

## Response ID ANON-27C4-K5G7-X

Submitted to **National Strategic Framework for Chronic Conditions: Online Public Consultation on the second draft.**  
Submitted on **2016-06-22 13:05:04**

### SECTION A - DEMOGRAPHICS

#### 1 Please provide your name.

**Name:**

Vanessa Schuldt, Policy & Advocacy Officer, Dietitians Association of Australia (DAA)

#### 2 Where are you based?

**List of Australian States and Other:**

OTHER

**If Other, please specify.:**

National organisation based in ACT

#### 3 Please provide your email address.

**Email:**

pao@daa.asn.au

#### 4 Are you providing your response on behalf of an organisation?

Yes

**If YES, please specify.:**

Dietitians Association of Australia (DAA)

#### 5 Are you providing your response:

Other

**If Other, please specify.:**

As an allied health profession organisation

#### 6 If applicable, please specify your or your organisation's area of expertise.

**Specify you or your organisations area of expertise:**

Nutrition and dietetics for the prevention and management of disease and the translation of science into practical advice, to guide food choices for good health.

#### 7 Do you identify yourself as an Aboriginal or Torres Strait Islander person?

No

#### 8 In which country were you born?

Other

**If Other, please specify.:**

Not relevant to organisational response

### SECTION B - THE STRUCTURE OF THE FRAMEWORK

#### 9 The structure of the Framework is appropriate and easy to follow. (Relates to the entire Framework)

**Structure - Structure:**

Strongly Agree

#### 10 Please explain your selection. (100 word limit)

**Text box to explain your selection:**

The structure captures all the essential elements of a national framework (i.e. the vision, objectives, enables, principles, partners, policies/strategies/actions/services and outcomes & evaluation). The Dietitians Association of Australia (DAA) would like to see a commitment to funding commensurate with the structure.

#### 11 "Part 1: Setting the Scene" provides adequate context and background for the Framework. (Relates to pages 5-12 of the Framework)

**Setting the Scene - Setting the scene:**

Agree

**12 Please explain your selection. (100 word limit)**

**Text box to explain your selection:**

In "Current Status and Impact of Chronic Conditions" (pg: 9), DAA recommends including the top two risk factors that account for the most disease burden in Australia, namely 'dietary risks' and 'high body-mass index' (<http://www.healthdata.org/australia>).

DAA suggests "unbalanced diets heavy with unhealthy foods" (pg: 11) is not appropriate. Rather terminology should be consistent with Australian Dietary Guidelines (e.g. excessive intakes of discretionary foods and insufficient core foods), with references to findings of the Australian Health Survey (e.g. <4% of the population consume the minimum recommended number of vegetable serves, while discretionary foods contribute 35% of total energy)(<http://www.abs.gov.au/ausstats/abs@.nsf/mf/4364.0.55.012>).

**13 The Vision reflects the intent of the Framework and its Objectives. (Relates to page 14 of the Framework)**

**Vision - Vision:**

Strongly Agree

**14 Please explain your selection. (100 word limit)**

**Text box to explain your selection:**

**15 The Principles are appropriate and comprehensive. (Relates to page 14 of the Framework)**

**Principles - Principles:**

Agree

**16 With regard to the Principles, is anything missing or what should change? (200 word limit)**

**Text box to explain what is missing or what should change:**

Cross portfolio collaboration is absolutely essential in the quest to improve health, especially the health of Indigenous Australians. As such, DAA considers the principle 'Collaboration and Partnerships' could be strengthened by stating: 'identify cross portfolio collaborations and linkages and act upon opportunities to cooperate and partner responsibly to achieve greater impacts than can occur in isolation'.

**17 The Framework identifies the key Enablers to assist in achieving the Vision of the Framework. (Relates to page 14 of the Framework)**

**Enablers - Enablers:**

Agree

**18 With regard to the Enablers, is anything missing or what should change? (200 word limit)**

**Text box to explain what is missing or what should change:**

As for the Principles, DAA considers cross portfolio collaboration to be essential to achieve the Vision of the Framework. As such, DAA considers the enabler 'Governance and Leadership' could be strengthened by stating: 'supports evidence-based shared decision-making and encourages cross portfolio collaboration to enhance health system performance'.

With regards to the workforce, the Enablers only comprise the 'Health Workforce' (pg: 14). DAA considers it important to broaden the scope to encompass health, mental health, aged care and disability sectors, which may all have an impact on chronic disease.

**19 Overall, the three Objectives of the Framework appropriately identify the key areas for action to address chronic conditions in Australia. (Relates to page 16 of the Framework - specific questions relating to each Objective will be addressed in Section C of the survey)**

**Objectives - Objectives:**

Agree

**20 With regard to the three Objectives overall, is anything missing or what should change? (200 word limit)**

**Text box to explain what is missing or what should change:**

With regards to 'Objective 3 – Target priority populations' (pg: 16), DAA considers the term 'higher risk populations' to be a better reflection of the disparity in chronic disease among different segments in the Australian population. As such, DAA recommends rewording Objective 3 to state 'Target higher risk populations'.

**SECTION C - OBJECTIVES, STRATEGIC PRIORITY AREAS AND OUTCOMES**

**21 The information provided in Objective 1 and its Strategic Priority Areas adequately addresses the key issues relating to the prevention of chronic conditions. (Relates to pages 18-24 of the Framework)**

**Objective 1 SPA's - Objective 1 and its related Strategic Priority Areas:**

Agree

**22 Please explain your selection. (400 word limit)**

**Text box to explain your selection:**

A 'National Nutrition Framework' would be one of the policies with which the Chronic Disease Framework would interface. A National Nutrition Framework is needed to address a spectrum of nutrition issues, including chronic disease. Such a Framework would draw together current activities in nutrition, such as the Australian Dietary Guidelines and the Health Star Rating, support food and nutrition monitoring and surveillance, and provide a platform to coherently address nutrition as a risk factor for chronic disease.

DAA is pleased to see 'critical early life stages' included in the strategic priorities for the prevention of chronic disease. Breastfeeding in the infant years and good nutrition in childhood are linked to reduced rates of chronic disease in adulthood. So it is a certainly a positive direction to include 'critical life stages' in the focus on prevention.

**23 With regard to the four (4) Strategic Priority Areas in Objective 1, is anything missing or what should change? (400 word limit)**

**Text box to explain your what is missing or what should change:**

The Partnerships for Health should be extended to cross portfolio in recognition of the social determinants of health. Improved chronic disease outcomes will come from:

- better housing;
- adequate transport to get healthy food to remote stores and to move urban communities to stores to buy healthy food;
- more education about healthy food choices in schools; and
- more basic nutrition education in the VET sector, which is building the workforce for the health, mental health, disability and aged care sectors.

**24 The Phased and Aspirational Outcomes identified in each of the four (4) Strategic Priority Areas will contribute to achieving Objective 1.**

**Objective 1 Outcomes - Objective 1 Outcomes:**

Agree

**25 With regard to the Outcomes in Objective 1, is anything missing or what should change? (400 word limit)**

**Text box to explain what is missing and what should change:**

In the 'Example measures of progress' (pg: 20), 'mean population intake of sodium/salt' is included as a dietary measure. DAA considers it more appropriate to use food groups as recommended in the Australian Dietary Guidelines, as measures of progress. For example, one measure of progress could be increased intake of foods which are currently under-consumed (e.g. Percentage of adult population consuming the minimum recommended number of vegetable serves, or the increase in number of vegetable serves consumed by children and by adults). In terms of 'discretionary foods', the measure would be a reduction from an average 35% of total daily energy consumed from discretionary foods. The results from the 'Australian Health Survey: Consumption of Food Groups from the Australian Dietary Guidelines, 2011-12' would be used as a benchmark (<http://www.abs.gov.au/ausstats/abs@.nsf/mf/4364.0.55.012>).

**26 The information provided in Objective 2 and its Strategic Priority Areas adequately addresses the key issues relating to the provision of effective and appropriate care to support people with chronic conditions and optimise quality of life. (Relates to pages 25-34 of the Framework)**

**Objective 2 SPAs - Objective 2 and its related Strategic Priority Areas:**

Agree

**27 Please explain your selection. (400 word limit)**

**Text box to explain your selection:**

**28 With regard to the five (5) Strategic Priority Areas in Objective 2, is anything missing or what should change? (400 word limit)**

**Text box to explain what is missing or what should change:**

As stated on pg: 29, most people with chronic conditions require services from multiple health providers, often across disciplines and across different sectors (e.g. mental health, disability services, allied health). Accredited Practising Dietitians (APDs) and other allied health professionals have a key role to play in the prevention and treatment of chronic disease. DAA would like to see greater recognition and inclusion of Allied Health Professionals in the Strategic Priority Areas, especially in the 'Continuity of Care' and 'Accessible Health Services'. Better resourcing for allied health in Medicare Chronic Disease items would improve health outcomes, as demonstrated by the Australian Diabetes Care trial which showed better outcomes with greater allied health input. Allied health would also like to see more opportunities to develop new models for allied health participation to address chronic disease.

**29 The Phased and Aspirational Outcomes identified in each of the five (5) Strategic Priority Areas will contribute to achieving Objective 2.**

**Objective 2 Outcomes - Objective 2 Outcomes:**

Agree

**30 With regard to the Outcomes in Objective 2, is anything missing or what should change? (400 word limit)**

**Text box to explain what is missing or what should change:**

In terms of accessibility, DAA supports the harnessing of technology, telehealth and digital technology to provide flexible, accessible health services that are responsive to individual needs. DAA supports the same approach to patient access for allied health services, especially Accredited Practising Dietitians, so as to help improve patient access to dietetic services in rural and remote areas. As such, DAA recommends specific acknowledgement of allied health services in

'Strategic Priority Area 2.3: Accessible Health Services' (pg: 32), with 'Phase 1 Outcomes' to state: Technological improvements broaden access to both health services and allied health services, including through appropriate use of telehealth and digital health options'.

Greater harnessing of technology could also support data analysis from service provision, as part of the evaluation to inform enhancements to health service provision in the future.

**31 The information provided in Objective 3 and its related Strategic Priority Areas adequately addresses the key issues relating to priority populations. (Relates to pages 35-39 of the Framework)**

**Objective 3 and SPAs - Objective 3 and its related Strategic Priority Areas:**

Strongly Agree

**32 Please explain your selection. (400 word limit)**

**Text box to explain your selection:**

**33 With regard to the two (2) Strategic Priority Areas in Objective 3, is anything missing or what should change? (400 word limit)**

**Text box to explain what is missing or what should change:**

**34 The Phased and Aspirational Outcomes identified in each of the Strategic Priority Areas will contribute to achieving Objective 3.**

**Objective 3 Outcomes - Objective 3 Outcomes:**

Agree

**35 With regard to the Outcomes in Objective 3, is anything missing or what should change? (400 word limit)**

**Text box to explain what is missing or what should change:**

DAA supports the building of Indigenous participation in the delivery of health and allied health services. As such, in the example measures of success for Strategic Priority Area 3.1 – Community & Culture (pg: 37), DAA suggests including the 'Number of Aboriginal and Torres Strait Islander allied health staff working in communities', and the 'Number of Aboriginal Health Workers with nutrition training'.

## **FINAL COMMENTS**

**36 Please provide any other comments you may have on the Framework. (500 word limit)**

**Text box to explain your reasons for providing comment :**

DAA would like to see better monitoring of nutrition indicators of health, such as the ongoing monitoring of:

- (1) national breastfeeding rates;
- (2) food consumption – core food and discretionary food intakes (using the Australian Dietary Guidelines as a reference point); and
- (3) affordability of, and access to, healthy food (state-by-state).

Food insecurity is a significant issue for indigenous and non-indigenous people in remote, regional and urban parts of Australia. Current circumstances mean that presently some families go hungry and a high incidence of malnutrition persists alongside the disproportionate burden of chronic disease. Food insecurity contributes to the inequality of health status and life expectancy between Aboriginal and Torres Strait Islander and non-indigenous people in Australia. Food security exists "when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active healthy life" (FAO, 2005).

Given the relevance of food insecurity in Australia and its role in chronic disease prevention, DAA recommends including 'food security – food availability, access and use' into the strategic plan for chronic disease prevention.