

17 December 2012

Our ref: 120828 - ANPHA - NM

Australian National Preventative Health Agency (ANPHA)
Level 1, Canberra House
40 Marcus Clarke Street
Canberra ACT 2601

Via email to maxine.baban@anpha.gov.au

Dear Ms Baban

Re: National Preventative Health Research Strategy (2012-2016) – Consultation Draft

I am writing to comment on the consultation draft of the *National Preventative Health Research Strategy (2012-2016)* [the Strategy]. The opportunity to comment on the development of this strategy is appreciated.

The APA commends the Australian National Preventative Health Agency (ANPHA) for drafting a strategy that focuses on evidence-based preventative health measures and the development of a national health prevention research infrastructure.

The APA supports the overall goal of enabling Australians to lead healthy, productive lives to their full capacity.

In particular, the APA endorses research efforts focused on preventable disease and illness to alleviate the burden of chronic disease on Australia's health system.

The APA would like to make the following comments with regard to the Consultation Draft:

Role of physiotherapists in treating chronic pain

The APA Position Statement on Pain Management recognises that 1 in 5 Australians experience pain. The International Association for the Study of Pain (IASP) accepts that pain lasting for longer than three months can be classified as chronic pain, whilst recognising that the transition of pain from acute to chronic occurs across varying time periods¹. The APA position is that early intervention at the acute stage of pain development may reduce chronicity of pain, optimise recovery and encourage quicker return to work.

Being primary contact professionals with excellent communication skills, physiotherapists focus on early intervention to flag preliminary signs of chronicity and to prevent acute and sub-acute conditions from developing into chronic pain. As such, physiotherapists encourage patients to self-manage their pain and recovery at the early stages of injury and promote an early return-to-work and durable return to function. Educating patients to self-manage their pain aligns with ANPHA's Strategy of providing information and education strategies as an important preventative health measure. Such education can also facilitate change in individual behaviour of patients, supporting another key goal of the Strategy.

Chronic health problems in rural and remote areas

Persons living in remote and rural areas face unique health problems, including a significantly higher incidence of preventable hospitalisations for chronic conditions². Lifestyle-related illnesses are more common in rural areas, including high stress levels, alcohol and tobacco consumption and poor nutrition. Such problems are often attributed to a "too tough to care" outlook on life. An attitude of hardiness is also thought to contribute to a higher acceptance of occupational injury and disease, combined with the fact that rural jobs such as farming, timber work and mining carry significant dangers³.

Indigenous Australians and chronic disease

Hospitalisation rates for indigenous people are significantly higher than for non-indigenous Australians. Indigenous Australians are being admitted to hospital for treatment of chronic diseases such as diabetes which could, and should, be treated within a primary health care setting. A central problem contributing to continued ill health is that Aboriginals have lower levels of access to the MBS and PBS programs because of a shortage in GPs and other health workers in rural and remote areas⁴. The under-representation of indigenous health workers is a significant problem and further to this, non-indigenous health workers practicing in remote or rural areas often have limited training in the provision of culturally appropriate health services.

Importance of workplace in enhancing healthy living

The APA endorses ANPHA's recognition that environments and settings such as in cities, workplaces and schools enhance healthy living. Physiotherapists support the provision of health and physical education in a school context and the APA upholds that regular physical activity in schools can foster a lifelong understanding of the health benefits of physical activity. Physiotherapists provide information and support to family, healthcare providers and the workforce. In the context of work specifically, physiotherapists assist employers to devise a safe system of work and educate injured workers on strategies to manage their injury, so they can return to modified or full duties as soon as possible. Such practices align with ANPHA's Strategy to improve practices supportive of removing or reducing risks.

The APA believes that early intervention should be provided in the context of an effective workplace-based rehabilitation program.

Work is very important to an individual's health and well-being overall. Without fulfilling work, people may not achieve their potential at the expense of themselves, their families and their communities, and work is of great importance to an individual's health and wellbeing^{5,6}.

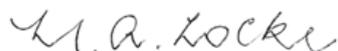
It is important that physical interventions provided by physiotherapists in the clinical setting are then able to be transferred to the workplace. For example, the practice of lifting a box in a clinic is designed to ensure the injured worker is able to have the physical capability and confidence to lift a box in the same manner at the workplace.

By assessing the physical requirements of the workplace early in the recovery process, physiotherapists can design specific interventions that have a direct impact on the return to work process and the physical capability of the worker. As such, the early undertaking of a workplace assessment by physiotherapists (or appropriate other provider) is crucial to enable the design of appropriate interventions that maximise early and durable return to work.

Once again, thank you for the opportunity to comment on the Consultation Draft. The APA would be pleased to remain engaged in any further developments and would welcome future consultations on chronic disease risk factors and national research priorities.

Should you have any enquiries, feel free to contact Jonathon Kruger, General Manager, Advocacy and International Relations Division, at jonathon.kruger@physiotherapy.asn.au.

Yours faithfully



Melissa Locke
President

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 2. Australian Institute of Health and Welfare. (2010). Australia's Health 2010. *Australia's Health Series* no.12.Cat.no. AUS 122. Canberra: AIHW
 3. Australian Rural Health Research Institute. (1995). Dabbling With Data: Morbidity and Mortality in Rural Australia Part 1. Available at http://nrha.ruralhealth.org.au/conferences/docs/PAPERS/3_ROGSTR.pdf
 4. Rural Health Workforce Australia. (2007). *Indigenous health workforce policy: a background paper*. Available at http://www.rhwa.org.au/client_images/528383.pdf
 5. Black D. C. (2008). Working for a healthier tomorrow: Dame Carol Black's review of the health of Britain's working age population. Norwich: The Stationery Office.
 6. Aylward, M. (2010). Realising the Health Benefits of Work. Australasian Faculty of Occupational & Environmental Medicine Position Statement. Available at <http://www.racp.edu.au/page/policy-and-advocacy/occupational-and-environmental-medicine>