

# Chronic disease



Chronic diseases are becoming more common and are responsible for the greatest burden of ill health in Australia

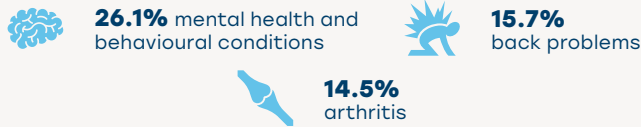
Chronic diseases are long lasting conditions that can significantly impact an individual's health and wellbeing over time. Their physical, social and economic consequences can impact on quality of life.

**There are 10 major chronic condition groups which pose significant health problems to Australians.**

## National data

**1 in 2 people** have at least one chronic condition

**Top three chronic conditions are:**



Multimorbidity is the presence of two or more chronic conditions at the same time. It is more common for people aged **65+ years** and **people experiencing higher disadvantage**

People in the most disadvantaged communities are more than twice as likely to live with diabetes than the most advantaged

## Burden of disease:

**In 2023, the total burden of disease in Australia was 5.6 million years**

= the years of healthy life lost due to living with ill health (**non-fatal burden**)

+ the years of life lost due to dying prematurely (**fatal burden**)

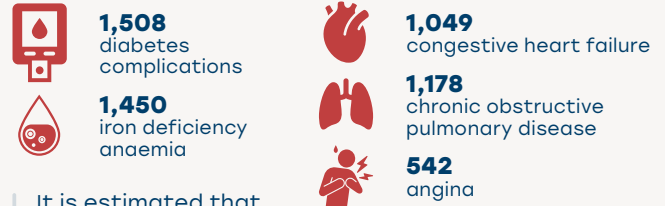
## Top five disease groups causing burden in 2023:

- 17% cancer
- 15% mental health and substance use
- 13% musculoskeletal
- 12% cardiovascular
- 8% neurological



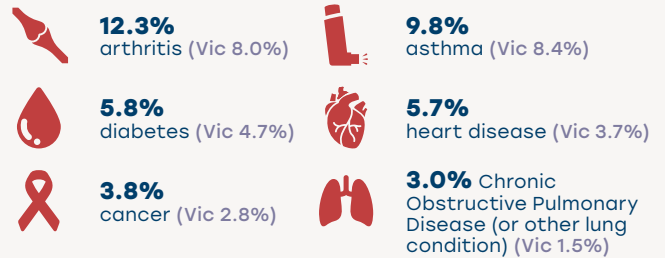
## Gippsland data

In 2022-23, the top five chronic conditions leading to potentially avoidable hospital admissions were related to:



It is estimated that **24.3%** of adults have two or more chronic diseases (Victoria 20.5%).

## Prevalence estimates of common chronic diseases in Gippsland are higher than the Victorian average



**7.8%** of adults in Gippsland are registered with the **National Diabetes Services Scheme (NDSS)** with **type 2 diabetes** (Vic 6.4%)

## Highest rates in:



**23.4%** of men and **18.1%** of women aged **75+ years** (Vic men 22.6% and women 17.3%)

## Several risk factors for chronic disease are common in Gippsland:

- Alcohol consumption**  
65% of adults consume alcohol at levels likely to cause increased risk of lifetime harm (Victoria 59%)
- Smoking**  
19% of adults are current smokers (Victoria 16%)
- Obesity**  
around 29% of adults in Gippsland are obese (Victoria 21%)
- Physical activity**  
around 40% of people did not meet physical activity guidelines (Victoria 44%)
- Diet**  
around 5.5% of people met dietary guidelines for vegetable consumption (Victoria 5.4%)

# Chronic disease



## Community perspective



Lung health is important, with older people and Indigenous people rating it as a top health issue.

Heart health was identified as one of the most important health issues, especially by older people. Cardiologists were mentioned as a service gap.

*Some charge some bulk bill and you have no choice - you go where you are sent*

Diabetes service gaps were noted and diabetes educators / nurses were mentioned as a valuable resource to help the community manage the condition.

Community members reported instances where chronic disease was not well managed by professionals

There is a willingness to self-manage through a healthier lifestyle

*Lack of trust, have been misdiagnosed, not believed, abused....*

### Community members told us about what would improve their health:

Improved access to a regular GP in their local area

Affordable care including allied health, pain management and specialists, all communicating well with their GP

*Having access to allied health services and specialists and not have to travel so far or wait so long for appointments.*

Good quality emergency care locally

Access to specialists between appointments

*Cost and availability in my local area. I am working poor!*

## Professional perspective



Chronic disease is a key issue with chronic obstructive pulmonary disease, cardiovascular diseases and diabetes the most frequent health conditions in general practice



Service gaps for chronic respiratory disease exist and there is a need for respiratory specialists (doctors and nurses)



Service gaps related to diabetes include diabetes education, care coordination and lack of endocrinologists



Gippsland allied health stakeholders identified diabetes as a key issue among their clients



Obesity is common in the community and impacts referral pathways (considered higher risk and may not be able to access local services)

## What can we do to improve?



*Early intervention rather than later and addressing the too hard basket...*

- Community member

The **Australian Healthcare & Hospitals Association (AHHA)** has called for regional action against the increased burden of disease due to chronic conditions co-designed with local people.

Focus on prevention of chronic disease by working with **local government**, **state government** and other organisations.

Address **social determinants of health**

**Implement value based health care** to focus on outcomes that matter to people

Implement **MyMedicare**, to improve health outcomes by:



consolidating the GP role as the primary provider



strengthening patient relationships with the extended primary care and multidisciplinary teams



improving equitable access for priority population groups



providing a range of incentives to support continuity of care

A **Latrobe Valley Chronic Disease Action Plan** has been designed to promote a coordinated, whole-of-system approach to bring relevant stakeholders and initiatives together



## Services and support



**Gippsland Pathways** for primary care professionals

**Chronic disease GP Management Plans and Team Care Arrangements**

**Integrated Team Care program** and resources for Aboriginal and Torres Strait Islander people

**Preventive healthcare for Aboriginal and Torres Strait Islander people**

**Priority Primary Care Centres** for conditions that require urgent attention but not an emergency response

**Australian Indigenous HealthInfoNet** resources to help close the gap

**Remote Patient Monitoring**

**Training and Events** to keep up to date

