Australian Nursing and Midwifery Federation submission to the

AUSTRALIAN GOVERNMENT DEPARTMENT OF HEALTH CONSULTATION PAPER FOR THE NATIONAL PREVENTIVE HEALTH STRATEGY

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INTRODUCTION

The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 285,000 nurses, midwives and carers across the country.

Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

Our strong and growing membership and integrated role as both a professional and industrial organisation provide us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

Through our work with members we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

Preventive health needs to be a key priority in Australia. It is also fundamental and inherent to the philosophical base of the professions of nursing and midwifery. The ANMF maintains that positioning preventive health care at the centre of health policy with programs that are adequately funded will lead to significant improvements in the health and wellbeing of all people in Australia across their lifespan. As a strong supporter of the importance of a National Preventive Health Strategy, the ANMF welcomes the opportunity to participate in this public consultation paper for the development of such a strategy.

CONSULTATION QUESTIONS

Development of the National Preventive Health Strategy

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Vision and Aims of the Strategy

4. Are the vision and aims appropriate for the next 10 years? Why or why not?

Overall the vision, aims and goals of the Strategy are high level statements that have attempted to be inclusive of all people, throughout their life span. The ANMF acknowledges that this high level document cannot specifically refer to all acute and chronic conditions, infectious diseases, and injuries a person may experience throughout their life, however achieving a balance between the Strategy being broad and providing enough detail to drive change, is essential.

Vision

The Strategy's vision states:

The Strategy will improve the health of all Australians at all stages of life, through early intervention, better information, targeting risk factors, and addressing the broader causes of health and wellbeing.

The ANMF agrees that the vision is inclusive of the key requirements for improving health, however recommends that the wording 'for all Australians' is changed to 'for all people in Australia'. The words 'for all Australians' are not inclusive as there are large numbers of people living in this country who are not Australian citizens, including people in marginalised communities who have no evidence of citizenship (no birth or Centrelink registration for example); immigrants who have not yet obtained Australian citizenship; refugees; and students or workers on various categories of visa. As the wording of the vision stands, these people are not included in the Strategy. More appropriate, and inclusive language would be 'for all people in Australia'.

Aims

The aims of the Strategy outlined are high level and discuss the importance of the best start to life and to sustain good health for as long as possible. They also address briefly the importance of equity in preventive health and funding. The ANMF supports these aims as high level concepts and provides the following commentary to enhance the Strategy:

1. *Australians have the best start in life*

This aim provides a simple overview of the importance of preventive health in early life and its direct effect on preventing chronic conditions later in life. The ANMF recommends that this aim should also include the importance of preventive health and support for women/people during pre-conception, pregnancy, birth and in the postnatal period with more emphasis on the first 1,000 days of life as the foundation for the best start to life. This will ultimately improve health outcomes for people in Australia.

2. *Australians live as long as possible in good health*

The second aim is far reaching in its application outlining there needs to be a strong focus on preventive health and health promotion to extend life expectancy and quality of life. Biopsychosocial health determinants play a substantive role in a long life; this includes mental health and wellbeing, which are not mentioned in this aim. Their inclusion will focus the aim on addressing not just physical health but also mental health and wellbeing for an improved quality of life for all people.

3. *Australians with more needs have greater gains*

This aim is unique in the way it outlines the importance of the Strategy addressing health equity. The statement suggesting that the Strategy should result *in greater gains for parts of the Australian community who are burdened unfairly due to personal circumstances*, is supported. The ANMF is concerned however, that not specifically identifying those groups who are disadvantaged, in particular Aboriginal and Torres Strait Islander peoples, will potentially result in those groups not having a strong individualised focus. The Strategy needs to ensure it names all disadvantaged groups and remains focused on the planning, implementation, evaluation and tailoring of preventive health to the specific needs of these disadvantaged groups.

4. *Investment in prevention is increased*

The ANMF supports the intention of this aim which identifies that health dollars in Australia are primarily spent on the treatment of illness, injury and disease and that there needs to be significantly enhanced investment in prevention. Current expenditure on health prevention in Australia is appallingly low[1]. Australia is facing a major burden of chronic disease and it is therefore increasingly important to find more efficient ways of managing chronic conditions. To that end, greater emphasis on primary health care and better integration of care across the health and aged care sectors is critical. It is imperative that people with chronic conditions avoid expensive hospitalisations through easy access to early intervention, prevention and education about self-management in the most cost-effective settings. Effective preventive measures are essential to keep

people well and to ensure the sustainability of the health budget into the future. Further detail regarding funding expectations should be included in this aim to ensure there is a clear commitment from government to fund preventive health.

Goals of the Strategy

5. Are these the right goals to achieve the vision and aims of the Strategy? Why or why not? Is anything missing?

The six goals outlined in the Strategy discuss the need for all sectors to effectively interface with one another, that prevention needs to be embedded in the health and aged care systems, and that all communities need to be engaged. They also focus on the importance of using the latest evidence and the need to have the best possible information available for people of all backgrounds. One of the goals focuses on the environment in which people live, work, learn and play and how a healthy environment will better enable individuals to be healthy and live productive and fulfilling lives for as long as possible. Although, this statement is broad and could be interpreted to be inclusive of many issues not limited to homelessness or occupational health and safety requirements in the workplace, it needs to explicitly identify the impact of climate change on health outcomes. This goal must therefore both acknowledge the impact of climate change on health and wellbeing and also clearly outline how the Strategy will focus on addressing these complex issues. The ANMF recommends a number of additional goals that should be included in this section. These include workforce and specifically identifying older people as an essential priority group.

Workforce

The ANMF is concerned that the essential workforce required to deliver the Strategy has not been identified as a core component. It is stated within the Strategy that *it was highlighted during consultations that building the capacity and capability of the workforce, both current and emerging, will be integral to achieving success,* however it is not identified as a key goal.

It would be remiss of the Department of Health to exclude workforce as a core component of the Strategy which is planned to be implemented over the next 10 years. There are a number of challenges facing the workforce over the next decade that have to remain a strong focus for the Strategy. These include an ageing workforce with predicted shortages over the next few years as many of the current workforce retires and safeguarding appropriately qualified available workforce across all locations and sectors.

Further, as Australia's aged population continues to grow and people live longer, the demand for health care also continues to grow. People in Australia are developing and living with more chronic and complex health conditions. The consequent increased health care needs of individuals requires the preparation and provision of, and the capacity to attract and retain, sufficient numbers of a suitably qualified and skilled workforce. This workforce needs to be available across all health sectors and, in particular, must be enhanced in primary health care to meet the aims of this Strategy.

Older people

As briefly discussed above, as a society, people in Australia are living longer and generally remaining healthier. Technological and scientific advances are such that people in Australia, now and into the future, expect to be able to experience a good quality of life well beyond retirement age. The 2015 Intergenerational Report projected that within 40 years there will be approximately 40,000 people aged 100 and older, and the number of people aged 65 and over will have doubled in Australia.[2]

As Australia's aged population continues to grow and live longer, the demand for aged care and related services also continues to grow. People in Australia are developing and living with more chronic and complex health conditions. Over 1.3 million people received some form of aged care in the year 2017-18, most receiving home-based care and support, with the remainder living in residential care. [3]

Older people in Australia deserve safe, quality aged care that is affordable, accessible, and provided in a way that meets their diverse and unique needs for person-centred care. The 'shocking tale of neglect' described by the Royal Commission into Aged Care Quality and Safety: '[F]ound that the aged care system fails to meet the needs of our older, often very vulnerable citizens. It does not deliver uniformly safe and quality care for older people. It is unkind and uncaring towards them, in too many instances, it simply neglects them.[4]

The Strategy must identify older people as a key focus group that requires significant improved health outcomes. There must be strong investment in prevention and early intervention in primary care services for this group of people in Australia for the betterment of the individual older person and the aged care system which is currently in crisis. Identifying older people as a key objective upfront in the Strategy will recognise this vulnerable group as a priority for the preventive health strategy over the next ten years.

Mobilising a Prevention System

6. Are these the right actions to mobilise a prevention system?

The ANMF agrees with the first statement outlined in this section which identifies the importance of enhancing and expanding current preventive action in Australia across all sectors. To achieve this, the seven enablers outlined in the Strategy are supported by the ANMF. Although they are high level in their approach, they cover the essential themes for a preventive system. These include: research and evidence, health literacy, leadership and governance, and preparedness, considering our current experience with the COVID-19 pandemic. The ANMF does note, in relation to the monitoring and surveillance enabler, an important part of the Strategy, along with health monitoring and surveillance, is the need for regular evaluation and monitoring which should be specifically embedded in the Strategy. This will ensure it continues to meet its vision and can be adjusted as required.

As outlined above, the ANMF reminds the Department of Health of the importance of clearly identifying the workforce as an essential element for the implementation of the Strategy. Workforce is a vital enabler. Without an appropriately qualified, available workforce across all sectors that are enabled to deliver preventive health care, the Strategy will not meet its goals.

Boosting action in focus areas

7. Where should efforts be prioritised for the focus areas?

The ANMF has ranked, by order of priority, the six focus areas identified in the National Preventive Health Strategy consultation document, and provided feedback and recommendations about each. While these are certainly important, we consider the planning at this preliminary stage has failed to include some aspects of the health of people living in Australia that must be addressed for any preventive health strategy to be effective. These missing elements have been included at the end of this section, with discussion about how they pertain to a national health strategy, and why they constitute high priority.

Highest priority

- Improving consumption of a healthy diet
- Increasing physical activity

Of all the modifiable risk factors for disease and ill-health, diet and exercise are the easiest to incorporate into daily routine, and small changes have a substantial effect. However, less than half of adults in Australia meet the recommended physical activity guidelines,[5] and only 7.5% consume the recommended number of vegetable and legume serves per day.[6]

These two aspects should be promoted together, with the message that small, sustainable changes are most likely to have long-term success, and that any improvement makes a difference to health outcomes. A healthy, balanced diet and regular physical activity must be portrayed as ends in themselves, and appropriate for everybody, rather than as a means to weight loss, as the latter is intertwined with a strong binary narrative of success or failure, and reinforces the ideas that thin equals healthy and fat is synonymous with ill-health. This in turn means people with low to healthy-range BMI will not see campaigns as relevant to them.

High priority

- Reducing tobacco use
- Reducing alcohol and other drug-related harm

Although many people consume alcohol, tobacco, prescription drugs (in non-prescribed ways) and illicit drugs concurrently or sequentially, Australian legislation, enforcement, and policy treat these categories very differently, and these responses are not correlated with the degree of harm the substances pose. For example, alcohol is the most commonly used and misused substance, its use is not stigmatised, and it is allowed to be widely advertised. Although messaging about moderation is cutting through, 25% of people in Australia aged over 14 exceed the single occasion risk guidelines (no more than four standard drinks on one sitting),[7] and 1 in 6 Australians aged 14 and over risk harm to themselves or others while under the influence of alcohol.[8]

In contrast, the mortality and morbidity rates of illicit drug use are low, but consumption is heavily stigmatised and penalised, even though most use is for the same reasons as alcohol consumption: to relax, be social, enhance enjoyment and, in some cases, prevent symptoms of withdrawal. The development of this Strategy offers Australia the opportunity for substantive change by reframing all substance use as primarily a health issue that affects all of society, rather than applying this frame to all but one category of substance.

As discussed in question 9, any strategies for reducing substance use must include mental health interventions at all levels from birth (i.e. post-natal and early childhood).

Australia's tobacco cessation programs have been effective, with tobacco consumption significantly reducing in every population except those with mental health issues (where it's often used to manage the side effects of medication and/or mental health conditions) and those in prisons. Centring interventions and alternatives in these areas would be more useful than focusing on acute care, when people are not best situated to make substantive change.

Important

- Improving immunisation coverage
- Increasing cancer screening

Immunisation programs are relatively low cost for the effect they have on improving health outcomes for individuals and populations. Any interventions must target our most underserved communities (including Aboriginal and Torres Strait Islander peoples, asylum seekers and refugees, and those living in remote and very remote areas) but also education about the safety, efficacy, and impact of vaccines. Insidious anti-vaccine messaging has resulted in many people believing vaccines pose a greater risk than the diseases they prevent; as few people outside the health care system see the long-term effects of contagious diseases like measles, rubella, and pertussis, this messaging seems factual. It is essential that this misunderstanding is addressed and countered aggressively.

While the ANMF agrees that the identified priority areas discussed above are important, we have concerns about key aspects that have not been addressed at this point in the development of the Strategy. These areas include: aged care, dementia, mental health, family and sexual violence, Aboriginal and Torres Strait Islander people's health, climate change, and workforce.

Aged care

As discussed earlier, it has been made clearly evident through both the Royal Commission into Aged Care Quality and Safety and the high toll the COVID-19 pandemic has taken on nursing home residents and staff, many older people in Australia are vulnerable and have multiple health care needs that require skilled care to enable them to be effectively managed. While robust preventive health measures will reduce the number of older people who require nursing home level care in the future, like many preventive and public health interventions, these will not be evident for at least a decade, and almost certainly longer. In the interim, we cannot ignore preventable health issues in the current nursing home resident population.

In 2017/18, Australians aged 65 and over accounted for just over 40% of same day and overnight admissions to hospital;[9] 16.5% of these were caused by an avoidable adverse drug event (ADE), and 70% of those ADEs were the result of multiple medication use.[10] This finding is consistent with a Victorian study[11] that revealed overprescribing was the cause of a third of pharmacological issues in nursing homes, including unnecessary or duplicated medicines and failure to cease what should have been a restricted duration prescription. The majority of identified medication errors resulting in preventable ADEs were administration errors.[12] Based on these statistics, regular reviews of older people's medicines that includes medication reconciliation, rationalisation and de-prescribing would, on its own, prevent some 759,000 same day and overnight hospital admissions.

Dementia

While some of the rise in dementia is the result of improved health measures that mean our life expectancy has increased, over a third of cases are preventable.[13] Twelve modifiable contributors to dementia have been identified thus far: exiting education early, hearing impairment, hypertension, high alcohol consumption, smoking, physical inactivity, diabetes, being overweight, low social contact, depression, traumatic head injury, and air pollution.[14] Specifically targeting these factors will reduce the human, societal, and health care cost toll that dementia takes on individuals, families, and the wider community.

Mental health

The ANMF applauds the prioritisation of alcohol and other drug use in the Strategy, but notes that there is substantial overlap between this sector and mental health, with many people in Australia having a dual diagnosis. The whole-of-government approach at the heart of the NPHS is crucial to address the contributing factors that increase the likelihood of both mental ill-health and substance use. These include pre-natal care, mother and baby support, parenting guidance, family violence, parental substance use, poverty, under education, under- and unemployment, and having ineffective tools to manage stress and enhance resilience.

The Strategy also fails to acknowledge the stigma related to mental illness or the reduced physical health outcomes for those people with poorer mental health. Stigma and discrimination have a profoundly negative impact on the lives of people living with mental illness. Stigma and discrimination can be a key deterrent for people seeking help—many people prefer to keep their mental illness hidden rather than seeking care or treatment.[15]

The link between mental ill health and physical ill health means many people suffer a shorter life expectancy due to missing out on treatable, timely, preventable health care interventions.

Without addressing these issues, including providing supportive mental health interventions (at preventive, acute, and chronic levels), measures directed at improving substance use will not be fully effective.

Family and sexual violence

Family and sexual violence are major national health and welfare issues in Australia, constituting the greatest health risk to women in Australia aged 15-44 years.[16] Family and sexual violence occur across all ages and

all sociodemographic groups, but mainly affect women and children. They are the leading contributors to death, disability and illness with key health impacts including anxiety, depression, suicide risk and drug use. One in six women and one in 16 men report sexual or physical violence perpetrated by a current or previous partner on at least one occasion from the age of 15. This intimate partner violence results in the admission of eight women and two men to Australian hospitals every day, and the deaths of a woman every nine days, and a man every 29 days.[17] Aboriginal and Torres Strait Islander women and children are overrepresented, experiencing hospitalisation as the result of family violence at a rate as much as 32 times higher than the national average, and are twice as likely to be killed. In addition, survivors often experience serious and long-term effects that impact their health, wellbeing, education, relationship and housing outcomes.[18]

The incidence of family violence has risen during the COVID-19 pandemic, with reports from the Australian Institute of Criminology revealing that almost one in ten women in Australia in a relationship have experienced family violence since February, and more than half of women who had experienced physical or sexual violence before the COVID-19 crisis reported more frequent and/or severe violence over the same period.[19]

The ANMF believes it is essential that the Strategy include family and sexual violence as a priority focus area, given the significance of this issue and opportunity to put preventive measures and supports in place to prevent further abuse, harm and death. There is also a priority need to understand the higher utilisation of hospital and health related services linked to abuse and to improve our understanding of immediate and longer-term impacts of family and sexual violence.

Aboriginal and Torres Strait Islander peoples

While the consultation paper acknowledges the disproportionate health burden carried by Aboriginal and Torres Strait Islander peoples (p. 4, 10), and includes input from representative organisations, the ANMF argues that the health needs of this population should be clearly identified as a key focus of the Strategy. This is a priority due to the substantial health and life expectancy gaps that persist despite measures taken to date, and as part of a reparative program that acknowledges the harms wrought by colonisation on the people of the world's oldest continuing cultures.

Climate change

The catastrophic 2019/20 bushfire season, unprecedented in both severity and extent across Australia's recorded and oral history, amply demonstrates the direct connection between health and the effects of climate change.[20] The United States is in the midst of a similarly unprecedented fire season, with the same increased severity and length that Australia is recognising as a new normal. In addition to local effects, this means diminished international cooperative emergency response capacity, as countries prioritise local containment. This strain on resources and response is at odds with the Strategy's aims of enhanced preparedness and planning, enhanced cross-sectoral collaboration, and ability to respond quickly to new challenges.

Smoke and resulting reduced air quality is not only a health hazard for those living in localities close to the fires, or even in major cities in the same and adjacent states, but was tracked across the globe. We know some of the acute health complications that have resulted, but will not know for many years what the long term effects of days and weeks of hazardous air quality will have on people, fauna, and the food chain, in Australia and overseas. However, we do know exposure to air pollution contributes to increased levels of dementia[21] and lower birth weights in babies exposed to smoke *in utero.*[22, 23] Women exposed to Victoria's 2014 Hazelwood Coal Mine fire also had an increased rate of gestational diabetes,[24] which has potential long term health consequences for both mother and baby.

Expert modelling predicts that more people in Australia will die from other effects of worsening climate change. Australia has a long history of deadly heat waves, recognised as one of the most important climate-related risks for people in Australia and our deadliest natural hazard. We are one of the countries most vulnerable to climate change in the developed world,[25] with altered weather patterns predicted to result in longer, larger storms with giant hail (>5cm in diameter), storm surges, and tropical cyclones along the east coast, in locations where these have been previously unknown, and where buildings have not been designed to withstand their force.[26] Health is affected by climate change both directly (through the physical and psychological effects of fire, flood and drought; heat stress related to rising global temperatures; thunderstorm asthma) and indirectly (poor air quality; the development and exacerbation of pre-existing disease; increased transmission of infectious diseases; water scarcity and food insecurity). These aspects will be most strongly felt by people living in remote and very remote parts of Australia, compounding the increased risks of ill-health they already face due to reduced access to health services.

Without decisive, coordinated national action to reduce carbon emissions, thereby minimising the inevitable health effects of worsening climate change, the measures undertaken as a result of the Strategy will be of short and limited effectiveness, and come at multiplied economic cost.

The estimated costs to Australia of not meeting the Paris Accord target is $1.19 trillion between now and 2050; that figure doesn't include the direct and indirect costs of extreme weather events and bushfires.[27] Allocating this money to prevention rather than mitigation would yield long term benefits for the health and wellbeing of people in Australia, immediately and into the future. Even when the benefits of reduced emissions are ignored, the economic benefits of transition to a low-carbon economy easily outweigh the costs.[28]

The Strategy recognises there are parts of the Australian community which are unfairly burdened, and has identified the need for focus on reducing intergenerational health disadvantage. The impacts of climate change are inherently intergenerational, with grave equity implications between ourselves and future generations.[29] Research demonstrates that climate change also exacerbates inequalities in and between developing and industrialised countries.[30]

Failure to address the threats of climate change is inconsistent with the Strategy's aims. The consultation paper acknowledges that without continued vigilance and a sustained focus on disease prevention and health promotion, including on the influences of health, there is a risk that the advances of recent decades could be

reversed. Such vigilance is warranted. The Lancet Commission warns that the threat to human health from climate change is so great that it could undermine the last fifty years of gains in development and global health. The good news from the same Commission is that because responses to mitigate and adapt to climate change have direct and indirect health benefits, concerted global efforts to tackle climate change actually represent one of the greatest opportunities to improve global health this century.[31] Resourcing research and climate-driven initiatives would support the Strategy's vision of targeting risk factors and the Strategy's aim of giving people in Australia the best start in life. As such, it is a critical inclusion in any preventive health strategy.

Workforce

Nurses and midwives currently play a central and vital role in preventive and public health. In addition to those explicitly employed in these positions, the roles of nurses and midwives in most settings include identifying potential problems and developing a person-centred plan with individuals to minimise or avoid poor biopsychosocial health outcomes – a core component of successful preventive health reform.

We appreciate that this stage of the Strategy development is about getting the structure and direction right, and focus on detail will come later. However, the ANMF flags, at this early point, the need to fund education, training, and employed positions that enable nurses and midwives, who are both ideally placed in the health system and primed to enact the strategies that will improve the nation's health before issues arise. Further, future workforce planning is essential to ensure we have the right workforce, with the right qualifications and skills in the locations they are required.

Continuing strong foundations

8. How do we enhance current prevention action?

The ANMF is very pleased to see that the Strategy is grounded in a whole of government approach, rather than being siloed within the health sector. Recognising that substantive measures require addressing change in ministerial portfolios from infrastructure to agriculture, education to regional development, is an essential first step. To be truly effective, this will also require preventive and public health to be embedded in policies, for government at all levels to be involved, and a cross-portfolio approach driven by health but taken up across many departments.

While planning and implementing this scale of change, current interventions must continue. The ANMF believes that there are several investments that will yield the highest results for these programs, including: public education, increasing workforce, nurse- and midwife-led models of care, school nurses and funding.

Public education

As discussed in question 7, in addition to education about interventions and healthy change, there is an increasing need to counter widespread mis- and disinformation about health measures. The COVID-19

pandemic has provided an opportunity for bizarre theories to flourish, but the foundations for this were already in place, particularly around immunisation. To be successful, many preventive and public health campaigns will need to present a corrective narrative, informed not only by health experts but also specialists in conspiracy theory psychology – the wrong approach will result in entrenching these positions more firmly.

While there are exceptions, such as skin checks or prostate examinations, the majority of health practitioner visits are for the management of acute or chronic issues, rather than for preventive health care. Changing people's mindset to one that normalises consultations about preventive health management, for both health practitioners and the public, will allow for holistic assessments and consultations that address preventive health interventions.

Increased workforce

Any increase in preventive health care will require expansion of current primary and preventive health roles. The ANMF notes that nurses and midwives are already ideally prepared for this, and well placed as the first and most dominant points of contact where people interact with the health, aged and maternity sectors.

Nurse-led and midwifery continuity of care models

Nurses and midwives have substantial experience in delivering nurse-led or midwifery continuity of care models.

Nurse-led models

Whilst the term 'nurse-led model of care' is not consistently defined, it is typically applied where nurses take leadership of planning and implementing care, provide a supervisory role or practise without the direction of another health professional in delivering care.[32] Nurse-led models of care may occur where the nature of the treatment is particularly amenable to their profession and skill set, for example in the treatment of acute or chronic conditions, the provision of preventive interventions, where regular monitoring or treatment is required, where a treatment cannot be administered by the individual or their carer, or perhaps, where the individual requires frequent holistic reassessment. These types of care models are also appropriate where there is a lack of availability of other health professionals (such as in regional, rural and remote locations),[33] and/or limited resourcing of health services.[34]

Meta-analyses of nurse-led services in OECD countries has provided evidence to suggest that nurse-led models of care are at least as good as traditional physician-led models.[35] Whilst the scope of nurse-led models of care is significant, where models have been implemented there have been notable positive outcomes. Evidence has been provided for clinical benefits in delivery of care such as a reduction in short term risk factors and positive behaviour change (e.g. reduced smoking and improved diet adherence). People receiving care have also indicated an increased perceived quality of life and general health status, satisfaction in the delivery of their care and there has been an overall increase in the uptake of treatments.[36, 37, 38, 39]

Increasing strain on healthcare systems and a shift towards the empowerment of consumers, allowing them to play a more active role in their healthcare will also see the increased development and adoption of nurse-led models of care. [40]

Nurse-led interventions can increase early identification and intervention, improve access to treatment and follow-up, and help people with severe and enduring mental illness achieve the same standard of physical health as the general community through sustained and tailored support that includes:

- preventive health promotion and support;
- comprehensive health assessment with supported referral to appropriate services;
- proactive early detection and treatment;
- support to navigate pathways to affordable and responsive health care; and
- improved access to, and continuity of, care achieved through better availability and strengthened coordination and collaboration between specialist mental health, general practice, allied and community health services.[41]

Universal access to nurse-led and midwifery continuity of care models must therefore be a priority for reforms aimed at improving population health.

The Mental Health Nurse Incentive Program (MHNIP) was an excellent example of a nurse-led model of care. Nurses working within the program had mental health expertise, and were able to provide community-based care that was individualised, timely, coordinated, and cost effective. A review and analysis of published literature on the MHNIP found it was largely beneficial to people with severe and persistent mental illness, provided greater access to mental health care in primary health settings, and was highly valued by service recipients.[42] Measurable outcomes included overall mental health and social functioning for people, decreased Health of the Nation Outcome Scales (HoNOS) scores, increased engagement with employment, and reduced acute hospital admissions that resulted in an average cost saving of $2,600 per consumer, annually. Unfortunately, the MHNIP funding was folded into Primary Health Networks (PHNs) in 2016, which effectively closed the program. The result has been increased burden on the public health system. This represents a significant loss for consumers, many with complex, trauma-based mental illness, who relied on these mental health nurses. [43]

Midwifery continuity of care models

The International Confederation of Midwives has identified midwives as the key to improving health outcomes for women and their newborns. They are the most appropriate health practitioners to enhance the reproductive health of women, their newborns and their families, and are integral to reducing birth interventions.[44] Continuity of care models allow midwives to work to their full scope of practice, providing care that is woman-centred, embedding primary health and a preventive focus in their practice. There is clear and consistent evidence that midwifery models of care contribute to better outcomes for women and babies. A Cochrane review identified that, when compared with medical-led and shared care models, midwifery continuity care models are associated with improved maternal and infant outcomes.[45] Additional research

has identified women's improved experience of birth, postnatal care and overall satisfaction of care when receiving midwifery care under a continuity model.[46] Universal access to midwifery continuity of care models is essential.

Nursing and midwifery led models have been shown to be significantly beneficial in many areas of health. Despite evidence of the immense benefits of these models they have not been widely supported, funded, implemented and embedded in practice. As outlined above, the evidence shows that these models result in improved patient satisfaction, better quality of life and improved clinical outcomes, and streamlined access to other health practitioners. Nurses and midwives are excellent agents of connectivity as they understand how health systems work, how to get access to resources and services and how to link people with other health practitioners when required.

The ANMF recommends that the preventive health strategy identifies nurse- and midwife-led models as an essential key component of the preventive health strategy across all areas of the health sector.

School nurses

School nurses are an under-recognised part of the existing public and preventive health workforce. They work in every type of education sector, with age groups from preschool to tertiary level, in settings from day schools and outdoor residential campuses to special developmental schools, in every region across the country. The school nursing scope of practice encompasses a broad range of physical and mental health issues, with a strong emphasis on health promotion, primary health care, early detection of health or developmental issues and timely intervention, prevention, health education, and chronic condition management.

School nurses can identify physiological contributors to student change, and can provide personalised health and wellbeing information and guidance that encompasses both physical and mental health. Nurses working in schools build therapeutic relationships with students and their parents or primary care givers, and connect to the community, including their health colleagues and local health departments. Within the school community, these nurses develop relationships with, and become an important resource for, all teachers.

Trusted members of the school community, nurses are often specifically identified by students as a safe person to disclose personal and private information. Given the breadth of their scope of practice, school nurses are significantly underutilised, with many schools having no nurse at all, or access only to a community nurse who visits schools for specific interventions (e.g. immunisations). There are many advantages to increasing the number of school nurses across Australia and the ANMF recommends that at least one school nurse should be employed in each school across the country to improve health outcomes for this population group. They are perfectly placed to significantly contribute to the National Preventive Health Strategy outcomes.

Funding

To realise the vision, the Strategy requires increased funding that is explicitly allocated for public, primary and preventive health roles at both macro (big picture, population, campaign level) and micro (individual

interfaces, groups, classes, support to make lifestyle change) levels. This funding must be allocated to education, research, staffing, interventions, and to allow for organisational change.

Prevention currently only accounts for 1.5% of health care spending, despite the known high returns of investment in prevention. The return on this investment includes, but is not limited to, avoidable hospital admissions, early detection and treatment of chronic illness and disease, and ultimately improved quality and length of life. The ANMF therefore supports the Consumer Health Forum's call for this funding to be incrementally increased to 5% of the health care budget.[47]

This funding must be quarantined and be guaranteed in order to realise the long term vision of a healthier Australia. The ANMF has seen multiple instances of effective, successful primary and preventive health interventions that were abandoned when funding models or sources were changed or axed. Review and revision of the efficacy and cost effectiveness of preventive health programs and interventions is a necessary part of continuous improvement, however programs with sound evidence-based positive outcomes should not be removed when there is a change to political policy.

9. Any additional feedback/comments?

The ANMF have no further feedback or comments to add at this stage.

CONCLUSION

The ANMF supports the whole of government approach at the heart of the proposed strategy framework, and is supportive of the potential for substantial improvement to Australia's health care and interconnected systems, and to our nation's health. While the majority of aspects identified are appropriately considered high priority, we draw the Department of Health's attention to a number of additional, equally pressing components of an effective preventive health strategy. These are: aged care, dementia, mental health, Aboriginal and Torres Strait Islander people's health, climate change, workforce, and the need for specific, quarantined, guaranteed long-term funding.

We have also outlined how the inclusion of midwives, midwifery continuity of care models, nurses, and nurse-led models of care at the front line of preventive, primary and public health are essential for preventive health interventions to be successful. Nurses and midwives interact with people at every step of their lives, from birth, through schooling, immunisations, acute and chronic illness, during rehabilitation, in mental health, across conception to the post-partum period, to the end of life. The development of therapeutic relationships at all these points of contact allows for assessment of preventive health needs, facilitates honest disclosure, and provides opportunities for spontaneous as well as planned, structured education and review. For these reasons, recognition and funding of nursing and midwifery positions designed to implement national preventive health strategies must be a key component of planning.

The ANMF looks forward to participating in the next stage of the Strategy's development, where we anticipate a level of further detail will begin to emerge.

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