Australian Nursing and Midwifery Federation submission to

AUSTRALIAN GOVERNMENT CONSULTATION ON THE DRAFT NATIONAL PREVENTIVE HEALTH STRATEGY 19 APRIL 2021





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 300,000 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.

Prevention and early intervention strategies reduce the financial, health, and societal impact of chronic disease while improving individuals' quality of life. These principles are fundamental to the delivery of quality nursing and midwifery care. The ANMF agrees that the whole of life, whole of government approach at the heart of the National Preventive Health Strategy is essential, as the factors that influence health are broad and multifactorial. We wholly support centring health policy around this philosophy, utilising programs that promote health and address existing health inequity. Among the changes we are pleased to see in this draft are reflections on the inequities, gaps, and strengths that the COVID-19 pandemic has highlighted in our existing health care system, and recognition of unions as preventive partners.



CONSULTATION QUESTIONS

1. Name

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3. Organisation

Australian Nursing and Midwifery Federation

Vision

4. Do you agree with the vision of the Strategy? Please explain your selection.

Strongly Agree/ Agree/ No Opinion//Disagree/ Strongly Disagree

The strategic vision is:

To 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 poor health and wellbeing.

This is a high-level statement that, in conjunction with the specific references on p. 5 to marginalised communities who experience health inequity, attempts to be fully inclusive.

As noted in our submission to the earlier draft National Preventive Health Strategy,¹ the ANMF recommend the wording 'for all Australians' be amended to 'for all people in Australia' to include people living in this country who are not Australian citizens. As has been clearly demonstrated over the past year, during the COVID-19 pandemic, failing to include in health policy people who live in Australia but are not Australians can substantially and negatively impact the effectiveness of these policies. Broadening this language means that people in marginalised communities who have no evidence of citizenship (for example, no birth or Centrelink registration); immigrants who have not yet obtained Australian citizenship; refugees; and students or workers on various categories of visa are included in the strategy, improving the health of us all.

Australian Nursing and Midwifery Federation (2020) Submission to the Australian Government Department of Health Consultation Paper for the National Preventive Health Strategy p.4 http://anmf.org.au/documents/submissions/ANMF_Submission_to_DoH_National_Preventive_Health_Strategy_28_September_2020.pdf



5. Do you agree with the aims and their associated targets for the Strategy? Please explain your selection.

Strongly Agree/ Agree/ No Opinion//Disagree/ Strongly Disagree

The aims outlined on page 8 address the importance of preventive health in early childhood as a key driver of lifelong health and wellbeing; prioritising quality of life across the lifespan; existing health inequity; and increasing preventive health funding. The ANMF agrees with these high-level aims, which now include measurable targets, strengthening the Strategy.

We are disappointed to see that some of our earlier recommendations, which would enhance the effectiveness and reach of the Strategy, have not been adopted. These include:

1. Australians have the best start in life

There is now more emphasis on the importance of early childhood as the foundation of lifelong health. This includes brief recognition of the impact of health in-utero, during the perinatal period, and across early childhood on long-term wellbeing (p. 21), and the role of sound nutrition in a child's first 2000 days (p. 48). However, the ANMF again recommends that this aim include the importance of preventive health and support for women/people during pre-conception and pregnancy, and not just the child.

2. Australians live as long as possible in good health

The only target for this aim is additional length of life "in full health" (p. 8). The aims should include a measurable improvement in quality of life, particularly in the last years of life. Additionally, while mental health, along with the development of resilience, is addressed later in the document, it would be useful to specifically include this as a target, as it is not otherwise captured in the Strategy's aims.

3. Health equity for target populations

The ANMF is pleased to see a target for Indigenous-specific care here. Though this aim does not otherwise identify groups whose health is affected by existing inequity, the needs and specific interventions addressing some groups at higher risk (including culturally and linguistically diverse communities, and LGBTQI individuals) are described later in the Strategy.

However, the ANMF is concerned that other disadvantaged groups, particularly those living in poverty, have not been identified. Poverty is a leading contributor to health inequity at every stage of life, from poor prenatal nutrition to shorter lifespans and higher burdens of chronic disease. Despite this, while there are frequent references to socioeconomic disadvantage, 'poverty' is only mentioned once in the Strategy, in relation to alcohol and other drug use (p. 62). Further, the references to disadvantage are made in the context of the impact this has on factors that influence health, rather than addressing the root cause, which is increasing support payments, allowing families and individuals to be lifted out of poverty. This must be part of any effective preventive health plan.

4. Investment in prevention is increased

The ANMF is pleased to see the Strategy identifying an increase in preventive health spending from its current rate of 1.5% to, as recommended by the Consumer Health Forum and supported by the ANMF, a target of 5% of the total health budget by 2030.



Principles

6. Do you agree with the principles? Please explain your selection.

Strongly Agree/ Agree/ No Opinion//Disagree/ Strongly Disagree

The six principles that underpin the Framework for Action 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 and supported.

The ANMF is pleased to see that principle five, adapting to emerging threats and evidence, now explicitly includes climate change and its effects on health and wellbeing, along with workforce, and the identification of older people as an essential priority group, all additions we previously recommended.

Enablers

7. Do you agree with the enablers? Please explain your selection.

Strongly Agree/ Agree/ No Opinion//Disagree/ Strongly Disagree

The Strategy identifies seven systemic enablers to the effective implementation of national holistic, integrated preventive health care (pp. 31-42). As with health itself, these are interdependent, and apply to all levels of function.

The incorporation of earlier stakeholder feedback is particularly evident in this section, which includes and responds to specific comments. The ANMF is pleased to see that the Department has recognised the importance of clearly identifying a qualified, skilled workforce across all sectors is an essential enabler for the implementation of the Strategy. We are also pleased that our recommendation that regular evaluation and monitoring be embedded in the Strategy has been implemented, with these aspects forming part of the research and the surveillance enablers respectively.

However, the ANMF is disappointed that doctors are still the most commonly referenced health providers, with only one mention of nurses (despite this profession comprising the greatest proportion of the health care workforce). Also, despite the Strategy's emphasis on the importance of neonatal and early childhood wellbeing on long-term health there is still no discussion of the vital role midwives play.

8. Do you agree with the policy achievements for the enablers?

Strongly Agree/ Agree/ No Opinion//Disagree/ Strongly Disagree

Each of the identified enablers is tied to specific desired outcomes by 2030.

1. Leadership, governance and funding

The ANMF agrees with all the policy achievements as they stand, particularly the requirement for sustainable, long term funding. As discussed in section 3 of question 6, we again note that poverty is a key driver of health inequity, which should be recognised within the outcome "A health lens is applied to all policy through ongoing, cross-sectoral partnerships," as this would include the federal government's social support programs.



2. Prevention in the health system

The inclusion of midwives with other primary health care professionals will reflect the integral role the profession plays in maternal and infant health throughout pregnancy and in the first six weeks of life. This is particularly relevant in light of the Strategy's recognition that continuity of care is a desirable model that improves health outcomes.

3. Partnerships and community engagement

The ANMF supports these outcomes, particularly the emphasis on transparency, evidence, and protection from conflicts of interest.

4. Information and health literacy

The ANMF supports these outcomes.

5. Research and evaluation

To ensure that research is tied to clinical practice, dedicated funding should be allocated for and accessible to researchers across all health practitioner areas, in addition to current and improved funding models for academics.

6. Monitoring and surveillance

In addition to the listed policy achievements, monitoring should include analysis of gaps within and across data sets, with mechanisms that allow this information to be collected and analysed where required.

7. Preparedness

The emphasis in the Strategy on preparedness for threats, particularly environmental and microbiologic, is necessary and welcomed. The ANMF notes that one key way to reduce the heat-related effects of climate change on health is modifying housing, particularly that of people renting and people living in poverty, through insulation, external window shades, and building design (including roof colour) in addition to air conditioning systems. It may be useful to reflect this in the description of adverse determinants of housing on p. 12.

Focus areas

9. Do you agree with the seven focus areas? Please explain your selection.

Strongly Agree/ Agree/ No Opinion//Disagree/ Strongly Disagree

The ANMF agrees with both the content and prioritisation of the focus areas detailed on pp. 43-62, which closely reflect the recommendations we made in our previous submission.

The ANMF is pleased to see that the emphasis of focus area six, reducing alcohol and other drug harm, is on health and reducing stigma, rather than punitive interventions, with recognition that alcohol, then misuse of prescription medications are the substances that cause greatest harm.

While a number of our recommendations have been incorporated into the revised Strategy, the ANMF is profoundly disappointed to see that aged care and family violence are still not addressed in the Strategy. This is despite the COVID-19 pandemic high; ighting the need for a comprehensive national strategy on both. As we noted in our original submission (p. 10), a third of all cases of dementia are preventable, with twelve modifiable factors identified, making the incidence of this condition highly responsive to preventive health measures. Once again, we recommend aged care and family violence are addressed in the Strategy.



10. Do you agree with the targets for the focus areas?

Strongly Agree/ Agree/ No Opinion//Disagree/ Strongly Disagree

The ANMF would like to see the issue of food deserts among social disadvantaged groups, particularly in remote areas, targeted. This approach would address focus area two, improving access to and the consumption of a healthy diet. In addition to the listed achievements, we believe that education about meal planning and food preparation should be readily available, and integrated into secondary school education. Increasing emphasis on traditional knowledge about Aboriginal people's lands and plants would also help address some of the social disconnection and malnutrition that exists in many remote Aboriginal communities.

11. Do you agree with the policy achievements for the focus areas?

Strongly Agree/ Agree/ No Opinion//Disagree/ Strongly Disagree

Continuing strong foundations

12. Do you agree with this section of the Strategy? Please explain your selection.

Strongly Agree/ Agree/ No Opinion//Disagree/ Strongly Disagree

The ANMF agrees that current effective preventive health interventions and programs must be further expanded to include other emerging and innovative programs. We are very pleased to see that the Strategy is grounded in a whole of government approach – this level of substantive change requires the creation of policies across multiple areas, from infrastructure to agriculture, education to regional development, and a fundamental reframing of what constitutes the business of those departments. To be truly effective, this will also require that preventive, public health approaches are embedded in government policy at all levels, and that a cross-portfolio approach is driven by health but taken up across many departments.

13. Any additional feedback/comments?

The ANMF supports the whole of life, whole of government approach at the heart of the proposed strategy framework. We are supportive of the potential for substantial improvement to Australia's health care and interconnected systems, and to our nation's health.

The ANMF recognises that the Strategy is a big picture, high-level document that provides a framework for individual programs and strategies. Nurses and midwives interact with people at every stage of their lives. All points of contact that people have with them allows for assessment of preventive health needs, facilitates honest disclosure, and provides opportunities for spontaneous as well as planned, structured education and review. Nurses and midwives are the linchpin of preventive health care. The inclusion of nurses and midwives in the National Preventive Health Strategy as the front line health practitioners for the provision of preventive, primary and public health care is essential for the Strategy to be successful. It is imperative that nurses and midwives are recognised for their contribution and that funding is allocated for nursing and midwifery positions designed to implement national preventive health strategies.



CONCLUSION

The ANMF appreciates the opportunity to participate in this consultation process and provide our feedback on behalf of our membership. We commend the Department on the changes made to the Strategy, and the recognition of prevention as an integral and essential component of maintaining and improving the health of all people living in Australia.

The ANMF looks forward to providing feedback on the final draft of the National Preventive Health Strategy.