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Whole of Region Needs Assessment - Brisbane South Primary Health Network

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The Dietitians Association of Australia (DAA) is the national association of the dietetic profession with over 5800 members, and branches in each state and territory. DAA is a leader in nutrition and advocates for food and nutrition for healthier people and healthier nations. DAA appreciates the opportunity to provide feedback on the *Whole of Region Needs Assessment (WORNA)* by the Brisbane South Primary Health Network.

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DAA interest in this consultation

DAA considers food and nutrition is fundamentally important in the health and well-being of Australians, and that Primary Health Networks have a role in delivering nutrition programs and services for better health outcomes.

The Accredited Practising Dietitian (APD) program is the foundation of self-regulation of the profession and provides an assurance of safety and quality. APDs lead public health and community nutrition programs, and provide medical nutrition therapy to meet the needs of groups and individuals with specific health problems.

General feedback on report

DAA congratulates the BSPHN on the comprehensive process undertaken to identify the health needs and priorities in the BSPHN. DAA supports the six key areas identified as priorities, i.e. Mental health, Aboriginal and Torres Strait Islander health, Population health, Health workforce, eHealth, and Aged care. DAA also commends the commitment to best outcomes detailed in the WORNA report on page 10.

Comments on Section 6 Priority areas for action

Antenatal and perinatal – page 46.

Breastfeeding

Breastfeeding carries advantages to both infants and mothers in the short term and across the lifespan[1]. DAA considers it is important that more efforts be made to increase rates of breastfeeding. DAA would like to see monitoring and reporting of breastfeeding for the BSPHN because the WORNA report indicates that there are no statistics currently available, and lack of adequate monitoring of breastfeeding rates in Australia is identified as a barrier for optimal infant feeding[2].

Weight gain in pregnancy

Regarding information which is missing for mothers and babies, DAA is concerned about the absence of monitoring the proportion of women who enter pregnancy overweight and obese and the proportion of women who gain a healthy amount of weight during pregnancy. Both these weight indicators have short and long term implications for the health of both mothers and their offspring[3].

DAA understands that maternal pre-pregnancy Body Mass Index is reported in perinatal statistics and is routinely available. Ideally weight would be recorded when a woman sees her General Practitioner to get a referral to a birthing facility. At present gestational weight gain is not reported in perinatal statistics but General Practitioners could ask their patients for self- reported gestational weight

gain at the post-natal check-up or when six week immunizations are given. Combined with pre-pregnancy BMI it would not be difficult to establish the proportion of women with a healthy gestational weight gain[4].

Chronic disease – page 49.

Pre-diabetes

There is strong evidence that identifying individuals with pre-diabetes and participating in diet and physical activity interventions can prevent or delay the onset of diabetes. DAA suggests monitoring and interventions for pre-diabetes markers[5,6] be added to the section on chronic disease.

Culturally diversity

The WORNA report identifies that the rich cultural diversity of the BSPHN includes Aboriginal and Torres Strait Islander people, Pasifika and Maori groups, along with immigrants from a large number of different countries and many new migrants and refugees. Poor food and nutrition, and chronic disease is also noted in Section 5. DAA supports better nutrition monitoring in these groups, particularly in relation to food security, and to identify the specific needs of cultural groups.

Mental health – page 51.

Physical health, mental health and nutrition

The report identifies chronic disease as a concern in the mental health population. The life expectancy for people with serious mental illness is significantly reduced because of poor physical health[7,8], with poor nutrition a contributing factor. There is increasing recognition that poor diet is a risk factor for mental illness, just as it is for cardiovascular disease and cancer[9]. More specifically, people taking medication such as antipsychotics or antidepressants are also at risk of weight gain and metabolic side effects[10-12].

At present access to APDs through Medicare is limited. The Better Access to Mental Health Care scheme does not include APDs, and Chronic Disease items for allied health are limited to five visits per year which is insufficient for this client group as people with serious mental illness require more monitoring due to altered cognition. Therefore, DAA suggests other pathways are developed to increase access to APDs for individuals with mental illness treated with medication. APDs can lead training programs to extend the food and nutrition skills and knowledge of health workers who support people with mental illness[13,14]. DAA recommends monitoring and evaluation of training programs.

Aged care – page 53.

DAA is concerned about the unacceptable prevalence of malnutrition in older Australians living at home and in residential aged care facilities[15-17]. Monitoring of

malnutrition in the community and in residential aged care is recommended. Implementation of the National Aged Care Quality Indicator programme on a voluntary basis will be helpful in this regard through monitoring and reporting of unplanned weight loss.

DAA is aware of the problems experienced since the implementation of My Aged Care and considers this policy/system area should be a high priority. When applied correctly by staff in My Aged Care call centres and in Regional Assessment Centres, the National Screening and Assessment Form has the potential to identify problem areas for nutrition. DAA considers much more training needs to be done to increase the capacity of staff using the National Screening and Assessment Form to consistently identify items contributing to nutrition risk, and to draw these items together as a whole in order to implement an appropriate plan to address the nutrition needs of the aged care client.

Health workforce – page 55.

Accredited Practising Dietitians

DAA notes the relatively low numbers of dietitians reported for BSPHN. Accredited Practising Dietitians (APDs) are qualified and credentialed to lead population level interventions to improve chronic disease profile. They also have an important contribution to make to the health of individuals but access is currently limited for socio economically disadvantaged individuals who do not have private health insurance, and whose access to allied health Chronic Disease Items is limited under Medicare. DAA may assist the BSPHN to identify APDs within the Network.

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