Australian Podiatry Association

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Preventive Health
NSW Health

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Australian Podiatry Association (APodA) Submission

RE: Preventive Health

17 August 2026

Dr. Kerry Chant AO PSM
Chief Health Officer and Deputy Secretary
Population and Public Health
Email: Kerry.chant@health.nsw.gov.au

Dear Dr. Chant,

Thank you for the opportunity to provide feedback in relation to the *Health of People of NSW Draft Report* (draft report).

The Australian Podiatry Association (APodA) is the peak professional body for podiatrists. APodA empowers podiatrists by providing strong advocacy, professional development opportunities, clinical resources, and member support services to assist at every stage of the career journey. Podiatrists are registered through the Australian health Professional Regulatory Authority (Ahpra), Podiatry Board of Australia. As stated, '*the Podiatry Board of Australia works to ensure that Australia's podiatrists and podiatric surgeons are suitably trained, qualified and safe to practise*'.

The draft report provides a strong overview of population health trends, risk factors, chronic disease burden, healthy ageing and health inequities across New South Wales. The APodA supports the draft report's emphasis on prevention, early intervention and addressing the underlying drivers of ill health.

From a podiatry and preventive health perspective, the greatest opportunity for the final report is to strengthen the connection between prevention, mobility, chronic disease management and lower limb health. Foot health is often overlooked in preventive health policy despite its significant impact on physical activity, independence, hospital utilisation, disability and quality of life. Better recognition of evidence-based foot and lower limb interventions would support the report's objectives of improving population health, reducing health system costs and addressing persistent inequities in health outcomes.

We welcome the opportunity to provide further details. Please contact advocacy@podiatry.org.au with the invitation to the at the October Preventative Health Summit and for further information or questions arising from the following submission.

Yours sincerely

Judy Powell
Policy, Advocacy & Research Manager
Australian Podiatry Association

1.0 About podiatrists

Podiatrists are university-qualified allied health professionals focused on the prevention, diagnosis, treatment, and rehabilitation of conditions affecting the foot, ankle, and lower limb. The scope of practice is broad ranging from prevention in primary care settings through to surgery in private hospitals and can be endorsed to prescribe medicines. They work in the public and private practice settings and manage a wide range of issues, including skin and nail disorders, musculoskeletal problems, diabetic foot complications, and wound care. With more than 6,300 podiatrists in Australia and 1,770 in NSW [1], podiatry plays a vital role in maintaining mobility, independence, and overall well-being across all life stages.

2.0 Summary of APodA Recommendations

The APodA recommends that a focus on prevention by NSW Health could be strengthened by:

1. Embedding diabetes-related foot disease prevention into chronic condition pathways;
2. Building mobility and falls prevention into healthy strategies;
3. Addressing geographic and socio-economic inequities in prevention health access;
4. Recognising lower limb as an enabler of physical activity; and
5. Improving preventive health data and measurement.

3.0 Embed diabetes-related foot disease prevention into chronic condition pathways

The *Health of People of NSW Draft Report* (draft report) identifies chronic conditions as the dominant contributor to disease burden and highlights type 2 diabetes as a major contributor to burden among older adults.

Diabetes-related foot disease represents one of the most compelling examples of an evidence-based, cost-effective and equity-focused prevention opportunity [2]. Barriers to diabetic foot ulcer prevention for consumers from low socioeconomic and culturally diverse communities include limited access to experienced foot-care clinicians and delayed access to timely and appropriate care [3]. This sits at the intersection of chronic disease, disability, hospitalisation and socioeconomic inequity.

Timely podiatry intervention, when embedded within multidisciplinary diabetes-related foot care and supported by structured referral and escalation pathways, is associated with reduced ulcer progression, infection-related complications and lower-limb amputation. Systematic reviews show that multidisciplinary teams including podiatrists are associated with reduced total and major lower-extremity amputations [4, 5], while broader preventive foot care strategies, including screening, monitoring, education and multidisciplinary ulcer management, have been reported to reduce diabetes-related amputation rates by up to 85% [6].

National figures indicate that diabetes-related foot disease contributes to approximately 27,600 hospital admissions, more than 4,400 amputations annually and approximately $1.6 billion in health system costs [7].

Importantly, the burden of diabetes-related foot disease falls disproportionately on Aboriginal and Torres Strait Islander peoples, people living in rural and remote communities, and those experiencing

socioeconomic disadvantage [8, 9]. The draft report itself recognises that chronic disease prevalence is higher in these populations and that health outcomes are influenced by barriers to healthcare access and broader social determinants.

To enhance prevention, NSW Health could establish a statewide prevention pathway for diabetes-related foot disease within the broader preventive health and chronic conditions agenda. This could include:

- Routine foot-risk screening;
- Early podiatry intervention;
- Timely access to high-risk foot services;
- Standardised referral pathways;
- Culturally safe service models for Aboriginal communities; and
- Improved access in regional and remote areas.

Such an initiative offers high impact, strong return on investment through hospital avoidance and a direct mechanism to reduce inequitable health outcomes.

4.0 Build mobility and falls prevention into healthy ageing strategies

The draft report highlights healthy ageing as a major policy priority and notes that the population aged 85 years and over is expected to double between 2026 and 2041. It also identifies falls as a leading contributor to disease burden in older Australians.

Maintaining mobility is fundamental to healthy ageing. Loss of mobility is associated with reduced physical activity, social isolation, chronic disease progression, falls, hospitalisation and premature entry into residential aged care [10-12]. Podiatrists provide preventive interventions that support mobility through management of foot pain, footwear assessment, orthotic therapy, falls-risk reduction and wound prevention [13-15].

Investment in mobility preservation is cost-effective because it reduces falls, injury-related hospitalisations, chronic disease burden and loss of independence. Australian evidence demonstrates that maintaining physical activity and mobility can reduce health expenditure, delay entry into residential aged care and lessen demand for high-cost health, aged care and disability supports [12, 16]. It also aligns with the draft report's objective of enabling older people to remain active, independent and connected to their communities.

For greater impact, NSW healthy ageing and falls prevention programs could incorporate foot health, footwear assessment and podiatry services as part of multidisciplinary community prevention initiatives.

5.0 Address geographic and socio-economic inequities in prevention health access

A strong theme throughout the draft report is the unequal distribution of health outcomes across NSW. People living in disadvantaged, rural and remote communities experience higher chronic disease prevalence and poorer health outcomes. Life expectancy also varies according to geography and socioeconomic status.

These inequities are amplified when preventive services are difficult to access. Delayed assessment and treatment can result in avoidable complications, particularly for people living with diabetes, disability, chronic wounds and mobility limitations.

Access to multidisciplinary high-risk foot services is dependent on local service availability and geographic location [17, 18]. Where local high-risk foot services or referral pathways are limited, opportunities for early assessment, multidisciplinary management and preventive care may be reduced, potentially contributing to delayed intervention and poorer outcomes.

To address this, NSW Health could prioritise targeted investment in preventive allied health services in regional, rural and disadvantaged communities, including:

- Outreach service models;
- Telehealth-enabled pathways;
- Funding arrangements that recognise thin markets and travel costs;
- Stronger referral pathways into high-risk foot services; and
- Integration with Aboriginal Community Controlled Health Organisations and community health services.

Among the prevention opportunities identified in this submission, improving access for underserved communities has the greatest potential to reduce health inequities.

6.0 Recognise lower limb health as an enabler of physical activity

The draft report identifies overweight and obesity as the leading risk factor contributing to disease burden and recognises physical inactivity as a major contributor to chronic disease.

Foot pain, lower-limb dysfunction and mobility limitations are recognised barriers to physical activity. Evidence shows that foot disease and foot problems are associated with poorer physical function, reduced gait performance and lower levels of physical activity [19, 20]. Improving foot and lower limb function can therefore support participation in physical activity. As noted in the draft report, physical activity contributes to prevention, treatment and management of many chronic diseases throughout life including type 2 diabetes, coronary heart disease, stroke and dementia.

Addressing these barriers represents a practical and scalable prevention opportunity. Improving foot and lower limb function enables participation in physical activity, which in turn supports obesity prevention, cardiovascular health, diabetes prevention and healthy ageing.

Future healthy weight, physical activity and healthy ageing initiatives would be enhanced by explicitly recognising foot and lower limb health as foundational enablers of movement and participation.

7.0 Improve preventive health data and measurement

The NSW prevention system requires stronger data to identify service gaps, evaluate outcomes and direct investment toward interventions with the greatest impact. The APodA supports the draft report's focus on evidence-based decision making and recommends greater inclusion of foot and lower limb indicators within preventive health monitoring.

Greater visibility of diabetes-related foot disease, wound prevalence, amputation rates, mobility limitations, falls and access to podiatry services would allow government to better understand preventable burden, identify inequities and measure the success of prevention initiatives.

The NSW Government should consider the establishment of routine reporting of lower limb health indicators and incorporate linked data approaches across hospital, primary care, community health, aged care and Aboriginal health datasets.

8.0 Conclusion

The APodA strongly supports the direction of the *Health of People of NSW Draft Report* and its emphasis on prevention, healthy ageing and reducing health inequities. The most effective prevention investments are those that combine strong evidence, measurable health impact, cost effectiveness and an ability to reach populations experiencing the greatest burden of disease.

Diabetes-related foot disease prevention, mobility preservation, falls prevention and improved access to allied health services meet each of these criteria. These initiatives leverage an existing workforce, address major drivers of chronic disease burden and target populations most at risk of poor health outcomes. By explicitly recognising foot and lower limb health within NSW's prevention framework, the State can reduce avoidable hospitalisations, improve quality of life, strengthen healthy ageing and achieve more equitable health outcomes for all communities.

9.0 References

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