

The impact of cost-of-living pressures on people living with a lung condition: Survey results 2024

Technical Report

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About Lung Foundation Australia

Lung Foundation Australia is the only national charity and peak body dedicated to supporting anyone with a lung disease, including lung cancer. For over 33 years, Lung Foundation Australia have been the trusted point-of-call for the 1 in 3 Australians living with a lung condition. Lung Foundation Australia's mission is to improve lung health and reduce the impact of lung disease across the nation. Lung Foundation Australia achieves this mission by working to ensure lung health is a priority for all, raising awareness about the symptoms and prevalence of lung disease, promoting prevention and early diagnosis, advocating for policy change and research investment, and championing equitable access to treatment and care. Lung Foundation Australia have partnered with patients, health professionals, researchers, organisations, and the general community to drive health reforms that benefit the more than 7 million people impacted by lung disease nationally.

Acknowledgments

Lung Foundation Australia acknowledge the members of the community who gave up their time to share their experiences and support this work. The responses will guide Lung Foundation Australia's ongoing policy and advocacy efforts.

Suggested citation

Scovell, Z., Grigsby-Duffy, L., & Preston, P. (2024). The impact of cost-of-living pressures on people living with a lung condition: Survey results 2024. Lung Foundation Australia. Available from: www.lungfoundation.com.au

Executive summary

Cost-of-living pressures are impacting people right across Australia. Helping Australians through these pressures is critical, however relief to ease pressures must be delivered responsibly so as not to worsen inflation. Ensuring health is prioritised when Australians are struggling is essential given the social and economic benefits. Concerningly, national data has shown an increase in the proportion of people who report cost as a reason for delaying or not using health services or medicines¹. Recognising the complexity of the issues at hand, Lung Foundation Australia affirm that strategies that promote healthcare affordability and accessibility must be a priority.

Lung Foundation Australia are the peak body for lung health who represent the views and perspectives of the 1 in 3 Australians living with a lung disease, including lung cancer. In January 2024, Lung Foundation Australia surveyed the community to better understand how cost-of-living pressures are impacting those with a lung condition and explore possible measures for easing current pressures.

The survey was administered online and included both quantitative and qualitative questions. The survey received 703 responses with representation from each state and territory in Australia. Quantitative and qualitative findings from the survey emphasise the significant implications of current cost-of-living pressures for people living with a lung condition, with many struggling and turning to strategies that may impact their health in the short- and long-term. In summary:

- More than 4 in 5 people reported having been impacted by cost-of-living pressures in the past year. Among this group, 60% reported that these cost-of-living pressures had impacted their ability to manage their lung health. Respondents also described significant impacts to their mental health and wellbeing, which sometimes directly impacted physical health as well.
- Respondents described having to make difficult choices between their health and other
 necessities due to cost-of-living pressures. As a result, 40% had gone without or cut back on
 allied health services, 30% had cancelled or delayed seeing a GP, 24% had cancelled or
 delayed specialist appointments for their lung condition, 18% had delayed or gone without a
 test or scan, and 14% had even used out of date medicines.
- More than 1 in 2 people reported being dissatisfied with actions taken by governments to help people with lung disease through the cost-of-living pressures. Initiatives considered most important to relieving health costs included cheaper medicines and medical equipment, more bulk-billed medical appointments, and reduced out-of-pocket costs for tests and scans.
 Respondents said that relieving cost-of-living pressures would mean they would be better able to manage their health condition.

Informed by the results of this survey and established evidence, Lung Foundation Australia put forward the following broad recommendations to ease cost-of-living pressures and promote health among people living with a lung condition:

- 1. Cheaper medicines, medical equipment, and vaccinations.
- 2. More affordable medical appointments and more care in the community.
- 3. Affordable allied health and mental health support.
- 4. Reduced out-of-pocket costs for tests and scans.
- 5. Address travel-related barriers to health care.
- 6. Give consideration to other system-level strategies.

¹ Australian Bureau of Statistics (ABS). (2023). More people putting off seeing health professionals due to cost. https://www.abs.gov.au/media-centre/media-releases/more-people-putting-seeing-health-professionals-due-cost

Lung Foundation Australia's survey provides new and important data for government and nongovernment organisations to consider. The impact of these cost-of-living pressures will continue to be felt by people living with a lung condition and the health system supporting them. Lung Foundation Australia will continue to advocate for policy change and champion equitable access to treatment and care, working to improve lung health and reduce the impact of lung disease across Australia.

Introduction

Australians have been facing significant increases in the costs of living over recent years. In the second year of the pandemic (March 2021 to March 2022), inflation in Australia as measured by the Consumer Price Index (CPI) rose to 5.1%, which was the largest annual increase observed since 2000². The annual change in CPI peaked at 7.8% in December 2022³ and has since been decreasing, but cost-of-living pressures remain of significant concern.

Increases in the costs of living can influence healthcare use directly through increased costs for health care and treatments or indirectly via changes in other costs that impact health-related spending and behaviours. The Patient Experience Survey conducted annually by the Australian Bureau of Statistics investigates the impact of cost as a barrier to health care and medicines use in Australia. Concerningly, findings from the latest survey show an increase in the proportion of people who report cost as a reason for delaying or not using health services or medicines⁴.

Lung conditions contribute significantly to the overall burden of disease in Australia, with lung cancer and chronic obstructive pulmonary disease (COPD) among the top five leading causes of premature mortality⁵. If not detected early or managed properly, lung health may deteriorate irreversibly, contributing to poor health outcomes, reduced quality of life, and preventable costs for patients and the health system. Optimal care for people living with a lung condition can require input from a range of health professionals at all levels of the health system, as well as ongoing tests, and use of various medications and/or medical equipment⁶. If a person's ability to manage their lung condition has been adversely impacted by cost-of-living pressures, this will have ramifications for individuals and the Australian health system.

Research aims

Aim

To understand the impact of recent cost-of-living pressures on people in Australia living with a lung condition, including lung cancer, to enable informed and meaningful policy recommendations and advocacy efforts.

Research questions

- 1. What cost-of-living pressures are people with a lung condition experiencing?
- 2. How are cost-of-living pressures impacting people with a lung condition?
- 3. What supports and strategies are people with a lung condition using to relieve cost pressures?
- 4. Do people with a lung condition feel further actions should be taken to address their cost-of-living pressures? If so, what changes or actions are important to people with a lung condition?

² McDonald, P. (n.d.). Australia's cost of living. Parliament of Australia.

https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/BriefingBook47p/CostOfLiving ³ ABS. (2024). Consumer Price Index, Australia. https://www.abs.gov.au/statistics/economy/price-indexes-and-inflation/consumer-price-index-australia/latest-release

⁴ ABS. (2023). Patient Experiences. https://www.abs.gov.au/statistics/health/health-services/patient-experiences/latest-release

⁵ Australian Institute of Health and Welfare (AIHW). (2023). Australian Burden of Disease Study 2023.

https://www.aihw.gov.au/reports/burden-of-disease/australian-burden-of-disease-study-2023/contents/interactive-data-on-disease-burden/leading-causes-of-disease-burden

⁶ Yang, I., A., George, J., McDonald, C. F., McDonald, V., Ordman, R., Goodwin, A., Smith, B., McNamara, R., Zwar, N., Dabscheck, E. The COPD-X Plan: Australian and New Zealand Guidelines for the management of Chronic Obstructive Pulmonary Disease 2023. Version 2.73, December 2023.

Methods

A cross-sectional study design was chosen to address the research aim and questions. An online survey including quantitative and qualitative questions was deemed to be the most suitable method, enabling both quantification of impact and exploration of experiences.

Survey development

Survey questions were first drafted by the authors of this report to answer the research questions. Feedback was sought from different departments within the organisation to ensure content validity and usability. Departments consulted included policy and advocacy, consumer programs, marketing and communications, operations, and executive. Feedback was reviewed and incorporated into the survey over several rounds. In most cases, consulted parties gave their feedback separately to encourage independent and unbiased suggestions.

Quantitative questions

Quantitative questions directed participants to reflect on their experiences over the past year when responding, in some cases asking participants to compare their experiences over time. All respondents were asked questions relating to changes in their out-of-pocket health costs over time, strategies used to manage cost-of-living pressures, satisfaction with government action, initiatives accessed to relieve health costs, and supports recommended to relieve cost-of-living pressures. Respondents were also asked to report any lung conditions they were living with and certain demographic factors. Respondents who agreed, strongly agreed, or were neutral with respect to having been impacted by cost-of-living pressures in the past year were asked additional questions to elicit further details about the impacts experienced. These questions related to changes in ability to afford everyday expenses over time, as well as impacts on ability to manage health and afford different health services and treatments. All quantitative questions as part of the main survey were mandatory. Most demographic questions were also mandatory but included an option to 'Prefer not to say' as appropriate.

Qualitative questions

Qualitative questions were designed to explore respondents' first-hand experiences of current cost-of-living pressures and their perceptions of supports to relieve pressures. Two key qualitative questions were included in the survey; 'Please tell us more about your cost-of-living pressures over the past year and their impact on your lung health', and 'Please describe what this support would mean to you as someone living with a lung condition'. The first question was only asked to those respondents who agreed, strongly agreed, or were neutral with respect to having been impacted by cost-of-living pressures in the past year. Other open-ended questions were also included where additional information may have been required for specific questions. Qualitative questions were not mandatory.

Recruitment and data collection

Data was collected via a self-completed web-based survey (time to complete approximately 20 minutes) conducted between 22nd January to 11th February, 2024. The survey was hosted on Microsoft Forms, an online survey platform within Office 365. The survey was in English.

Respondents were primarily recruited through Lung Foundation Australia's mailing list for people living with a lung condition. An Electronic Direct Mail (EDM) was sent to approximately 8000 contacts, inviting recipients to complete the survey. A reminder EDM was sent to all contacts a week before the survey was scheduled to close. In addition, the survey was promoted organically on Lung Foundation Australia's website, newsletters, and social media accounts, as well as via other non-government organisations.

To incentivise participation, people who completed the survey could enter a draw to win one of three \$150 gift cards (\$AUD) for use at a wide range of retailers such as supermarkets, pharmacies, and fuel stations.

People aged 18 years and over and living with a lung condition were eligible to take part in the survey. Eligibility was assessed through self-reported screening questions at the start of the survey. Ineligible participants were directed to the end of the survey where they could provide general feedback and sign up to Lung Foundation Australia's communications.

Respondents were informed that by competing the survey they were giving consent for their responses to be used as part of Lung Foundation Australia's work. Participants could respond anonymously and were assured that responses would be treated confidentially in line with Lung Foundation Australia's Privacy Policy⁷.

Analysis

Quantitative data were analysed and visualised using Microsoft Power BI Desktop. Results were summarised descriptively, presented as frequencies and proportions or using measures of central tendency and variability. Some post-hoc descriptive analysis was conducted to identify any key differences between important subgroups that might be expected as a result of differences in the health system and policy context.

Responses to the qualitative questions were coded and grouped into themes by two people. Each person reviewed the results independently, then meetings were held to reach consensus. Illustrative quotes that represent the themes are used throughout the report.

Limitations

The recruitment strategy was not designed to achieve a sample representative of all people in Australia living with a lung condition. Participants were predominantly recruited via known contacts of Lung Foundation Australia, who likely differ in some ways from all people living with lung disease nationally. People who felt negatively impacted by cost-of-living pressures may have been more likely to respond, but these responses were important to understanding the significance of the issue for people living with a lung condition. However, the survey was conducted online preventing people without access to an electronic device from participating. Due to time constraints, the survey questions were not piloted or tested with consumers, as such there may have been measurement error or important questions missed. Finally, the survey relied on participants recalling their experiences over time which may have led to experiences being recalled inaccurately or biased by most recent experiences.

Results

Characteristics of respondents

Lung Foundation Australia received 711 responses to the survey. Of these, 703 responses were from eligible participants. There was representation from each state and territory, with highest participation from New South Wales (29%), Queensland (27%) and Victoria (20%). The proportion of respondents from each state and territory was similar to that of the actual population⁸ (see Figure 1).

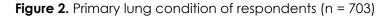
⁷ Lung Foundation Australia. (2023). *Privacy policy*. https://lungfoundation.com.au/about/privacy-policy/

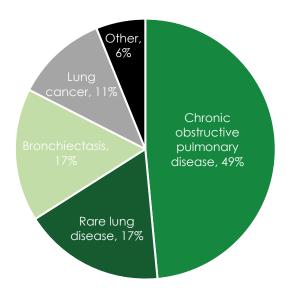
⁸ ABS. (2024). National, state and territory population. https://www.abs.gov.au/statistics/people/population/national-state-and-territory-population/latest-release#states-and-territories

35% 31% 29% 30% 27% 26% 25% 20% 20% 20% 15% 11% 10% 9% 10% 7% 5% 3% 2% 2% 2% 1% 1% 0% Vic NSW Qld WA SA Tas ACT NT ■ Respondents
■ Population

Figure 1. Location of survey respondents compared to Australian population (n = 703)

The primary lung condition of the respondents is shown in Figure 2, with most respondents (49%) reported to be living with COPD.



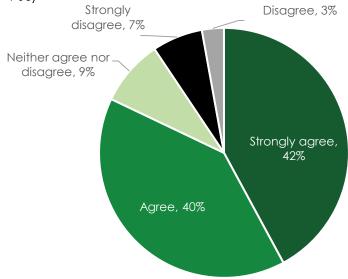


Key characteristics of the respondents are presented in Appendix 1. The majority of respondents (68%) were female. The average age of respondents was 68 years. Over three-quarters of respondents (76%) held a concession card (pensioner card, veteran card, health care card) in the past year.

Impact of cost-of-living pressures on people living with a lung condition

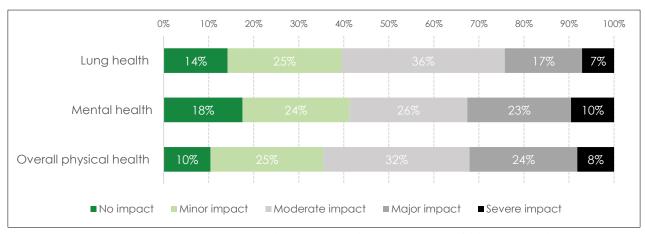
More than 80% of respondents reported having been impacted by cost-of-living pressures in the past year (see Figure 3).

Figure 3. Extent to which respondents agreed with having been impacted by cost-of-living pressures in the past year (n = 703)



Among the people impacted, a substantial proportion of respondents reported that cost-of-living pressures had had moderate to severe impacts on their ability to manage their health (see Figure 4). Approximately two-thirds (60%) of respondents reported moderate to severe impacts on their ability to manage their lung health.

Figure 4. Impact of cost-of-living pressures on ability to manage lung health, mental health, and overall physical health $(n = 577^*)$

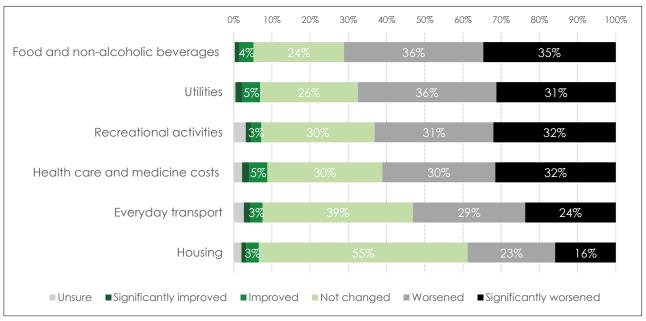


^{*}Survey respondents who agreed or strongly agreed with having been impacted by cost-of-living pressures in the past year.

Changes in affordability of living costs over time

Respondents reported significant changes in their ability to afford a range of everyday expenses over time. A substantial proportion of respondents reported a worsening in their ability to afford food and non-alcoholic beverages (71%), utilities (67%), recreational activities (63%), and health and medicine costs (62%) over the past year compared to 2019, before the recent rise in cost of living (see Figure 5).

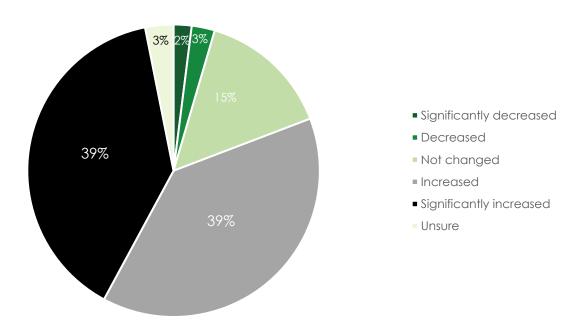
Figure 5. Changes in ability to afford everyday expenses over time (the past year compared to 2019, before the recent rise in cost of living) $(n = 637^*)$



^{*}Survey respondents who agreed, strongly agreed, or were neutral with respect to having been impacted by cost-of-living pressures in the past year.

Seventy-eight percent of all respondents reported an increase in out-of-pocket costs for their health care and treatments over the past year compared to 2019 (see Figure 6).

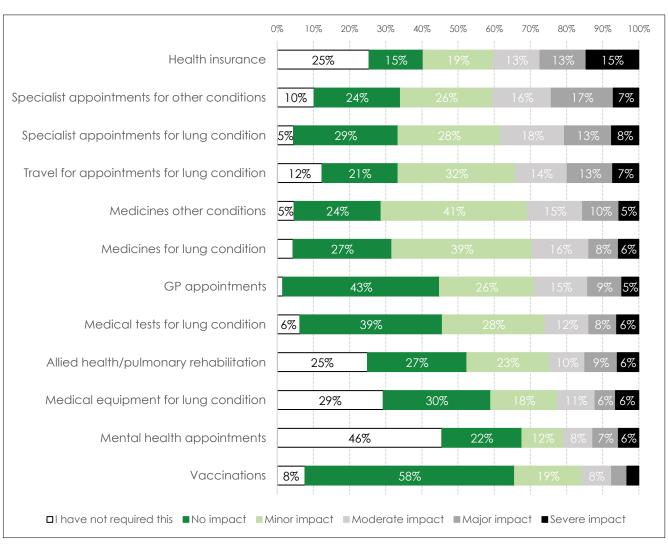
Figure 6. Change in out-of-pocket costs for health care and treatments over time (the past year compared to 2019, before the recent rise in cost of living) (n = 703)



Impact of cost-of-living pressures on ability to afford specific health services and treatments

Over the past year, respondents reported that cost-of-living pressures had impacted their ability to afford a range of different health services and treatments. People most frequently reported moderate, major or severe impacts on their ability to afford health insurance (41%), specialist appointments for non-lung conditions (40%), specialist appointments for lung conditions (39%), and travel for medical appointments (34%) (see Figure 7). Affording medical tests and equipment was also reported to be challenging. Responses to an open-ended question revealed that the types of tests and equipment most difficult to afford were lung function tests, inhalers, oxygen, nebulisers, and scans (e.g., CT, MRI, PET).

Figure 7. Impact of cost-of-living pressures on ability to afford different health services and treatments over the past year (n = 637*)



^{*}Survey respondents who agreed, strongly agreed, or were neutral with respect to having been impacted by cost-of-living pressures in the past year.

There were differences in the impacts experienced by different subgroups of survey respondents. Nearly one-quarter of people under 70 years old (23%, n = 76) reported moderate, major or severe impacts on their ability to afford vaccinations, compared to only 8% (n = 24) of people aged 70 years or older. This discrepancy may reflect important differences in access to free vaccinations in these age groups. Similarly, nearly 1 in 2 people living in a rural or remote area (46%, n = 52) reported moderate, major or severe impacts in their ability to afford travel for medical appointments for their lung condition, compared to 33% (n = 82) of people living in a regional city and 30% (n = 83) of people

living in a capital city. People who did not hold a concession card were also more likely to report moderate, major or severe impacts in their ability to afford GP appointments (44%, n = 59; vs 25%, n = 120), medicines for their lung condition (42%, n = 57; 26%, n = 128), and medicines for other conditions (41%, n = 56; 28%, n = 137) likely given differences in bulk-billing and medicine co-payments.

Strategies being used as a result of cost-of-living pressures

The proportion of respondents who had made changes to their use of health services and treatments over the past year as a result of cost-of-living pressures was concerning. Some of the most frequently used strategies included going without or reducing use of allied health services (40%), sourcing funds in a potentially compromising way to be able to see a private respiratory specialist (35%), and cancelling or delaying GP appointments (30%) (see Table 1). Although a smaller proportion, 14% of respondents had even used out of date medicines.

Table 1. Strategies used in the past year as a result of cost-of-living pressures (n = 703)

Strategies	n	%
Gone without or cut back on allied health services	284	40%
Used savings, gone into debt, or sought money through other means to see a private specialist for my lung condition	243	35%
Changed to a cheaper generic medication despite personal/healthcare provider preference for brand name medication	232	33%
Cancelled or delayed seeing a GP	208	30%
Used savings, gone into debt, or sought money through other means to be able to purchase my medicines/medical equipment	200	28%
Attended a health clinic that bulk bills instead of going to my usual GP/clinic	189	27%
Cancelled or delayed specialist appointments for my lung condition	169	24%
Sought advice from a pharmacist instead of my usual GP/clinic	148	21%
Gone without or cut back on mental health appointments	145	21%
Delayed or gone without a test or scan	129	18%
Changed from seeing a private specialist for my lung condition to the public system	108	15%
Used out of date medicines	97	14%
Cancelled private health insurance for me/members of my household or reduced the coverage	82	12%
Cut back or stopped using my prescribed medicine so that I can afford other things for myself	63	9%
Gone to the Emergency Department for a non-urgent issue instead of a health clinic/GP	56	8%
Bought over-the-counter medicines instead of my prescribed medicines	47	7%
Cut back or stopped using my prescribed medicine so that I can afford medicines or other things for my family/household	45	6%

Qualitative findings on the impact of cost-of-living pressures

From the qualitative data, several themes were identified relating to people's experiences of the impacts of cost-of-living pressures. These themes included: 'worsening mental health and wellbeing', 'worsening physical health', and 'making difficult choices'.

Worsening mental health and wellbeing

Cost-of-living pressures were described as causing a great deal of stress for people living with a lung condition, leading to worse mental health and wellbeing. Recurring concepts within mental health and wellbeing included an overall increased sense of stress and worry; increased costs leading to a reduction in social activities, hobbies, and going out; feeling isolated and losing a sense of independence; not having enough money for self-care; not feeling supported by the system; not being able to retire, having to return to work, or having to increase work hours; and not being able to afford allied health services which could help their mental health and wellbeing (e.g., counselling).

"Actually, [I] am as anxious about being able to afford my medical cost as I am to the results of the scans etc."

"I am not in any financial position to have lung disease and the costs that apply. I have been unable to afford counselling...there is no hope, and I feel like I am just waiting to die because I am falling through the cracks, no-one is hearing me."

"I am unable to afford portable oxygen anymore which means that I do not leave home. I am on 24/7 oxygen. This has obviously caused social isolation. I am unable to visit pharmacists, supermarkets, and other places that people take for granted."

Worsening physical health

Respondents described that the negative effects on their mental health and wellbeing were also impacting their physical health. For example, people reported that the increased stress caused by cost-of-living pressures was impacting their lung health and overall physical health through symptoms such as disturbed sleep, reduced appetite, and increased breathlessness.

"The general rise in the cost of living is causing me great anxiety and as a result I am losing sleep and eating less which is having a negative impact on my mental health, and in turn my lung health is suffering because I am either not using the medications prescribed or I am not looking after myself and my immunity to coughs and colds etc is low."

"Everything has gone up. Medications, rent, utilities, fuel, food, car and contents insurance. When I am seriously stressed I don't sleep which affects my breathing."

As well as stress, there were many other factors arising from cost-of-living pressures that were contributing to worse physical health. Respondents described a reduced ability to afford and therefore access appropriate medication, medical equipment, allied health services, and specialists.

"I stopped physiotherapy and that was pretty much keeping me out of hospital. I delay specialist appointments and string that out too."

Similarly, respondents described changes in their ability to afford a healthy diet and exercise. Respondents reported having to either reduce the amount of food they purchased or buy cheaper, less healthy food. Some respondents described reducing the amount of exercise they did because they could not afford the cost of travel or the admission fees.

"I have drastically changed my diet to bring my food costs down. I am not eating anywhere near as healthy as I should."

Making difficult choices

The final major theme that arose from the qualitative data was the challenging choices people were being forced to make as a result of cost-of-living pressures. Respondents described having to decide between affording health care and other necessities, such as food and utilities. Respondents reported that these sacrifices were having a detrimental impact on their health and wellbeing through consequences such as reduced food intake, skipping medication, and switching off medical equipment to save on utilities.

"As a mum, you do everything for your kids. ...They come first, and I find sacrificing my medication, my exercise classes, allied health, and mental health sessions now imperative to ensure the children get what they need."

"Most of the medication is expensive and I have to decide whether or not to spend the money on it or food."

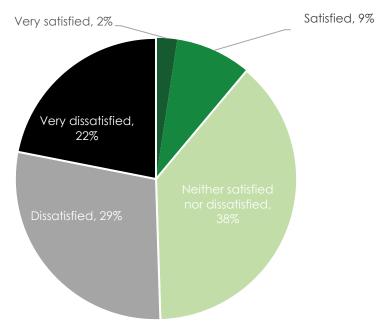
"I turn my oxygen off during the day when I can to save the electricity costs."

"... I have also been unable to afford medicine some fortnights so have gone without, which leads to exacerbations and poor control."

Supports to relieve cost-of-living pressures for people living with a lung condition

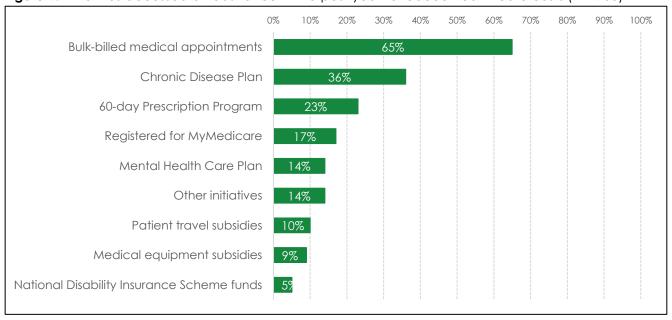
More than 1 in 2 survey respondents (51%) reported being dissatisfied with the actions taken by governments to help people with a lung condition through the cost-of-living pressures (see Figure 8).

Figure 8. Satisfaction with actions taken by governments to help people with a lung condition through the cost-of-living pressures (n = 703)



Survey respondents were asked about the different government initiatives they had accessed to reduce healthcare costs over the past year. The initiatives most reported to have been used at least once were bulk-billed medical appointments (65%), chronic disease management plans (36%), the 60-day prescription program⁹ (23%), and MyMedicare¹⁰ (see Figure 9).

Figure 9. Initiatives accessed at least once in the past year to reduce health care costs (n = 703)

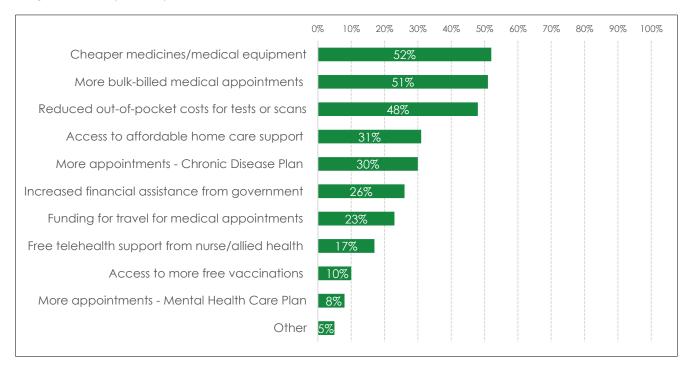


⁹ Department of Health and Aged Care. (n.d.). Cheaper medicines. https://www.health.gov.au/cheaper-medicines

¹⁰ Department of Health and Aged Care. (2023). MyMedicare. https://www.health.gov.au/our-work/mymedicare

Survey respondents were asked to choose three initiatives from the options listed in Figure 9 below that would be most helpful to them in relieving their health care costs. Respondents were most likely to ask for cheaper medicines and medical equipment (52%), more bulk-billed medical appointments (51%), and reduced out-of-pocket costs for tests and scans (31%) (see Figure 10).

Figure 10. Initiatives considered most important to relieving healthcare costs for people living with a lung condition (n = 703)



Qualitative findings on supports needed to relieve cost-of-living pressures

The qualitative data provided more detail on the issues people were experiencing with current supports and their perceptions of what improved support would mean to their quality of life. It should also be noted that some people spoke very highly of the healthcare system in Australia and the supports available to them, in particular concession cards and bulk billing.

"I've been using the wonderful Qld and Australian Health systems for my condition so it has all been bulk billed."

"I recently obtained a Commonwealth Seniors Health Card which made a huge difference to the cost of my medications."

For others though, common issues included difficulties in finding bulk-billing doctors, being ineligible for government assistance, or being eligible for assistance but finding the support insufficient or difficult to access. People described that supports to relieve cost-of-living pressures would enable them to better manage their health condition, helping also to put less strain on the health system.

"Any help to relieve and reduce the stress associated with illness and cost of living would greatly benefit the healing process as well as mental health and physical well being. The last thing a sick person needs to worry about is money or how they will eat, pay rent, or buy medications."

"Having an invisible disease can be stressful and can take its toll on your mental health. I am unsure at this stage what extra help I can receive from the government as when I applied to Centrelink and NDIS for some assistance due to the fact that I was working 32 hours a week I was unable to apply for a health care card, this I found annoying and frustrating and so I just gave up on applying as so many forms to fill in and having to prove that I did have a chronic condition was exhausting mentally and physically."

"Reducing out-of-pocket expenses for appointments, scans, medicines means they become more affordable and accessible; this allows us to actually go to appointments and take our medicine, which then enables us to have better control of our health conditions and reduces pressure on the health system overall."

Appendix

Appendix 1 – characteristics of survey respondents

Characteristic	Mean (sd) or n (%) (n = 703)	
Age (years)	67.8 (10.8)	
Gender		
Female	477 (68%)	
Male	222 (32%)	
Gender diverse	2 (<1%)	
Prefer not to say	2 (<1%)	
First Nations status		
Neither Aboriginal nor Torres Strait Islander	682 (97%)	
Aboriginal and/or Torres Strait Islander	21 (3%)	
Preferred language		
English	691 (98%)	
Other	10 (1%)	
Missing*	2 (<1%)	
Region		
Capital city	315 (45%)	
Regional city	265 (38%)	
Rural or remote area	123 (17%)	
Housing status		
Living in own home, owned outright	337 (48%)	
Renting	167 (24%)	
Living in own home with a mortgage	126 (18%)	
Living in supported accommodation	27 (4%)	
Other	19 (3%)	
Residential aged care	12 (2%)	
Insecure housing	7 (1%)	
Prefer not to say	6 (<1%)	
Missing	2 (<1%)	
Employment status		
Pension retiree	300 (43%)	
Self-funded retiree	112 (16%)	
Health or disability benefit or pension	93 (13%)	
Part-time or casual employee	84 (12%)	
Full-time employee	-time employee 55 (8%)	
Home duties/carer	31 (4%)	
Prefer not to say	16 (2%)	
Other	10 (1%)	
Missing	2 (<1%)	
Held a concession card in past year	533 (76%)	

^{*}Two respondents did not answer this question. Due to technical error, employment status and housing status did not display for these respondents.