

Priorities for Federal Election 2022

Briefing paper

Dietitians Australia is calling on the Federal Government to support the following requests, to improve the health and well-being of Australians.

Aged Care

- 1. Malnutrition to be included in the National Aged Care Mandatory Quality Indicator Program for both residential and in-home aged care. The framework for screening of malnutrition risk must include:**
 - a. Initial and ongoing training of all care staff and support workers who provide in-home and residential aged care re: use of the validated malnutrition screening tool.**
 - b. Prompt referral of all identified as being malnourished to an Accredited Practising Dietitian (APD) for nutrition intervention.**
 - c. Minimum standards for the documentation of screening results and follow up.**
- 2. Mandating, as a condition of receiving the Basic Daily Fee supplement, that every Residential Aged Care home undergoes an annual on-site Menu and Mealtime Quality Assessment performed by an Accredited Practising Dietitian.**

The Commonwealth Royal Commission into Aged Care Quality and Safety brought to the forefront widespread food and nutrition issues and highlighted the critical role of dietitians in aged care. The two election priorities above directly address the Royal Commission recommendations 19 and 112.¹

In residential aged care, Australian studies have identified a prevalence of malnutrition from 22% up to 50%. Malnutrition is known to increase the risk of falls, pressure injuries, increase hospital admissions, and has adverse outcomes on mortality.

Mental Health

- 3. Creation of Medicare Benefit Scheme (MBS) items relating to depression, other mood disorders and severe mental illness, to include:**
 - a. Introduction of long and short MBS items for Accredited Practising Dietitians for individual and group consultations, in person and via telehealth.**
 - b. Immediate referral to Accredited Practising Dietitians for people who are prescribed antipsychotics and other psychotropic medications where there are known metabolic side effects.**

People with mental illness are twice as likely to have an associated physical illness. Prescription medications used to treat mental illnesses can cause physical illnesses (diabetes, heart and vascular diseases). Both the mental illness and the associated physical illnesses can be cost-effectively prevented or treated through an Accredited Practising Dietitian.

A Deakin University Food and Mood Centre study found a 32% remission rate of depression symptoms over a 12-week diet intervention trial. An economic evaluation of this trial for adults with major depression found the average total health sector costs were \$856 lower and average societal costs were \$2,591 lower for those receiving dietary support compared to social support.

The COVID-19 Pandemic has brought mental health to the top of National agenda. Dietitians have an important role in the COVID-19 mental health recovery and the broader treatment of mental health in Australia.

Disability

4. **Accredited Practising Dietitians to be included in teams for autism, pervasive developmental disorder and disability (M10), including:**
 - a. **a unique 820** number for the dietary assessment and treatment of people with disability.**
 - b. **inclusion in list of eligible professions for multidisciplinary case conferences.**

Currently seven other allied health professions have access to M10 unique 820** number. Expanding this to include Accredited Practising Dietitians will ensure clients with a disability can access affordable, preventative dietetic care and provide dietitians with parity to the other 7 allied health professionals already included.

The Commonwealth Royal Commission into Violence, Abuse, Neglect and Exploitation of People with a Disability highlighted the health needs of the 4.4m people with a disability in Australia. Australians with a disability have poorer general health (eg insufficient fruit and vegetable intake, high sugar intake, high blood pressure, insufficient physical activity, high BMI).

A recent review found that substandard nutrition care practices were associated with several leading causes of death of people with disability including respiratory deaths, choking, neoplasms and circulatory disease.

Policy

5. **Develop a National Nutrition Strategy and a National Nutrition Implementation Action Plan.**

Dietitians Australia, Public Health Association of Australia, Nutrition Australia and the Heart Foundation are calling on the Australian Government to update the 1992 national nutrition policy. Since 1992, diet-related health of Australians has become worse and food insecurity is on the rise.

27,500 Australians die a preventable death each year from an unhealthy diet. In 2017-2018, around 90% of Australians weren't eating enough vegetables and more than 35% of energy intake was from unhealthy foods and drinks high in added sugar, saturated fat, salt or alcohol.

If it was easier for Australians to enjoy healthy foods and drinks consistent with the Australian Dietary Guidelines the disease burden would be reduced by 62% for coronary heart disease, 34-38% for stroke, 41% for type 2 diabetes, 37% for mouth, pharyngeal and laryngeal cancer, 22-29% for bowel cancer, 20% for oesophageal cancer, 12% for prostate cancer, 8% for lung cancer and 2% for stomach cancer.

What we do

Dietitians Australia is the national association of the dietetic profession with over **8,000 members across Australia**, and branches in each state and territory.

Dietitians Australia is the leading voice in nutrition and dietetics and advocates for food and nutrition for healthier people and healthier communities. Dietitians Australia also administers the Accredited Practising Dietitian (APD) program, which provides an assurance of safety and quality and is the foundation of self-regulation of the dietetic profession in Australia.

Royal Commission into Aged Care Quality and Safety – Recommendations 19 and 112

¹ **Recommendation 19:** Urgent review of the Aged Care Quality Standards (b) imposing appropriate requirements to meet resident nutritional needs and ensure meals are desirable to eat, having regard to a person's preferences and religious and cultural considerations.

Recommendation 112: Immediate changes to the Basic Daily Fee. The Australian Government should, no later than 1 July 2021, offer to provide funding to each approved provider of residential aged care adding to the base amount for the Basic Daily Fee by \$10 per resident per day, for all residents. The additional funding should be provided only on a written undertaking that:

(a) the provider will conduct an annual review of the adequacy of the goods and services it has provided to meet the basic living needs of residents, and in particular their nutritional requirements, throughout the preceding 12 months, and prepare a written report of the review

(b) the review report will set out:

- i. details of the provider's expenditure to meet the basic needs of residents, especially their nutritional needs, and will include spending on raw food, pre-processed food, bought-in food, kitchen staff (costs and hours), and the average number of residents
- ii. changes in expenditure compared with the preceding financial year
- iii. the number of residents who have experienced unplanned weight loss or incidents of dehydration

(c) by 31 December each year, commencing in 2021, the governing body of the provider will attest that the annual review has occurred, and will give the review report and a copy of the attestation, to the System Governor

(d) the System Governor should make the annual review report publicly available