

Submission to the National Primary Health Care Strategy Secretariat

Discussion paper – *Towards a National Primary Health Care Strategy*

Primary health care should be universally available as a prevention and early intervention foundation to reduce reliance on secondary and tertiary health services. Primary health care practitioners such as general medical practitioners, community nurses and dentists, provide a crucial gateway to the health system for disadvantaged children, young people and families. Families who are socio-economically disadvantaged or socially excluded have poorer health and wellbeing outcomes (Cummins 2008; AIHW 2008) and are more reliant on local, financially accessible services.

UnitingCare Children, Young People and Families (UCCYPF) is a branch of UnitingCare NSW.ACT. Our concerns for social justice and the needs of children, young people and families who are disadvantaged inform the way we serve and represent people and communities. UnitingCare Children, Young People and Families is made up of UnitingCare Burnside, UnitingCare Unifam and UnitingCare Harris Community Centre. Together these organisations form one of the largest providers of services to support disadvantaged children, young people and families in NSW.

This submission will broadly emphasise the impact of social exclusion on access to primary health services. This will underpin our response to the following questions that are asked in the discussion paper:

- What more needs to be done for disadvantaged groups to support more equitable access?
- How can consumers be linked with local primary health care services to support a stronger focus on population-based preventive health care with national reporting?

Our response to these questions will highlight:

1. Difficulties in accessing public dental health services in NSW
2. The importance of universal outreach maternity health services, specifically Olds-model nurse home visiting.

The recommendations of the National Health and Hospitals Reform Commission (NHHRC) in its interim report released in February 2009 identified similar priorities for national primary health care reform and recommended that the first two of these priorities become federal government responsibilities. UnitingCare Children, Young People and Families supports the broad direction of these recommendations and our response to the Interim Report is attached to this submission (see Appendix A).

Summary of recommendations

1. That the Australian Government take further steps to improve capacity in “under-resourced” public dental health services (NHHRC 2008, p.259) including:
 - an increase in funding of up to \$417 million to public dental services nationally, in line with the amount put forward by the Australian Dental Association (ADA) in their 2008-09 Pre Budget Submission (ADA 2008)
 - public sector internship of up to two years for all dental graduates in order to increase the public dental workforce by up to 100% (see NHHRC 2009 and APOH 2006).
2. That the state and federal government give priority focus to vulnerable groups of Australians in order to improve oral health outcomes in the short and long term. Three groups that require immediate attention are (i) ATSI children, young people and families; (ii) children, young people and families experiencing acute locational disadvantage; and (iii) children and young people in out of home care.
3. That the Nurse Family Partnerships program be provided in Australia on a universal basis, with rollout commencing in disadvantaged communities.
4. That targeted outreach approaches for socially excluded children, young people and families be included in the development of prevention based health strategies. These approaches should be developed in collaboration with children, young people and their families.

Social inclusion and access to universal services

The Australian Government's recent primary health care Discussion Paper, titled *Towards a National Primary Health Care Strategy* (Department of Health and Ageing [DOHA] 2008), focuses on the delivery of primary health services to Australians in the context of an ageing population, significant differences in health outcomes between Indigenous and non Indigenous Australians and shifting health priorities and responsibilities between state and federal governments.

Lack of access to health services can contribute to poor health outcomes for socially excluded children, young people and families in Australia. Primary health care services are ideally placed to address social exclusion in health services because they are (a) locally based and (b) under the public health model, they are universally accessible and have a focus on prevention and early intervention.

To have a positive impact on the health outcomes of socially excluded children, young people and families, primary health care services must be appropriately resourced to effectively fulfil their prevention and early intervention role in health services and must exist within functional and well resourced state health care systems so that people can seamlessly transferred to specialist health care workers regardless of their income or geographical location.

Australia's public dental health services provide a good example of the potential impact of poorly planned primary health care services on social exclusion. Australia's public dental health services do not currently provide a prevention and early intervention service for the oral health of eligible consumers, as waiting lists are too long to allow timely intervention for oral health problems. Resources are being used to provide secondary and tertiary services such as fillings and extractions, usually in an emergency setting (ACOSS 2006; ARCPOH 2007). The likelihood of experiencing tooth decay, gum infections and tooth loss is therefore higher for people who are socially excluded who:

- (a) are eligible for public dental health services but have been placed on a waiting list
- (b) live in a regional or rural community where dental staff shortages exacerbate the length of waiting periods
- (c) are not eligible for public dental health services but cannot afford private dental health care.

Oral health disorders cause difficulties with chewing, swallowing and speech, and can disrupt sleep and productivity. They can have a significant impact on self-esteem, psychological and social wellbeing, employment, interpersonal relations, and quality of life. Tooth loss is directly associated with deteriorating diet and compromised nutrition (Locker 1992 in NACOH 2004).

Studies have found that expectant mothers with periodontal disease are seven times more likely to deliver premature, low birth-weight babies than women who do not have the disease (ADHA 2000 in NCOSS 2002). Low birth weight is a key risk factor in increased risk to healthy early childhood development.

These negative health outcomes are easily preventable and are more likely to be experienced by socially excluded communities. A functional primary health care system that is actively socially inclusive can address these costly symptoms of poor health.

What more needs to be done for disadvantaged groups to support more equitable access?

Primary dental health services – access in NSW

Excessive waiting lists for public dental services in NSW are currently limiting the role that these services have in primary prevention and early intervention for oral health in NSW.

Renewed state-federal partnerships in dental health under the recent COAG agreement on national health professionals accreditation and registration (COAG 2008) may address this backlog. The UCCYPF service group is of the view that any such partnerships must include:

- formal funding arrangements
- priority focus on vulnerable groups, for example children and young people in out of home care
- an investment focus, which is recognition that prevention and early intervention services have specific goals that are different from acute health care goals and therefore may not have a significant short term impact on acute care waiting lists (NESS 2008).

The UCCYPF service group is also generally supportive of a universal dental health care initiative such as that put forward by the National Health and Hospitals Reform Commission (NHHRC 2008). We would emphasise, however, the need to build capacity in our public dental health services before such a scheme is implemented. The public dental health system, particularly in NSW, does not have the capacity to treat the number of people who are currently eligible for public dental health care, and an increase in eligibility for this service must be met with an increase in capacity building and resources.

The impact of disadvantage on access to dental health services

Profound disparities exist across socio-economic groups in Australia in respect to oral and general health. People of lowest socio-economic status—the poor and disadvantaged—carry the highest burden of disease. In particular, the incidence of caries and periodontal disease increases as socio-economic status decreases (NACOH 2004).

Various reports (AIHW 2002; SCARC Secretariat (2004) claim that people from disadvantaged backgrounds:

- receive nearly twice as many tooth extractions as the rest of the community (even though their underlying oral health problem is not significantly higher);
- have the highest level of perceived need;
- often use emergency departments and medical clinics to obtain pain relief or antibiotics for oral health problems;
- have lower rates of restorations;
- have longer intervals between their dental visits (including five years or more between dental visits);
- are eight times more likely to have no natural teeth (those aged between 45-64 years);

- report the major barrier to seeking dental care is its cost; and
- have an inferior standard of oral health when compared with the general population (AIHW 2002).

Socio-economically disadvantaged groups may also include Indigenous Australians, a significant proportion of people living in rural and remote areas, the homeless, people in institutions or correctional facilities, low income earners and their families, some young adults and older people, as well as some people from culturally and linguistically diverse backgrounds. These groups are highlighted as priorities in *Australia's National Oral Health Plan 2004-2013* (NACOH 2004).

UnitingCare Children, Young People and Families would like to draw attention to children and young people in out of home care as a group that is particularly disadvantaged in their access to dental health care and in their oral health outcomes. Improved training for dental health professionals is required around the combined impact of disadvantage and child abuse and neglect on the oral health of children and young people in out of home care. Similarly, there needs to be increased awareness at all levels of government that children and young people in care are less likely to receive treatment for serious health issues than their peers (RACP 2006).

Recommendations

1. That the Australian Government take further steps to improve capacity in “under-resourced” public dental health services (NHHRC 2008, p.259) including:
 - an increase in funding of up to \$417 million to public dental services nationally, in line with the amount put forward by the Australian Dental Association (ADA) in their 2008-09 Pre Budget Submission (ADA 2008)
 - public sector internship of up to two years for all dental graduates in order to increase the public dental workforce by up to 100% (see NHHRC 2009 and APOH 2006).
2. That the state and federal government give priority focus to vulnerable groups of Australians in order to improve oral health outcomes in the short and long term. Three groups that require immediate attention are (i) ATSI children, young people and families; (ii) children, young people and families experiencing acute locational disadvantage; and (iii) children and young people in out of home care.

How can consumers be linked with local primary health care services to support a stronger focus on population-based preventive health care?

Prevention strategies to reduce the impact of lifestyle diseases in Australia including sustained media campaigns, school based education campaigns and health screening policies in medical centres have had some success in Australia. However, many severely disadvantaged families will have minimal if any exposure to these strategies. Strategies that require social engagement are less effective in reaching people who are isolated or experiencing social exclusion, for example families those living with acute locational disadvantage, those for whom English is a second, third or fourth language or children and young people who are disengaged from school.

An effective public health system is one in which prevention based health strategies are cost neutral or cost beneficial for families. To achieve this we need to:

- have a strong outreach focus in prevention and early intervention that focuses on taking health information and support proactively to people who experience social isolation
- provide children, young people and families with opportunities, knowledge and community support to make healthy lifestyle decisions regarding nutrition, exercise and substance use
- invest in our public health system so that facilities in metropolitan, regional, rural and remote areas are adequately staffed and integrated with local referral networks.

Universal nurse home visiting

International research shows that professional nurse home-visiting programs can make a positive difference for children who are experiencing or at risk of experiencing poor health and development outcomes.

Nurse home visiting is currently being implemented as a child protection early intervention strategy in South Australia and Victoria. Recent evaluations have shown that the short and long term benefits of these programs include improved ability of clients to make informed health decisions and increased access to community health services, for example decreased maternal substance abuse (Scott 2006; KPMG 2007).

The Nurse-Family Partnerships model is a nurse home visiting approach that was developed by Professor David Olds at the University of Colorado. Named the 'Olds Model' this approach specifies that home visits be conducted by a qualified nurse. This strategy is based on research evidence that nurses are more welcome into family homes as trusted health professionals. The model also ensures that nurse home visits commence as antenatal support during the first trimester, and is sustained until the baby is two years old (Nurse-Family Partnership 2008).

A key strategy to support children at risk of poor health and wellbeing outcomes would be to implement nurse home-visiting programs across Australia starting with disadvantaged communities. This increases the likelihood of positive health outcomes for children in families of low socio-economic status:

We believe that nurse-visited low-resource mothers chose to focus their resources on the care and protection of their children, and this explains why they were particularly successful ... in managing the care of their firstborn child (Olds et al 20007).

Other evidence based outcomes of Olds model home visiting include:

- improved prenatal health
- fewer childhood injuries
- fewer subsequent pregnancies
- increased intervals between births.

We recognise and welcome the Federal Government's important decision to adapt the Nurse Family Partnerships model for remote Indigenous communities to improve Indigenous child health and wellbeing.

We also welcome the call for universal home visits to be part of a comprehensive national antenatal care strategy (NHHRC 2008). We would, however, emphasise the importance of home visits being conducted under the Olds model – that is, by qualified nurses and with

sustained access for disadvantaged families. This model identifies the risk factors for poor maternal and child functioning as single motherhood; mothers with less than 12 years of education; and mothers who are less than 18 years old (these risk factors increase the risk of poor maternal and child functioning when they are clustered) (see Olds et al 2007).

Recommendations

3. That the Nurse Family Partnerships program be provided in Australia on a universal basis, with rollout commencing in disadvantaged communities.
4. That targeted outreach approaches for socially excluded children, young people and families be included in the development of prevention based health strategies. These approaches should be developed in collaboration with children, young people and their families.

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Appendix (a)

“Submission in response to the Interim Report of the National Health and Hospitals Reform Commission” (UCCYPF 2009).

Submission in response to the Interim Report of the National Health and Hospitals Reform Commission

A Healthier Future for All Australians – Interim Report December 2008

UnitingCare Children, Young People and Families (UCCYPF) is a branch of UnitingCare NSW.ACT Our concerns for social justice and the needs of children, young people and families who are disadvantaged inform the way we serve and represent people and communities. UnitingCare Children, Young People and Families is made up of UnitingCare Burnside, UnitingCare Unifam and UnitingCare Harris Community Centre. Together these organisations form one of the largest providers of services to support disadvantaged children, young people and families in NSW.

UnitingCare Children, Young People and Families welcomes the Interim Report of the National Health and Hospitals Reform Commission (NHHRC 2008) and supports its focus on:

- the early years and the opportunities in early childhood for health prevention and early intervention, particularly for “children with complex needs from vulnerable families”
- the need for a national primary health care strategy for dental health care that is based on universal access to dental services
- the importance of home visiting by health care professionals to young mothers and the impetus to implement an universal home visiting program nationally.

UnitingCare Burnside, a member of the UnitingCare Children, Young People and Families service group, identified these priorities in its submission to the NHHRC Consultation of 2007-08.

Universal access to dental health services

The recent report titled, *A Healthier Future for all Australians* recommends a ‘Denticare Australia’ scheme which will provide universal dental health care.

The UCCYPF service group is generally supportive of a universal dental health care initiative. However, our support for the implementation of a Denticare Australia scheme is impeded by the lack of parallel capacity building in public dental health care services. The Interim Report’s acknowledgement that people without private health insurance will still be exposed to “some waiting times to access care” under a Denticare Australia scheme is concerning, as it predicts that public dental health services will still not be able to shift their focus to primary (or prevention and early intervention) service provision as they will continue to be overloaded by patients who require urgent dental attention.

UCCYPF is aware of the concerns raised by the Association for the Promotion of Oral Health (APOH) in their response to this Interim Report, regarding insufficient allocation of funds per client under the proposed Denticare scheme and the introduction of risk adjusted insurance payments that the Federal Government will commit to under this scheme. We

do not support any dental scheme that underestimates the resources that are required to improve the oral health of disadvantaged Australians, nor do we support the introduction of risk-adjusted health insurance in any form.

Recommendations

5. That the Australian Government take further steps to improve capacity in “under-resourced” public dental health services (NHHRC 2008, p.259) including:
 - an increase in funding of up to \$417 million to public dental services nationally, in line with the amount put forward by the Australian Dental Association (ADA) in their 2008-09 Pre Budget Submission (ADA 2008)
 - public sector internship of up to two years for all dental graduates in order to increase the public dental workforce by up to 100% (see NHHRC 2008 and APOH 2006).
6. Priority focus by state and federal governments on vulnerable groups of Australians in order to improve oral health statistics in the short and long term. Three groups that require immediate attention are (i) ATSI children, young people and families; (ii) children, young people and families experiencing acute locational disadvantage; and (iii) children and young people in out of home care.

Universal nurse home visiting

We also welcome the NHHRC call for universal home visits to be part of a comprehensive national antenatal care strategy (NHHRC 2008). The relevant Reform Directions 3.4 and 3.5 are attractive because they:

- acknowledge the importance of wraparound services that ensure effective referral for any health needs that are identified by the outreach service
- target service provision to disadvantaged young mothers.

However UCCYPF wishes to emphasise the importance of home visits being conducted by qualified nurses (Goodman 2006) and the need to resource sustained access to nurse home visits for disadvantaged families which start early in the family’s first pregnancy. The Nurse Family Partnership model developed by David Olds (see Olds et al 2007) identifies the risk factors for poor maternal and child functioning as mothers who are sole parents; have less than 12 years of education; are unemployed; or are under the age of 18 (these risk factors are of concern when they are clustered).

Nurturing a healthy start to life

The UCCYPF service group welcomes the nine Reform Directions that are put forward in this chapter of the Interim Report and looks forward to the response of the Australian Government.

Universal service provision is highlighted in this chapter and we support this as an essential foundation to health services in Australia. We ask that these services remain truly universal in their implementation – that is, that their implementation includes strategies for reaching out to vulnerable or socially excluded children and young people whose families may not yet be engaged in local health services, early childhood education and care services, or schools or who live in geographically isolated areas.

Recommendations

7. Universal provision of the Nurse -Partnerships program in Australia, commencing in disadvantaged communities in order to provide sustained nurse home visiting for at-risk young mothers.
8. Inclusion of targeted outreach approaches for socially excluded children, young people and families in the development of prevention based health strategies.

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**Appendix (a) to UCCYPF submission to National Primary Health Care Strategy Secretariat
UCCYPF response to the Interim Report of the NHHRC (December 2008)**