



Our ref: 060614-J

6 June 2014

Ms Jeanette Radcliffe
Secretary
Community Affairs Legislation Committee (Committee)

Via email: community.affairs.sen@aph.gov.au

Dear Ms Radcliffe

Re: Inquiry into the Australian National Preventive Health Agency (Abolition) Bill 2014

Thank you for the opportunity to comment on the Australian National Preventive Health Agency (Abolition) Bill 2014 ("the Bill").

The Australian Physiotherapy Association (APA) understands that the Australian National Preventive Health Agency ("the Agency") is a Commonwealth backed operation to deliver specific preventative health services to the states and territories. The second reading of the Bill makes clear that the Federal Government does not see a clear demarcation of roles and responsibilities between the Agency and the Commonwealth Department of Health. To avoid duplication of responsibilities and overlapping of preventative health functions, this Bill proposes to abolish the agency to create better demarcation and division of roles.

The APA supports that streamlining the functions of the two separate agencies could result in better coordination of preventative health efforts and would remove unnecessary duplication and costs.

The APA submits that the Commonwealth Department of Health should:

- continue to educate patients to self-manage their pain, as this aligns with the Australian National Preventive Health Agency's Strategy to provide information and education to patients as an important preventative health measure;
- consider preventative health measures in the context of the wider social market, taking into consideration Australia's ageing population and increasing chronic disease burden;
- consider preventative health measures in the context of the wider economic market, coupled as it is with longer working hours, more stressful working conditions and delayed retirement; and
- focus preventative health interventions on facilitating a less sedentary working style to encourage workers to move about more frequently and increase their incidental physical activity.

The House of Representatives Hansard (3 June 2014) notes on page 51 that:

"Chronic disease is one of the biggest and fastest-growing cost burdens on the Australian healthcare system"

...and on page 52 that:

"The cost-effective way to respond to these diseases is through investment in prevention, not in treatment after the fact."¹

The APA endorses health efforts focused on preventable disease and illness to alleviate the burden of chronic disease on Australia's health system.

The APA would like to make the following comments with regard to the draft Bill:

Role of physiotherapists in treating chronic disease and pain

The APA Position Statement on Pain Management recognises that 1 in 5 Australians experience painⁱⁱ. The International Association for the Study of Pain (IASP) accepts that pain lasting for longer than three months can be classified as chronic pain, whilst recognising that the transition of pain from acute to chronic occurs across varying time periodsⁱⁱⁱ. The APA position is that early intervention at the acute stage of pain development may reduce chronicity of pain, optimise recovery and encourage quicker return to work.

Being primary contact professionals with excellent communication skills, physiotherapists focus on early intervention to flag preliminary signs of chronicity and to prevent acute and sub-acute conditions from developing into chronic pain. As such, physiotherapists encourage patients to self-manage their pain and recovery at the early stages of injury and promote an early return-to-work and durable return to function.

Providing patients with information and education on managing pain can also facilitate change in the individual behaviour of patients, supporting a key goal of the Australian National Preventive Health Agency's Strategy. Challenging attitudes and patient behaviour is especially important in rural and remote areas, in which there is a significantly higher incidence of preventable hospitalisations for chronic conditions^{iv}. Lifestyle-related illnesses are more common in rural areas, including high stress levels, alcohol and tobacco consumption and poor nutrition. Such problems are often attributed to a "too tough to care" outlook on life. An attitude of hardiness is also thought to contribute to a higher acceptance of occupational injury and disease, combined with the fact that rural jobs such as farming, timber work and mining carry significant dangers^v.

Another significant problem in rural and remote Australia is the high rate of hospitalisation for Indigenous persons. This is because Indigenous Australians, many of whom reside in rural and remote regions, have lower levels of access to the Medicare Benefits Schedule (MBS) and the Pharmaceutical Benefits Scheme (PBS) due to a shortage of GPs in these areas^{vi}.

Indigenous Australians are being admitted to hospital for treatment of chronic diseases such as diabetes which could, and should, be treated within a primary health care setting. Physiotherapists apply advanced clinical reasoning to deliver individualised, evidence-based exercise, lifestyle and behavioral modification programs to support a person with diabetes. Physiotherapists also provide lifestyle and self-management advice and education for people with chronic conditions such as diabetes.

Australia's ageing workforce and sedentary working conditions

The APA submits that there are several current and future challenges facing the Australian public. A central challenge is to maintain the health and work capacity of an ageing population and to assist older workers to adapt to changing work conditions. With the pension age being raised to 67 under the latest Federal Budget, many people will work past their desired retirement age. Another emerging issue to consider is transitional retirement. Many workers who believed they could retire at an earlier age and who subsequently exit the workforce may again need to re-enter the workforce full-time due to an unstable financial situation. A period of transitional retirement may contribute to employee stress and a decline in their overall physical and mental health.

Furthermore, we are moving to an age where jobs are increasingly sedentary and this poses associated health risks. An unhealthy diet, chronic stress and largely sedentary lifestyle have been identified as key factors contributing to a steep increase in adult-onset diabetes and obesity, what the Department of Health and Ageing has termed 'diabesity'^{vii}.

If you have any enquiries regarding any of the above, please feel free to contact Nada Martinovic,
Senior Policy Advisor

Yours faithfully,

Cris Massis
Chief Executive Officer

ⁱ The House of Representatives Hansard. 3 June 2014. 44th Parliament, first session, third period. Available at: http://parlinfo.aph.gov.au/parlInfo/download/chamber/hansardr/404412bc-0281-4b72-9ee4-b01c32558b05/toc_pdf/House%20of%20Representatives_2014_06_03_2498.pdf;fileType=application%2Fpdf#search=%22chamber/hansardr/404412bc-0281-4b72-9ee4-b01c32558b05/0143%22

ⁱⁱ Australian Physiotherapy Association. (2012). Position Statement on Pain Management. APA, Victoria. Available at http://www.physiotherapy.asn.au/images/Document_Library/Position_Statements/2016%20-%20pain%20management.pdf

ⁱⁱⁱ Ibid

^{iv} Australian Institute of Health and Welfare. (2010). Australia's Health 2010. *Australia's Health Series* no.12.Cat.no. AUS 122. Canberra: AIHW

^v Australian Rural Health Research Institute. (1995). Dabbling With Data: Morbidity and Mortality in Rural Australia Part 1. Available at http://nrha.ruralhealth.org.au/conferences/docs/PAPERS/3_ROGSTR.pdf

^{vi} Rural Health Workforce Australia. (2007). *Indigenous health workforce policy: a background paper*. Available at http://www.rhwa.org.au/client_images/528383.pdf

^{vii} Department of Health and Ageing. (2000). Diabesity & associated disorders in Australia – 2000. Available at [http://www.health.gov.au/internet/main/publishing.nsf/Content/4C844161B2A939BECA25714C00075738/\\$File/usdall.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/4C844161B2A939BECA25714C00075738/$File/usdall.pdf)