



Dietitians Association of Australia, Tasmania Branch
Submission to the Joint Select Committee on Preventive Health Care
February 2013.

The Dietitians Association of Australia (DAA) is the national association of the dietetic profession with over 5000 members, and branches in each state and territory. DAA is a leader in nutrition and advocates for better food, better health, and wellbeing for all. The DAA Tasmania Branch appreciates the opportunity to provide a submission to the Parliament of Tasmania Joint Select Committee on Preventative Health Care.

Contact Person: Annette Byron
Position: Senior Policy Officer
Organisation: Dietitians Association of Australia
Address: 1/8 Phipps Close, Deakin ACT 2600
Telephone: (02) 6163 5202
Facsimile: (02) 6282 9888
Email: abyron@daa.asn.au

Introduction

DAA supports the inquiry into preventative health care in Tasmania given the state has higher rates of chronic disease than the national average, and many of these chronic conditions are diet-related and preventable. For example, the Tasmanian age-standardised death rate for diabetes mellitus in 2005 of 29.1 deaths per 100,000 persons was significantly higher than the Australian rate of 16.1 deaths per 100,000 persons¹. The state faces unique challenges in assisting individuals to manage their chronic health conditions, including the geographical dispersion of the population and high rates of socio-economic disadvantage.

DAA considers that the current model of care does not prevent and treat chronic disease adequately in Tasmania, and that the number of dietitians is not sufficient to meet the needs of the community. The Association recommends that the number of dietitians available in community health services be increased to provide services to individuals and groups in the community, and to support the work of other health professionals in addressing social determinants of health.

DAA offers responses to two of the five Terms of Reference as follows.

(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;

Food and social determinants of health

The recently released Australian Dietary Guidelines describe how good food and nutrition form a cornerstone of preventative health care. The evidence around this social determinant of health supports the link between good nutrition and the risk of diet-related conditions, such as high cholesterol, high blood pressure, obesity, type 2 diabetes, cardiovascular disease, and some types of cancers.

Nutrition also plays a role in healthy ageing². Inadequate nutrition and food insecurity pose major threats to healthy ageing among older people, and this is projected to place an increasing strain on the national budget. In addition to the risk of chronic disease certain groups in Tasmania are also at risk of nutrient deficiencies and inadequacies, including iodine, folic acid vitamin D and iron^{2,3}.

Early detection of risk factors and clinical dietetic input in the community can help to prevent or slow disease progression^{2,3}. This is a cost effective strategy to improve the health of the population and improves quality of life for individuals⁴⁻⁶.

Inadequate number of dietitians to meet community needs

DAA contends that health and community services in Tasmania do not have the capacity to meet the needs of the population with respect to food and nutrition because of a lack of access to dietitians in the community. Consequently, individuals and groups of Tasmanians are unable to obtain expert nutrition advice to reduce their risk of chronic diseases such as diabetes, cardiovascular disease, overweight and obesity, and to assist in the self management of diet related disease.

Membership data collected by the DAA suggests Tasmania has the lowest number of dietitians per head of population in Australia with just 13.5 dietitians per 100 000 people, compared to the 20.1 per 100 000 nationally⁷. There is a lack of publicly funded or private sector community-based clinical services in Tasmania, and this is particularly the case in rural and low income communities where services are typically non-existent.

Community-based mapping of services fails to identify the gap in services because the community is unaware of the service they are missing. General practitioners may wish to refer their patients for nutrition advice, but are unable to do so, and patients are unaware that such services are available in other parts of the country.

Whilst in recent years there has been some growth in community-based dietetics services in parts of Tasmania, these have been ad-hoc in response to short term or specific funding.

(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.

Support for integrated model

DAA supports the concept of an integrated and collaborative preventative health care model. Strong collaboration and inter-sectoral partnerships are essential to address the current inequalities in the major social determinants of health on health outcomes.

Integrated model requires critical mass of health professionals

Such a model depends on having a critical mass of health professionals. At present there are not enough dietitians to assist individuals and groups in the community to improve their health outcomes and there is a lack of capacity to coordinate what community-based clinical dietetic services do exist. This leaves the most vulnerable and disadvantaged in the community at increased risk.

Furthermore, the lack of dietitians in community services in Tasmania participating in an integrated model means community based health professionals, such as general practitioners or community nurses, are unable to access expert nutrition advice to support multidisciplinary efforts in prevention, early detection and early intervention of chronic disease.

This is not just important for cardiovascular and other chronic diseases, but will be increasingly important for frail older Tasmanians at risk of malnutrition. Systems to prevent and treat malnutrition in older Tasmanians will be ineffectual without the input from dietitians who are uniquely trained to recognise and treat malnutrition. This will increase the likelihood of admission to hospital and hasten entry into residential aged care facilities⁸.

1. Department of Health and Human Services Tasmania. State of Public Health Report 2008. (Available from: http://www.phaa.net.au/documents/State_of_Public_Health_Report_2008.pdf Accessed 25 February 2013)
2. National Health and Medical Research Council. Australian Dietary Guidelines. Canberra: National Health and Medical Research Council, 2013. (Available from http://www.eatforhealth.gov.au/sites/default/files/files/the_guidelines/n55_australian_dietary_guidelines.pdf Accessed 25 February 2013)
3. Australian Institute of Health and Welfare. Australia's health 2012. AIHW Bulletin no. 13. Cat. no. AUS 156. Canberra: Australian Institute of Health and Welfare, 2012. (Available from <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=10737422169> Accessed 25 February 2013)
4. Bertram MY et al. Assessing the cost-effectiveness of drug and lifestyle intervention following opportunistic screening for pre-diabetes in primary care. *Diabetologia* 2010; 53: 875-881.

5. Pastors JG et al. The Evidence for the Effectiveness of Medical Nutrition Therapy in Diabetes Management. *Diabetes Care* 2002; 25: 608-613.
6. Dalziel K and Segal L. Time to give nutrition interventions a higher profile: cost-effectiveness of 10 nutrition interventions. *Health Promotion International* 2007; 22: 271-283.
7. Dietitians Association of Australia. DAA Workforce Area Statistics: Dietitians Association of Australia. 2013
8. Covinsky KE, Martin GE, Beyth RJ, Justice AC, Sehgal AR, Landefeld CS. The relationship between clinical assessments of nutritional status and adverse outcomes in older hospitalized medical patients. *J Am Geriatr Soc* 1999; 47: 532-8

About the Dietitians Association of Australia

DAA is the national association of the dietetic profession with over 5000 members constituting approximately 80 percent of the dietetic workforce in Australia. The interests of dietitians are broad and derive from training in three dominant areas of practice i.e. individual case management of medical nutrition therapy (clinical care), community and public health nutrition, and food service management. Dietitians work in diverse settings including hospitals, private practice, public health, community health, food service, food industry, research and teaching.

The Accredited Practising Dietitian (APD) program is the foundation of DAA as a self regulated profession with 98 percent of eligible members participating in the program. The APD credential is recognised by Medicare, the Department of Veterans Affairs, private health funds and for access to the Healthcare Identifiers Service.