**Advocating for a skilled and accessible health workforce, supported by appropriate funding models, to deliver quality effective diabetes prevention and care**

**Background & Aim**

A focus on diabetes prevention will protect Australians today and into the future. In 2025 Diabetes Australia will be rolling out a national campaign to raise awareness about prevention – for both diabetes and diabetes related complications.

An important element of the strategy is to ensure sustainable funding for a diabetes workforce which includes Credentialled Diabetes Educators (CDEs) and other allied health professionals. Investing in workforce capacity, training and retention is essential to meet growing demand and deliver best-practice diabetes management across all healthcare settings.

This study reviewed available evidence, internationally and nationally, to strengthen our advocacy on building a skilled and accessible diabetes prevention health workforce.

**Methods**

A mixed‑search strategy was used. Core database searches were run in PubMed and other targeted searches of government and not-for-profit organisation sites. Inclusion was limited to English‑language studies and reports published between 2020 and 2025, prioritising evaluative designs with clear outcome measures, including systematic reviews and meta-analyses.

**Results**

Substantial evidence exists that support Multidisciplinary Team-Based Care (MTC) to prevent diabetes. This model of care is widely recognized as improving diabetes prevention outcomes leveraging the expertise of Credentialled Diabetes Educators (CDEs), GPs, pharmacists, nurses, and allied health professionals. CDEs and similar roles in non-Australian countries such as ‘Diabetes Care and Education Specialists’ in the US - play a vital role in DSMES and technology support.

**Discussion/Conclusion**

The diabetes prevention workforce element of the advocacy strategy will aim to strengthen workforce capacity and reform incentive structures by increasing Credentialled Diabetes Educator (CDE) training positions and training quality, funding of community health worker roles and explore whether linking primary care quality improvement payments to equity-adjusted outcome measures should be further explored.

Building and appropriately compensating the diabetes workforce is essential for supporting technology adoption, delivering culturally appropriate care, and addressing the urban-rural and socioeconomic disparities documented across all prevention tiers.