

Health and the Global Financial Crisis



GUEST EDITORIAL

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Dominating social comment at the moment is the Global Financial Crisis or the GFC. Its dominance is of course only natural. It is a crisis of significant proportions. In Australia, like other countries, thousands have lost their jobs. Unemployment it is predicted will reach eight percent and billions of dollars of savings have simply disappeared. Government policy here, in response is centred on stimulating the economy. They have done this in two ways, by giving people money, which they hope they will spend and by investing in public infrastructure hopefully creating and saving jobs while investing in important things like schools, hospitals and roads.

The jury is still out on whether or not this will be successful and soften the impact of the economic crisis. But I wanted to raise with you what the impact could be on health care, nursing and nurses. It has been said that health care and nursing are recession proof industries because health care will continue to be needed. Indeed given that health is directly related to social determinants such as adequate income and well being our services may well be in even higher demand with people out of work and general stress regarding welfare.

To an extent this is true. But the crisis is and will affect us. Governments are under pressure to make savings. Private health providers will be concerned about returns on investments. Aged care, already

under pressure and underfunded may well find less funding coming its way. Nurses working in aged care, who, in Australia are paid considerably less than nurses working in other sectors might, due to financial pressure, have to leave the sector to ensure a more adequate income elsewhere. We are already hearing of state governments in this country who want to freeze public sector wages and even renege on agreements. There is great temptation to strip resources from the costly health budget and that is worrying.

As nurses and the largest workforce in health, we know that when governments or providers come looking for fat to cut in our hospitals, it usually comes from nursing. Unfortunately those areas that are seen as 'fat' are areas like research, education, or outreach programs like community liaison or public health care programs. They understandably leave as many clinicians at the bed side as they can, but if they had a little more vision and a better understanding of what makes a health society and what keeps people out of the hospital beds, we might actually emerge from this crisis with a healthier community and full coffers as well.

Cutting back on things like preventative health care programs, community outreach services etc ultimately will mean less healthy communities and a greater reliance on reactive health care which is expensive and just plainly poor social policy. Cutting back on educators and research means that we lose our most experienced nurses and often a commitment to quality and evidence gathering for effective proven health outcomes. Again, this means potentially more days spent in a hospital, more readmissions and sadly, a burnt out and disillusioned nursing workforce.

Health, as we know is a result of many factors. The social determinants of health are well documented and understood. But our health system in Australia is not one that has developed around those social determinants. Our system is medical centric, it is illness based, reactive and tertiary focused. It ignores everything we know about keeping communities healthy. Any attempts to move to the system are patchy, isolated and while usually very successful, not supported with adequate resources nor rolled out on a system scale. More than ever, in dire financial times, we need to focus on those things that keep us healthy, things like decent work, adequate housing, food, access to education and recreation, emotional support and social inclusion. Let's ask our communities what they need rather than paternalistically handing out services. Undoubtedly the way forward is to build a decent primary health care system. But to do so needs vision and a great deal of will. Nurses can lead the way in such reform and indeed in Australia and many other parts of the world nurses are doing just that. Nurses prefer to immerse themselves into communities. We are not prone to locking ourselves in offices behind desks, giving 15 minute blocks of care. We see whole communities, families, supportive groups and beyond.

I spoke to a nurse recently who works in a nurse led health care service in a regional town; a town that

was struggling economically and whose people were having significant health problems including mental health deterioration. One of the main problems was the lack of an adequate sewerage system which caused, among other things, certain health problems. The nurses in the clinic successfully lobbied to get a decent sewerage system for their town. Not only did this improve health outcomes but made the town a more attractive place to live, increased the population and sustained the economy of their region! Now that is really dealing with health from a social determinant perspective.

So whilst it is important that in warding off the dire consequences of the GFC we create economic stimulus packages that invest in roads, houses and schools, we must not forget about investing in health – and that doesn't only mean simply building hospitals, far from it. It means investing in reform programs that transfer a reactive health system to a proactive one. At the moment Australia's health system pulls us out of deep water but doesn't stop us falling in. And right now we are teetering on the edge.

Health care should be viewed as an asset not a liability. It is like a long term investment that will mature and once the returns on that investment do mature, we will as a society reap the benefits with profits untold.