**DIABETES HEALTH PROFESSIONALS ELECTION CAMPAIGN 2022**

# Write to your Member of Parliament and Senator

Writing to your MP and Senator is a highly effective way to communicate your priorities and the community of diabetes health care providers’ priorities. We have created this simple template for you to personalise and send. Please consider these tips as you fill it in:

1. Introduce yourself and your specialty. If you live and practise in separate electorates, consider writing a letter to both MPs as you likely impact the lives of several of their constituents as well. Feel free to briefly describe your practice, patient load, or experience in the field.
2. Consider copying the Health Minister, Hon Greg Hunt, MP and Shadow Health Minister, Hon Mark Butler, MP, if they are not already your MP.
3. Add a personal touch; if you have a brief example of how these issues have affected you or what they mean to you. Remember to be clear and concise, limiting examples to just a few sentences.
4. Address the letter to your MP or Senator. Please note that politicians who have been or are government ministers have the title ‘The Honourable’, for example, Hon Greg Hunt, MP. Otherwise address MPs as *Mr/Mrs/Ms/Dr Surname* and Senators as *Senator First name Surname.*
5. Sending this letter by email is the easiest and most efficient. Your MP and/or Senator may have a contact form, in which case you can use that or send it as an email. You can certainly send this letter as a hard copy if you wish, in which case the recipient’s name and address should be in the top left corner.
6. Please copy communications@adea.com.au on your email or forward a copy to us. We would like to make sure we follow up.

You can find your MP and Senator [here](https://www.aph.gov.au/Senators_and_Members/Parliamentarian_Search_Results?q=&mem=1&sen=1&par=-1&gen=0&ps=100&st=1).

**Template letter/email**
You can use this template for your own email to your MP or Senator:

 **Dear Senator *Jane Doe,***

**Dear *Mr/Ms/Mrs/Dr Smith*, *(use this for MPs)***

I am a Credentialled Diabetes Educator (CDE)/Endocrinologist living in ***ELECTORATE*** and practising in ***ELECTORATE*. *(Feel free to add additional information to how many clients/patients you see and how long you have lived/worked in a particular electorate.)***

I am writing to you to support the *Diabetes Health Professionals Election Campaign 2022*. There are currently 1.4 million Australians living with diabetes, a number that is expected to rise in the coming years. We can do three key things to lessen the burden on the Australian health system and improve the lives of Australians living with diabetes and their carers.

Please consider supporting:

1. **Remuneration for diabetes health professionals to support optimal use of diabetes management technologies**

MBS should provide item numbers and funding for the initiation and ongoing support of diabetes management technology. Proper remuneration for Endocrinologists/Diabetologists and CDEs who provide this care strengthens the health force, improves health outcomes, and reduces the cost to the health system. In addition, supporting people to optimally use their diabetes technology would likely result in reduced ambulance calls and emergency department presentations, hospitalisations, and greater confidence in self-managing one's own glucose levels.

***(If you have a personal story about helping someone out of office hours, you can specify how much time you spent on this. You could also insert an example of an ED or hospital visit/admission avoided here.)***

1. **Additional CDE visits for the population at increased risk of diabetes-related complications**

The National Diabetes Services Scheme [(NDSS) annual cycle of care](https://www.ndss.com.au/about-diabetes/resources/find-a-resource/your-diabetes-annual-cycle-of-care-fact-sheet/) recommends that a person living with diabetes receive between four (for low-risk people) and up to 17 allied health visits a year to maintain optimum health, manage diabetes, and lower the risk of diabetes-related complications which include heart attacks, stroke, kidney failure, blindness, and foot amputations. Five visits a year is not enough. Additional visits, at a GP’s discretion, for the population at increased risk of diabetes-related complications would help people living with diabetes access the care they require to manage their condition well and reduce the risk.

***(If you have personal experience in this area or an example of a client or patient who has not been able to have enough visits on their CDMP, please explain here.)***

1. **CDE visits for people with gestational diabetes to prevent diabetes-related complications and lessen the risk of type 2 diabetes**

Data demonstrate that people who develop gestational diabetes in pregnancy have an increased risk of developing type 2 diabetes, so do children born to parents who had gestational diabetes. In addition, 50% of people with gestational diabetes will develop type 2 diabetes.To reduce their risk, anyone diagnosed with gestational diabetes should visit an Endocrinologist and/or a CDE:

* three times during pregnancy, and
* two times during the postpartum period.

***(If you treat pregnant people and can speak to this, please add a few sentences about your experience.)***

Will you commit to helping support these three priorities? Thank you, and I look forward to your response soon.

Yours sincerely,