

The National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan (NATSINSAP) Steering Group response to “The Health Workforce” Issues Paper

The National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan 2000-2010 (NATSINSAP) was endorsed in 2001 by the Australian Health Ministers as part of the national public health nutrition strategy. The purpose of the strategy is to ensure national coordination and cooperation across the country, and to build on existing efforts to make healthy food choices easier choices for Aboriginal and Torres Strait Islander peoples, irrespective of where they live. A project officer is employed to progress NATSINSAP and a national steering group manages the project. This steering group is made up of representatives from around Australia.

The NATSINSAP steering group welcomes the opportunity to contribute to this important examination of health workforce issues in Australia. When referring to ‘nutrition professionals’ in this paper we are meaning qualified dietitians, nutritionists and Indigenous nutrition health workers.

Workforce Planning

- Nutrition professionals need to be involved in planning processes at all levels of the health system. To date, this generally does not occur, even when nutritionists key role in a particular area is well known. Within the health service there has been almost an exclusive focus on medical and nursing workforce issues with little recognition of the contribution of, or need for, allied health workers including nutrition professionals. There has also been a bias towards the acute end of the spectrum with primary and preventative care receiving less focus and limited funding, yet this is where the greatest gains in health can be made. This is also the area where nutrition professionals can make a significant impact on the health of the population.
- The majority of workforce shortages for nutrition professionals occur in rural and remote locations. One solution is to train more local people, particularly Indigenous nutrition professionals, as they will be more likely to want to work in their community. This will require appropriate training and support for health workers whether they are Indigenous or non - Indigenous.
- The issue of support and ‘recognition of profession’ for Indigenous Health Workers is a large concern, particularly if they are working in a mainstream health service. We strongly recommend the establishment of a national health worker association which would allow membership based on obtaining the relevant VET qualification. We would also recommend non-Indigenous staff be required to undertake a cultural awareness program that highlights the role of Indigenous Health Workers. We also strongly recommend an appropriate mentorship program for the mentoring of non-Indigenous staff by Indigenous staff on areas such as cultural issues and localised cultural conduct. This could also be seen as two way ‘skills exchange’.

Tertiary sector training

- Nutrition and dietetics training has traditionally been a difficult course to get into due to its popularity and high-level science requirements. As a result there have been only two Indigenous dietitians and two Indigenous Nutritionists (public health trained) graduate to date in Australia. We would like to recommend the nutrition and dietetic university courses to look at ways in which they could encourage and support Indigenous students to enter that field of study.
- Alternatively, not all nutrition positions require a dietitian qualification, particularly if the position involves working with the community or in public health nutrition. We would like to encourage the universities that run science degrees specialising in nutrition to also look at ways in which they could encourage and support Indigenous students to enter that profession. It would also be useful if more courses could be flexibly delivered as there seems to be more interest from mature age Indigenous students with families in studying nutrition. Currently these people are unable to participate because of the rigid format of the courses currently offered. The ability to specialise in nutrition within a Bachelor of Indigenous Primary Health Care is another identified need.
- For non-Indigenous health professionals, cultural awareness needs to be incorporated into their training. Medicine and Nursing have already made headway in this area, but allied health has not.

VET Sector training

- For Indigenous students wishing to become health workers the need for high quality training at the VET sector level is an urgent priority. There is a strong need for Health Workers to specialise in nutrition and health promotion during their training. There is also the need for high quality resources to complement and help ensure consistency in this training.

The Skills Mix

- Within the area of Indigenous health the skills mix is not appropriate to effectively deliver the care required by the community. Nutritional intake is an important risk factor for 56% of all deaths (Crowley et al, 1992). Despite the Indigenous population of Australia having far higher rates of overweight, obesity, chronic disease and low birth weight, the role of specialist nutrition positions working with Indigenous communities is not widespread across Australia.
- There is a valuable role for community nutritionists/dietitians as well as Indigenous nutrition health workers to work with communities to decrease their risk of chronic disease. This has occurred in several communities with significant and long term improvement in health status (NHMRC 2000, Lee et al 1995b, McDermott et al 1998).
- Table 1 shows the total number of nutrition positions (either community nutritionists, dietitians or Indigenous nutrition health workers) who currently work specifically with Indigenous communities across Australia. There is a large disparity across the jurisdictions especially when examining the per 100,000 rate.

Jurisdictions	Total community nutrition positions focused on Indigenous population	Total community nutrition positions/100,000 Indigenous population (Based on 2001 Census)
QLD	23.6	21
NSW	3*	2.2
NT	51	88
SA	0.5	2
Victoria	2*	7.1
ACT	0.2	5
WA	2	3
Tasmania	0	0

* = only employed in community controlled health services

- The current situation for Indigenous health worker positions is that the majority are generalist positions. This places a great deal of stress on health workers in that they are required to be a 'jack of all trades'. There is a need for more specialisation within the Indigenous health worker workforce and the employment of more Indigenous health workers working in the area of prevention. Within the nutrition area, we would like to recommend the establishment of more nutrition health worker, or healthy lifestyle health worker, positions. These positions would focus on prevention of chronic disease and/or improving maternal and child health outcomes.

Thank you for the opportunity to provide comment on this important issue. If you would like any further information please contact Katherine Cullerton, Senior Project Officer (NATSINSAP) on either 07 3275 5440 or Katherine_cullerton@health.qld.gov.au

Yours sincerely,

Leisa McCarthy
Chair
NATSINSAP Steering Group