



Labor National Platform

January 2018

The Dietitians Association of Australia (DAA) is the national association of the dietetic profession with over 6000 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 Labor National Platform.

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DAA interest in this consultation

The Dietitians Association of Australia (DAA) wants all Australians to experience good health and well being by eating good food and being physically active. There is evidence however that this is not the case for many people, and that more investment is needed in government led programs to promote population health and to protect vulnerable groups in community.

Accredited Practising Dietitians contribute to the health and nutrition literacy of Australians by leading population health programs and community initiatives, by supporting individuals through medical nutrition therapy, and by working with other stakeholders in the public, private and non-government sectors.

Aged Care

Labor's commitment in the National Platform to quality care services appropriate to the needs of older Australians, and which promote independence and wellness is excellent. DAA would like to see

- Greater investment in preventive programs for older Australians in nutrition led by Accredited Practising Dietitians. Such programs should include community initiatives for screening and assessment of malnutrition.
- Monitoring and evaluation of existing My Aged Care programs which involves all stakeholders, including Accredited Practising Dietitians and other allied health professionals, to guide future developments of programs in the community and in residential care.
- Alternative funding approaches to ACFI which better support strong systems which underpin the delivery of individual funding packages. The emphasis on individuals as fundholders is agreed but the disappearance of block funding means that care providers may not undertake activities such as menu reviews, audit programs, multidisciplinary planning etc. which contribute to high quality food and nutrition systems.

Agriculture

The Platform recognises the importance of a sustainable agriculture sector which is vital to national food security in the face of climate change. DAA would like to see this broadened to food and nutrition security at the national and household level. Sustainable food production in our changing environment must be sufficient to allow Australians to eat a wide range of affordable and nutritious foods for good health.

Closing the Gap

Underinvestment in services to Aboriginal and Torres Strait Islander people in a number of areas is noted in point 56 page 122. DAA suggests an important area in which requires more investment is Aboriginal Hostels Limited (AHLs). The 47 AHLs around Australia provide an essential service for Aboriginal and Torres Strait Islander people who must be away from their community for family reasons, medical treatment, education or employment. At least one in four hostel residents is estimated to have special dietary needs for diabetes, kidney disease or for other health reasons. Some residents have lengthy stays, for example those who access renal dialysis may stay years because the wait for public housing can be as long as seven years.

AHL staff endeavour to provide good meals for residents but they need better training and policy guidance to provide nutritious food to meet the varied special needs of residents. Large hospitals with the same number of beds (estimated to be around 1500) would have a number of Accredited Practising Dietitians for staff training, menu development and quality programs to meet the needs of inpatients. AHLs should expect to have access to Accredited Practising Dietitians so that AHL staff can realise their goal to provide enjoyable nutritious and culturally appropriate food to AHL residents.

Disability

The National Disability Insurance Scheme (NDIS) has the potential to improve the lives of people with disability. Unfortunately, the rush to implement the NDIS has had consequences which have adversely affected some NDIS participants. Already some people are slipping through the cracks and are having difficulty in accessing the nutrition products or Accredited Practising Dietitian services they need.

Better days ahead will require

- Urgent development of mechanisms to resolve disputes about which sector must take responsibility for services and products, e.g. health or NDIS, in a particular instance or set of circumstances.
- Increased training of planners and better protocols to promote consistency of advice to participants and providers
- More openness and transparency by the NDIA to meet the needs of NDIS participants, planners and other stakeholders
- Greater involvement of allied health professionals and their professional organisations to work with the NDIA to build strong and sustainable systems to meet the needs of NDIS participants.

Education

DAA supports the concept of a national curriculum which prepares students to be healthy and active. The curriculum must improve the health and nutrition literacy of students and should articulate with community programs to build health and nutrition literacy. Students across all school years should be enabled with the life-skills needed to purchase, prepare and store healthy and affordable food.

Students attending private or public schools should be able to purchase healthy meals and snacks from canteens which follow national guidelines.

Children from families who are food insecure should be supported with programs at school to ensure they have the nutrition required to learn, grow and develop to their potential.

Health

Public health

DAA agrees with point 5 on page 98 that investment in early detection and management of chronic disease could reduce pressure on the health system, particularly regarding pharmaceutical and hospital costs, as the population ages. Excellent work has been done in developing the Australian Dietary Guidelines and the Australian Guide to Healthy Eating. However, diet and physical activity make a significant contribution to chronic disease and greater investment is needed at Commonwealth and State/Territory level to

- provide community programs to improve health and nutrition literacy
- support families and individuals to build practical skills in how to shop for affordable food, to prepare nutritious meals, and to store food safely.

Labor must commit to ongoing monitoring and evaluation of the health and nutrition status of Australians, including regular Australian Health Surveys. Particular care must be taken to ensure Aboriginal and Torres Strait Islander people, culturally and linguistically diverse groups, refugees, and other vulnerable groups are adequately surveyed to inform service delivery into the future.

The Health Star Rating system is proving to be a useful tool to help Australians choose packaged foods. Ongoing investment is needed to evaluate and adjust the tool to maximise its usefulness, and to improve understanding of the Health Star Rating system in the context of the Australian Dietary Guidelines and the Australian Guide to Healthy Eating.

Medicare

Labor's commitment to strengthening primary care is welcome. There is no doubt that Medicare has enabled many Australians to access the services they need to manage chronic disease, but more investment is needed to improve the quality of life for Australians and to reduce cost pressures on the health budget. DAA would like to see

- Chronic Disease Management items extended to enable short and long consults to allow time for Accredited Practising Dietitians to provide the necessary nutrition counselling for patients with complex needs
- An increased number of Chronic Disease Items available to meet the complex needs of patients who cannot afford to pay gap payments but require services from a number of professionals
- Inclusion of telehealth options for allied health Chronic Disease Management items for people living in rural and remote areas who have least access to services and the poorest health outcomes.

Allied health professionals are pleased that Labor recognises that the freeze of the Medicare MBS rebates is putting at risk access and affordability for patients seeking primary care services and look forward to the removal of this inequitable burden.

Research

Recognition of the benefit of the translation of research into primary and hospital care is important. DAA would like to see more investment into research to inform

- Practical improvements in lifestyle management
- Empirical research about the dietary patterns, foods and nutrients needed for good health for older Australians and at other stages of the lifecycle
- Empirical research about the dietary patterns, foods and nutrients needed to promote good health in disability and mental health.

Mental Health

Government agencies and medical professional organisations have published a number of reports describing the importance of physical health alongside mental health. DAA is well aware of the contribution of food and nutrition to both physical and mental health and wellbeing. Labor recognises this in its commitments to mental health on page 112. Further steps are needed to improve the quality of life for people experiencing mental illness including access through Medicare

- To enable people with serious mental illness commencing medications to get the support of Accredited Practising Dietitians to mitigate the risks of adverse effects on their physical health
- To enable people with eating disorders to access the support of Accredited Practising Dietitians in the private sector
- To enable people with mild to moderate mental illness, such as depression and anxiety, to access the support of Accredited Practising Dietitians to learn how to make evidence based food choices which will improve their mental health and physical health.

Small business and the NDIS

Many allied health professionals are in small business. For example, DAA membership records show about 50% of private practitioners are part time, and the latest NDIS National Public Dashboard indicates 39% of registered providers are sole traders. They should not be deterred from entry to the NDIS environment by red tape and costly third party audit processes when registering as an NDIS provider. Streamlined entry of allied health professionals to the NDIS market is essential to meet the needs of NDIS participants seeking specialist services.

Health Ministers agreed some time ago that some professions presented such a low risk to the public, no matter the age group or health profile of the care recipients, that those professions were not registered under the Australian Health Practitioner Regulation Agency. Even registered allied health professions, such as occupational therapy, were shown to present a low risk to the public in the Review of the National Registration and Accreditation Scheme. This evidence has been ignored on the development of the NDIS. Similarly, the Liberal campaign call for less red tape has been forgotten. DAA would like Labor to stand up for simple and inexpensive processes which are genuinely proportionate to risk for NDIS allied health provider registration.

Workforce

DAA agrees with point 33 on page 84 about workforce needs in aged care. Greater investment in workforce planning and capacity building is needed to ensure that there are sufficient numbers of workers with the right skills to deliver quality care in the aged care, disability, mental health and health sectors.

More specifically, workers in these sectors require food and nutrition skills and knowledge to provide basic care in chronic illness, to recognise referral flags and to implement the recommendations of Accredited Practising Dietitians. More investment is needed in these areas for both secondary and vocational education programs.

Funding policies for care in aged care, the NDIS and other sectors should take account of ongoing workforce training needs.

About the Dietitians Association of Australia

- [DAA](#) is the leading body for nutrition professionals and the national association of the dietetic profession with branches in each State/Territory. It has been nationally organised since 1976. DAA is a member of the [National Alliance of Self Regulating Health Professions and Allied Health Professions Australia](#).
- The Association has over 6000 members constituting approximately 80 percent of the dietetic workforce in Australia.
- DAA was approved in 1999 by the Australian Government Department of Employment Training and Youth Affairs as the [assessing authority](#) for dietitians trained in other countries, and prior to this advised the Australian Government on recognition of dietitians trained overseas.
- DAA has [accredited dietetic training courses](#) in Australian universities since 1984.
- The interests of dietitians are broad and derive from training in three dominant areas of practice i.e. individual case management of medical nutrition therapy (clinical care), community and public health nutrition, and food service management.

About the Accredited Practising Dietitian (APD) program

- The [Accredited Practising Dietitian \(APD\) program](#) is the foundation of DAA as a self-regulated profession with over 98 percent of eligible members participating in the program.
- The APD credential is recognised by Medicare, the Department of Veterans Affairs, the NDIS, private health funds and for access to the Healthcare Identifiers Service.
- The APD program meets the requirements of the National Alliance of Self Regulating Health Professions and has similar requirements to professions regulated under the Australian Health Practitioner Regulation Agency, including
 - Work within scope of practice framework
 - Subject to code of conduct
 - Compliance and disciplinary processes in place
 - Minimum annual continuing professional development required, and subject to audit
 - Resumption of practice requirement
- APDs work in diverse settings including aged care, hospitals, disability, mental health, private practice, public health, community health, food service, food industry, research and teaching.