUR?

WHAT ARE THE COMPLICATIONS?



hyperglycemia develops

GENETIC

PREDISPOSITION but weight loss and a healthy lifestyle can prevent it



NO CURE BUT WITH SUPPORT CAN BE MANAGED AND CONTROLLED

USUALLY DEVELOPS IN **ADULTHOOD**

BUT CAN BE FOUND IN CHILDREN UNDER 15 YEARS





FATIGUE AND WEAKNESS







GETTING





UNEXPLAINED

WEIGHT LOSS

VISION

EYESIGHT OR BLURRED



GETTING INFECTIONS WHICH ARE HARD TO HEAL

HOW IS IT SELF-MANAGED?

RAPID, HEAVY

BREATHING

STOMACH PAIN,

NAUSEA AND

VOMITING

- DAILY OFTEN MULTIPLE INSULIN INJECTIONS
- CONTINUOUS DELIVERY 2. CONTINUOUS DELIVERY
 4. HEALTHY
 CHOICES
- METICULOUS ATTENTION TO **TESTING AND MONITORING** BLOOD GLUCOSE LEVELS

BEDWETTING OR

HEAVY NAPPY

VISION CHANGE

AND HEADACHES

HEALTHY LIFESTYLE



BLINDNESS AND NERVE DAMAGE



HEART DISEASE, STROKE, KIDNEY DISEASE. PERIODONTAL DISEASE



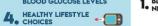
AMPUTATION OF LIMBS, DIALYSIS, KIDNEY TRANSPLANTS, LOSS OF TEETH



4. REDUCES REDUCED LIFE

HOW IS IT SELF-MANAGED?

- MONITORING OF BLOOD 2 MONITORING OF
- MAY REQUIRE ORAL MEDICATION AND INSULIN THERAPY AS THE CONDITION PROGRESSES



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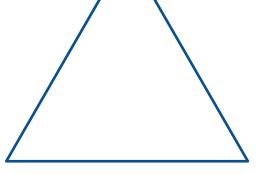


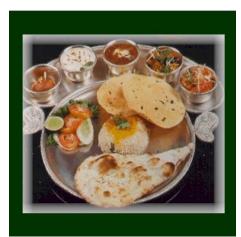
The balancing act













New Zealand

- > 250,000 diagnosed with diabetes
- > 100,000 estimated to have pre-diabetes
- Maori 3 times more likely than non-maori
- > 1 in 3 Pacific adults aged 45 yrs or over has diabetes

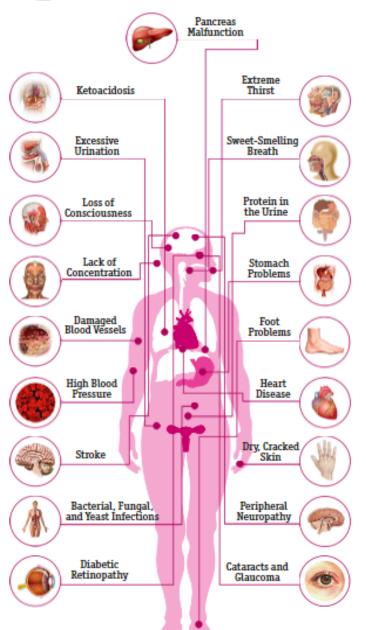








The impact of diabetes



The physical impact of unmanaged diabetes can lead to heart attacks, strokes, kidney failure, blindness and amputations – over 600 lower limb amputations a year due to diabetes.

The estimated annual cost of diabetes on the New Zealand health system:

\$2.1 billion

The total direct health care costs for a person with diabetes are approximately three times those for people without diabetes.

An increasing number of people may not be able to continue working and the cost of this loss of productivity has been estimated as being more than direct health care costs.

The Economic and Social Cost of Type 2 Diabetes

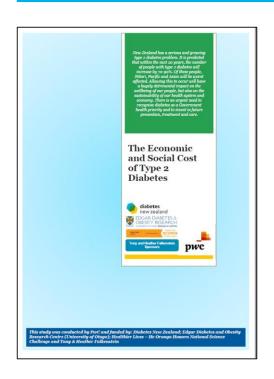
#CostofType2Diabetes

An urgent health priority for Aotearoa New Zealand





Why we commissioned this report



Under the current national approach, the enormous human and economic cost of type 2 diabetes is **escalating** rapidly.

There is an opportunity to do things differently, which will reduce cost and lead to more equitable and effective interventions.





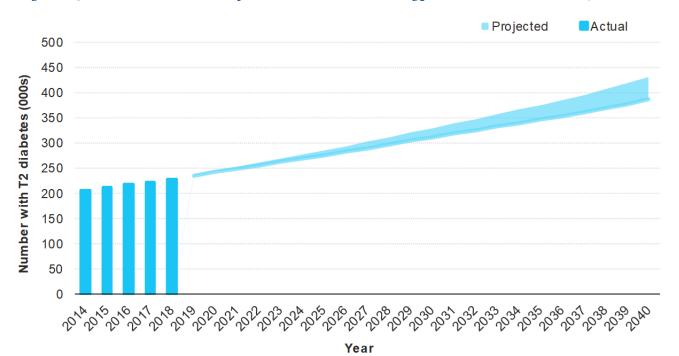






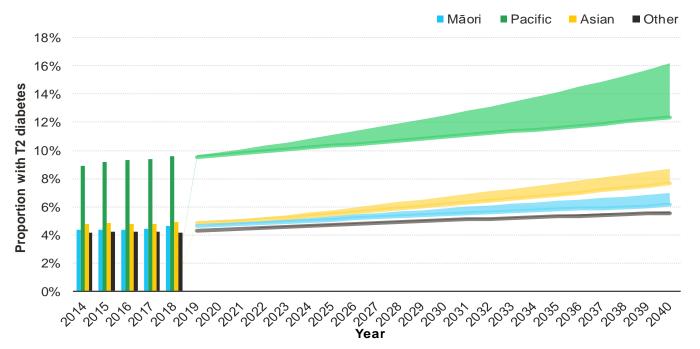
The number of New Zealanders with type 2 diabetes is projected to increase by 70-90% in 20 years' time

Figure 13: Estimated number of New Zealanders with type 2 diabetes (2018-2040)



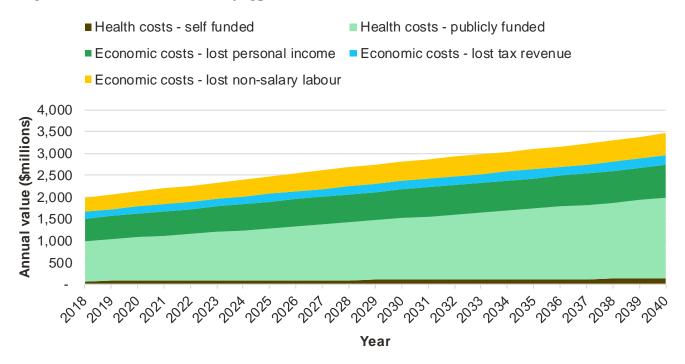
Type 2 diabetes is projected to increase disproportionately amongst Pacific, Asian and Māori people

Figure 16: Estimated prevalence of type 2 diabetes by ethnicity (2018-2040)



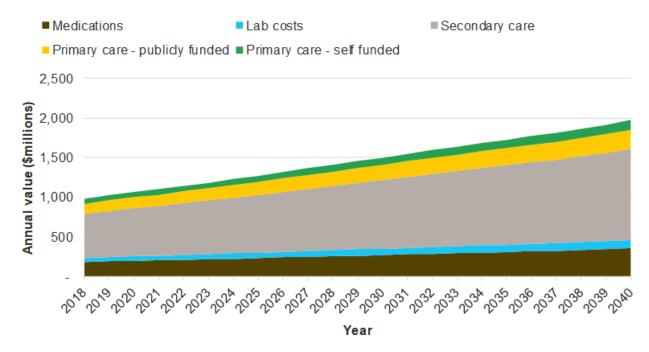
The annual cost of type 2 diabetes in New Zealand is a staggering 0.67% of GDP, and projected to rise by 63% over the next 20 years

Figure 27: Total annual cost of type 2 diabetes in New Zealand



The biggest cost to the public purse from type 2 diabetes is hospital (or secondary) care

Figure 28: Health cost breakdown of type 2 diabetes treatment and care (2018-2040)



Delaying the onset of type 2 diabetes results in huge cost savings

Figure 39: Representative lifetime cost of type 2 diabetes beginning at **age 25 (\$565k)**

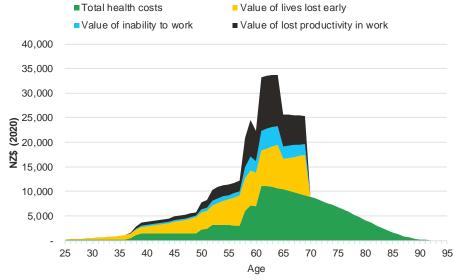
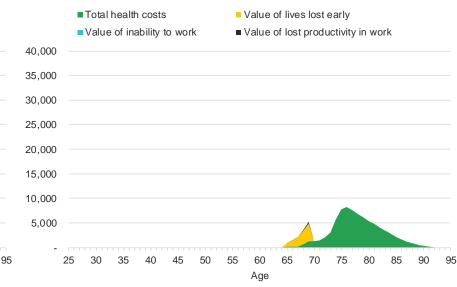
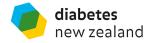


Figure 43: Representative lifetime cost of type 2 diabetes beginning at **age 65 (\$90k)**



So what can we do?









4 interventions that can make a difference

Government benefit = \$42M Societal benefit = \$88M

Government ROI = 0.95 Societal ROI = 2.95

390 major and 211 minor (601) amputations avoided annually

Net present value saving: Major amputation = \$40,654

Minor amputation = \$36,505



Government benefit = \$23M Societal benefit = \$63M

Government ROI = 0.97 Societal ROI = 2.69

SGLT inhibitors

Government benefit = \$510M Societal benefit = \$201M

Government ROI = 3.0 Societal ROI = 4.2

GLP-1 receptor agonists
Government benefit =
\$595M Societal benefit =
\$148M

Government ROI = 1.2 Societal ROI = 1.5

What can we do right now?

There is an opportunity to **get immediate runs on the board** by piloting interventions shown to be of benefit.



foot screening



clinical nutrition therapy



intensive lifestyle change









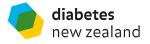
We are not doing nearly enough!

We urgently need healthier food and physical activity environments for our population.











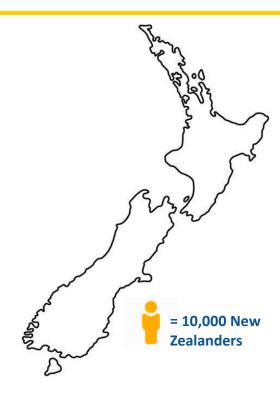




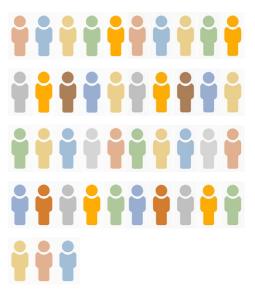
Call to action

TYPE 2 DIABETES NOW





TYPE 2 DIABETES IN 2040?



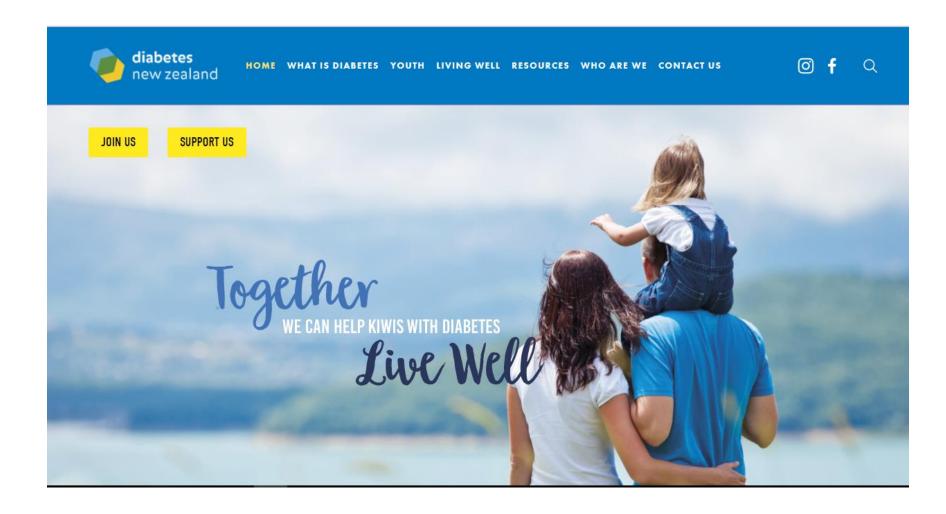












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