



Preventive health in Australia: What consumers want and what is getting in the way

REPORT

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SUMMARY

Preventive health is valued, practised, and expected, but not fully enabled

Consumers demonstrate a strong and consistent commitment to preventive health. They understand what it means, value it as essential, and are already actively taking steps to stay well. However, this report identifies a clear gap between consumers doing what they can and a system not consistently supporting them to do what they need to stay healthy and prevent illnesses.

- 1. Prevention is already understood:** Consumers define prevention broadly, spanning healthy behaviours, early detection, fostering good emotional health and social connections a broader social and environmental factors
- 2. Participation is high, but uneven:** Preventive behaviours are already embedded in everyday life, with most consumers regularly engaging in check-ups, screening and self-care. However, participation is shaped by income and insurance, health status and other access factors. Thus, prevention is not equally accessible: is easier and more sustainable for some groups than others.
- 3. A clear prevention gap exists:** Despite strong engagement, 72.0% want to do more but cannot. This gap is driven not by motivation, but by cost, time constraints, service availability and system complexity.
- 4. Barriers are structural, not behavioural:** Consumers consistently point to affordability, fragmented services, access limitations and unclear pathways. Thus, consistent preventive health behaviours are being constrained by system design, not individual willingness.
- 5. Responsibility is shared, but not balanced:** Consumers accept personal responsibility, but most reject the idea they are solely responsible (52.7% disagree), and a large majority believe the system is too focused on treatment (72.8% disagree it is balanced).
- 6. Prevention is understood in hindsight** Looking back, consumers describe missed opportunities for early action, gaps in knowledge, support and access, and delayed or inadequate system response. Prevention barriers are often cumulative, and life-course related, not momentary decisions.
- 7. Consumers support reform, not just investment:** There is strong support for making prevention easier regardless of income or location, embedding prevention in routine care and reducing inequities.

Consumers are not asking for more messaging about preventive health measures, they are asking for system redesign.

Recommendations

Prevention should be integrated to existing healthcare activities, tailored to individual health needs and circumstances, and enabled to occur across the life course.

- 1. Support primary care** to move from checklist-based delivery to personalised, life-course prevention, with models of care that adapt to individual needs, risks, and capacity: rather than assuming a one-size-fits-all approach.
- 2. Continue to reduce out-of-pocket costs** by lowering out-of-pocket costs, strengthening access to affordable primary care and allied health, expanding availability of preventive programs with a focus on those with the greatest health need and lowest access.
- 3. Build coordinated, community-based prevention systems** that integrate primary care, allied health, and community services, reduce fragmentation between services and support easier navigation and continuity of care.
- 4. Target policy, funding, and service design toward reducing inequities** by: prioritising high-need populations, designing culturally safe and accessible services and ensuring prevention is not dependent on income, geography, or system literacy.
- 5. Provide clear, consistent, and tailored health information** that supports decision-making, reflects individual circumstances and life stage and is delivered through trusted channels, particularly primary care.
- 6. Align funding, policy, and performance frameworks** to support early and ongoing preventive care, incentivise prevention within primary care and measure success through long-term health outcomes, not just service activity.

Key Takeaway

Australians are already practicing prevention. The challenge now is not to motivate them, but to build a system that makes prevention possible, accessible, and sustainable for everyone, at every stage of life.

BACKGROUND

Preventive health plays a critical role in improving population health outcomes, reducing the burden of chronic disease, and supporting the long-term sustainability of Australia's health system. In recognition of this, the Australian Government released the National Preventive Health Strategy 2021-2030, which sets out a ten-year vision to "improve the health and wellbeing of all Australians at all stages of life through prevention" [1]. The Strategy emphasises the need for system-wide action, including addressing risk factors, recognising that responsibility for prevention is shared across governments, communities, industry and individuals, and identifies increasing investment in prevention as a key priority.

Why this matters now: prevention remains a system blind spot

This report comes at a time of renewed national focus on health system reform. The 2026-27 Australian Federal Budget includes record investment in hospitals, Medicare services, aged care, and system infrastructure, positioning health as one of the largest areas of government expenditure [2]. However, recent commentary has highlighted a persistent imbalance in how funding is directed. While spending on acute and treatment services continues to grow, investment in prevention remains comparatively small, despite strong evidence that it reduces long-term costs and improves population health outcomes [3].

This tension reflects a broader structural challenge. Analysis by the Productivity Commission and other experts has pointed out that Australia's health system is increasingly shaped by rising demand for treatment, driven by chronic disease and population ageing, while preventive investment remains insufficient to address the underlying drivers of ill health [4]. At the same time, recent data show that public health spending has returned to pre-pandemic levels after a temporary increase during COVID-19, reinforcing concerns that prevention continues to be deprioritised once immediate crises subside [5]. Limited new prevention-specific measures in the 2026-27 Budget, such as incremental expansions to screening programs, highlight the incremental nature of current investment, rather than a system-wide shift toward prevention [6].

The Consumers Health Forum of Australia (CHF) has consistently emphasised the importance of a consumer-centred approach to prevention, including through its engagement in the development of the National Preventive Health Strategy and ongoing advocacy for increased investment, improved access and stronger attention to the social determinants of health. CHF's previous Australia's Health Panel (AHP) survey on preventive health (2021) highlighted that while consumers recognise the importance of prevention and understand behaviours that support good health, their ability to act is often constrained by cost, access, and system design. These findings reinforce the need to move beyond individual responsibility narratives and focus on enabling conditions for health.

This report builds on that evidence base by exploring how consumers currently understand, experience and engage with preventive health in Australia. It seeks to identify not only what consumers value and prioritise, but also the barriers they face and the changes they believe are needed to support better long-term health outcomes.

FINDINGS

Against the backdrop discussed in the background, this report presents consumer insights from an online survey conducted between 12 April 2026 to 4 May 2026 to capture consumers' thoughts about preventive health, what they currently do to stay well, and what makes it easier or harder to take part in prevention (see **Appendix C** for details on our study methodology).

A total of 359 consumers completed the survey. As with previous Australia's Health Panel surveys, the sample is older and more female-dominant than the general Australian population, reflecting the composition of participating networks and the voluntary nature of the panel (see **Demographics** for more information).

These demographic patterns should be considered when interpreting population-level generalisability. However, they provide strong insight into groups who are more likely to be regular users of the health system and for whom preventive health is particularly relevant.

"[What success looks like] is upstream interventions that improve housing, transport that enables physical activity, income levels and availability of healthy food, policies that deliver more equitable outcomes so that there isn't a widening wealth gap in Australia and globally."

Respondent aged under 45 years, Female

Prevention is understood, valued, and personal

Consumers demonstrate a clear and expansive understanding of preventive health, and do not see it as a narrow or technical concept (**Figure 1, below and Table S1, Appendix B**). When asked in their own words, respondents most described prevention as:

- acting early to avoid illness or deterioration (52.7%)
- maintaining healthy lifestyles such as diet, exercise and sleep (44.5%)
- engaging in screening, check-ups and monitoring (35.4%)

Importantly, these responses extend beyond individual behaviours. Many consumers also pointed to:

- the role of the health system (29.2%)
- mental health and social wellbeing (26.9%)
- and broader social and environmental factors such as income, housing and access (9.9%)

This reflects a multi-layered understanding of prevention, where responsibility is seen as shared across individuals, services and wider systems.



Figure 1. Consumers define preventive health broadly, with strong emphasis on early action, healthy lifestyles, and ongoing care, alongside recognition of system and social factors

Consumers recognise prevention across the full spectrum of health

This broad understanding is reinforced when consumers are asked what “counts” as prevention (**Figure S1, Appendix A**).

There is near universal recognition of:

- healthy eating (96.7%) and physical activity (95.3%)
- preventing chronic disease (93.3%)
- immunisation (91.9%) and cancer screening (91.1%)
- regular checkups and mental health support (both 90.5%)

Notably, large majorities also recognise:

- environmental health (88.0%)
- community connection (85.0%)
- social determinants such as housing and income (79.4%)

This indicates that consumers are not only aware of clinical prevention but also understand the conditions that enable or constrain good health.

Prevention is considered essential, and confidence is high

Consumers place near-universal importance on preventive health, reinforcing that prevention is viewed as essential part of healthcare.

- 98.6% of respondents rated preventive health as important to staying well including 87.9% said it was very important

Most respondents also report feeling confident in their ability to manage their health:

- 91.9% feel confident in knowing how to look after their health, including 46.2% who are very confident

At face value, these findings suggests that consumers understand what to do and feel capable of taking action. However, this confidence is not evenly distributed.

Subgroup analysis shows:

- Among respondents without mental health experience, 94.0% report confidence
- This drops to 85.7% among those with mental health experience

A similar gradient is seen across other groups, with lower confidence among:

- people from Culturally and Linguistically Diverse (CALD) backgrounds (82.1%)
- males (84.6%)
- those aged under 45 years old (85.0%)

While these differences are not large in absolute terms, they are systematically patterned and point to a key issue that the people who rely most on prevention are also those who feel less confident navigating it.

Taken together, these findings highlight an important nuance that consumers overwhelmingly value prevention and most feel personally confident in principle, but confidence is shaped by health status, access, and experience.

Key Takeaway

Consumers understand prevention in a holistic and system-aware way. This challenges any assumption that prevention is poorly understood or narrowly defined.

Specifically, there is no awareness problem. The challenge is what happens between knowledge and action.

People are already doing prevention, but not equally

Consumers are already actively, regularly practicing preventive health activities (**Figure 2**). Most respondents report regular engagement in preventive health, with 84.3% saying they take action often or very often to support their health.

This is reinforced by high participation across a range of activities, including check-ups (86.9%), screening (62.1%), allied health (56.0%), and community-based programs (54.3%).

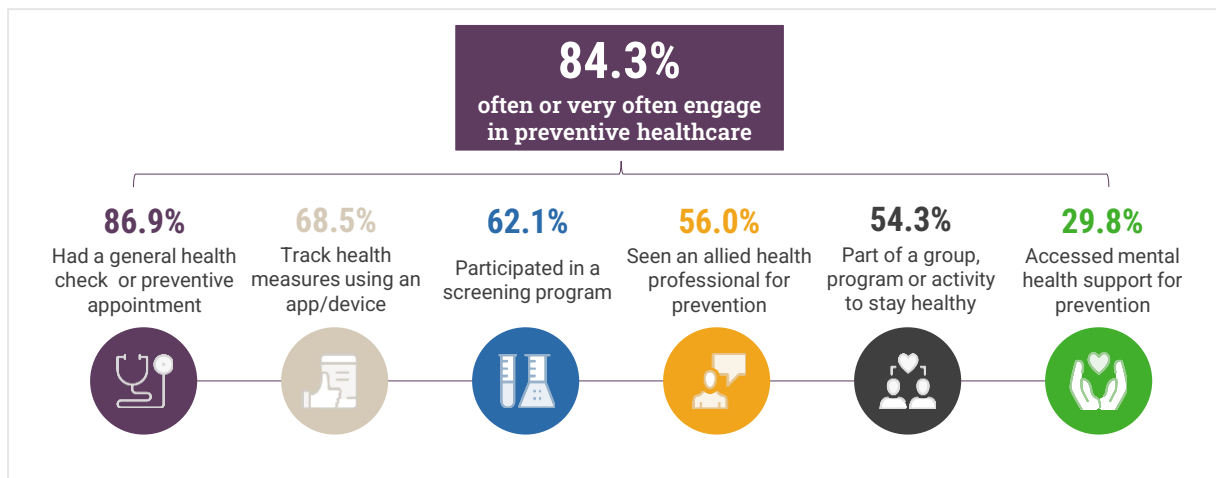


Figure 2. Preventive health is a regular practice for most consumers, though different behaviours such as clinical care, self-management, and community activities.

What stands out is how broadly prevention is being practised. Consumers are not relying solely on formal healthcare. They are:

- using digital tools (38.2%) and self-tracking wearable technology (45.4%)
- engaging in community and group activities, including online communities or forums (30.9%)
- participating in online health programs or coaching (19.5%)
- and adopting self-directed, routine behaviours (such as searching for their own information)

A substantial proportion do not use digital tools (26.7%), indicating that prevention is commonly informal, offline and/or embedded in daily life rather than structured programs.

“Diversity is recognising more than 60% of adults do not have the literacy to manage day to day reading tasks about their health... Dragging people (kicking and screaming) to an App/websites/2 factor authentication is not a solution. Some people may like and can use a website or App. But it is not the solution for all and is in fact discrimination.”

Respondent aged 55-64 years, Female

While overall engagement is high, the ability to act on prevention was not consistent. People without private health insurance and those greater health needs report lower participation:

- 68.3% of those with hospital-only cover and 61.7% of those with both hospital and extras engage very often or often compared with 49.3% of those without private health insurance
- a similar, though less pronounced, pattern is seen also for chronic illness (86.5% vs 80.2% very often or often).

The people who would benefit most from prevention are less able to sustain it consistently. Engagement also follows a clear demographic gradient:

- Around 91.5% of those from non-CALD backgrounds engage very often or often compared with 64.1% of people from CALD backgrounds
- Preventive behaviour increases with age rising from around 75.0% among younger groups (aged 45 years or less) to 94.4% among those aged 75+

Access to funded services and supports directly shapes people’s ability to act on prevention. This imbalance becomes even more visible when consumers are asked what they want to do. Despite already practicing some preventive health measures, a large majority say they would like to do more but cannot.

Key Takeaway

Despite strong engagement, many consumers cannot sustain preventive behaviours.

Participation depends on what is practically available to them, and this creates a structural divide. Prevention is not equally accessible. It is easier, more consistent, and more sustainable for some groups than others.

Wanted but out of reach: the prevention gap

"I was misdiagnosed, so getting a second opinion may have helped. I've been told by many professionals in the health industry over the past 3 decades "the squeaky wheel will always get the attention"

"Unfortunately (fortunately) for me, I choose not to change who I am and remain timid. This has definitely been to my detriment."

Respondent aged 55-64, Male

Despite strong engagement in preventive health, most consumers feel they cannot do as much as they would like.

Around 72.0% of respondents report there are activities they want to do, or do more often, to support their health, but cannot right now. This reveals a clear prevention gap: motivation is already high but capacity to act is constrained. This gap is not evenly experienced and is shaped by access to resources and lived health needs.

- Around 80.0% of those without private health insurance report unmet need, compared with 71.0% of those with both hospital and extras cover and 68.3% of those with hospital-only cover
- A similar, though less pronounced, pattern is seen for those with chronic illness, with 77.5% of those with chronic conditions reporting unmet need compared with 65.9% of those without

The people who stand to benefit most from prevention are also less able to fully access it. The prevention gap also follows broader demographic patterns:

- People from non-CALD backgrounds report higher unmet need (72.0%), compared with 68.8% among CALD populations
- Unmet need is relatively consistent across age groups but shows a slight gradient, with:
 - around 65.3% among those aged under 45 years
 - increasing to around 71.1% among those aged 75+

Across all groups, the pattern shows that prevention is limited by what people can access, afford, and sustain over time rather than willingness.

When asked what gets in the way, the dominant barriers are not about lack of knowledge or motivation, they are structural and systemic (**Figure 3**).

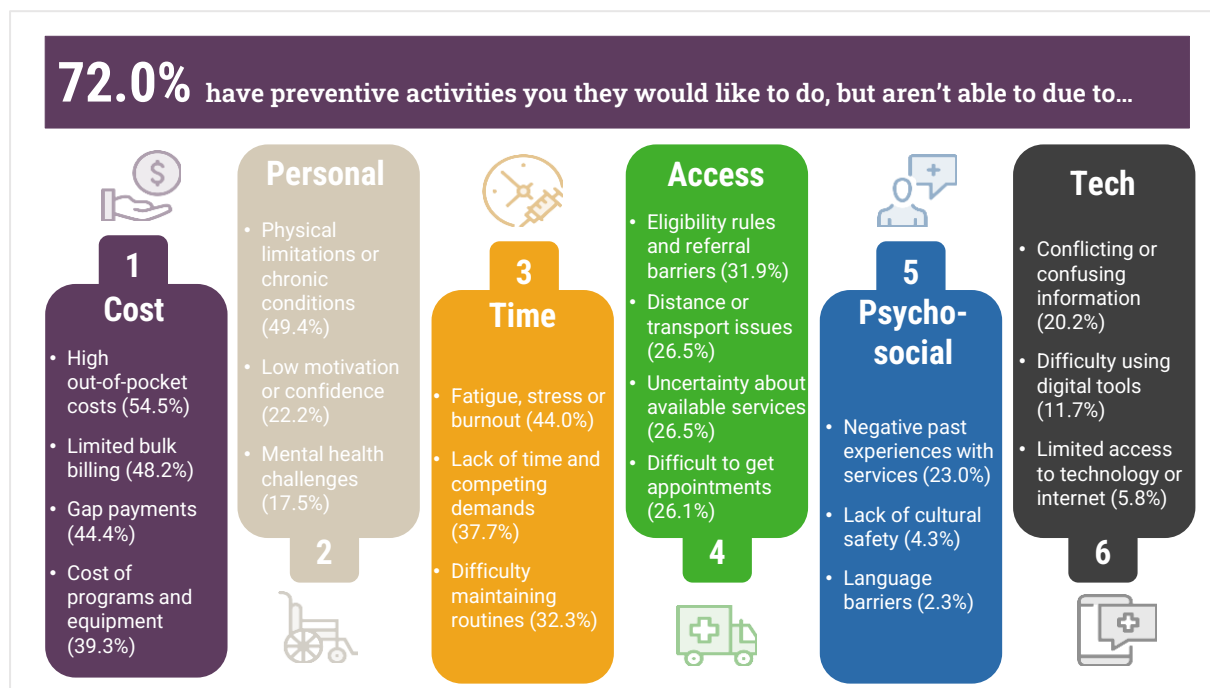


Figure 3. A clear majority of consumers want to do more to support their health. Barriers to prevention are primarily structural, including cost, time pressures, and access constraints.

The most common barriers include:

- cost factors (e.g., out-of-pocket expenses: 54.5%, limited bulk-billing: 48.2%, gap payments: 44.4% and program/equipment costs: 39.3%)
- physical limitations (49.4%) and fatigue, stress, and competing demands for time (44.0%)
- difficulty accessing services (e.g., eligibility: 31.9%, appointments 26.1% and transport: 26.5%)
- and lack of clarity about available support (26.5%).

These barriers are interconnected. For example:

- Cost limits access to services
- Limited access increases reliance on self-management
- Competing with life demands reduces the ability to support routines

There is a clear mismatch between what consumers are expected to do and what external systems allow. This creates a structural tension as responsibility for prevention sits with individuals, but control sits with the system.

"I have sought help but due to cost of services and physical restrictions my health has deteriorated. Preventive health is for the rich."

Respondent aged 45-54 years, Female

Looking back: missed opportunities for earlier support

This gap is not just about current access, it is cumulative. When reflecting on their own health (**Figure 4, below and Table S2 Appendix B**), many respondents describe:

- wishing they had started lifestyle changes earlier
- wanting earlier access to preventive care or screening
- and needing better information, support, or system navigation

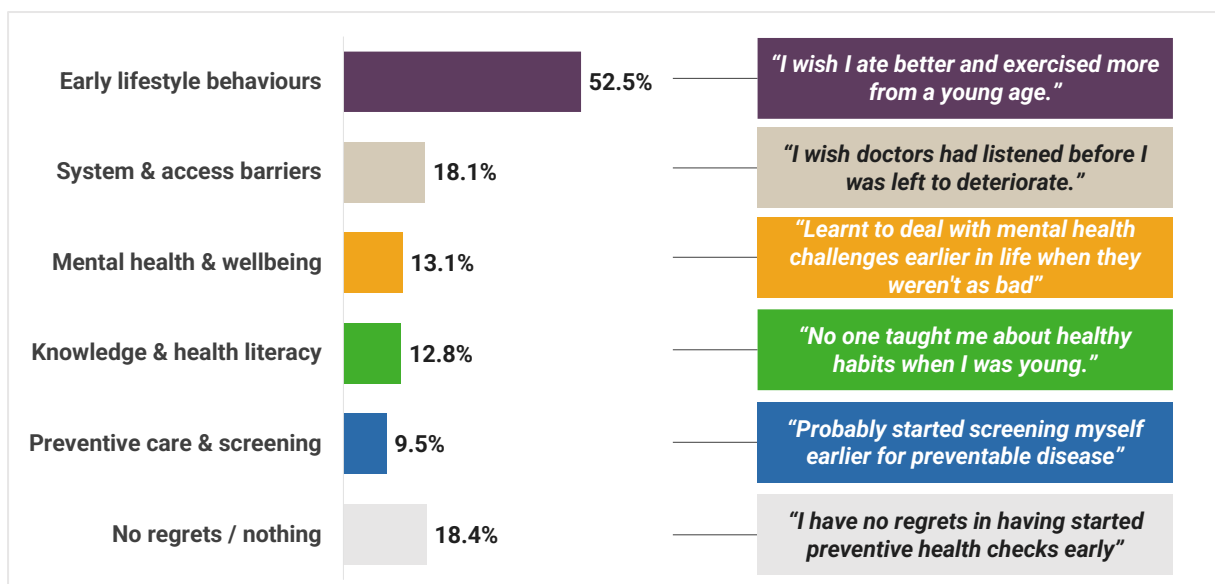


Figure 4. Many consumers reflect on missed opportunities for earlier prevention, particularly lifestyle changes and early care.

Taken together, these findings challenge a common assumption that improving prevention is primarily about changing individual behaviour. Prevention is seen as a shared responsibility, and many feel limitations from the current system.

Key Takeaway

The gap between aspiration and behaviour highlights a central tension: Consumers are expected to take responsibility, but the system does not consistently support them to do so

Responsibility is shared, but the system is falling short

Consumers see preventive health as a shared responsibility, but there is a clear perception that the system is not keeping pace with expectations (**Figure 5**). Just 29.9% agree that individuals are solely responsible for maintaining their health, while a majority (52.7%) disagree.

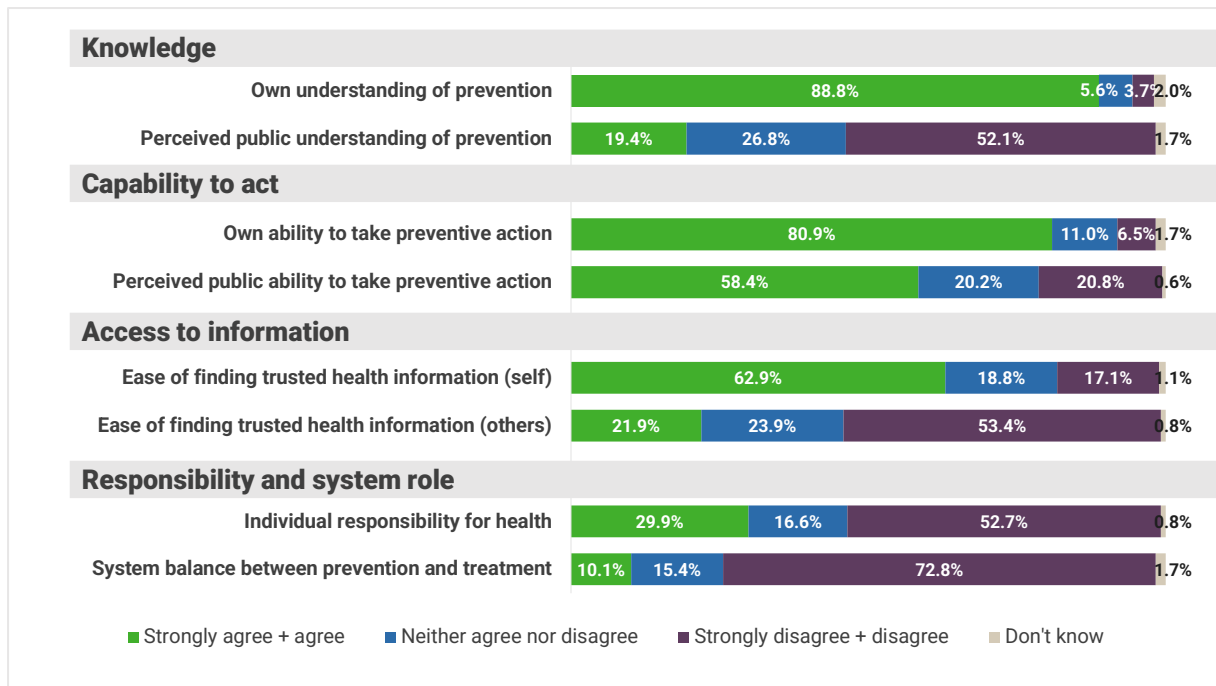


Figure 5. Consumers take personal responsibility for health but recognise that prevention depends on system support and is not evenly enabled.

This sits alongside a strong sense of personal capability:

- 88.8% agree they understand the behaviours needed to stay healthy
- 81.0% say they can adopt those behaviours

However, confidence drops sharply when consumers consider others:

- Only 19.4% believe most people understand how to stay healthy
- Just 58.4% think most people can act on it

This gap is important. Consumers feel confident themselves but recognise that the system is currently not enabling prevention equally for everyone.

There is also particularly strong agreement that the health system is not balanced:

- 72.8% disagree that the system has the right balance between prevention and treatment

This perception is consistent across the report that people understand, value and try to act on prevention but the system experienced is seen as reactive rather than proactive.

“Preventive health is also about communities and systems working together to reduce risks and remove barriers. This includes access to vaccinations and screening programs, safe and supportive environments, culturally safe care, strong public health messaging, and addressing social factors such as housing, income, education, and safety. As a health consumer, I see preventive health as a shared responsibility.”

Respondent aged 65-74 years, Male

Information exists, but is difficult to use

Access to information is not the primary issue, but making sense of it is. While many say they can find information (62.9% agree), the dominant challenges are:

- conflicting advice (59.9%)
- information overload (54.0%)
- and cost barriers to accessing programs or tools (47.1%) (**Figure 6**)

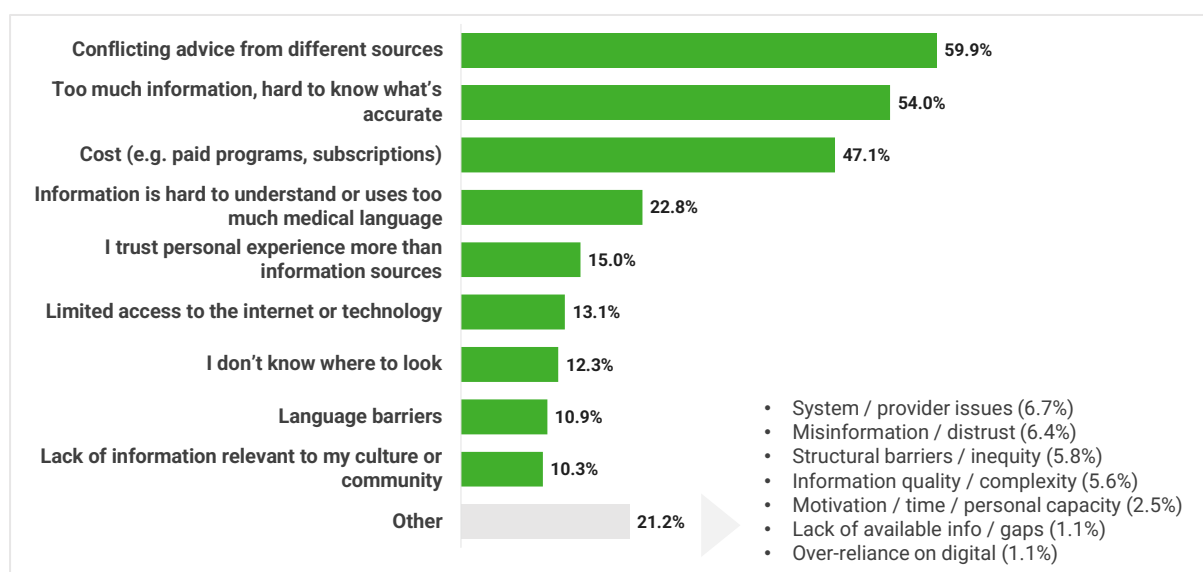


Figure 6. *The challenge is not access to information but navigating and trusting it, with confusion and overload emerging as key barriers.*

This reinforces a key distinction that the issue is no longer access to information, it is trust, clarity, and usability.

Change over time: expectations rising, system response lagging

We asked these same questions from **Figure 5** during CHF's 2021 AHP survey on preventive health. Compared to 2021, there are two notable findings:

- Perceptions that most people can act on prevention have increased (up to 58.4%, from 29.9%), but
- Views on system balance remain largely unchanged, with strong disagreement that prevention is prioritised (Disagree: 2021: 67.9%; 2026: 72.8%).

This suggests that expectations and awareness of prevention are increasing, but system performance is not keeping pace. These expectations are reflected in strong support for investment, system reform, and embedding prevention into everyday care.

Key Takeaway

Prevention must be enabled, supported, and structured by the system, not left to individuals to navigate alone.

Consumers support investment and system change, with a clear focus on access, equity and integration

Consumers demonstrate strong awareness of visible prevention programs, but much lower recognition of broader strategies, reinforcing that prevention is experienced through services and campaigns, rather than policy frameworks.

When asked unprompted, most respondents were able to recall examples of preventive initiatives, particularly cancer screening, immunisation programs and high-profile public campaigns (**Figure 7, below and Table S3, Appendix B**).

However, awareness of system-level strategies, such as national frameworks, was more limited and typically described in general or high-level terms.

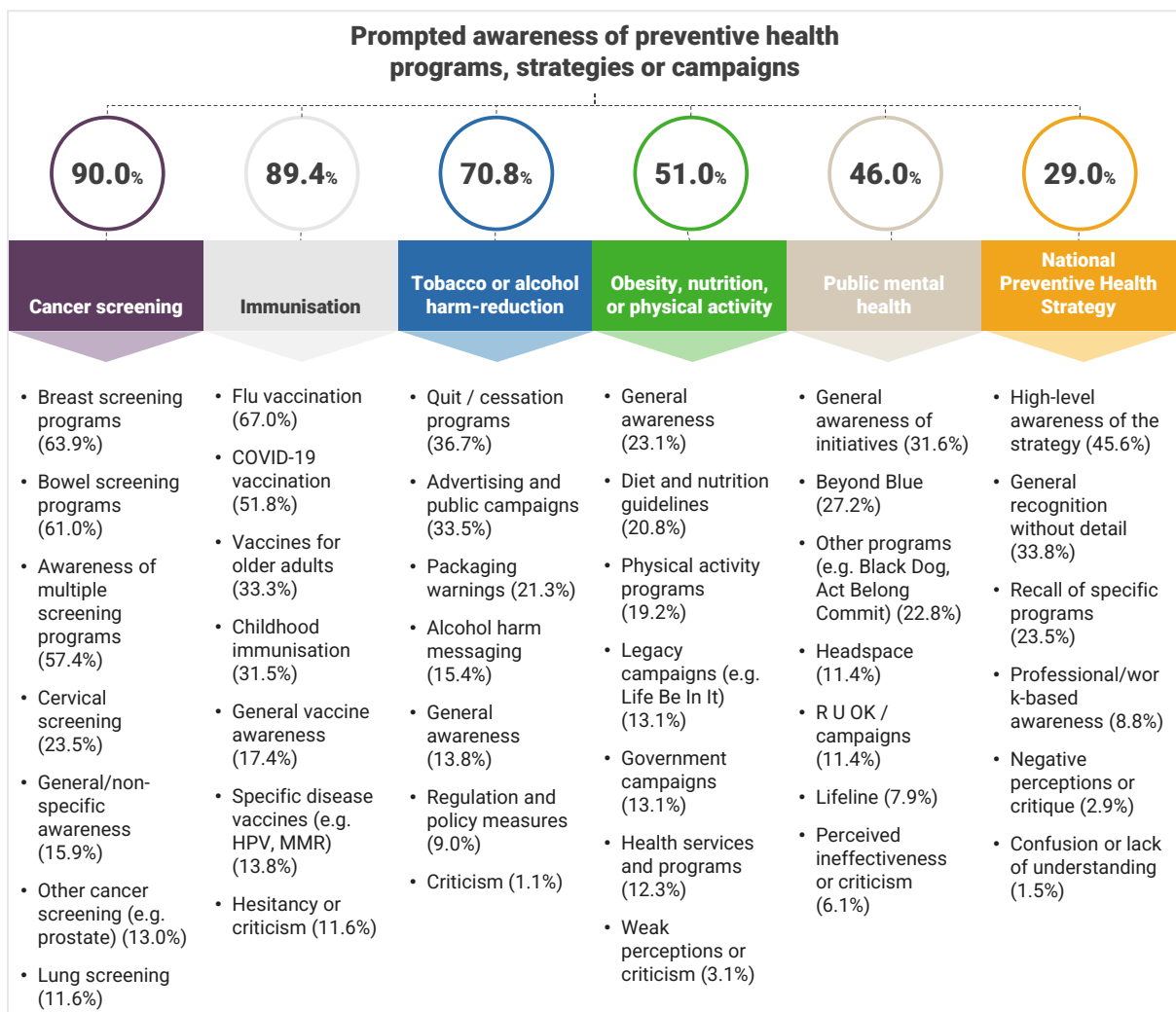


Figure 7. Awareness is driven by visible programs and campaigns, with less recall of broader strategies. Recognition is strongest for established programs such as screening and immunisation, while broader prevention strategies remain less visible.

Recognition is strong where programs are tangible

“Success would mean Australians are supported to stay well long before illness or crisis occurs. It looks like a health system, and a community system, that makes prevention the easy, obvious choice at every age.”

Respondent aged 65-74, gender unspecified

When prompted, awareness is highest for:

- screening programs and immunisation (90.0% and 89.4% respectively)
- followed by harm-reduction initiatives (70.8%)

In contrast:

- awareness of broader strategies and system approaches is substantially lower (29.0%)

This gap is telling us that consumers recognise what they can see and use, not necessarily the frameworks intended to support them.

There is a clear mandate for investment, but also for redesign

Consumers are not simply calling for “more prevention”; they are articulating how it should change. The strongest priorities focus on:

- making it easier to be healthy regardless of income or location (41.5%)
- embedding prevention into routine care (36.5%)
- and reducing health inequities (35.9%) (**Figure 8**)

Notably, investment priorities extend well beyond individual behaviour change, including addressing cost and access barriers, improving community-based supports and acting on broader determinants of health.

Consumers are asking for prevention to be structurally enabled, not individually managed.

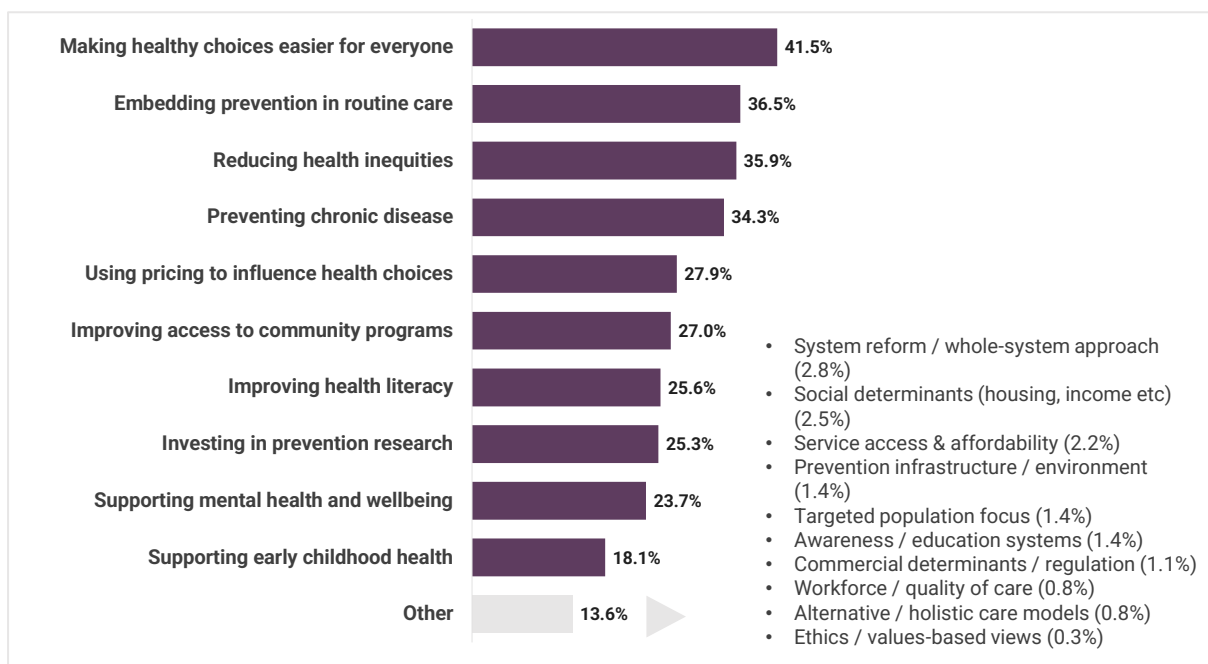


Figure 8. Consumers prioritise making prevention easier, more equitable, and embedded in everyday care.

What success looks like: a system transformed

When asked what success would look like (see **Table S4, Appendix B**), consumers describe a system where:

- fewer people need hospital care (66.0%)
- chronic disease is reduced (37.2%)
- health outcomes are more equitable (30.5%)
- and stronger community support (22.6%)

But beyond outcomes, success is defined by how the system operates:

- prevention is routine and embedded in care (22.3%)
- services are accessible and affordable (18.2%)
- and health is supported across the life course and community contexts

Many respondents explicitly describe:

- a shift from treatment to prevention
- stronger primary care and earlier intervention
- and a more coordinated, integrated system

Thus, success is not incremental, it is system transformation.

Demographics

Most respondents were aged 55 years and over (73.0%), with nearly half aged 65 years and over (47.1%). The sample was also predominantly female, with 76.9% identifying as women and 18.1% as men.

Private health insurance coverage was high, with 76.6% of respondents reporting some form of cover, including 61.1% with both hospital and extras cover. This is higher than population averages [7], indicating the sample is relatively well-insured.

The sample also reflects substantial lived experience of health conditions, broadly consistent with national patterns:

- 52.1% reported living with a chronic illness, comparable to national estimates of around 50% of Australians having at least one chronic condition [8]
- 23.9% identified as a person with disability, similar to the national prevalence of 21.4% [9]
- 25.3% reported mental health experience, broadly aligned with national estimates of mental illness prevalence [10]

The survey achieved broad national coverage across all states and territories, with 72.7% of respondents living in metropolitan areas, 22.8% in regional or large rural areas, and 11.7% in smaller rural or remote areas.

As with previous AHP surveys, this sample is not intended to be statistically representative. Rather, it provides a policy-relevant view of consumer experience, particularly among those most engaged with the health system and most affected by the opportunities and constraints of preventive health.

This report also includes comparisons to a 2021 Australia's Health Panel (AHP) prevention survey. The overall demographic profile for this survey is broadly consistent with the 2021 survey, with:

- similar age distribution (skew toward older cohorts)
- comparable gender balance
- and similar representation of people with chronic illness and disability

This consistency is important for interpreting attitudes over time, as it suggests that changes observed between 2021 and 2026 are more likely to reflect shifts in attitudes, rather than major differences in sample composition.

RECOMMENDATIONS

Prevention should be integrated into existing healthcare activities, tailored to individual health needs and circumstances, and enabled across the life course.

Consumers are already engaged in prevention. The priority now is not to add more expectations, but to ensure the system supports people to act consistently, equitably, and at the right time.

1. Move from standardised to personalised prevention

Prevention is formally embedded in clinical guidelines, including general practice. However, consumers' experiences suggest it is not consistently delivered in ways that are personalised, adaptive, and usable.

This report shows that consumers understand prevention and are motivated to act but often experience:

- generic advice
- time-limited consultations
- fragmented or reactive care

Prevention needs to reflect:

- individual risk (e.g., family history, chronic conditions)
- life stage (early life, mid-life, ageing)
- capacity and circumstance (time, income, physical or mental health)

Recommendation: Support primary care to move from checklist-based delivery to personalised, life-course prevention, with models of care that adapt to individual needs, risks, and capacity: rather than assuming a one-size-fits-all approach.

2. Reduce structural barriers to participation

The main constraints on prevention are not knowledge or motivation, but practical barriers, particularly cost, access, and availability. Out-of-pocket costs, limited bulk-billing, and uneven access to services mean that preventive care is difficult to sustain, and in some cases, out of reach.

Recommendation: Continue to reduce financial and access barriers by:

- lowering out-of-pocket costs
- strengthening access to affordable primary care and allied health
- expanding availability of preventive programs

with a focus on those with the greatest health need and lowest access.

3. Strengthen access through integrated, local systems

Consumers experience prevention through services, not strategies. Where care is fragmented, prevention becomes difficult to navigate and sustain. Currently, prevention is often:

- disconnected across providers
- reliant on individual effort to coordinate care
- inconsistently linked to community support

Recommendation: Build coordinated, community-based prevention systems that:

- integrate primary care, allied health, and community services
- reduce fragmentation between services
- support easier navigation and continuity of care

4. Prioritise equity in prevention access and delivery

The report consistently shows that those with the greatest need for prevention:

- face higher barriers
- and have lower ability to participate consistently

This includes:

- people with chronic conditions or disability
- culturally and linguistically diverse communities
- lower-income groups

Recommendation: Target policy, funding, and service design toward reducing inequities by:

- prioritising high-need populations
- designing culturally safe and accessible services
- ensuring prevention is not dependent on income, geography, or system literacy

5. Improve usability of information – not just availability

Consumers do not lack access to information – they face:

- information overload
- conflicting advice
- and challenges identifying what is relevant and trustworthy

This limits the ability to translate knowledge into action.

Recommendation: Provide clear, consistent, and tailored health information that:

- supports decision-making

- reflects individual circumstances and life stage
- is delivered through trusted channels, particularly primary care

6. Shift system incentives from treatment to prevention

Current system settings continue to prioritise acute care and reactive treatment over early intervention and sustained prevention.

This creates a disconnect between policy intent and everyday system delivery.

Recommendation: Align funding, policy, and performance frameworks to:

- support early and ongoing preventive care
- incentivise prevention within primary care
- measure success through long-term health outcomes, not just service activity

Key Takeaway

Australia does not lack evidence, awareness, or consumer willingness to engage in prevention. The task now is to ensure the system makes prevention possible, for everyone, at every stage of life.

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APPENDICES

Appendix A Supplementary Charts

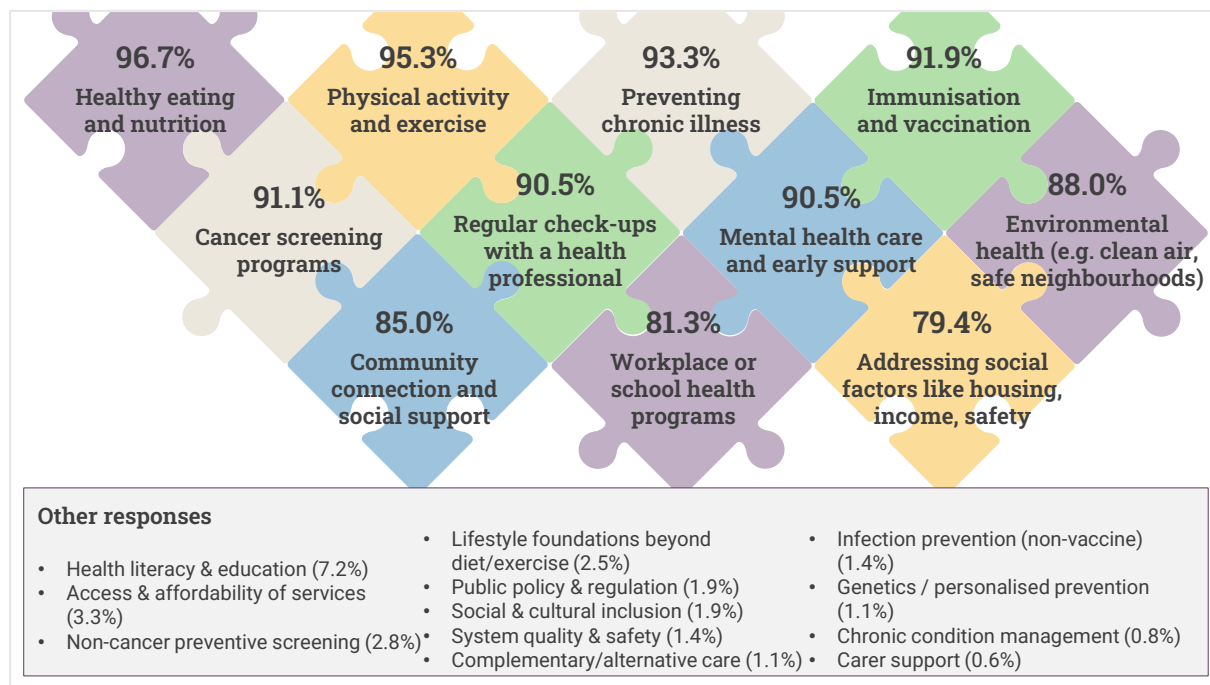


Figure S1. Prevention is widely recognised across clinical, behavioural, and social domains, reflecting a holistic understanding of health.

Appendix B. Supplementary Tables

Table S1. Consumers most commonly defined preventive health in terms of early action, healthy lifestyles, and screening, with broader recognition of system support and social determinants

Theme <i>n</i> =353	Definition	Example quote
Early intervention / prevention focus (<i>n</i> =191, 54.1%)	Acting early to prevent illness or slow progression before serious health problems develop	"Preventive health to me means being proactive with healthcare rather than reactive."
Healthy lifestyle behaviours (<i>n</i> =157, 44.5%)	Individual behaviours such as diet, exercise, sleep, and avoiding harmful habits	"Eating a healthy diet and exercising regularly."
Early detection and screening (<i>n</i> =125, 35.4%)	Health checks, screening, and monitoring to detect issues early	"Having the checks that will help pick up anything that is brewing in an early stage."
System and service support (<i>n</i> =103, 29.2%)	Accessible, affordable, and well-functioning health services and infrastructure	"Bulk billed and affordable GPs with time for early intervention conversations."
Mental health and social wellbeing (<i>n</i> =95, 26.9%)	Mental, emotional, and social wellbeing as core to preventive health	"Maintaining strong and positive mental health and social engagement."
Personal responsibility / proactivity (<i>n</i> =85, 24.1%)	Individual ownership of health and proactive self-management	"Preventive health is my personal responsibility to ensure I live as active a life as I can."
Health education and literacy (<i>n</i> =62, 17.6%)	Knowledge, awareness, and understanding that enable informed health choices	"Helping the community understand what could help them reduce their chance of becoming ill."
Social determinants of health (<i>n</i> =35, 9.9%)	Structural and social factors such as housing, income, and equity	"Equitable access to determinants of health such as nutritious food and safe housing."
Complementary / holistic approaches (<i>n</i> =3, 0.8%)	Holistic or alternative approaches alongside mainstream healthcare	"Mind, body and spirit approaches to maintaining health."

Table S2. While many consumers wished they had adopted healthier behaviours earlier, others pointed to mental health challenges, limited knowledge, and structural constraints that shaped their choices

Theme <i>n</i> =337	Definition	Example quote
Health behaviours (lifestyle change) (<i>n</i> =177, 52.5%)	Changes to exercise, diet, alcohol use, smoking, or other lifestyle behaviours respondents wished they had adopted earlier	"I wish I ate better and exercised more from a young age."
Nothing / no regrets (<i>n</i> =62, 18.4%)	Responses indicating no changes were needed or that circumstances were unavoidable	"My conditions are hereditary, so there was nothing I could change."
Mental health and emotional wellbeing (<i>n</i> =44, 13.1%)	Mental health challenges, stress, trauma, burnout, or emotional wellbeing affecting health actions	"My mental health made it hard to care about my health."
Knowledge, awareness and health literacy (<i>n</i> =43, 12.8%)	Greater health knowledge, education, or awareness earlier in life	"Had better food education during primary and high school."
Structural and social determinants (<i>n</i> =36, 10.7%)	Barriers related to cost, access, time, geography, caring roles, or social disadvantage	"Even if we wanted to do anything earlier, we couldn't."
Preventive care and screening (<i>n</i> =32, 9.5%)	Earlier engagement with health checks, screening programs, or preventive clinical care	"I probably would have had a bone density scan earlier."
Healthcare system limitations / unmet needs (<i>n</i> =25, 7.4%)	Experiences of not being listened to, misdiagnosis, or gaps in healthcare access or quality	"I wish practitioners listened before I was left to deteriorate."

Table S3. Awareness of preventive health programs was led by cancer screening and vaccination, alongside public campaigns, with fewer respondents recognising system-level strategies

Theme <i>n</i> =345	Definition	Example quote
Cancer screening programs (n=199, 57.7%)	Awareness of organised cancer screening initiatives	"Breast screening and bowel cancer screening programs"
Immunisation / vaccination (n=133, 38.6%)	Vaccination and immunisation programs aimed at preventing disease	"The flu and COVID vaccination programs"
Public health campaigns (n=135, 39.1%)	Mass media or population-wide health promotion campaigns	"Campaigns like SunSmart and Quit Smoking"
Mental health programs (n=50, 14.5%)	Programs focused on mental health prevention or early support	"Mental health awareness and early intervention programs"
Lifestyle / health promotion (n=103, 29.9%)	Programs promoting healthy behaviours such as diet and exercise	"Healthy eating and physical activity programs"
Government strategies / frameworks (n=22, 6.4%)	Whole-of-government strategies or policy frameworks	"National preventive health strategies"
Disease-specific programs (n=83, 24.1%)	Programs targeting specific diseases or conditions	"Diabetes prevention programs"
Community / local programs (n=44, 12.8%)	Locally delivered or community-based health programs	"Community walking groups"
Screening / check-ups (general) (n=97, 28.1%)	General health checks and non-disease-specific screening	"Regular GP health checks"
Environmental / safety campaigns (n=60, 17.4%)	Campaigns focused on safety or environmental health risks	"Road safety and sun protection campaigns"
Health system / services (n=39, 11.3%)	Health services or system-based preventive initiatives	"Primary care services supporting prevention"
No awareness / don't know (n=47, 13.6%)	Respondents reporting no awareness of preventive health programs	"I'm not aware of any programs"
General awareness (non-specific) (n=20, 5.8%)	General awareness without naming specific programs	"There are programs but I can't name them"
Critical / negative views (n=13, 3.8%)	Critical or sceptical views of preventive health programs	"Programs don't work for people like me"

Table S4. Success in preventive health was framed as relieving pressure on hospitals, reducing illness, and narrowing health inequities, with broader impacts on systems, communities, and wellbeing

Theme n=341	Definition	Example quote
Health system relief (n=225, 66.0%)	Reduced pressure on hospitals and acute services	"Fewer hospital admissions and less strain on the system"
Reduced illness burden (n=127, 37.2%)	Lower rates of illness, chronic disease, and premature death	"People getting sick less often and living longer"
Equity & reduced gaps (n=104, 30.5%)	Reduced health inequities between population groups	"Closing the gap in health outcomes"
Community & social connection (n=77, 22.6%)	Stronger social connections and community participation	"People feeling connected rather than isolated"
Prevention embedded in system (n=76, 22.3%)	Prevention as a routine and expected part of care	"Prevention built into everyday healthcare"
Access and affordability (n=62, 18.2%)	Affordable and accessible preventive services	"Care that people can actually afford"
Health literacy & empowerment (n=49, 14.4%)	People understanding and feeling confident to manage health	"People knowing what to do to stay healthy"
Early intervention / life-course (n=44, 12.9%)	Early and life-course approaches to prevention	"Starting prevention early in life"
Social determinants (n=41, 12.0%)	Action on housing, income, food security and other determinants	"Better housing and financial security"
Whole-system reform (n=31, 9.1%)	Structural reform shifting focus from treatment to prevention	"A system built around prevention, not crisis care"
Wellbeing and quality of life (n=26, 7.6%)	Improved wellbeing and ability to participate in life	"People enjoying a good quality of life"
Strong primary care (n=22, 6.5%)	Accessible, coordinated primary care	"GPs being easy to see and well coordinated"
Healthy environments (n=19, 5.6%)	Supportive physical and environmental conditions	"Healthy places to live and move"
Workforce and system quality (n=17, 5.0%)	Skilled workforce and high-quality services	"Well-trained staff delivering quality care"
Regulation / policy (n=16, 4.7%)	Regulation to support prevention and reduce harm	"Policies that make unhealthy choices harder"

Theme <i>n</i> =341	Definition	Example quote
Cultural / behavioural change (n=12, 3.5%)	Prevention becoming socially normalised	"A culture where prevention is just normal"
Research / evidence (n=9, 2.6%)	Use of evidence and research to guide prevention	"Decisions based on strong evidence"
Trust and confidence in system (n=4, 1.2%)	Public trust and confidence in the health system	"People trusting the health system"
Personal responsibility emphasis (n=4, 1.2%)	Emphasis on individual responsibility for health	"People taking responsibility for their own health"
Other / unclear (n=9, 2.6%)	Responses that were unclear or did not fit themes	Hard to describe or vague responses

Appendix C. Methods

Australia's Health Panel is a growing group of health consumers who regularly complete surveys on health issues. The project is run by the Consumers Health Forum of Australia (CHF), and surveys from 2025 onwards are delivered through LimeSurvey, an open-source online survey platform for survey creation, distribution and analysis.

We conducted an online survey from 12 April 2026 to 4 May 2026 to explore how consumers understand, experience, and engage with preventive health in Australia, including:

- what people consider to be “preventive health”
- the preventive actions people currently take (and would like to take)
- barriers to participation, such as cost, access, time and system design
- views on the role of government, the health system and community-based approaches (please see full survey attached as **Appendix D**).

CHF invited Australia's Health Panel as well members of the Coalition for Preventive Health Funding to distribute the survey to their organisation's consumer networks. In total, 359 respondents completed¹ the survey after receiving an invite, which included 53 respondents from the Coalition for Preventative Health Funding networks.

Because multiple invitation platforms were used, some participants could complete the survey more than once. Duplicate surveys were identified and removed using a combination of demographic information (i.e., age, gender and postcode) and IP address.

Text responses from participants who selected the 'Other' option were recoded into one or more existing response categories when appropriate. We anticipate that this may have occurred when participants misunderstood the question or misread the available response options.

We summarised the data using the means, frequencies and percentages and only surveys completed up to Q15 were included in our final analysis. We categorised location of residence at the States or Territory level based on the postcodes or area of residence provided by respondents.

To analyse the qualitative data, we applied coding frames using keyword patterns allowing a response to match multiple themes.

¹ For clarity, “complete” surveys are defined as those finished up to and including Q15

Our tables and figures report findings for 359 respondents, unless stated otherwise. We removed “Not applicable”, “No answer” or “Prefer not to say” answer options, and therefore, total *n* (*subsample size*) throughout this report may vary.

Respondent classifications

- **Region of residence:** Respondents were grouped into three categories, metropolitan areas, regional and large rural towns, and medium and small rural or remote areas, based on the postcode of their home address. Postcodes were mapped to the Modified Monash Model (MMM), which classifies areas according to remoteness and population size².
- **Age groups:** Respondents were grouped into the following age bands for reporting:
 - Under 45
 - 45-54
 - 55-64
 - 65-74
 - 75 or over

These age categories reflect the demographic patterns that are most relevant to people’s health needs.

- **Culturally and/or Linguistically Diverse (CALD):** Respondents were asked if they identify as a person from a culturally and linguistically diverse background. For analysis, those who answered “Yes” were grouped into the (CALD) category.
- **Mental health experience:** Respondents were asked whether they identify as someone with mental health experience. Those who responded “Yes” were grouped into the Mental health experience category.
- **Chronic illness:** Respondents were asked whether they live with a chronic illness or long-term health condition. Those who selected “Yes” were grouped into the Chronic illness category.

Limitations

This survey is based on *n* = 359 responses, which may limit the generalisability of findings to the broader population. The sample size reduces statistical power and may not fully capture demographic diversity. Non-response and incomplete answers could introduce bias, and as the data are self-reported, they may be subject to recall or social desirability bias. Finally, the cross-sectional design provides a snapshot in time and cannot establish causality.

² Australian Government Department of Health and Aged Care, “Modified Monash Model (MMM).”

Appendix D. Survey

Preventive health

This survey is being conducted by the Consumers Health Forum of Australia (CHF) as part of Australia's Health Panel.

We are interested in your views and experiences of preventive health in Australia: what it means to you, what you can do, and what makes it easier or harder to stay well.

There are no right or wrong answers.

Your responses will be combined with others and used to inform advocacy and policy work.

The survey will take around 10 minutes to complete.

There are 23 questions in this survey.

Section 1: What preventive health means to you

In this section, we'd like to understand what preventive health means to you.

There are lots of different ways people think about staying as healthy as possible and reducing the chance of illness, and we're interested in your own views and understanding.

Q1. In your own words, what does 'Preventive Health' mean to you?

This could include anything you think helps people support good health or reduce the chance of getting sick at an individual, community, or health system level.

Please write your answer here:

Q2. Which of the following do you consider to be part of preventive health?

Select all that apply

- Regular check-ups with a health professional (e.g., GP, nurse)
- Cancer screening programs
- Immunisation and vaccination
- Mental health care and early support
- Healthy eating and nutrition
- Physical activity and exercise
- Preventing chronic illness (e.g., diabetes, heart disease)
- Addressing social factors like housing, income, safety
- Community connection and social support
- Workplace or school health programs
- Environmental health (e.g., clean air, safe neighbourhoods)
- I'm not sure what counts as preventive health
- Other:

Q3. How important is preventive health in helping you personally stay well and reducing the chance of you getting sick?

Choose one of the following answers

- Very important
- Somewhat important
- Neither important nor unimportant
- Somewhat unimportant
- Very unimportant
- Prefer not to say

Q4. How confident are you that you know how to look after your health and reduce illnesses?

Choose one of the following answers

- Very confident
- Somewhat confident
- Neither confident nor unconfident
- Somewhat unconfident
- Very unconfident
- Prefer not to say

Section 2: Participation in preventive health

This section asks about the things you currently do to help prevent illness or stay healthy.

People's experiences can vary widely depending on their circumstances, access to services, and stage of life. We're interested in what this looks like for you.

Q5. In the past 12 months, have you done any of the following to help reduce the chance of illness or support good health?

Select all that apply

- Had a general health check or preventive appointment with a health professional (including blood pressure, cholesterol, immunisation checks)
- Participated in a screening program (e.g., cancer screening, sexual health testing)
- Seen an allied health professional for prevention (e.g., dietitian, exercise physiologist)
- Accessed mental health support for early intervention or prevention
- Taken part in a group, program or activity focused on staying healthy (for example walking groups, wellbeing programs at work or school, or community activities)
- Tracking health measures (physical activity, dietary intake, heart rate) using an app/device
- None of the above
- Other:

Q6. Do you use any of the following to support your health or reduce the chance of illness?

Select all that apply

- Apps and websites that help you manage your health or condition/s
- Wearable technology, such as smart watches and fitness trackers
- Online health programs or coaching
- Online communities or forums
- None of the above
- Other:

Q7. Overall, how often do you actively do things to reduce the chance of illness or support good health?

Choose one of the following answers

- Very often
- Often
- Sometimes
- Rarely
- Never
- Prefer not to say

Section 3: Barriers to preventive health

Many people want to do more to protect their health but face different challenges in doing so.

This section asks about the barriers or obstacles that can make it harder to take part in preventive health activities.

Q8. Are there activities you would like to do, or do more often, to reduce the chance of illness or support good health but aren't able to right now?

Choose one of the following answers

- Yes
- No
- Not sure

Q9. What makes it difficult for you to engage in these activities to reduce the chance of illness or support good health?

Only answer this question if the following conditions are met:

- Answer was 'Yes' at question ' [Q8]' (Are there activities you would like to do, or do more often, to reduce the chance of illness or support good health but aren't able to right now?)

Select all that apply

Cost and financial barriers

- It costs too much
- I can't afford memberships, classes, equipment, or subscriptions
- Too many health services aren't bulk-billed

- Having to pay the gap between the fee and Medicare or private health payment

Time and competing responsibilities

- Lack of time (work, study, caring responsibilities)
- Difficulty maintaining routines or habits
- Fatigue, stress, or burnout

Access to services and support

- Difficulty getting appointments
- Distance or transport issues
- Not knowing what services or programs are available
- Rules, eligibility criteria, or referrals make it hard to qualify

Cultural, language, and safety barriers

- Services don't feel culturally safe or welcoming
- Language barriers
- Past negative experiences with services

Technology and information barriers

- Limited access to technology or internet
- Difficulty using apps, online programs, or digital tools
- Conflicting or confusing health information

Personal factors

- Low motivation or confidence
- Mental health challenges
- Physical limitations or chronic conditions

Other

- Not sure
- Other:

Q10. Looking back, is there anything you wish you had started doing earlier to support your health?

Please write your answer here:

Section 4: Views on responsibility, systems, and prevention

The following questions are about how you think responsibility for health and prevention is shared between individuals, communities' government and healthcare services.

The questions in this section have been asked in previous Australia's Health Panel surveys as we are looking to understand changes over time.

Q11. To what extent do you agree or disagree with the following statements?

(Please choose the appropriate response for each item)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know
Everyone is solely responsible for maintaining their own health and preventing disease						
I have a good understanding of what behaviours can improve my health and prevent disease						
Most consumers have a good understanding of what behaviours can improve their health and prevent disease						
I can adopt behaviours that can improve my health and prevent disease						
Most consumers can adopt behaviours that can improve their health and prevent disease.						
It is easy for me to find reliable and trustworthy information to support my health and well-being						
It is easy for most consumers to find reliable and trustworthy information to support their health and well-being						

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know
Australia's health system currently has the right balance between preventing illness & disease and treating illness and & disease						

Q12. What makes it difficult to find health information about how to support good health?

Select all that apply

- Too much information, hard to know what's accurate
- Conflicting advice from different sources
- Information is hard to understand or uses too much medical language
- Lack of information relevant to my culture or community
- Language barriers
- Limited access to the internet or technology
- I don't know where to look
- Cost (e.g., paid programs, subscriptions)
- I trust personal experience more than information sources
- Nothing - I can find what I need easily
- Other:

Section 5: Awareness and perceptions of national prevention efforts

This section looks at awareness of national programs, initiatives, or strategies that aim to reduce illnesses or supporting good health.

It's okay if you're not familiar with these, we're interested in what you know, if anything

Q13. Before this survey, were you aware of any national programs, strategies or campaigns aimed at reducing illnesses or supporting good health in the community?

If yes, please name any that come to mind.

Please write your answer here:

Q14. Before today, were you aware of any of the following?

Select all that apply

- National Preventive Health Strategy
- National cancer screening programs
- Immunisation programs
- Public mental health prevention initiatives
- Tobacco or alcohol harm-reduction initiatives
- Obesity, nutrition, or physical activity campaigns
- None of these
- Other:

Q14a. Thinking about the items you selected above, which programs, campaigns or initiatives were you thinking of?

Please write your answer(s) next to the items you selected:

- National Preventive Health Strategy:
- National cancer screening programs:
- Immunisation programs:
- Public mental health prevention initiatives:
- Tobacco or alcohol harm reduction initiatives:
- Obesity, nutrition, or physical activity campaigns:

Section 6: Funding, co-design, and success

Finally, we're interested in your views on how preventive health should be supported in Australia.

This includes where you think investment should be focused and what success in preventive health would look like for you.

Q15. What do you think should be the highest priorities for government investment in preventive health? *

Please select from 1 to 3 answers.

- Making it easier to be healthy, no matter what your income, job, or where you live
- Reducing health gaps for communities that experience unfair disadvantages
- Making a normal part of everyday health care visits
- Supporting better mental health and overall wellbeing
- Helping people understand health information so they can make informed choices
- Preventing long-term illnesses like diabetes, heart disease, and cancer
- Supporting healthy growth and development in babies and young children
- Making community-run health and wellbeing programs easier to access
- Investing more in research that helps prevent illness before it starts
- Using prices (like lower costs for healthy options or higher costs for unhealthy ones) to encourage healthier choices
- Other:

Q16. What would success in supporting Australians' health and reducing illnesses in the community look like to you?

Please write your answer here:

Demographics

In this part of the survey, we ask a few questions about you—such as your age, gender, postcode and other general characteristics.

These questions help us understand who is participating in the panel and allow us to analyse the results of this and future surveys in meaningful ways.

Your responses will be kept **confidential** and used only for research purposes. You can skip any question you're not comfortable answering. Thank you for helping us ensure our research reflects a diverse range of perspectives.

D5. Do you currently have private health insurance?

Choose one of the following answers

- No, I don't have any private health insurance
- Yes, hospital cover only
- Yes, extras cover only
- Yes, both hospital and extras cover
- Not sure
- Prefer not to say

D1. What is your age?

Choose one of the following answers

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85 or over

D2. How do you describe your gender?

Note: Gender refers to current gender, which may be different to sex recorded at birth and may be different to what is indicated on legal documents

Choose one of the following answers

- Man or male
- Woman or female
- Non-binary
- I use a different term (please specify)

D3a. Where do you live?

	Please enter a four-digit number	I don't know
Postcode		

D3b. Where do you live?

Only answer this question if the following conditions are met:

- I don't know is selected at D3a

Choose one of the following answers

- Sydney
- Rest of New South Wales
- Melbourne
- Rest of Victoria
- Brisbane
- Rest of Queensland
- Adelaide
- Rest of South Australia
- Perth
- Rest of Western Australia
- Tasmania
- Northern Territory
- Australian Capital Territory
- Outside Australia

D4. Do you identify as any of the following?

Select all that apply

- Aboriginal and/or Torres Strait Islander
- Person with a disability
- Person with a chronic condition
- Person with mental health experience
- Culturally and linguistically diverse (CALD)
- LGBTQIA+ person
- None of the above

Thank you for your feedback — it will directly shape how we run our future surveys. We'll share a short summary of what we hear with everyone who responds.

Thank you for completing this survey.