

## Submission

### **Australian College of Nursing submission to: the Senate Standing Committee on Community Affairs *Inquiry into Australia's domestic response to the World Health Organization's (WHO) Commission on Social Determinants of Health report "Closing the gap within a generation"***

#### **Recommendations**

- *That the Government, through their primary health care reforms, be committed to creating opportunities to fully utilise the scope of practice of nurses and the range of other health professionals within community and primary health care.*
- *That the Government invest in community and primary health care nursing through strategic scoping, development and funding of new and expanded roles for nurses within community and primary health care.*
- *That the Government plan, examine and explore policy options to invest in and directly fund nursing-led services within community and primary health care.*
- *That the Government commit national funding for health promotion and illness prevention nursing programs both within and outside of general practice.*
- *That the Government review the South Australia policy and consider the inclusion of a social determinants of health approach within national health care strategy.*

#### **1. Introduction**

Australian College of Nursing is pleased to provide the following input to the *Inquiry into Australia's domestic response to the World Health Organization's (WHO) Commission on Social Determinants of Health report "Closing the gap within a generation"*. It is ACN's view that the Australian Government has made some positive steps in recent years with regard to health reform, including significant progress within the primary health sector. ACN has welcomed the Government's intended reorientation of national health policy toward primary health care and preventative health and we offered strong support for the establishment of the Australian National Preventative Health Agency, the release of the National Primary Health Care Strategy and the promotion of a national network of primary health care organisations. While ACN has been in favour of these reforms, we have maintained that the implementation of these reforms have so far fallen short of expectations and fail to embrace the essential principles of primary health care because they do not appropriately or adequately consider the application of social determinants of health in their objectives or strategies.

Furthermore, the breadth of the nursing profession continues to be under acknowledged or accounted for within these major health reforms. Nurses are extremely well-placed within communities to deliver primary health care given the nursing philosophy of taking a holistic approach to health and wellness, nursing's generalist skill-base and capacity as well as the abundance of primary health care and community development expertise within the profession. If better enabled, nursing services could significantly contribute to addressing various social determinants of health. However, there is no current strategy at the national level that funds and coordinates nurse-led programs outside of general practices. This reflects a general hesitancy or reluctance at the national level to

specifically examine the greater utilisation of the nurse workforce, other than nurse practitioners in aged care, as part of the renewal of the primary health care system.

Of particular concern and frustration is the Government's aversion to exploring options to directly fund nurse-led primary health care initiatives. Greater funding flexibility would make a fundamental difference to the capacity of nurses to innovate and develop effective and efficient health service options focused on equity in access and modeled around the social determinants of health. The nursing profession is guided by primary health care principles and the recognition that social conditions and circumstances act on population health. Nurses, therefore, are professionally attuned to the relevance and importance of the social determinants of health in the strategic development of health policy, programs, and the delivery of health services.

## **2. Reshaping primary health care**

### **2.1 Primary Health Care Organisations and interdisciplinary care**

In Australia, primary health care services and general practice still do not fall under one umbrella. To some extent this is due to the misunderstanding among policy makers that primary care provided by general practitioners is equivalent to primary health care. Nurses have a broad understanding of primary health care within a social ecological model of health that is congruent with the WHO Social Determinants of Health philosophy. That is, primary health care encompasses primary care as well as the spectrum of activities that promote the health of all members of the population, protect community members from harm, and prevent illness and injury. Our position in relation to 'closing the gap' is inclusive, based on the fundamental values of equity, community participation and self-determination, embodying human rights and social expectations (WHO, 2008). The nursing profession has consistently advocated for Primary Health Care Organisations (PHCOs) to be developed as the most ideal structure from which to deliver broad health promotion interventions.

To deliver primary health care to the Australian population, Medicare Locals will need to develop fully into PHCOs, which work to create health across the continuum from prevention to treatment, providing equity of access to eliminate disadvantage, whether it is related to social, cultural, economic or environmental factors, rather than merely prevent or treat disease. Major governance, operational and philosophical reform would be required to achieve the organisational structure, culture and attitudes required for this transition. Primary health care is a specialty in its own right and best practiced by those trained to do so. Renewing the primary health care system will not be achieved through concentrating suites of primary health care services around general practice. PHCOs established on and driven by a medico-centric model will interfere with the capacity of the organisations to fully utilise the scope of practice of nurses and the range of health professionals.

Central to primary health care reform will be the articulation of a vision to improve access to interdisciplinary care to make greater use of the unique reach and relevance of the nursing profession. Australian College of Nursing strongly supports the need to reduce systems fragmentation, duplication and resource wastage and the need for comprehensive integration of community and primary health care services to promote continuity of care and responsiveness within the primary health care system. Greater alignment of nurse-led primary health care services such as drug and alcohol, mental health, and child and maternal health services, for example, would result in significant service improvements and efficiencies. PHCOs provide an opportunity to support this goal if they are designed to truly support multidisciplinary care.

Australian College of Nursing opposes any initiatives that would attempt to consolidate a primary health care system around medical models of service delivery. These approaches are counterintuitive to improving accessibility, timeliness and affordability of

primary health care services and will not provide an appropriate platform for incorporating programs focused on social determinants of health.

***Recommendation: That the Government, through their primary health care reforms, be committed to creating opportunities to fully utilise the scope of practice of nurses and the range of other health professionals within community and primary health care.***

## **2.2 Nurses in community and primary health care**

In Australia, nurses are often the predominant health profession involved in the delivery of community and primary health care services. Nurses have a presence in nearly all areas of primary health care, including: maternal health; child and family health; schools; youth settings; chronic illness; mental health; Indigenous health; correction health and community aged care. Furthermore, nurses also have active roles in a range of community development activities that have stemmed from acute hospital and community settings.

Within a primary health care sector, great potential for achieving positive outcomes affecting various social determinants of health can occur. Nurses are able to drive such outcomes through their positioning within the community. Child and maternal health nurses, for example, are able to ensure that mothers and newborns are offered the best start to life with appropriate education and support and are able to work with children and parents in various education settings, continuing this support throughout a child's early life<sup>1</sup>.

Nurses working in community and primary health care work with people in all socio-economic circumstances and ensure that populations are protected from communicable disease through immunisation programs and sexual health screening. Nurses are also well placed to deliver chronic disease education; facilitate cancer screening; deliver psychosocial counseling amongst many other interventions, which would ultimately reduce the burden on our hospital system. However, the scope that nurses have within the community as well as the breadth of interventions that nurses are able to deliver remains under-recognised and underutilised within the contemporary health care system.

To achieve a primary health care system that is flexible and more responsive to population needs and that will support efforts to address social determinants of health, a strategic national vision for the role of nurses, particularly those at the advanced practice level and outside general practice is required. Facilitating the expansion of the roles of nurses to allow the broader application of their unique expertise and reach will have long-term benefits for the wider community at the primary health care level.

***Recommendation: That the Government invest in community and primary health care nursing through strategic scoping, development and funding of new and expanded roles for nurses within community and primary health care.***

## **3. Funding arrangements and access**

Social conditions often act on population health in ways that cannot always be reduced to individual choices – for example the access and availability of health services fundamentally impacts people's health in ways that are out of their immediate control<sup>2</sup>. To this end, funding arrangements must give the community easier access to the range of health care and health professionals available. As nurses are placed centrally within

<sup>1</sup> Examples of successful programs include: the UK health visitors program [www.healthvisitors.com](http://www.healthvisitors.com) and the USA nurse family partnership program [www.nursefamilypartnership.org](http://www.nursefamilypartnership.org)

<sup>2</sup> World Health Organization. *The Ottawa Charter for Health Promotion*. Adopted 21 November 1986

the community to deliver health interventions such as screening, immunisation, education and counseling, as well as developing comprehensive care plans, it is suggested that funding mechanisms be expanded to support nurses in delivering such primary health care. This would be a significant step in improving community access to essential health services.

Furthermore, to promote greater effectiveness and efficiency within the community and primary health care sector, there must be a reduction in the systemic dependence on general practitioners to act as conduits to interdisciplinary team care.

Placing general practitioners at the centre of community and primary health care is counterintuitive to reform within the sector as it perpetuates current access inequities by maintaining existing barriers to nursing and other health professional expertise. The view that general practitioners are the most appropriate channel through which to direct a majority of primary health care funding must be challenged as, currently, medical models of primary health care are not highly effective in undertaking holistic, preventive health and chronic condition management.

To build strong health promotion and disease prevention foundations, our health system must give the community greater access to its nurses.

***Recommendation: That the Government plan, examine and explore policy options to invest in and directly fund nursing-led services within community and primary health care.***

#### **4. Creation of health and the preventative care role of nurses**

A social determinants of health approach would focus on the factors which create health in communities, not only treat or prevent disease. It is acknowledged that the National Preventative Health Taskforce paper *Australia: the healthiest country by 2020* is a significantly positive shift in health reform, however, more emphasis still needs to be placed on socio-ecological factors that contribute to population health. A cross-jurisdictional approach is required to address these factors as many fall outside of the direct remit of health departments. Factors such as climate change, biodiversity loss and resource depletion will have a substantial impact on the social determinants of health of the Australian community into the future, however this has yet to be fully addressed in national health policy. A social determinants approach requires attention to the structures that create disadvantage, those that offer people opportunities to make choices for good health. For instance, urban planning which ensures that population growth is met with adequate provision of health infrastructure development is essential. Regulation of industries which profit from choices which may lead to ill health, such as the junk food and alcohol industries will also contribute to preserving and promoting health.

Ensuring that a highly skilled and versatile nurse workforce is available to deliver primary health care is also crucial. Nurses comprise the largest profession in the health workforce in Australia, hence there is tremendous scope for nurses to advocate for healthy environments and provide health education to the population. It is therefore logical that national investment is made to facilitate such roles for nurses within the community.

There is limited funding recognition of the role of nurses in preventive health both within and outside of general practice. Given nurses have a presence working within communities (including hardest to reach and at-risk communities) across the health care sector, there must be a push to acknowledge, address and change policy that fails to capitalise on their skill base, therefore preventing the primary health care system from realising the full potential of nurses for delivering preventive health care. Nurses have capacity to encourage client self-management; reduce risky behaviour and be involved in interdisciplinary care and integrated teams. The potential for growth for nursing

services should not be underestimated, the scope includes extended roles in:

- preventative health
- health promotion
- risk identification
- education
- assisted self-management
- health coaching and planning
- monitoring and review
- remote access for isolated communities.

Promoting partnering with the educational sector to more extensively build preventive health into the nursing curriculum and enhance the capacity of the nursing workforce to deliver preventive health across the health sector is recommended. Existing curricula prepare nurses for health promotion but need a stronger focus on a healthy start to life and its implications for pathways to reducing chronic diseases in adult populations. National policy directions must specifically acknowledge that nurses have a major role to play in health promotion and illness prevention both within and outside of general practice, particularly as maternal, child and family nurses, school nurses and within community programs. This would further consolidate the opportunity for nurses to have a greater impact in the delivery of strategies focused on social determinants of health.

System wide reform is dependent on the active participation of health professionals in all associated planning, implementation and future governance arrangements. The predominant role of the nursing and midwifery professions in developing and delivering health care across all sectors and the profession's direct influence on health outcomes for the public, requires that nurses and midwives are afforded much great recognition in health planning and reform.

***Recommendation: That the Government commit national funding for health promotion and illness prevention nursing programs both within and outside of general practice.***

## **5. Whole of government approach**

Addressing social determinants of health requires that all government jurisdictions work together across portfolios. A Whole-of-Government approach is needed. There is a need for governments to ensure that all agencies and departments are accountable for, and work together to ensure that all policy is assessed for how it may impact health into the future. Policies which perpetuate inequity perpetuate negative social determinants of health. Currently, the "Health in all Policies" approach adopted by the South Australian government in response to the Commission on the Social Determinants of Health recommendations is seen as an exemplar of what can be done to create a healthier society.

***Recommendation: That the Government review the South Australia policy and consider the inclusion of a social determinants of health approach within national health care strategy.***

## **6. Education & generalist skill promotion**

Finally, education in areas of health and community service is under resourced, especially within the context of community and primary health care. For example, trends and demand within nursing education currently show a shift towards ever increasing

'specialised' skill-sets, as opposed to a more 'generalist' repertoire of skills. Generalist skills, promote flexibility of health care delivery in a variety of health settings in different communities. Incentives are required to encourage nurses to undertake broad, generalist post graduate education as well as encouraging educational institutions to adopt generalist post graduate training to ensure that nurses can continue to deliver health care within a social determinants of health approach. The nursing profession is committed to bridging the education-practice gap in understanding the importance of a more collaborative, population based approach to providing excellence in primary health care.

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