# Stroke Foundation response to consultation on the Refresh of the National Strategic Framework for Chronic Conditions – Online survey questions

# Part 1: Overview of the Framework

1. Which stakeholder group best describes you? Please tick all that apply.*

☐ Federal Government

☐ State Government

☐ Local Government

☐ National private non-government organisation

☒ National not for profit non-government organisation

☐ Jurisdictional private non-government organisation

☐ Jurisdictional not for profit non-government organisation

☐ Academic or researcher Health professional/clinician

☐ Consumer/person living with a chronic condition

☐ Family member or carer of a person living with a chronic condition

☐ Interested member of the public

☐ Prefer not to say

2. Have you engaged with and used the Framework, and if so, how? Please tick all that apply. There is also the option to include any other information about your engagement with the Framework in the 'Other' open-text response box.
(Required)
Please tick all that apply. There is also the option to include any other information about your engagement with the Framework in the 'Other' open-text response box.*

☒ To improve my understanding of the healthcare system

☐ An organisation that I am engaged with shared the document with me

☐ I have discussed it with a healthcare professional

☐ I am a health professional who has used the Framework to inform my clinical practice

☐ I read it out of personal interest

☒ To guide the development of policies, programs and/or projects for the organisation I represent

☐ My organisation has shared this document with our members/consumers

☒ To guide our organisation's funding models and initiatives

☐ I, or the organisation I represent, have not utilised the Framework in any capacity

☐ I, or the organisation I represent, did not know about the Framework prior to this consultation

*(Optional) Other: (1,000 characters – text box)*

Stroke Foundation (in partnership with the National Heart Foundation) was commissioned by the Australian Government to develop the National Strategic Action Plan for Heart Disease and Stroke, launched in 2020 (Action Plan). The Action Plan reflected the priorities and achievable actions that the Australian Government committed to implementing with the goal of reducing the impact of heart disease and stroke on individuals, families, community and the health care system. The four Priority Areas (and underlying enabling actions) identified in the Action Plan was developed in direct alignment to the National Strategic Framework for Chronic Conditions and the National Aboriginal and Torres Strait Islander Health Plan. The four Priority Areas of the National Strategic Action Plan for Heart Disease and Stroke are: Prevention and Early Detection; Diagnosis and Treatment; Support and Care; and Research. Stroke Foundation has used the National Strategic Action Plan for Heart Disease and Stroke (and by extension the vision of the National Strategic Framework for Chronic Conditions) as the guiding document to shape our program design and activities.

## 3. The Vision of the Framework (Vision) is: "All Australians live healthier lives through effective prevention and management of chronic conditions."
## To what extent do you agree the Vision is still relevant?

| Agree | Somewhat agree | Neither agree nor disagree | Somewhat disagree | Disagree | Not applicable |
|---|---|---|---|---|---|
| ✓ | | | | | |

Optional): Please provide further comments about your response, including any suggested amendments to the Vision (text box 1,000 characters)

We support the overall aim and Vision of the Framework.

However, given the focus areas raised in the Framework around determinants of health, priority populations, coordination, reporting, and the importance of multi-disciplinary care, we would also recommend that the Vision statement be altered to make reference to these. Doing so, will also enable the Vision of the Framework be brought into greater alignment with other Australian Government policy documents (e.g. Strengthening Medicare Taskforce report, National Preventive Health Strategy, etc.) and include references to health equity, affordability, collaboration and person-centered approaches.

Our suggestion would be to modify the current Vision statement, to read:

***"All Australians achieve better health through effective, equitable, collaborative, and person-centered prevention, early detection and management of chronic conditions."***

There are 7 enablers to achieving the Vision included in the Framework. Each of these enablers are shown below.

4. Please provide a score from 0-10 to demonstrate how important you think each of the enablers are (with 0 being not at all important and 10 being very important).

| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. **Governance and leadership** — supports evidence-based shared decision-making and encourages collaboration to enhance health system performance. | | | | | | | | | | | ✔ |
| 2. **Health workforce** — a suitably trained, resourced and distributed workforce is supported to work to its full scope of practice and is responsive to change. | | | | | | | | | | | ✔ |
| 3. **Health literacy** — people are supported to understand information about health and health care and appropriate health care settings, to apply that information to their lives and to use it to make decisions and take actions relating to their health. | | | | | | | | | | | ✔ |
| 4. **Research** — quality health research accompanied by the translation of research into practice and knowledge exchange strengthens the evidence base and improves health outcomes | | | | | | | | | | | ✔ |
| 5. **Data and information** — the use of consistent, quality data and real-time data sharing enables monitoring and quality improvement to achieve better health outcomes | | | | | | | | | | | ✔ |
| 6. **Technology** — supports more effective and accessible prevention and management strategies and offers avenues for new and improved technologically driven initiatives. | | | | | | | | | | | ✔ |
| 7. **Resources** — adequate allocation, appropriate distribution and efficient use of resources, including funding, to address identified health needs over the long-term. | | | | | | | | | | | ✔ |

(Optional): Are there any other enablers you think should be included in the Framework?  (Limit 1,000 characters):

*Preparedness*
The COVID-19 pandemic has highlighted how important health system preparedness is. For example, we know that during the pandemic many Australians delayed routine health checks and diagnostic tests. Importantly, this delay in preventive care has had a significant and lasting impact on our health system and community well beyond the initial phase of the pandemic. It is critical we learn from this experience and put in place strategies that will enable the health system to adapt to, and more effectively deal with, similar challenges in the future.

The health system must also be prepared to address the health risks posed by climate change. There is increasing evidence that air pollution caused by climate change is contributing to the burden of chronic disease and premature mortality, particularly from cardiovascular and respiratory causes. Action taken to mitigate climate change will have the co-benefit of improving air quality and reducing the incidence of chronic disease.

# Part 2: Objectives of the Framework

## Objective 1: Focus on prevention for a healthier Australia

The Framework identifies determinants of health that influence the prevention, treatment and management of chronic conditions. Several are listed below. These are commonly referred to as the social, cultural, environmental and economic or commercial determinants of health.

☒ Employment

☒ Income level

☒ Living in a rural/regional/remote location

☒ Education

☒ Language and writing skills

☒ Refugee or migration status

☒ Housing

☒ Living with a disability

☒ Promotion of unhealthy products

☒ Social connection

☒ Racism and discrimination

☐ Air and water quality

☐ Climate change

☒ Opportunities to take part in physical activity

☐ Weight related stigma

☒ Access to safe, nutritious and culturally appropriate food

## 5. Please discuss which, if any, of the above determinants of health have most significantly impacted you or the work of your organisation. Additionally, are there any other determinants of health that you think the Framework should focus on?
## If yes, please note them. (Limit 1,000 characters)

We know there are vulnerable populations in the Australian community who experience greater risk factors, worse access to care, and increased morbidity and mortality compared with the general population. With respect to stroke, these populations include Aboriginal and Torres Strait Islander people, and people from regional, rural and remote areas; and communities residing in the low socioeconomic status areas. It is critical all Australians have a fair and equal opportunity to achieve their optimal health regardless of race, geography, socioeconomic status, or other factors.

Overweight and obesity is a risk factor for stroke, and we know that societal and environmental factors, including increased availability, affordability, and marketing of energy-dense foods, as well as a built environment that is designed to encourage more sedentary behaviour, is largely what is driving the rising rates of this condition. Strategies that address this obesogenic environment are key to ensuring individuals are supported to make healthier choices.

## Objective 2: Provide efficient, effective and appropriate care to support people with chronic conditions to optimise quality of life

One of the aspirational outcomes of Objective 2 of the Framework is that people with chronic conditions have equitable access to quality health care. Pages 35-36 of the Framework discuss this in further detail.

### 6. To what extent do you agree with the following statements?

(Agree, Somewhat agree, Neither Agree nor disagree, Somewhat disagree. Disagree, N/A)

| | Agree | Somewhat agree | Neither agree nor disagree | Somewhat disagree | Disagree | Not applicable |
|---|---|---|---|---|---|---|
| **Australians with chronic conditions can easily access primary care services, including regular care with a GP and/or allied health providers.** | | | | ✔ | | |
| **Australians with chronic conditions can easily access specialty healthcare services when required.** | | | | ✔ | | |

(Optional): Please provide further comments about any of your responses to the previous statements. (1,000 characters limit)

Access to primary and specialist healthcare varies depending on the type of service and where the patient lives. Aboriginal and Torres Strait Islander peoples and those living in regional and remote areas, already at greater risk of chronic conditions, experience inequality of access, due to the geographic maldistribution of these services. In some areas, up to 30% more GPs are needed to adequately service their needs. In addition, out-of-pocket costs are an increasingly important issue for people using MBS or PBS-funded services, especially those on low income, who are also at greater risk of chronic ill health. In particular, allied health services or post-discharge supports are not universally accessible, and can be out of reach for many, including survivors of stroke for whom they may be critical to enable better rehabilitation and recovery. Structural health system reforms are needed to address this inequality of access to health services. Furthermore, improvements to internet and communications infrastructure and affordability are required to support digital inclusion, and equitable access to health information and telehealth services for all.

## 7. To what extent do you agree with the following statement?

| | Agree | Somewhat agree | Neither agree nor disagree | Somewhat disagree | Disagree | Not applicable |
|---|---|---|---|---|---|---|
| **I have access to health information and data, and use this to help make decisions regarding the prevention, diagnosis, treatment and management of chronic conditions.** | | ✔ | | | | |

(Optional): Please provide further comments about any of your responses to the previous statements. (1,000 characters limit)

Stroke Foundation is an evidence-based organisation and we rely on robust data to guide, support and evaluate our work (e.g. AIHW, ABS and others).

We also rely on the Australian Stroke Registry (AuSCR), the day to day running of which is made possible primarily by funding from state and territory governments to support the contribution of hospitals in their jurisdiction. A sustainable investment by Commonwealth Government is now required to enable the AuSCR registry to expand to encompass national coverage and allow for national care outcome benchmarking.

AuSCR registry collects detailed data on longer-term patient outcomes associated with the quality of hospital stroke care received, and adherence to the Australian Commission on Safety and Quality in Health Care's Acute Care Stroke Standards and the Living Stroke Guidelines (maintained by Stroke Foundation as a member of the Australian Living Evidence Consortium). Living Stroke Guidelines (a crucial compendium of up-to-date best-practice clinical care guidelines endorsed by NHMRC) now also require new Australian Government investment to continue operating beyond June 2024 (its current funding cut-off).

# Objective 3: Target priority populations

The Framework aims to act as a broad overarching guidance document that is inclusive of the full spectrum of chronic conditions.

## 8. To what extent do you agree with the following statements?

| | Agree | Somewhat agree | Neither agree nor disagree | Somewhat disagree | Disagree | Not applicable |
|---|---|---|---|---|---|---|
| 1. Australians living with chronic conditions, including myself, friends/family, patients, or members of the organisation I represent if applicable, are recognised in the Framework. | ✔ | | | | | |
| 2. The Framework is representative of the diversity of population groups in Australia. | ✔ | | | | | |
| 3. The Framework recognises the individual needs of the many different groups in Australia. | | ✔ | | | | |
| 4. The Framework provides guidance about how the prevention and management of chronic conditions can be tailored to the needs of different population groups. | | ✔ | | | | |

(Optional): Please provide further comments about any of your responses to the previous statements. (1,000 characters limit)

Stroke Foundation supports the above statements, and the person-centered approach promoted in the Framework. The voice of lived experience and diverse communities is crucial in developing health policies, and we would recommend greater inclusion of targets and metrics in the Framework to ensure adequate stakeholder consultation, and consumer engagement and codesign in decision-making is done.
This is most important for CALD and LOTE communities, Aboriginal and Torres Strait Islander persons, people with a disability and other priority populations experiencing disproportionate burden of chronic disease, greater health inequities or barriers to accessing care.

The Framework includes the following list of priority populations, but notes this list is not exhaustive.

- ☒ Aboriginal and Torres Strait Islander people

- ☒ People from culturally and linguistically diverse backgrounds

- ☒ Older Australians

- ☒ Carers of people with chronic conditions

- ☒ People experiencing socio-economic disadvantage

- ☒ People living in remote, or rural and regional locations

- ☒ People with disability

- ☒ People with mental illness

- ☒ People who are, or have been incarcerated

## 9. Please provide information known to you on the experiences of people with chronic conditions in the above, or additional, priority population groups including any challenges and barriers in accessing prevention and/or treatment services that you think may be of relevance to the refresh of the Framework.
(1,000 characters limit)

We recommend adding children with a disability; children and young people in out-of-home care; and older Australians in care to the list of priority populations.

Around 600 children experience stroke every year in Australia. The outcomes often include profound lifelong disabilities affecting physical, communication, learning and psychosocial wellbeing, and require significant supports (eg. NDIS) and add significant burdens on families and carers.

Children and young people in out-of-home care have complex health needs which may go unrecognised and unmet. They may also face more barriers to accessing services, have worse physical and mental health, and greater vulnerabilities.

Older people often find navigating the care systems confusing and fragmented, requiring contact with multiple agencies and long delays in accessing supports. Data shows that many older survivors of stroke don't receive the care they need to support their independence. This is especially challenging for people with complex disabilities who enter assisted living.

Including these vulnerable populations in the list of priority groups will help bring greater attention to their needs.

## 10. Potential barriers for people with chronic conditions are shown below. Which of these barriers do you believe significantly impact Australians living with chronic conditions (including yourself if applicable)? Please select all that apply.

☒ Difficulty in finding an appropriate healthcare provider or facility

☒ Long wait lists

☒ Lack of coordinated care and communication between health professionals

☒ Lack of information sharing and exchange between healthcare providers

☒ Financial cost of healthcare

☒ Limited awareness and understanding of chronic conditions and/or prevention by patients and/or carers

☒ Limited understanding of the healthcare system by patients and/or carers

☒ Limited knowledge of some chronic conditions by healthcare professionals

☒ Stigma associated with chronic conditions and risk factors

☒ Stigma of accessing healthcare

☒ Not being able to attend appointments due to geographical location/transport

☒ Difficulty using technology to receive or navigate healthcare services

☒ Lack of health promotion education and prevention activities

☒ Low English proficiency and other language challenges

☒ Limited availability of publicly funded health programs

☒ Lack of access to research and data

☒ Lack of culturally safe healthcare

(Optional): Please provide further comments about any of your responses to the previous statements. (1,000 characters limit)

Many Australian survivors of stroke experience poor coordination and continuity of care, due to a lack of communication and information sharing between their treating health professionals. A major challenge is inconsistent discharge planning from the hospital system, with 30 percent of survivors discharged from hospital without a discharge care plan. For effective communication and care, the discharge care plan should be shared with the patient's GP. However, as these documents are patient-held, this may not always happen. To address this is, what is needed is an integrated system

which enables information transfer and management between hospitals, general practices, and the patient's electronic medical record. This will facilitate improved quality and continuity of care for survivors, enabling them to live well in the community and avoid hospital readmission for complications and recurrent stroke.

# Part 3: Focus on the Future

As part of the refresh of the Framework, condition-specific Action Plans and Strategies will be reviewed to ensure that the documents are complementary to, and build on, the Framework.

## 11. Do you support this description of the inter-relationship between the Framework and condition specific Action Plans and Strategies? (Required)

☒ YES

☐ NO

☐ NOT APPLICABLE

(Optional): Please provide further comments about any of your responses to the previous statements. (1,000 characters limit)

Stroke Foundation supports the description and the intent of the Framework to align with condition-specific Action Plans where there are common or share areas of focus, strategy or determinants. However, we argue that avenues must remain open for inclusion of unique stakeholder groups, priority populations or specific actions, where those health challenges are unique; or if gaps in the current system remain, lest the overarching Chronic Conditions Framework become too unfocused. All avenues for input and codesign with people with lived experience of specific chronic conditions (or certain populations) should be included, as challenges faced by those populations may be specific to their condition and not interchangeable.

If a single overarching Framework is adopted encompassing all conditions-specific Action Plans, we strongly recommend that robust governance structure, Implementation Advisory Group, Performance Outcome Measures Framework, Reporting Schedule, and Data Dashboard are implemented, and that that progress is monitored every 3-5 years. Sustainable resourcing and government investment to support implementation should be secured.

The condition-specific Action Plans and Strategies include a number of commonalities in priorities and actions.

It is proposed to embed these common priorities and actions in the refreshed Framework. Therefore, any condition-specific guidance would be focussed on tailored actions for that condition, where the need exists.

## 12. Do you support this approach?

☒ YES

☐ NO

☐ NOT APPLICABLE

(Optional): Please provide further comments about any of your responses to the previous statements. (1,000 characters limit).

Stroke Foundation is broadly supportive of the approach of embedding the common priorities and actions of condition-specific Action plans into a unified refreshed Framework.

However, we would like ensure care is taken to ensure the resultant overarching Framework is not adaptable (or reflective of) the specific needs of certain populations, consumers with lived experience, and/or other affected stakeholders).

A need for a robust governance structure (which includes experts, consumers with lived experience, advocacy groups and decision makers, etc.), Implementation Advisory Group, Performance Outcome Measures Framework, Reporting Schedule, and Data Dashboard are implemented, and that that progress is monitored every 3-5 years.

Adequate sustainable resourcing and government investment to support implementation should be established.

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Many common issues and challenges can be found in the prevention, treatment and management of different chronic conditions. Several of these issues are listed below.

☒ Multi-disciplinary care

☒ Managing multimorbidity

☒ Continuity of care across life stages

☒ Transitions of care as a patient moves across and through the health system

☒ Enhanced and targeted support for priority populations

☒ Health promotion and education

☒ Self-management

☒ Life stage transitions

☒ Embedding prevention in the continuum of care

## 13. Do you believe a focus on these common issues is relevant, accurate and appropriate for Australians living with a chronic condition?
Required:

☒ YES

☐ NO

☐ NOT APPLICABLE

(Optional): Please provide further comments about any of your responses to the previous statements. (1,000 characters limit)

We know that more than 80 percent of strokes can be prevented and effective primary stroke prevention remains the best means for reducing the stroke burden in Australia. However, our current health system is focused largely on sickness and treatment and management of disease, rather than on prevention and wellness. As such, investment in education and training, as well as in new funding models and models of care, is needed to ensure the health workforce is enabled to firmly embed chronic disease risk assessment, management of disease risk, and early detection across the health system. Developing patients' self-management skills will also be critical, ensuring they have the skills they need to gain access to, understand and use information in order to promote and maintain good health. This will help prevent disease progression, complications, and avoidable hospitalisations.

# Part 3: Focus on the Future

A large number of resources, training modules, tools and guidelines have been developed to support the prevention, treatment and management of chronic conditions. There is an opportunity for digitisation to reduce duplication, improve effectiveness of support and enhance impact. Use of emerging digital technologies provide opportunities for enhanced chronic conditions management into the future.

This will be a key consideration for the refresh of the Framework.

## 14. Please provide information on any opportunities for digitisation to enhance the prevention, treatment and management of chronic conditions. (1,000 characters limit)

We support all initiatives that bring health information to consumers, clinicians and researchers to make our health system Digitally Enabled, Person-Centred, Inclusive and Data Driven (as per goals of National Digital Health Strategy). Whilst we see the benefits of a central repository of health information, the issue of maintaining up-to-date content and ownership of intellectual property needs to be resolved.

We also want to ensure that health information people find in any centralised repository (if one is established) does not preclude them from exploring and receiving more peer-assisted supports.

Some of our resources (e.g. ones codesigned with First Nations peoples) are already made available on the Australian Indigenous Health InfoNet website, as that is a trusted space for First Nations community and sector to access information.

Stroke Foundation has an extensive library of digital stroke health resources, for patients, carers and clinicians, including general and targeted towards specific audiences (eg. childhood stroke; young people; First Nations peoples, etc). We also have a range of translated stroke health resources in 10 languages.

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COVID-19 has had significant impacts on the Australian healthcare system, including the prevention, treatment and management of chronic conditions.

## 15. Please describe any impacts (positive or negative) of COVID-19 that you would like to highlight. Optional: (1,000 characters limit)

Stroke risk is increased both in individuals who contract COVID-19 and in those who experience Long COVID, while survivors of stroke are at an increased risk of severe, complications, and death from COVID-19. In Australia, COVID-19 resulted in the suspension or cancellation of screening services, routine health checkups, and diagnostic tests, and caused significant disruption to acute and rehabilitation stroke services.

Australian governments, as part of plans for strengthening pandemic preparedness, need to identify solutions aimed at maintaining chronic disease management and preventive care, and evidence-based, best-practice stroke care, during times of national emergency.

Australian Stroke Clinical Registry data shows that stroke care in Australia has been negatively impacted by COVID-19. Patients have been forced to miss out on critical rehab supports in hospital and be discharged early. Australasian Rehabilitation Outcomes Centre data shows that 76% of inpatient rehab services were negatively impacted by COVID-19 (loss of wards and beds, nursing and allied staff deployed elsewhere, etc), and haven't returned to pre-pandemic levels.

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## 16. Which of the following statements are most important to you in terms of how the Australian Government enhances and uses the Framework in the future? Please select up to 5 options.

☐ Greater promotion of the Framework to peak bodies to increase awareness

☒ Greater promotion of the Framework to health professionals and researchers to increase awareness

☐ Greater promotion of the Framework to consumers and the general public to increase awareness

☐ Increased focus on how organisations can work together to improve the management of chronic conditions

☒ Improve the collaboration between state and territory governments and the federal government

☒ Refresh the content of the Framework to be better aligned with other state and territory, national and international policies, strategies and plans

☐ Refresh the content of the Framework to focus on emerging risks and issues (e.g. the use of e-cigarettes)

☐ Refresh the content of the Framework so it reflects the post COVID-19 health landscape

☒ Increased focus on the importance of lived experience in the Framework

☒ Greater emphasis on the needs of priority populations

# Part 4: Summary

17. In 1000 words (6000 characters) or less, please provide any additional feedback on the Framework including any other opportunities to improve the Framework.

*Multi-sector collaboration*
While it is touched on in the current Framework, we would like to reiterate the importance of multi-sector collaboration, which includes collaboration across all levels and sectors of government to address complex health challenges, to the success of the updated Framework. This 'Health in all Policies' approach acknowledges that health is not merely the product of health care activities, but is influenced by a wide range of social, economic, political, cultural and environmental determinants of health.

*Sustainable and secure funding*
Stroke Foundation welcomes, and strongly supports, the upgrade of this Framework. The effective implementation of the updated Framework will be vital to its success, and a clear and comprehensive plan on how its broad objectives will be realised will be critical. It is crucial that this plan is adequately resourced. Without adequate investment, which has been missing from similar frameworks and strategies in the past, the objectives of the updated Framework will not be realised. We would welcome ongoing engagement as the plan is developed.

Many not-for-profits are reporting increases in demand as the primary care system fails to support people integrating back into care after acute treatment.  We can't rely on donations alone to fill this gap, there needs to be available funding to help support vulnerable Australians at their most critical time.

Funding and support should be applied across the entire disease continuum, encompassing person-centered prevention, treatment and recovery outcomes, to ensure the burden on the health system,

support services and broader social services is reduced and people are able to return to health, employment and social engagement sooner if possible.

*Evidence-based policy*

When considering the management of chronic conditions as part of the updated Framework, it is critical that all Australians receive health care based on the best available evidence. Evidence-based guidelines reduce unwarranted variations in care by ensuring everyone involved in health care decisions is up-to-date with what we know works and what we should do. The current approach of updating guidelines intermittently is no longer able to keep pace with the speed of research and far too many Australian guidelines are out of date and underused. This is delaying timely, widespread access to new, more effective, treatments and prolonging exposure to those that are known to be ineffective or harmful. Stroke Foundation has developed a suite of tools and processes to enable near real-time updating of clinical guideline recommendations as part of the world-first, Living Guidelines for Stroke Management. This innovative 'living evidence' approach can reduce the time lag between research publication and incorporation into evidence-based recommendations from years to weeks, and can now be applied to a wide range of disease areas.

The Framework is focused on both the prevention and management of chronic conditions. Importantly, while the economic benefits of increased spending on preventive health have been well known for many years, governments have continued to focus spending on the treatment of illness and disease. In fact, Australia spends significantly less than equivalent Organisation for Economic Co-operation and Development (OECD) countries such as Canada, the United States and the United Kingdom, on preventive health. A Masters et al (2017) systematic review study on the return on investment for public health interventions showed that for every dollar invested in prevention there is a $14 return. Stroke Foundation strongly supports the Federal Government's commitment to increase investment in preventive health to 5 percent of total health system expenditure by 2030 and would like to see this reflected in the investment in prevention as part of the updated Framework. There should be transparency on progress towards this goal, with regular reporting.

*Research and evaluation*

The success of the updated Framework will depend largely on the availability of up-to-date, quality data on the impact of implemented health programs and initiatives. It is critical that all funded programs and initiatives have a mandatory monitoring and evaluation component built in, enabling modifications to be made as new data becomes available, and facilitating the delivery of more effective and cost-effective programs. This will also allow us to build a robust evidence base from which to identify programs and interventions that offer the greatest value in the Australian context, and which will inform future policy development and funding decisions. It is also important that existing population-wide, routine data collections and surveys that inform priorities continue to be funded, and have adequate sample sizes, to ensure important analyses of priority populations are able to be undertaken.

It is important that the key performance indicators (KPIs) for the updated Framework are SMART (Specific, Measurable, Achievable, Relevant, Time-bound), to ensure their progress can be monitored appropriately.

*Consumer and community engagement*

Fundamental to the success of the updated Framework is a commitment to community engagement and partnering with the community to drive the identification of key priorities, as well as programs

and initiatives, that are responsive to community needs. In addition, the involvement of individuals with lived experience as partners has a strong evidence base, and has delivered better services, programs, and outcomes, particularly for vulnerable population groups, who also represent a significant proportion of the population at risk of chronic disease. It is important to consider how more measurable participation by people with a lived experience can be incorporated into the delivery of the updated Framework, including the expansion of paid lived experience roles.