



22 December 2008

Preventative Health Taskforce Secretariat
MDP 16
GPO Box 9848
Canberra ACT 2601
Australia

Re: ANMC RESPONSE TO AUSTRALIA: THE HEALTHIEST COUNTRY BY 2020. A DISCUSSION PAPER PREPARED BY THE NATIONAL PREVENTATIVE HEALTH TASKFORCE

The Australian Nursing and Midwifery Council (ANMC) welcomes the opportunity to respond to the above discussion paper. The ANMC was established in 1992 to facilitate a national approach to nursing and midwifery regulation. It is the peak body that works with state and territory Nursing and Midwifery Regulatory Authorities in developing standards for statutory nursing and midwifery regulation. These standards are flexible, effective and responsive to the health care requirements of the Australian population.

The ANMC's prime function is to protect public safety in the provision of healthcare through ensuring that nurses and midwives are competent to practise. The comments provided correspond primarily to this remit.

General comment

It is widely recognised that nurses and midwives play a leading role in preventative health programs at community level, and are often the sole health professionals working in remote and indigenous communities. Supporting this important work are a range of professional practice standards which provide the framework for nurses and midwives working in a diverse health settings to practice safely. Importantly, the ANMC is also currently developing national standards for accreditation of courses leading to registration, enrolment, endorsement and authorisation. This major project will be completed early in 2009, and it should be noted that there are standards within the documents which specifically relate to the need for curricula to include a focus on national health priorities. These standards will ensure that nurses and midwives are appropriately educated to be able to work with individuals and communities to implement national preventative health programs.

Specific comments

Imperatives listed on **p. 14** related to reduce the prevalence of overweight and obesity.

ANMC supports the list of priorities for action on p. 14 to curb the prevalence of overweight and obesity. More detail around the priority 'Strengthen, skill and support primary health care to support people in making health choices ...' would be desirable in relation to the implications for health professionals and their practice: any anticipated role in education programs; impact on methods of diagnosis; and treatment and management of at-risk health consumers.

Questions p.18

- Dot point 2. ANMC believes that the engagement of health professionals would be supported through curricula design which includes a focus on national health priorities and preventative health strategies, and through the development of accreditation standards which reflect this (as proposed in the final draft of the ANMC accreditation standards discussed above). Research funding to support health professional research in this area would also support engagement of the key players.
- Dot point 4. ANMC believes that there should be support for 'leading by example' programs offered to health professionals. Current research indicates that health workers undertaking shift work (such as nurses) are exposed to increased adverse health conditions, including higher rates of smoking, obesity and poor nutrition. Programs should be funded at organisational level to support shift workers with cessation of smoking programs, to improve the availability of healthy food after hours, and to promote healthy exercise regimes. Additionally, there should be 'train the trainer' programs for health professionals who work with community groups to support them to provide group and individual instruction on preventative health issues.

Questions p. 28 related to priorities and actions for decreasing smoking.

ANMC supports the proposed initiatives to reduce smoking rates: increasing the price of tobacco products and investing in public education. In addition to the deterrent measure of increasing the price of tobacco products, as noted above, ANMC would recommend increasing resources for measures to assist smokers to reduce or quit smoking, including additional support for health professional education in this area and increased access to health professional support for those needing help to reduce their smoking.

Questions p. 41 related to priorities and actions for reducing harmful alcohol consumption.

The priorities listed on p. 40 relate directly to the work of health professionals: 'strengthen, skill and support primary health care to help people in making healthy choices' and 'improve maternal and child health'. More detail would be desirable in relation to the implications for health professionals and their practice: any anticipated role in education programs; impact on methods of diagnosis; and treatment and management of at-risk health consumers.

Questions p. 46.

ANMC supports the development of the National Prevention Agency to 'lead and guide coordinated action for prevention.' ANMC notes the remarks on p. 45 that 'the NPA would consist of a relatively small group of credible leaders in prevention, with a track record and capacity to "make things happen" for preventative health reform.'

ANMC takes the view that there should be a strong nursing and/or midwifery presence in such a group. Nurse and midwife leaders, including clinical leaders such as nurse practitioners, are ideally placed in terms of their education and professional roles to make a strong contribution to this agency. They derive from nursing and midwifery models and traditions of health care which emphasise health promotion, illness prevention and care of individuals sick or well. These models are uniquely suited to the aims of preventative health and offer a different while complementary perspective to that offered by the medical model of healthcare.

ANMC approves the suggested approach in regard to supporting primary health practices to enhance their role in prevention and concurs that the provision of a Medicare Benefits Schedule item number for preventative health would improve access to health professional intervention. ANMC commends the suggestion that this could include interventions undertaken by general practice nurses. The numbers of nurses in general practice continues to increase. The roles they

already perform and which are currently supported by Medicare rebates, including immunisation, Pap smears and chronic disease management, correlate well with the role anticipated in the provision of preventative health services, where these coincide with their established scopes of practice.

Question on p. 52 related to performance indicators

ANMC supports the performance indicators outlined in the discussion paper for gauging the effectiveness of preventative health interventions and has no further approaches to suggest at this time.

Other Comments.

Clarification is needed in relation to the data presented on pp. 9-10. This needs to be more clearly worded to distinguish between figures that relate to rates of overweight AND obesity or to obesity alone. The figures provided in the 'Current snapshot' on p. 9, dot point 2 states that 'the number of overweight and obese adults increased ...[to] 7.4 million in 2004-05'. The projected figure on p. 10 for obesity rates of 6.9 million in 2025 is confusing against this previous figure and care should be taken to clarify that this figure is for the narrower sample of the obese.

A question arises from the validity of the data provided in the 'Current snapshot' on p. 9, dot point 5 about the increased mean waist circumference 'between 2000 and 2005' which relies on a source for which the publication date cited is 2003.

Some minor editorial points that may assist the taskforce:

Table 1. p. 18. The benefits listed under 'Build the evidence base, monitor and evaluate effectiveness of actions' read more like actions: 'develop a comprehensive national research agenda ...; review weight loss programs ...' these seem better suited to the 'Actions' column.

Table 3. p. 40. No actions are listed.

I wish you success with the National Preventative Health Taskforce and look forward to hearing the outcomes of this important work.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Karen Cook', is positioned above the typed name.

Karen Cook
Chief Executive Officer