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National Strategic Framework for Chronic Conditions Team
Department of Health and Aged Care
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Dear National Strategic Framework for Chronic Conditions Team,

Re: Review and Refresh of the National Strategic Framework for Chronic Conditions

Anglicare Australia welcomes the opportunity to provide feedback to the Review and Refresh of the National Strategic Framework for Chronic Conditions (the Framework).

The prevalence and impact of chronic conditions has been worsening in recent decades. Australia's health system is focused on the treatment of illness and disease, and this approach is failing to reduce these conditions which almost one in two Australians are now living with,ⁱ highlighting the need to invest in prevention, primary care and addressing the social determinants of health.

The previous iteration of the Framework was a step in the right direction. It acknowledged that many determinants of health sit outside the realm of clinical care and highlighted the importance of coordinated efforts across the health, social, community and educational sectors. The Framework also led to some positive steps, such as increased reporting of chronic conditions amongst different cohorts. However, both the previous Framework and the refresh paper stop short of calling for a focus on primordial prevention.

There is extensive evidence demonstrating the link between socioeconomic disadvantage and chronic disease. The Australian Institute of Health and Welfare has reported that the prevalence of multimorbidity increases with socioeconomic disadvantage.ⁱⁱ Despite these findings, the Framework has failed to identify measures to reduce disadvantage. The Framework instead largely places the onus on individuals, for example, aiming for "Australians make healthier choices and change behaviour to reduce their risk of chronic conditions." Yet, personal responsibility only works if people have the means to make healthy choices. Families can't buy nutritious food without money, nor can they afford health check-ups when bulkbilling option are rapidly disappearing.

Ensuring people are supported regardless of their circumstances is crucial to improving health outcomes. This can be done by ensuring safety nets are in place.

The ability for people to prevent and manage chronic conditions is directly impacted by poverty. People living in poverty are less able to maintain good health by buying nutritious food, schedule preventive health checks and find safe, secure and quality housing. They may also be less likely to engage in physical activity, since low-income households are disproportionately located in areas with the least green space.ⁱⁱⁱ

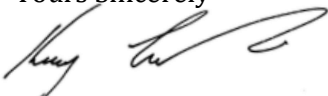
If Government truly wanted to improve health outcomes for Australians, they must take action to reduce poverty. Over three million Australians live in poverty, and with income support payments set well below the poverty line, living on these payments has become a leading cause of poverty.^{iv} 3.7 million households in Australia have run out of food in the last year due to limited finances, sometimes skipping meals or going whole days without eating.^v In our own research among Centrelink payment recipients, a staggering 72 percent of respondents regularly skipped meals.^{vi} When people consistently go hungry, they are at higher risk of experiencing stress, depression, and cardiovascular disease.^{vii viii}

Families may also be forced to cope with the high cost of living by reducing their purchase of fresh produce and protein and buying more processed food, which decades of research have shown can increase the risk of developing some of Australia's most common chronic conditions. For example, Australians living in the lowest socioeconomic areas were twice as likely to report having chronic obstructive pulmonary disease and 1.9 times as likely to have diabetes compared to Australians living in the highest socioeconomic areas.^{ix} Others may be forced into substandard housing or homelessness, which is linked to poor mental health, asthma, arthritis, and musculoskeletal problems.^x

Every Australian need a home in which they feel safe and secure. They also need an income that provides for healthy food and healthcare when they need it. In instances where they need support, at the bare minimum, they should have access to a welfare system that doesn't drive them into poverty. It is not possible for the Framework to improve health outcomes with addressing these fundamental determinants of health.

This Refresh is an important opportunity to consider how we support the health of all Australians. If you would like to discuss anything raised in this submission, please do not hesitate to contact us on anglicare@anglicare.asn.au.

Yours Sincerely



Kasy Chambers
Executive director

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- ⁱ Australian Institute of Health and Welfare (2023) [Chronic conditions and multimorbidity.](#)
- ⁱⁱ Australian Institute of Health and Welfare (2023) [Chronic conditions and multimorbidity.](#)
- ⁱⁱⁱ Western Sydney University (2014) [Study finds access to green space not equitable in nation's largest cities.](#)
- ^{iv} Parliament of Australia (2002) [Chapter 5 – Income support.](#)
- ^v FoodBank (2023) [Hunger in Australia.](#)
- ^{vi} Anglicare Australia (2020) [Asking those who know.](#)
- ^{vii} United States Department of Agriculture (2017) [Food Insecurity, Chronic Disease and Health Among Working-Age Adults.](#)
- ^{viii} Fang, D. Thomsen, M. R. and Nayga, R. M. (2021) [The association between food insecurity and mental health during the COVID-19 pandemic](#), BMC Public Health.
- ^{ix} Australian Institute of Health and Welfare (2022) [Health across socioeconomic groups.](#)
- ^x Australian Housing and Urban Research Institute (2001) [Do housing conditions impact on health inequalities between Australia's rich and poor?](#)