

**Australian Nursing Federation
(Tasmanian Branch)**

**Joint Select Committee
Inquiry:
Preventative Health Care
Submission**

March 2013



ANF
TASMANIAN BRANCH

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

Current inequalities seen as issues in Tasmania are low income, skewed population demographics, lack of public transport, access to housing, access to quality education, access to GP's, lack of access to specialty consultants or speciality GP's, high level of rural and remote areas, child health services limited, lack of school nurses and psychologists in public schools, lack of digital awareness and long waiting lists for health care.

The impact of these inequalities affect the delivery of health care to Tasmanian's by causing a deterioration in health whilst waiting on waiting lists and an inability to afford health care (there is a current lack of GP's offering bulk billing). These inequalities cause an increase in chronic diseases. A lack of after hours mental health services results in mental health clients deteriorating and inappropriately using ED as a means of assessment and care. A lack of child health and parenting services and appointments causes an increase in preventative health issues and due to lack of early screening and support into the transition to parenthood. There is a lack of community rehabilitation services available, a number of services such as Hospital in the Home at LGH have been discontinued, resulting in a higher pressure on acute beds, and also an increase use of outpatient clinics. Community care packages are lacking and not available to those who need them resulting in acute hospital admissions.

The lack of community based services to support people post acute illness and a lack of focus on early intervention is forcing Tasmanian's to use hospital based services and increase the prevalence of chronic disease.

2. ***The need for an integrated and collaborative preventative health care model which focuses on the prevention, early detection and early intervention for chronic disease***

2.1 Preventative

2.1.1 Better resourcing of DHHS public and population health department.

- Smoking cessation
- School education
- Public Education
- Public Health campaigns - Media campaigns.
- Target young people – Family/child health service, child care centres, schools, events, TV, magazines.

- 2.1.2 Funding Clinical Nurse Specialist/Consultants and Nurse Practitioners into the community. i.e. Diabetes, Infectious Diseases, Sexual Health, Wound management, Nurse Led Walk in Centres.
- 2.1.3 Expanded occupational health programmes. Consultations and education provided to work places.
- 2.1.4 Improved funding community nurses and practice nurses to include time for preventative strategies
- 2.1.5 Make health education and support more accessible.
- 2.1.6 More engagement of NGO's i.e. Neighbourhood house.
- 2.1.7 Increase the amount of free Allied health visits per year >5

2.2 Early detection

- 2.2.1 Super clinics – free 5-10 visits
- 2.2.2 More funding and support for chronic disease prevention services staffed by CNS, Nurse practitioners + other multi-disciplinary team members. i.e. Cystic fibrosis chronic disease management service has been proven to prevent presentations to Emergency Departments and in-patient admissions. Orthopaedic Early Intervention (EIS) model, proven to be effective in decreasing morbidity rates & delaying or removing the need for joint replacements.
- 2.2.3 Primary Health Care Nurse Practitioners in New Zealand prevent hospital admissions of people with Chronic Diseases e.g. COPD by regular home visits and case management.

2.3 Early intervention

- 2.3.1 Diabetic education centre could be used as a proven model.
- 2.3.2 Need to improve support to health practitioners to access information of existing services relating to chronic disease management / early intervention. Both DHHS and NGO. Consider creating a Hotline Hub for this purpose.
- 2.3.3 Compression bandages have been proven to reduce venous leg ulcer healing times by 50%. These items are costly and not subsidised by the government or many community nursing services. As the majority of patients needing them are elderly, many miss out on the recommended care as they are unable to afford it. Their ulcers therefore linger for many months and sometimes years, increasing the cost of care and their ongoing risk of infection and hospital admission. Easy access to appropriate treatment would solve this problem.

3. *The need for structural and economic reform that promotes the integration of a preventative approach to health and wellbeing, including the consideration of funding models*

The health system is in need of structural and economic reform that encompasses the preventative health care needs antenatal to death. The structural reform must include equitable access for all encompassing new technologies, education and treatment. Economic

reform should focus on preventative health measures which address education, early detection of health issues related and long term management plans. Fully funded programmes should include comprehensive education around health risks related to smoking and alcohol during pregnancy along with post natal care in regard to vaccination and regular contact with Child Health and Parenting Nurses (CHAPS).

Early childhood interventions should include: reinstatement of school nurses; mobile dental care and education in all schools; structured education in schools focussing on healthy diet choices and nutrition; education on the benefits of exercise, importance of good hygiene practices and identification of health risks such as smoking at any early age. Adolescent programmes should re-enforce health life style choice including management of chronic disease risks and empower adolescents to take ownership of their own health

Adult programmes should be two fold in that they deliver necessary treatment in conjunction with holistic ongoing education in regard to future preventative health measures. For example those patients requiring a total knee replacement will receive concurrent education in regard to reducing body mass index, exercise programmes and other relevant healthy life styles choices.

The government's role may be to fund community education programmes around societies key risk determinants and establish infrastructure that will deliver remedial treatment that may still results from health risks.

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

At present there is a distinct lack of representation of coal face clinicians such as CHAPS nurses, practice nurses and community nurses on Government committees who have a significant insight into the social determinants of health. It is essential to Include relevant nurses and to allow them accessible opportunities to participate such as, paid time and adequate notice, which would provide genuine feedback on how social determinants such as low socio economic status, chronic diseases and low education levels impact on community members health status and ability to undertake preventative health measures.

Expertise on government committees in regard to the social determinants of health is important but should not replace the experience of grass roots clinicians who can provide the reality of the situation in the community.

5. *The level of government and other funding for research addressing social determinants of health*

There is a plethora of literature and evidence based research available that indicate the impact that social determinants of health. This research is well recognised within the health care sector, however there is little funding or resources available to implement programmes to address the health risks associated with the social determinants of health as discussed.

Allocated funding is required to implement programmes to address key health risks which are already well established such as the need for education for expectant mothers on the risks of smoking and consuming alcohol during pregnancy. This is where funding should be projected and any research should be directed toward emerging issues such as cyber bullying rather than well established risks such as obesity and healthy diets.

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8 March 2013