



australian
nursing federation

Submission to the House of Representatives
Standing Committee on Health and Ageing
Inquiry into Obesity in Australia

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1. Introduction

The Australian Nursing Federation (ANF), established in 1924, is the national union for nurses with branches in each state and territory of Australia. The ANF is also the largest professional nursing organisation in Australia. The ANF's core business is the industrial and professional representation of nurses and nursing.

The ANF's 160,000 members are employed in a wide range of enterprises in urban, rural and remote locations in the public, private and aged care sectors, including hospitals, health services, schools, universities, the armed forces, statutory authorities, local government, offshore territories and industries.

The ANF participates in the development of policy in nursing, nursing regulation, health, community services, veteran's affairs, education, training, occupational health and safety, industrial relations, immigration and law reform.

Nurses are the largest health professional group providing health care to the population of Australia. According to the Australian Institute of Health and Welfare (AIHW) Nursing and Midwifery Labour Force Survey (2005) there are 285,619 nurses in Australia, comprising 230,578 registered nurses and 55,042 enrolled nurses. Nurses constitute more than 54% of the health workforce. In excess of 40,000 of these licensed qualified nurses are currently choosing not to work as nurses¹.

2. The role of primary health care in obesity prevention

Action to prevent obesity is much more effective than treatment of obesity and all its related diseases.

A considerable number of nurses work in a primary health care setting and are employed as maternal and child health nurses, general practice nurses, school nurses, community health nurses, occupational health nurses, nurse practitioners and rural and remote nurses. The combination of an international health workforce shortage, an ageing nursing workforce and an ageing population requires a shift in our approach to health care in Australia. Primary health care is a key component of the health reform necessary to address these issues facing the Australian population. An opportunity for employment in a primary health care setting with an emphasis on health promotion and illness prevention may attract some of the licensed qualified nurses currently not practising as nurses back to the workforce.

Primary health care acknowledges a social view of health and promotes the concept of self reliance to individuals and communities in exercising control over conditions which determine their health. Primary health care is both an approach to dealing with health issues and a level of service provision.

As an approach, primary health care deals with the main health problems and issues experienced by the Australian community, and may include care and treatment services, rehabilitation and support for individuals or families, health promotion and illness prevention and community development².

The Declaration of the Alma Ata defines primary health care as the first level of contact of individuals, the family, and community, with the national health system, bringing health care as close as possible to where people live and work and constitutes the first element of a continuing health care process³.

Inherent to primary health care is the promotion and understanding of health as a complete state of physical, social and emotional well-being, not merely the absence of disease.

Previous strategies to address the issue of obesity in Australia have focused on the most effective types of interventions such as diet and exercise rather than on who the primary health care providers are and how they can most effectively engage in interventions to ensure long term results.

There is increasing evidence of the effectiveness of nurse-led care in primary health care settings. Nurses provide effective care, with positive health outcomes, and nurse-led care has high levels of patient satisfaction and quality of life⁴. Building on nursing capacity to deliver primary health care across a variety of settings, and further investing in these nursing roles will enhance the positive outcomes that evidence already indicates can be achieved.

3. Increasing prevalence of obesity in the Australian population

Australia has one of the highest proportions of overweight children in the developed world and this is steadily increasing. Being overweight at six years is a strong indicator for being overweight in adulthood, yet few interventions focus on young children⁵. Just over half of all Australians aged 15 years and over are overweight or obese⁶. Developing healthy behaviours in childhood is an important step in limiting adult obesity.

Interventions that do focus on children are aimed mostly at school aged children, whose food preferences and lifestyles are already likely to be well established. Parents' roles in developing children's attitudes and habits regarding diet and exercise is critical. Strategies that focus on shared goals between primary health care providers and parents are essential for long term success⁷. Currently, schools and primary health care settings do not provide the services needed for lasting behavioural change. Although population health strategies in both schools and communities are vital, their effectiveness, reach and sustainability must be improved to reduce the prevalence of obesity in Australia.

4. Future implications for Australia's health system

Childhood obesity has serious consequences for children's health and wellbeing. These include: health disorders (including those previously only seen in adults, such as type 2 diabetes and heart disease); emotional and social problems (including teasing, bullying, low self-esteem, poor body image, eating disorders and depression); adult obesity (there are close links between adult overweight or obesity and obesity in childhood); and physical health problems in adulthood (including cardiovascular disease, type 2 diabetes, cancer, infertility and skin disorders). If obesity has existed since childhood, associated illnesses and health problems are more likely to occur in adulthood⁸.

The Federal Health Minister, Nicola Roxon, has acknowledged that obesity is a major health challenge with in excess of three million Australians currently obese and that figure expected to exceed seven million by 2025⁹. According to Access Economics, the estimated total cost of obesity in Australia is \$21 billion each year¹⁰.

These are compelling social and economic arguments to illustrate the urgent need to address the growing incidence of obesity in Australia, to minimise the burden this places on the health of the population.

5. Prevention and management of obesity in children, youth and adults

There are currently in excess of 27,000 nurses employed in a variety of roles providing health care to the Australian community within a primary health care setting. Nurses choosing to work in this setting include: maternal and child health nurses; practice nurses; secondary school nurses; community health nurses; occupational health nurses; and nurse practitioners.

These nurses are well placed to facilitate new ways of working, which is pivotal in effecting the rapid sustained change necessary to address the public health issue of obesity in Australia.

5.1 Maternal and child health nurses

Maternal and child health nurses are registered nurses, and in many instances midwives, with additional qualifications in maternal and child health and community health. These nurses offer a range of services in their practice through individual consultations, home visits and group meetings. They offer support and guidance to families to develop parenting skills; assess child growth, development and behaviour at key ages and stages; guide and inform families in relation to family health, breastfeeding, immunisations, nutrition, accident prevention and child behaviour; provide access to information on child and family services.

According to the World Health Organisation, breastfeeding protects against many chronic childhood conditions, such as allergies, type 1 diabetes, asthma, ulcerative colitis and Crohn's disease. It is also associated with lower risk factors for cardiovascular diseases including high blood pressure and obesity¹¹.

There are 5,276 registered nurses working in the area of family and child health. The majority are employed in New South Wales, Victoria and Queensland¹².

Maternal and child health nurses are well equipped to provide health education to families, promoting the diet and lifestyle necessary to prevent the occurrence of obesity. Encouragement and support should be given to registered nurses and midwives to gain qualification and authorisation as maternal and child health nurses. There needs to be an extension of the existing service that can be provided by these advanced practice nurses which can be achieved by increasing their number and geographical distribution.

5.2 Practice nurses

Practice nurses are registered nurses or enrolled nurses employed by, or otherwise retained by, a general practice. As at December 2005 almost 5000 practice nurses were estimated to be employed in general practice and more than half (57%) of general practices were reported to employ a practice nurse. Anecdotally, that figure has now risen considerably, to around 8,000 nurses in 2007¹³.

As part of its election commitments on health, the Australian Government announced the introduction of a Healthy Kids Check for all children starting school. The purpose of the Healthy Kids Check is to ensure that every Australian four year old child has a basic health check to see if they are healthy, fit and ready to learn when they start school. The Government has committed up to \$35 million over four years for the development of a Medicare Healthy Kids Check item and block funding to other immunisation providers. About 250,000 children will be eligible to receive the health check. Funding will also be provided to produce a Healthy Habits for Life guide for parents. The Healthy Kids Check can be provided by a practice nurse or a general practitioner.

This initiative will enable practice nurses to identify possible diet and lifestyle issues which contribute to obesity and provide the necessary health education for the whole family. Where appropriate, identified children and their families should be able to receive Medicare funded follow up with their practice nurse to monitor the effectiveness of education and develop ongoing strategies to address the issue of obesity which left untreated will lead to other health-related conditions. Practice nurses can undertake motivational interviewing and brief, solution-focused sessions with families and are able to discuss potentially sensitive issues with parents.

Improving the capacity of primary health care to respond to the changing service demands can be achieved by making more use of the services of the current workforce of practice nurses. Practice nurses are increasingly being called upon to undertake a greater range of functions in general practice which contribute to the delivery of better quality and safer care.

Practice nurses are autonomous health professionals, accountable and responsible for the care that they provide. Acknowledging this will go some way to fully utilising the capacity of current practice nurses in the general practice setting. Practice nurses should be able to assess and initiate care according to their clients care needs within their scope of nursing practice, with direct access to the Medicare funding rebate. Introducing strategies to encourage qualified licensed nurses currently choosing not to be employed as a nurse to consider working in a primary health care setting is also essential to increasing the number and subsequent capacity of practice nurses.

5.3 Primary school nurses

School nurses provide a primary health care service to primary school aged children (5-12 years of age) and their families. Primary health care includes a range of services directed towards health promotion and information, early identification and intervention for health concerns. School nurses engage in clinical care, health counselling, health promotion, school community development activities, networking/resource and referral and general health centre management.

An example of an effective model for school nurses is that of the Primary School Nursing Program in Victoria which employs 75.8 effective full time registered nurses to provide services to approximately 1750 state, catholic and independent primary schools. The focus of the Primary School Nursing Program is to provide specific health surveillance activities for children at school entry as part of a network of health and support services available to families within a local community. A health assessment is offered to all school entrant students and other students in any grade where a parent, teacher or nurse has a concern. In addition to vision screening and hearing testing, health promotion and education activities are undertaken through both specific activities (eg. group sessions) and opportunistically through daily contact with students, teachers or parents in line with program goals including immunisation, safety and injury prevention, nutrition, positive parenting and asthma management¹⁴.

The Program goes some way towards providing health assessments for primary school aged children, but would need to be further expanded to offer the education needed to prevent and manage the obesity epidemic in children. A national expansion of this model whereby a primary school nurse is employed by the school or a number of schools to provide a full suite of primary health care services would serve to address many of the health and diet related issues facing primary school aged children and their families. These issues currently fall to teachers who, in many instances, feel ill equipped to manage them appropriately.

5.4 Secondary school nurses

Linking health care with education is essential to support young people to care for themselves, make healthy lifestyle choices and modify behaviour in order to maximize the opportunities school provides.

Secondary school nurses have a key role in reducing negative health outcomes and risk taking behaviours by young people, including drug and alcohol abuse, smoking, eating disorders, obesity, depression, suicide and injuries. The role specifically encompasses: individual health counselling; health promotion and planning; school community development activities; small group work focusing on health related discussion and information; and a resource and referral service to assist young people to make healthy life style choices.

Again, an example of this in practice can be seen in Victoria where the Victorian State Government has employed secondary school nurses to reduce risk to young people and promote better health in the wider community. The program employs 100 nurses in 199 government secondary schools across the state. The nurses are based in two schools each and are employed through the Department of Human Services with a major role in health promotion and primary prevention.

The role of the secondary school nurse is to build on initiatives that have already been developed in schools and provide appropriate preventative health care, which addresses the sensitive and complex nature of health issues for young people, their families and school community¹⁵.

Expansion of this secondary school nurse model to other states and territories could seek to address many of the issues facing young people relating to healthy lifestyle choices and associated behaviour modification, including but not limited to prevention and management of obesity.

5.5 Community health nurses

Community health nursing is a unique model combining generalist nursing practice, public health, health promotion and primary health care. Community health nurses work with local communities to prevent illness and promote health across the lifespan. Community health nurses identify and challenge barriers to wellness and empower people to change the habits that effect their health adversely. By working in partnership with families and communities, community health nurses seek to foster a sense of self-determination and empowerment of clients and can provide valuable service to improve population health outcomes.

The AIHW survey indicates that there are 13,926 nurses employed in the area of community health¹⁶, which may include those employed as school nurses and occupational health nurses. As is the case for practice nurses, better use of the current workforce of community health nurses will improve the capacity of primary health care to address the issues of health promotion and illness prevention in a changing health care environment.

Introducing strategies to encourage qualified licensed nurses currently choosing not to be employed as a nurse to consider working in primary health care setting is also essential to increasing the number and subsequent capacity of community health nurses.

5.6 Occupational health nurses

Occupational health nurses provide health and safety programs and services to workers and community groups. This area of nursing practice focuses on promotion and restoration of health, prevention of illness and injury and protection from work related and environmental hazards.

The occupational health nurse has an integral role in facilitating and promoting an organisation's on site occupational health program. Their scope of practice includes disease management, environmental health, emergency preparedness and disaster planning in response to natural, technological and human hazards to work and community environments.

Ensuring a safe and hazard free workplace through the provision of specialist health and safety advice and administering injury management, first aid and emergency preparedness programs are key functions of this role.

The role of the occupational health nurse includes but is not limited to: case management; counselling and crisis intervention; health promotion; legal and regulatory compliance; worker and workplace hazard detection and business leadership.

Occupational health nurses develop programs and provide health education to encourage workers to take responsibility for their own health. Exercise and fitness, nutrition and weight control, stress management, smoking cessation, management of chronic illnesses and effective use of health services are some of the preventative strategies/programs that these nurses use to assist workers to be healthy and productive.

Poor employee health comes at a high financial cost to organisations. Occupational health nurses can assist organisations to maximise employee productivity and reduce costs with less workplace injuries, reductions in disability claims and improved rates of absenteeism¹⁷.

Educating employees about how to stay healthy in the workplace is a huge challenge. Occupational health nurses are in a position to implement lifestyle and behaviour change programs to workplaces using their unique skill set and the best available evidence.

5.7 Nurse practitioners

Nurse practitioners are registered nurses with the education and extensive experience required to perform in an advanced clinical role. A nurse practitioner's scope of practice extends beyond that of the registered nurse.

There are approximately 250 nurse practitioners in Australia¹⁸. Nurse practitioners are widely accepted by the community as members of the health care team in all geographical settings. Nurse practitioners offer health services in a range of specialties and locations and provide high quality health care resulting in positive patient outcomes.

A nurse practitioner offers a range of health care services including initiation of diagnostic tests, prescribing of medication and the authority to make referrals to other health professionals. Nurse practitioners provide pivotal service delivery in all communities.

Nurse practitioners are ideally placed to deliver primary health care. This is not about replacing doctors but rather providing a service that is currently unavailable. The role of the nurse practitioner working within the multidisciplinary team includes "extended practice in the autonomous assessment and management of clients, using nursing knowledge and skills gained through post-graduate education and clinical experience in a specific area of nursing"¹⁹.

The scope of practice of the nurse practitioner is determined by the context in which the nurse practitioner is authorised to practice. Nurse practitioners may be employed and authorised to practice in any of the primary health care roles outlined above.

6. Summary

Health workforce shortages persist in Australia. These shortages, combined with an ageing population and a greater incidence of chronic disease have meant that there is an increasing need to rethink ways in which health care can be delivered more effectively and efficiently.

Primary health care can and should be offered by advanced practice nurses and nurse practitioners functioning both in isolated roles and autonomously as members of the multidisciplinary team in the provision of health promotion and wellness programs, health assessments and obesity related disease management programs.

To achieve an improvement in health outcomes and a reduction in obesity the primary health care nursing workforce needs to be expanded both in scope and number to address the health education and promotion needs of the Australian population. This expansion can be achieved with Australian Government incentives to employ nurses in a variety of primary health care settings including but not limited to maternal and child health centres, kindergartens, child care centres, schools, general practices, community health settings and workplaces; further expansion of existing primary health care programs (ie: school nurse programs); paid nursing refresher/re-entry to primary health care practice programs; and scholarships for nursing post-graduate qualifications in primary health care.

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