Submission to National Preventative Health Taskforce Discussion Paper

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Introduction

The Australian Nursing Federation (ANF) was established in 1924. The ANF is the national union for nurses and midwives, with Branches in each State and Territory of Australia.

The ANF is also the largest professional and industrial nursing and midwifery organisation in Australia, with a membership of over 170,000 nurses and midwives, employed in a wide range of enterprises in urban, rural and remote locations in both the public and private sectors.

The ANF's core business is the industrial and professional representation of our members and the professions of nursing and midwifery.

The ANF participates in the development of policy in nursing and midwifery, nursing and midwifery regulation, health, community services, veteran's affairs, education, training, occupational health and safety, industrial relations, immigration, foreign affairs and law reform.

The ANF is pleased to respond to the Discussion Paper prepared by the National Preventative Health Taskforce.

The disciplines of nursing and midwifery

Nursing is a unique discipline which places a central emphasis on the holistic care of individuals, families, and communities. Nursing encompasses a person-centred approach to care, which places emphasis on illness prevention and health promotion in theory and in practice.

Nurses work to promote good health, prevent illness, and provide care for the ill, disabled and dying. Nurses also work in non-clinical roles in the promotion of a safe environment; in education and in advocacy; they conduct research, participate in developing health policy and systems of health care management.[1]

Nursing also places considerable emphasis on the relationship between health and human rights.

This is clearly articulated in nursing's codes and standards of practice, such as the Code of Ethics. The Code of Ethics for Nurses in Australia (2008) outlines the importance of nurses *"recognising, respecting, actively promoting and safeguarding the right of all people to the highest attainable standard of health as a fundamental human right"*.[2]

There is specific recognition of Australia's Aboriginal and Torres Strait Islander people, about whom the Code acknowledges that *"physical, emotional, spiritual and cultural wellbeing"* form the *"expected whole of the Aboriginal and Torres Strait Islander model of care"*.

There is, in nursing philosophy and practice, an implicit understanding of the contribution of the social determinants of health on health status and health outcomes, as expressed in the 2008 Code of Ethics: "Nurses recognise and understand the contribution economic, social and ecological factors, such as poor education, social exclusion and prejudice, crime, poverty, inadequate housing, inadequate community infrastructure and services and environmental pollution and degradation may make to ill health in the community."

Midwifery is a woman centred, political, primary health care discipline founded on the relationship between women and their midwives. Midwifery considers women in pregnancy, during childbirth and early parenting to be undertaking a healthy process. Midwives focus on a woman's health needs, her expectations and aspirations and recognise every woman's responsibility to make informed decisions for herself, her baby and her family with assistance, when requested, from health professionals.[3]

The midwife is recognised as a responsible and accountable professional who works in partnership with each woman to give the necessary support, care and advice during pregnancy, birthing and the postpartum period, to conduct births and to provide care for the newborn and infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures.

The midwife has an important task in health counselling and education, not only for the woman, but also within the family and the community. This work involves antenatal education and preparation for parenthood and may extend to each woman's health, sexual or reproductive health and child care.[4]

It is in the context of the philosophy and practice of nursing and midwifery that comments are made in response to the Taskforce Discussion Paper.

The nursing and midwifery professions

Nurses and midwives form the largest health profession in Australia, providing health care to people across their lifespan. Nurses and midwives are the most geographically dispersed health professionals in Australia, working in homes, schools, communities, general practice, local councils, industry, offshore territories, aged care, retrieval services, rural and remote communities, Aboriginal and Torres Strait Islander health services, hospitals, the armed forces, universities, mental health facilities, statutory authorities, general businesses, and professional organisations

There are 12,000 registered midwives[5] and a combined total of 244,360, registered and enrolled nurses in Australia. Nurses and midwives comprise over 55% of the entire health workforce.[6]

Nursing and midwifery are therefore key professions to engage in achieving the aim of Australia as the healthiest country by 2020.

Preventing obesity, tobacco use, and alcohol abuse

The ANF supports the calls for urgent, sustained and comprehensive action to improve Australia's capacity to prevent illness and disease caused by obesity, smoking and harmful consumption of alcohol. We also acknowledge the distinct challenge of addressing these risk factors with regard to Aboriginal and Torres Strait Islander health, and the importance of measures to mitigate these risk factors with the aim of closing the gap between Indigenous and non-Indigenous people.

Prevention programs to address obesity, tobacco and harmful alcohol use will have little impact if the social determinants of health are not considered. The contribution of various factors which result in social exclusion (such as poverty, disability, poor social support, and lack of education and skills) cannot be ignored. Addressing these factors will require policies that consider the role of: equity in access to health care services; the importance of early intervention; the contribution of the environment to health and wellbeing; the importance of fair work; and social and historical contributors to social injustice.[7]

The effective training of health professionals to address these key challenges is necessary. Efforts must be made to ensure that health professionals in primary health care, community and public health roles have access to effective and regular training in the implementation of effective strategies to screen, counsel and provide public education in relation to these health risks. The utilisation of evidence based guidelines is important for the delivery of effective interventions, and the development and distribution of such guidelines should be appropriately resourced.

For all contributing factors, it is important to have nationally consistent legislation and policies. The collection of data on health risks and health outcomes must also occur in a nationally consistent manner to ensure accountability and allow comparability across the jurisdictions.

Investment in research is needed; as is the establishment of a national surveillance system, gathering data on environmental and health risk factors, as well as a nationally consistent reporting system for the evaluation of performance and outcomes, including health inequalities.

The business community must also be involved. Wellness programs and incentives to maintain health and wellbeing should be the responsibility of employers, as productivity is strongly linked to the wellbeing of the workforce.

Central to the strategies developed to improve prevention of illness must be a national effort to improve health literacy, given the strong evidence that exists about the relationship between low literacy, smoking and health risk factors.[8]

Obesity

Rising levels of obesity in Australia is placing a huge cost on the community in terms of reduced productivity; increased risk of illness associated with obesity; and soaring levels of childhood obesity leading to expected reductions in life expectancy.

A significant contributing factor to obesity is that of poor access to healthy foods for low socio-economic groups. There is strong evidence that poverty is a risk factor for obesity.[9] This must be given serious consideration in the development of strategies to reduce obesity in Australia.

In considering responses to tackle the challenge of rising obesity rates in Australia, it is also vital to consider the changing nature of community participation; the role of infrastructure in contributing to patterns of obesity; the availability of public transport; building design; the contribution of processed foods; the corporatisation of agriculture; and the links between obesity and socio-economic status.

Addressing the incidence and causes of obesity requires addressing issues such as the marketing of food; the relationship between television advertising of food and obesity; the implications of the global economic downturn on food prices; as well as the implications of climate change and future food security i.e. the availability and affordability of fresh unprocessed, healthy food. This situation has broader implications not only for the risks of obesity, but also in relation to a range of health risks associated with poorer nutritional status. Governments also have a role in ensuring that food supplied in the public sector is healthy, sustainably harvested, ethically produced, and has a low carbon footprint.

Alcohol

The social culture around alcohol in Australia is one of the key challenges in addressing harmful alcohol use. The relationships between sporting activities and the marketing of alcohol is also problematic, in the same way that corporate sponsorship of children's sporting activity by fast food giants is problematic in tackling obesity. Addressing harmful alcohol use by limiting marketing and the imposition of higher taxes is supported.

The targeting of 'at risk groups' such as adolescents with prevention programs and public education initiatives to reduce the uptake and excessive use of alcohol is supported. Interventions should address both environmental factors such as availability and price but should also address intrinsic risk factors such as poor parenting and low self esteem. Interventions for both parents and adolescents should be considered.

Specific interventions to reduce alcohol use among other groups considered at risk are also needed, for people with co-morbidities such as mental illness and drug dependence for example, and those from lower socio-economic/lower occupationally skilled groups.[10]

Specific and targeted interventions are needed to reduce harmful alcohol use among Aboriginal and Torres Strait Islander people. These interventions must be culturally appropriate and developed in consultation with Indigenous communities.

With regard to the priorities for action indentified in the Discussion Paper, an increase in taxes to reduce the affordability of both alcohol and tobacco products is supported. The collection of nationally standardised data would be valuable as would nationally consistent legislation and policies. Measures to reduce both marketing and accessibility of alcohol are supported. Advertising of alcohol via television should be banned during children's prime viewing times.

There needs to be a particular emphasis on education in the national approach to prevention of unsafe or harmful alcohol use. Improving access to health promotion programs for at risk groups is needed to enhance the impact of interventions to reduce alcohol use which will require additional investment both in education and the health care workforce.

Tobacco

ANF supports the priorities for action identified in the Discussion Paper to reduce smoking.

Reducing marketing of tobacco must be a key aspect of prevention. ANF supports the mandating of plain packaging for all tobacco products to reduce promotional opportunities, and banning point of sale advertising.

Consistent laws and policies with regard to tobacco sale and use are important in achieving an effective national response to prevention. Increasing taxes to further reduce affordability is supported.

Public education is also vitally important. The development of a well funded national anti-smoking campaign is needed to help deliver key messages warning people about the dangers of smoking.

Deeming tobacco use a "classifiable element" in film and television to only allow images of smoking to appear in 'M' and 'MA15+' media is also supported.

Continuing education for all health professionals to promote the implementation of effective interventions to reduce tobacco use is supported. Funding for this education as well as broader public education campaigns should be an integral part of the tobacco prevention strategy. This is particularly important with those working in Indigenous populations where culturally relevant interventions need to be developed in collaboration with Aboriginal and Torres Strait Islander people.

A national agency

ANF supports the establishment of a national agency to lead the development and implementation of policy and initiatives for prevention. Part of the role of this agency should be to develop an innovation hub to share ideas, research and evidence of effective measures in preventing ill health. This would make a substantial contribution to the evidence base for prevention and encourage innovation as well as the wider application of successful initiatives.

The agency should work closely with the Indigenous Health Equity Council to establish relevant and culturally sensitive approaches to tackling obesity, alcohol and tobacco use among Aboriginal and Torres Strait Islander people.

The agency should provide support for the workforce outside the health sector who also have a significant role in prevention – teachers, community and youth workers, police, those working in sport and recreational activities etc.

ANF supports the proposal in the Discussion Paper for the national agency to oversee increased research into prevention, as well as increased surveillance, social marketing and education campaigns, with particular emphasis on primary health care in prevention of illness.

Performance indicators

ANF supports the proposed indicators outlined in the Discussion Paper, as well as the requirement for reporting Indigenous status on all indicators. Reporting should also reflect location, sex, ethnicity and social economic status.

It is suggested that additional indicators be developed to evaluate: per capita availability of an appropriately qualified workforce to deliver interventions to address harmful alcohol use; the available workforce per occupational group across tobacco, alcohol and obesity initiatives; and expenditure on research to evaluate interventions to reduce harmful alcohol use, smoking and obesity.

Indicators that evaluate the performance of National Partnerships Payments should be included, and reflect the achievement (or otherwise) of improved health outcomes. Indicators that reflect service provision at the expense of evaluation of the effectiveness of services are not supported. These indicators must be consistent nationally, and provide for capacity building, as well as incentives for improved performance.

Indicators should also be developed to evaluate health literacy, given the strong links between low health literacy and poor health outcomes.

Supporting a framework for action: The role of nurses and midwives in prevention of illness and mitigation of health risks

Nurses and midwives already play a significant role in delivering preventative health messages and education to individuals and the community. Nurses and midwives in every setting and in every area of practice have opportunity to assist in the prevention of illness. Much of this can also occur in primary health care settings. There are around 27,000 nurses and midwives working in a variety of roles within primary health care settings around Australia. These nurses and midwives work in diverse roles, such as nurse practitioners, maternal and child health nurses, primary and secondary school nurses, community health nurses, occupational health nurses and general practice nurses. Within these settings, nurses and midwives provide services to address specific health issues, educate clients, and reduce risk factors for ill health. Many of these roles are generalist in nature, but many are also specialists – including but not limited to: women's health, men's health, adolescent health, sexual health, occupational health, chronic disease management, drug and alcohol, diabetes, emergency care, and child and infant health.

Nursing and midwifery interventions are key to the prevention and treatment of problems associated with obesity, tobacco and alcohol abuse. Nurses and midwives have the opportunity to influence risky behaviour in many settings, and with appropriate support, resources, education, and the provision of evidence based guidelines, make a significant contribution to prevention of illness.

There is strong evidence of the effectiveness, for example, of nursing and midwifery interventions in the prevention of foetal alcohol syndrome, with secondary and tertiary nursing and midwifery interventions proven to prevent secondary disabilities and improve outcomes for high-risk children in multiple research studies.[11] Nursing interventions are effective in reducing risks for patients with alcohol dependence in acute hospital settings through the education and health promotion they provide.[12]

In the community, nurses and midwives have an important role to play in creating links between teachers, parents and communities to identify locally relevant strategies to reduce alcohol related harm, smoking and obesity.

In regard to smoking, a Cochrane review has found smoking advice and/or counselling from nurses is effective in reducing smoking, but is less effective when the intervention is brief or the intervention is provided by a nurse whose main role is not that of health promotion or smoking cessation[13].

Nursing interventions are not only effective in terms of patient outcomes; they are often cost effective as well: interventions provided through nurse-led clinics in the UK to promote secondary prevention of heart disease found significant gains in life years saved.[14]

Developing a skilled workforce of nurses and midwives dedicated to prevention is clearly essential to achieve the aim of the "healthiest country by 2020". However, the development of this workforce will not be successful unless nurses and midwives are given appropriate support. Recent studies have documented that nurses and doctors are frustrated by heavy workloads limiting their capacity to participate in prevention activities.[15] It is also clear that specific education, appropriate resources and support are needed for health professionals to enable them to effectively address prevention.[16]

Summary

The success or otherwise of a national prevention strategy is going to require the simultaneous efforts of a large group of players in health, education, industry and the community. The evidence suggests that investment in prevention is worthwhile with potential savings from the reductions in alcohol misuse, smoking and obesity worth billions of dollars to Australia. The human benefits of those quality adjusted life years, and the effect on individuals of healthier and more productive lives are harder to calculate. However, both make efforts to improve prevention in Australia an essential task. The role of nurses and midwives, the largest health workforce, in achieving this aim, should not be underestimated.

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