



A Healthy Tasmania
Department of Health and Human Services
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Dear Mr Ferguson

Re: Healthy Tasmania Five Year Strategic Plan Consultation Draft

Australian College of Nursing (ACN) is pleased to provide a submission to the Healthy Tasmania Five Year Strategic Plan Consultation. ACN believes that this time of significant transformation within the Australian health system presents unique opportunities for governments to rethink and redesign the systems of the future.

Australian College of Nursing (ACN) is the national professional organisation for all nurse leaders and its aim is to ensure that the Australian community receives high quality nursing care now and into the future. ACN is a membership organisation with members in all states and territories, health care settings and nursing specialties. ACN is also the Australian member of the International Council of Nurses headquartered in Geneva.

Yours sincerely

A handwritten signature in blue ink that reads "K Ward".

Adjunct Professor Kylie Ward
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Chief Executive Officer

16th February 2016



Australian
College of
Nursing

Healthy Tasmania

Five Year Strategic Plan Consultation Draft

Healthy Tasmania Five Year Strategic Plan

Consultation Draft

General observations

The Australian College of Nursing (ACN) congratulates the Tasmanian Government for taking a proactive approach to preventative health reform in releasing the Healthy Tasmania Five Year Strategic Plan Consultation Draft. The Australian College of Nursing agrees that the goal of making Tasmania the healthiest population in Australia by 2025 is indeed ambitious, however, it is clear that health reform in today's world requires a bold and strategic plan to address the current and emerging challenges to improving population health.

ACN has previously offered submissions on a number of Tasmanian health policies, most recently in response to the White Paper on Delivering Safe and Sustainable Clinical Services. In that submission ACN highlighted the benefits of involving nursing, and particularly nurse leaders in the health reform process. Nurses have a vital role across all health systems in delivering high quality care not only through clinical practice but also in clinical governance roles, roles in policy, administration, leadership and system management. Nurses also work consistently to improve health literacy and act as agents of connectivity by co-ordinating care helping patients to navigate the complexity of health care systems. Furthermore, there is clear evidence that primary healthcare based nursing services make a significant contribution to preventative healthcare and ACN believes any health reform must not only maximise the potential of these roles but also capitalise on nursing's ability to adapt and embrace innovation as a flexible workforce.

In this submission, ACN highlights to the Tasmanian government the contribution nursing makes to preventative health, particularly in health promotion, health literacy and addressing the social determinants of health. Furthermore, ACN highlights the importance of ensuring that the health workforce is supported, prepared and enabled to work to its full scope reaching maximum benefit in achieving Tasmania's goals in health reform.

Where do you see that the most effective changes could be made in terms of overall population health benefit?

ACN believes that addressing the overall population social determinants of health (SDH) which refers to the conditions and opportunities associated with education, employment, income, housing, food security, transport, physical spaces, gender, culture, social inclusiveness, racism, connection to land, incarceration and the

environment, among others ¹ is critical in addressing health inequity arising from SDHs through health reform. Individual health outcomes are more strongly influenced by these conditions and opportunities than by access to health care alone. For example, research demonstrates that between one third and one half of the gap in life expectancy between Indigenous and non-Indigenous Australians can be explained by differences in the SDH.² Poor education and literacy is linked strongly to low income and poor health status; smoking, overweight and obesity, and other chronic disease risk factors are strongly associated with low socio-economic status; and poverty reduces access to health care services and medicines, further exacerbating already at risk populations.³

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Nurses role in addressing SDHs

The health workforce plays an important role in addressing the SDH at the level of the individual or family. Nurses in particular have an opportunity through their holistic approach to care to identify and address SDH-related problems affecting people they care for. As care coordinators, nurses are able to connect people with services beyond the usual clinical setting such as employment and housing services. This type of care already occurs in a number of existing health service models including community and primary health care services and adopt a holistic approach where nurses partner with people to identify opportunities to improve health, and subsequently link them with, the types of services that are required to improve outcomes. This may include, for instance, referring them to, and coordinating their care between, family violence, drug and alcohol, employment, and housing services in addition to clinical care. Nurses also contribute to addressing the SDH through their roles in schools, workplaces, and other non-clinical settings, where, among other things, they provide education, advice, support, and referral options.

While addressing SDH is well within the nursing scope of practice, currently it may often be beyond nurses' work capacity in general health care settings. For example, Maternal, Child and Family Health Nurses (MCAFHNs) currently work in a range of comprehensive care settings to improve health outcomes for children and families ⁶, prevent disease and illness, and modify the effects of chronic disease that can occur following low birth weight.⁷ However, their scope of practice is often constrained by disparate jurisdictional/national policy and funding priorities for primary care. While there is clear evidence that early intervention in the form of comprehensive care, incorporating the SDH, can reduce a host of physical and psychological diseases ^{8 9}and result in the highest rates of economic return for human capital investment, there is an imperative to uniformly increase the capacity of MCAFHNs to undertake these roles.¹⁰ Notwithstanding the important work nurses already contribute, there are significant opportunities to expand nursing's role in health promotion, disease management and illness

¹ Carson B, Dunbar T, Chenhall RD, Bailie R, eds. 2007. *Social determinants of Indigenous health*. Crows Nest, NSW: Allen and Unwin.

² Booth, A & Carroll, N 2005, *The health status of Indigenous and non-Indigenous Australians*, Centre for Economic Policy Research, Australian National University, Canberra; DSI Consulting Pty Ltd & Benham, D 2009, *An investigation of the effect of socio-economic factors on the Indigenous life expectancy gap*, DSI Consulting Pty Ltd.

³ Marmot, M 2004, *The status syndrome: how social standing affects our health and longevity*, Holt Paperbacks, New York.

⁴ Marmot, M 2003, *Social determinants of health: the solid facts*, World Health Organization, Geneva.

⁵ Marmot, M and Wilkinson, R (eds) 1999, *Social Determinants of Health*, Oxford University Press, New York.

⁶ Fraser, S., Grant, J. and Mannix, T.G. 2014. The role and experience of Child and Family Health Nurses in developed countries: A review of the literature. *Neonatal, Paediatric and Child Health Nursing*, 17(3) pp. 2-10.

⁷ Schmied, V., et al. 2011. *National Framework for Universal Child and Family Health Services*. Canberra, Australian Health Ministers Advisory Council.

⁸ Shonkoff J. 2011. 'Building a Foundation for Prosperity on the Science of Early Childhood Development', *Pathways Winter*, pp. 10-15.

⁹ Shonkoff, J. 2000. *From Neurons to Neighbourhoods: The Science of Early Childhood*.

¹⁰ Productivity Commission 2011, 'Early Childhood Development Workforce', Research Report, Melbourne.

prevention. For nurses to proactively address the SDHs, they require supportive government funding and policy arrangements to enable them to work to their full scope of practice to improve population health.

ACN believes the Tasmanian Government should consider how it can maximise the potential of nursing roles, including the role of the nurse practitioner (NP) within the proposed health reform strategies to ensure a greater reach across communities in the delivery of preventative care.

Nurses also undertake a valuable role in caring for people with chronic and complex multi-morbidity¹¹ including chronic obstructive pulmonary disease, cancer and palliative care. In these roles nurses in all health care settings contribute through:

- facilitating the coordination and communication in the interdisciplinary team to deliver person-centred care and being a first point of contact in the team for consumers¹²
- facilitating access to allied health and social services;
- integrating care across acute and community care in both public and private sectors;¹³
- undertaking health assessments and delivering health care interventions; and
- providing education and information to improve peoples' health literacy and skill in self-care.¹⁴

The development of new health service models and models of care must capitalise on the potential of nursing roles to coordinate, manage and integrate the health of people who live with chronic conditions.

The *Healthy Tasmania* discussion paper envisages a health care system focused on preventative health and allowing individuals to better manage their own health. ACN believes person-centred approach to care, as a central principle underpinning all health care delivery, involves the enabling of people to successfully engage in self-care. Person-centred care also seeks peoples' participation in decision making about their health care as it supports people across the continuum of health and illness.

If a health care system centrally driven by the principle of person-centred care is to be achieved, existing services need to be re-designed. ACN is of the view that any redesign of the Tasmanian health system should put the person at the centre of the design process to ensure that funding as well as service models promote care that is person-centred and holistic. As such, any health system redesign should prioritise the needs of consumers and link consumers seamlessly into and across the health and, if required, the social care systems' different sectors. New models of health care should increase peoples' choice of services and offer people the opportunity to participate in designing their services so care becomes more personalised. Finally, any health system redesign should be based on a robust and relevant evaluation of existing service provision that takes consumers' experiences into account.

Health promotion and the development of peoples' health literacy is an essential component of the management of chronic disease. ACN believes that health services should be designed in a way that health promotion,

¹¹ Mitchell, G, Senior, H, Foster, M, Williams, I, Chaffey, J, Chambers, R, Henwood, T & Freeman, C 2012, *The role of allied health in the management of complex conditions in a comprehensive primary care setting*, Australian Primary Health Care Research Institute, Canberra, ACT, Australia.

¹² Cancer Institute NSW 2011, Evaluation of the role of cancer care coordinator, Summary Report, Cancer Institute, NSW.

¹³ Johnston, K, Young, M, McEvoy, C, Grimmer, K, Seiboth, C, Teakle, J & Yeo, A 2014, Implementing care coordination plus early rehabilitation in high-risk COPD patients in transition from hospital to primary care, Australian Primary Health Care Research Institute, Canberra, ACT, Australia.

¹⁴ Pritchard-Jones, J, Stevens, C, McCaughan, G, & Strasser, S 2015, 'Feasibility, acceptability and safety of a nurse-led hepatitis B clinic based in the community', *Collegian*, vol. 22, no. 2, pp. 233-40.

preventative care and health literacy are part of all aspects of health care delivery. Improving the health literacy of every person is a central part of contemporary nursing practice.

Nurses work in metropolitan, regional, rural and remote areas. It is often nurses who deliver education to each person and who clarify for each person the information other health care professionals provide. Nurses assist persons who experience difficulties interpreting health information for example when seeking to understand medical procedures and making health-related decisions. Nurses also contribute to health literacy as agents of connectivity who co-ordinate care and help consumers to navigate the health care system. In this way, nurses often act as safety nets for people with poor understanding of the health care system, who have little knowledge of the services available and who may fail to be proactive in attending to their health issues.

Nurses understand that health literacy is more than spoken and written communication. The development of health literacy also involves enabling consumers to take a driving role in managing their own health and becoming their own advocates. In this sense the concept of health literacy encompasses activities of primary, secondary and tertiary prevention. ACN considers that the development of health literacy in aged populations and people with chronic conditions, including mental health conditions, should receive particular attention as these people may benefit greatly from improved health literacy. School children are another population group that ACN believes should be targeted with health literacy initiatives as early engagement will help support them in making important choices throughout their lifetime. School and community nurses are well placed to deliver initiatives to develop health literacy and ACN supports the Tasmanian government's proposal to increase the number of nurses employed in the School Nurse program with plans to double the number of nurses to twenty by 2017.¹⁵ ACN believes that nursing roles in schools can help empower young people to make informed choices regarding key health-related behaviours such as alcohol and tobacco consumption, sexual practices, dietary options and physical activity.¹⁶

¹⁵ Tasmanian Government 2015b, School nurses program a winner for Tasmania's school children, <http://www.premier.tas.gov.au/releases/school_nurses_program_a_winner_for_tasmanias_school_children>, Tasmanian Government, accessed 7 January 2016.

¹⁶ Banfield, M, McGorm, K & Sargent G 2015, 'Health promotion in schools: a multi-method evaluation of an Australian School Youth Health Nurse Program', *BMC Nursing*, vol. 14, no. 21, pp. 1-11.