Australian Nursing & Midwifery Federation
(Tasmanian Branch)

Joint Select Committee: Preventative Health Care

MAY 2015 ADDENDUM TO MARCH 2013 SUBMISSION
Australian Nursing & Midwifery Federation (ANMF)

Organisation Overview

The Australian Nursing and Midwifery Federation (ANMF) is both the largest nursing and midwifery union and the largest professional body for the nursing and midwifery teams in Tasmania. We operate as the State Branch of the federally registered Australian Nursing and Midwifery Federation. The Tasmanian Branch represents over 7,100 members and in total the ANMF across Australia represents over 240,000 nurses, midwives and care staff. ANMF members are employed in a wide range of workplaces (private and public, urban and remote) such as health and community services, aged care facilities, universities, the armed forces, statutory authorities, local government, offshore territories and more.

The core business of the ANMF is the industrial and professional representation of nurses, midwives and the broader nursing team, through the activities of a national office and branches in every state and territory. The role of the ANMF is to provide a high standard of leadership, industrial, educational and professional representation and service to members. This includes concentrating on topics such as education, policy and practice, industrial issues such as wages and professional matters and broader issues which affect health such as policy, funding and care delivery. ANMF also actively advocates for the community where decisions and policy is perceived to be detrimental to good, safe patient care.

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Introduction

The ANMF (Tas Branch) welcomes the opportunity to provide additional comment to the previous submission (March 2013) related to the inquiry into Preventative Healthcare in Tasmania with particular emphasis on the social determinants of health.

The ANMF (Tas Branch) takes seriously its responsibility in providing considered and constructive feedback on key issues effecting the health of the Tasmanian community and the contributions the nursing profession may make in influencing positive outcomes.

The Vision of Nurses and Midwives in Tasmania for primary health care.

Nurses and midwives consider the current climate for health reform in Tasmania offers a unique opportunity to refocus our health policy and funding strategies. To do this requires a shift of emphasis from the narrow perspectives of hospital based care with its treatment and cure of already established disease; to the promotion of health, the prevention of disease and injury and the diminution of health inequities of all Tasmanians across their lifespan. The Tasmanian Government through the One State One Health reform has espoused the commitment to reshaping the way in which services will be delivered including an increased emphasis on primary health.

This vision outlines the values, principles and aspirations for the development of a comprehensive primary health care strategy across Tasmania and acknowledges the unique conditions of rural and remote communities where is it is well established that health outcomes are significantly influenced by poor access to education and resources.

It is acknowledged there are unique and innovative exemplars of primary health care teams who are attempting to achieve this vision; and in some instances have been doing so for a number of years. They continue, however, to have significant structural impediments preventing them from realising their objectives. Importantly, these impediments also prevent other services from being able to emulate the more successful international service models which are consistent with the World Health

1 Dept of Health and Human Services 2014 One State One Health Green Paper Hobart, Tasmanian Government, p.5
Organisation Commission on the Social Determinants of Health in the Tasmanian context.

**HEALTH**
Health is a state of complete physical, emotional, social and cultural wellbeing of the person across the period of their life, enabling them to achieve their full potential as a human being. This also applies to the physical, social, emotional and cultural wellbeing of their whole community. It is not merely the absence of disease, injury or disability.

**HEALTH LITERACY**
A necessary precondition for influencing the health outcomes of the Tasmanian community is the knowledge and skills of individuals to be able to understand and use the information to influence lifestyle choices. Health literacy is comprised of a range of cognitive, social, affective and personal skills and attributes. People have the right both individually and collectively to participate in the planning and implementation of healthcare within their communities in a collaborative way. The development and implementation of health policy and health services on the basis of ‘nothing about us without us’ should be pursued with respect however it must be acknowledged that particular groups within the community may require support to do this in relation to their own health.

It is currently estimated that nearly two in three Tasmanians aged 15-74 (63 per cent) do not have adequate health literacy to meet the demands of every day modern life. Inadequate health literacy increases with relative socioeconomic disadvantage with the most disadvantaged within a community experiencing a health literacy disadvantage of 74%. This is particularly relevant in the Tasmanian context where 15% of people live in poverty and the incidence of child poverty is higher than the national average at 15.8%. 31% of Tasmanian Households relying on income support including aged, disability and sole parents support.

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3 Australian Healthcare Reform Alliance 2008, Submission to the National Health and Hospitals Reform Commission.
5 Ibid.
6 National Centre for Social and Economic Modelling, University of Canberra, 2013.
THE SOCIAL DETERMINANTS OF HEALTH

It is critical to focus on the social determinants of health in the quest for health. The social conditions in which people are born, live, and work are the single most important determinant of good health or ill health, of a long and productive life, or a short and miserable one. Health care is an important determinant of health. Lifestyles are important determinants of health and factors in the social environment determine access to health services and influence lifestyle choice in the first place. Areas for action include early life support and care, ecosystem sustainability, education, employment, food and water security, health care, housing, income, social inclusion and social welfare. The average income and educational levels of Tasmanians are below that of most other states with 31% of Tasmanian households relying on income support including aged, disability and sole parents support.7

PRIMARY HEALTH CARE

Primary health care is a holistic approach incorporating body, mind, spirit, land, environment, culture, custom and socio-economic status to the provision of essential, integrated, quality care based upon practical, scientifically sound and socially acceptable methods and technology. It is made accessible to all people, families and communities as close as possible to where they live and through their full participation, in the spirit of self-reliance and self-determination; and at a cost that the Tasmanian community can afford.

Primary health care forms an integral part both of Tasmania’s health system, and of the overall social and economic development of the community. The policy and provision of primary health care is shaped around the contribution of citizens identifying priorities for the promotion of healthy living, the prevention of disease, injury and disability. In addition, it must meet the healthcare, treatment, self-management and rehabilitation needs of people, their families and communities; and their desire for humane, safe care across the period of their lives.

A variety of responsive forms of service delivery, provided by a range of providers, including nurses and midwives must be available to meet the needs.

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7 Tasmania Lead Clinicians Group (2012) Disease Burden in Tasmania
Inquiry Terms of Reference

1. **The current impact of inequalities in the major social determinants of health on the health outcomes, including mental health outcomes, of Tasmanians and the capacity for health and community services to meet the needs of populations adversely affected by the social determinants of health.**

Nurses and midwives recognise the diversity of people and practice with cultural competence across a range of clinical contexts. Affordable and ready access to services will impact significantly on the inequality experienced by many Tasmanians particularly in rural and remote areas. The rate of health inequity in Tasmania related to income is startling with socio-economic disadvantage corresponding to higher health risks, higher rates of preventable hospitalisation, higher rates of chronic disease and higher avoidable mortality rates.\(^8\) In addition poor outcomes for Tasmanians are identified across a number of indices contributing to the social determinants of health. These include high rates of transport disadvantage, highest rates of homelessness, low educational attainment rates and high rates of housing stress.\(^9\) Health inequity is a direct reflection of social inequity and there is a direct correlation across the socio-economic gradient.

The mental health of Tasmanians is of significant concern. Nurses working with clients and families living with mental health conditions report the challenges of supporting clients to live safe and productive lives only to find their efforts thwarted by a lack of secure housing, transport and access to affordable ongoing health care.

2. **The Challenges to, and benefits of, the provision of integrated and collaborative preventative health care model which focuses on the prevention and early detection of, and intervention for, chronic disease.**

The legitimacy and sustainability of any major primary health care policy decision depends on how well it reflects the underlying values and views of the community. Community engagement and participation requires the opportunity for the community as well as nurses and midwives and other health providers and managers within the health sector to assess evidence, develop priorities and develop and implement plans to improve health and health care according to those priorities.

Community controlled health services provide a model for primary health care where power is explicitly vested in local communities. Such models should be considered

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\(^{9}\) National Centre for Social and Economic Modelling (NATSEM) University of Canberra, 2013.
where this level of local community participation has the potential to improve the health of individual people and the community as a whole, and where other models may be less successful. Other Partnerships should also be forged between the community, health providers and other services impacting on the social determinants of health in the community, that are outside traditional health services including non-government organisations. Making integrated care happen requires collaboration across organisations and sectors which to date has proven almost impossible. There remains a gap between intentions and impact due to insufficient commitment and lack of funds to support to support execution and implementation. A significant proportion of hospital beds are occupied by frail older people and people with long-term conditions who would be more appropriately cared for in the community. For some conditions, admissions could be avoided with more proactive care and, in many cases; length of stay could be reduced if there were more services to support rehabilitation and discharge. This would deliver a much better patient/consumer experience.

The ANMF (Tas Branch) would suggest the registered nurse as the only generalist clinician within the health workforce. However nurses are prevented from practicing to their full potential by a range of legislative, administrative, funding, policy, custom and practice barriers. This is particularly challenging when the proposed changes in health service delivery will require both service capacity and capability. The nursing profession is flexible and responsive enough to provide solutions to strengthen healthcare services through key strategies to optimise nursing.

To support the vision of nurses and midwives in Tasmania it is imperative to:

- Centre health policy around primary health care for people across the lifespan.

- Invest in health by providing continuing funding for nurse and midwifery led programs and models of care proven to produce quality outcomes eg.. Nurse Practitioners and advanced practice nurses working in chronic disease management, Well women centres in local schools led by nurses and midwives.

- Identify and develop opportunities for collaborations and outreach programs led by nurses and midwives across sectors outside of traditional health services to improve the rates of health literacy. Some examples may include “pop-up” clinics for significant events, rural and remote areas, caravan parks.

- Identification and nurse led case management of ‘at risk’ families and individuals through the concepts of health equity in action. This is particularly important for children.
• Development of consultation liaison nurse led services which provide timely access to health information and plan ongoing management referral and intervention.

• Enable nurses to work to their full scope of practice across all settings.

• Expand the delivery of nursing services in a range of settings to increase service capacity and consumer choice.

3. **Structural and economic reforms that may be required to promote and facilitate the integration of a preventative approach to health and wellbeing including the consideration of funding models.**

There currently exists both policy and structural impediments to the introduction of ‘joined up’ policy. The proposed changes to the Tasmanian health system are commendable yet in the design of the key advisory groups supporting the reforms is the absence of a group making recommendations on preventative and primary health. This is at odds with the espoused commitment for integrated services.

Durability, consistence and reliability are integral to sustaining healthy communities and the integration of preventative health strategies. The long standing practice of initiating “pilot” projects as politically expedient responses is totally unacceptable. This process leads to community mistrust, disintegration of goodwill, and decay of professional and intellectual capital.

There is a need for reform which initiates preventative and primary health programs on the basis of “if you can’t sustain it don’t start it”. The funding and the regulation of the health sector in Australia is complex and divisive currently spending at 9% of GDP annually. State and Territory governments largely have responsibility for funding and management of hospitals and other major parts of the health system with the Australian government responsible for a significant percentage of the primary care health budget. The ACOSS report of 2014 found that 80% of community organisations are struggling to meet demand due to high levels of demand and diminishing resources.

Improvements to the integration of services may be achieved through:

• Significant improvements in interconnectivity between IT systems within regions and service providers.

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10 ABS National Accounts  
11 ACOSS Community Sector Survey 2014. www.acoss.org.au
• Introduction of tele-health clinics - led by nurses and/or midwives.

• Health funding based on outcomes rather than activity based funding.

• Ensure funding cycles are adequate to ensure continuity of successful programs.

• Pharmaceutical reform arrangements to allow nurse practitioners in specialist services to access drugs.

• Amend the MBS, incentives and exemptions to be extended to nurses.

• Expand diagnostic and referral privileges for nurse practitioners employed in the public sector.

4. *The extent to which experience and expertise in the social determinants of health is appropriately represented on whole of government committees or advisory groups.*

Nurses and midwives are suitably educated socially, professionally and technically to both lead and work as a member of a primary health care team. Effective transdisciplinary primary health care requires pre-entry and ongoing integrated interprofessional development and education. This is achieved by the incorporation of transdisciplinary education into the curricula of all the health professions, so a cooperative and collaborative approach to primary health care practice between nursing and midwifery students, medical students and students of other health professions is present right from the beginning and throughout their careers. A dynamic approach to the education of health professionals in primary health care is required to ensure the workforce is prepared to meet changing needs of the future. Improvements and recommendations include:

• The recent reintroduction of School nurses is a very important opportunity for developing health literacy in younger people however they have been employed by the Department of Education and therefore risks opportunities for effective transdisciplinary primary and preventative collaboration.

5. *The level of government and other funding provided for research into the social determinants of health*

Effective systems of corporate and clinical governance are necessary at all levels of primary health care to monitor and improve the safety and quality of services.
This includes:

- Open, transparent monitoring and reporting systems.

- Collection and use of data and information for driving change and improvement with performance indicators based upon the social determinants of health and other evidence based quality indicators of access, safety, effectiveness, appropriateness, efficiency and consumer participation.

- Investment in research for achieving continuous improvement.

- Effective organisational systems that promote safety and quality.