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## **AUSTRALASIAN PODIATRY COUNCIL SUBMISSION – DISCUSSION PAPER “AUSTRALIA: THE HEALTHIEST COUNTRY BY 2020”**

The Australasian Podiatry Council (APodC) are pleased to provide the National Preventative Health Taskforce (NHPT) comments on the discussion paper “*Australia: The Healthiest Country by 2020*”.

APodC is supportive of any initiative from government, both Federal and State, which aims to improve the health and wellbeing of Australians.

APodC also congratulates the NHPT on concentrating on the impact of obesity, and elevating this public health issue to a similar level of importance to that of tobacco use and harmful consumption of alcohol. APodC believes that these public health issues require well coordinated, well planned and well funded responses to address the significant challenges facing governments and communities.

However, APodC would like to see a greater emphasis on the roles that experienced allied health professionals, particularly podiatrists and foot care specialists, can play in providing preventative health care services in the support of positive health outcomes.

The importance of maintaining good foot health to live a healthy lifestyle with a sufficient amount of physical activity has been well established. Individuals suffering foot, knee, hip or back problems may feel unable to walk without pain or discomfort, which lead to a more sedentary lifestyle. A lifestyle with limited physical activity may be further compounded by the consumption of pre-packaged or readily-available fast food and alcohol consumption.

Podiatrists assess, diagnose and manage acute and chronic medical and surgical conditions of the foot and ankle in chronic health conditions including diabetes and arthritis, both of which may be exacerbated by obesity. Podiatrists are also well positioned to provide preventive care and address public health issues to prevent or reduce the degree of injury or illness. Completion of the undergraduate podiatry curriculum is recognised by Diabetes Australia as a suitable entry point into post graduate study as a diabetes educator. Thus, the scope of a podiatrist’s practice is broad, able to include preventive health components and is not limited to a single patient group.

The importance of developing specific strategies to address health care inequalities across rural and remote regions is presented in current data. The hospitalisation rates in 2004-2005 for patients with diabetes complications in most regions were similar, however for limb ulcers the rate in very remote areas was about four times greater than for cities, regional and remote regions. Death from lower limb ulcers as a complication of diabetes was three times greater for people from very remote areas over 2003 to 2005 (AIHW 2008).

To enhance the prevention of serious health problems such as lower leg amputation in diabetes and cardiovascular disease, investment in access to podiatrists as a key component of the multidisciplinary care team is essential.

The current burden of disease literature indicates that the impact of increasing diabetes will be magnified by reductions in deaths from cardiovascular disease due to successful interventions for smoking cholesterol and blood pressure. Thus, there will be a greater number of people with diabetes developing more serious health conditions such as renal failure, retinopathy, neuropathy and peripheral vascular disease (Begg, Vos, Barker et al 2003) which will impact on the service delivery capacity of primary care and associated health professionals including podiatry and podiatric surgeons to effectively manage conditions of the lower limb.

It is for these reasons that APodC would welcome a greater emphasis, through both increased levels of awareness and government funding, on preventative health measures such as those which can be provided by registered podiatrists and associated professionals.

AIHW (Australian Institute of Health and Welfare) 2008. Diabetes: Australian facts 2008. Diabetes series no. 8. Cat. no. CVD 40. Canberra: AIHW.

Begg S, Vos T, Barker B, et al. The burden of disease and injury in Australia, 2003. Canberra: Australian Institute of Health and Welfare. (AIHW Cat. No. PHE 82) <http://www.aihw.gov.au/publications/index.cfm/title/10317>