



15TH NATIONAL
RURAL HEALTH
CONFERENCE
Better together!

24-27 MARCH 2019
Hotel Grand Chancellor
Hobart, Tasmania



NATIONAL RURAL
HEALTH
ALLIANCE LTD

Health is not just the absence of disease—how addressing the United Nation's 17 Sustainable Development Goals will lead to healthy people in a healthy world

Jane Mills

Massey University College of Health, New Zealand

Before I begin today, I would like to acknowledge the traditional owners of the land on which we meet, their elders past and present. I'd also like to thank the organising committee for inviting me here today and acknowledge Dr Isabelle Skinner who was originally going to present this session but has had to send her apologies.

The topic of my plenary address is about thinking big, about thinking beyond our traditional paradigms as health professionals working in rural Australia to consider what we can do to make a difference and contribute to creating a healthier world.

In 2015, the Sustainable Development Goals, or SDGs, were adopted by the United Nations to replace the Millennium Development Goals. Agreed to by 191 UN Member States the timeline for achieving these global goals is 2030.

The reason all of us in this room need to challenge ourselves to think expansively when considering our personal relationship with the United Nations SDGs is because they speak to both individual action and government change—so the micro and the macro. But before going any further down that path, let's take a moment to remind ourselves of what the 17 SDGs cover.

The link between SDGs and primary health care is strong. I'm sure for all of us in the room, the first principle of the 1978 Declaration of Alma Ata (No Author, 1978, p. 108) echoes throughout the SDGs. As the famous words on this slide illustrate, much of the power of this seminal work came from identifying the interconnectedness of society in promoting the health of individuals and population groups. At the time, this declaration marked a fundamental philosophical shift from a disease-based conceptualisation of health, to one that considered the impact of social determinants on health and wellbeing.

Forty years on, the Declaration of Alma Ata was reaffirmed at the recent Global Conference on Primary Health Care. The resultant Declaration of Astana (World Health Organization, 2018) articulates a contemporary take on the original declaration, with a much stronger emphasis on the importance of partnerships to effect the type of system changes that can improve the health and wellbeing of individuals, communities and countries.

There is an explicit link between the Declaration of Astana, the SDGs and the United Nation's resolution for Universal Health Coverage which was passed in December 2012 (World Health Organization, 2019a, 2019b). Similar to the SDGs, the language of Universal Health Coverage is pitched at both individuals and governments. Rather than assigning the priority to workforce supply and access to service provision, there is a much greater emphasis on the need for good governance, systems and technology in the quest to achieve Universal Health Coverage.

For health care professionals, and in particular nurses, there is a risk of disconnect between their professional lives, and these global aspirations. In particular, envisaging how the SDGs relate to everyday work is no small task as it requires individuals to think globally, but act locally.

To date, much of the guidance for health professionals about the SDGs has only been pitched globally. This WHO slide is an example of placing SDG3 at the center of the suite of goals, with some high-level suggestions for how health and wellbeing can be understood as integrated throughout the manifesto. The problem is that the abstract nature of this type of framing can render the SDGs as disconnected from the everyday work of nurses in Australia and New Zealand. Our challenge therefore is to develop a pragmatic way of thinking about practice that results in an appreciable difference being made under each of the 17 SDGs.

If the current framing of the SDGs makes them difficult to relate to the everyday, we need to find another way to talk about the principles so that it makes sense to the thousands of clinicians in this country. Planetary Health, and in turn Planetary Nursing provide a new and emerging framework for practice that has the potential to achieve the goal of relatability. However, before we get to the 'doing' it is important to understand the context in which Planetary Health in particular has evolved, and the principles that are guiding its development.

In 2015, so only four short years ago, The Rockefeller Foundation came together with The Lancet to publish a landmark report into Planetary Health. Titled *Safeguarding Human Health in the Anthropocene Epoch*, this report brought into stark relief the interconnection between natural systems and human health. In explaining planetary health, the authors state that this concept 'is based on the understanding that human health and human civilisation depend on flourishing natural systems and the wise stewardship of those natural systems' (Whitmee et al., 2015, p. 1975).

As a side note, for those of you unfamiliar with the term Anthropocene, this is 'the proposed name for a new geological epoch demarcated as the time when human activities began to have a substantial global effect on the Earth's systems' (Whitmee et al., 2015, p. 1976).

Unsurprisingly, the authors of this report included the SDGs in their argument to advance action on Planetary Health. At the time, one of their criticisms of the SDGs was that they are quite fragmented which results in the interconnectedness between each of the 17 not being immediately apparent. In a response to this criticism, the authors suggest Planetary Health could be an 'overarching statement for the SDGs by integrating the aim of sustained improvements in human health and wellbeing with the preservation of key natural systems, supported by good governance and appropriate policies' (Whitmee et al., 2015, p. 2015).

Slightly earlier in 2015, a separate group of academics had in fact reorganised the 17 SDGs with the aim of clarifying the interconnections between each and reducing this sense of fragmentation. This team themed the SDGs into three groups: wellbeing, infrastructure and the natural environment and posited that each layer's goals need to be tightly interconnected to optimise action. Importantly, they also argued that unless the middle layer of infrastructure goals concerned with energy, water,

economic growth, sustainable cities, food security, industrialisation, and consumption are attended to, there will continue to be a negative impact from achieving wellbeing on the natural environment.

So, what does this mean for us as rural health professionals and in particular rural nurses? Over the past 30 years in this country we have developed a paradigm of thinking about rural health that features access to equitable services, workforce supply and sustainability, occupational health and safety and mental health. I would argue, that in line with global trends, now is the time for us to shift this paradigm of thought to raise awareness of the impact of our practice on the planet.

You might ask, why concentrate on nurses in this plenary, when the health of the planet affects us all? Globally, nurses and midwives account for nearly 50% of the health workforce. Of the 43.5 million health workers in the world, it is estimated that 20.7 million are nurses and midwives. As you can see on this slide, in Australia, nurses and midwives make up an even greater % of the health workforce (Australian Government, 2018) and it is the sheer numbers of the nursing and midwifery workforce that results in these groups having the greatest potential to make a difference to the planet as long as they know how (Benton & Shaffer, 2016).

William Rosa is a nurse expert who defines planetary nursing... as identifying humanity's interconnectedness with the stability of the planet, the grassroots efforts of nurses worldwide, and the profession's willingness to embrace planetary health as a priority in our work as facilitators of healing, leaders, and activists for social justice and health equity (Rosa and Upval, 2018, p.2)

The question of what that actually means for rural nurses, and rural health practitioners more generally, can be explained more fully using a schematic of policy, practice, education and research.

Traditionally, policy is the most difficult area for nurses to influence. Principles of planetary nursing are founded on the role of nurses as advocates, and it is through their professional associations such as the National Rural Health Alliance, CRANA+, the Australian College of Nursing and the Australian Nurses and Midwives Federation that this advocacy role can be actioned. Fostering resilient health systems requires leadership from these organisations that encourages nurses to speak out on climate change (Lilienfeld, Nicholas, Breakey, & Corless, 2018) and the associated effects on human health and wellbeing.

Finding ways to increase the participation of nurses and midwives in formulating solutions to local problems of international and national significance, including pandemic preparedness, rapid response efforts across sectors, and health communication (World Health Organization, International Confederation of Midwives, & International Council of Nurses, 2018) is also vitally important for developing policy that is fit for purpose.

Likewise, nurses and their professional organisations have an important role in addressing socioeconomic inequities generated by climate justice, which is the concept that those most affected by climate change contribute least to the production of greenhouse gases. This is particularly the case for our near neighbours in the Pacific, who today are managing the impact of global warming and rising sea levels on health and wellbeing.

When it comes to practice, there are three main areas where rural nurses and other health professionals can make a difference for planetary health. These areas include: disaster preparedness and response, greening the work environment and patient education.

Nurses are often at the front line of managing the outcomes of complex humanitarian emergencies and large population movements secondary to natural disaster or conflict. Disaster preparedness for

the implications of rising temperatures, extreme weather, desertification and flooding is now fundamental to the provision of health services in rural Australia. While the response to disasters has to be an inter-sectorial one, it is often nurses who take the lead in terms of planning and implementation. A recent review of the literature investigating nurses' level of disaster preparedness found however that more often than not they felt ill-prepared to respond effectively (Labrague et al., 2018). Suggested strategies to improve nurses' preparedness include greater involvement in the planning process, and participation in interprofessional disaster simulations.

Role modelling in both personal and professional settings with the aim of reducing consumption and improving sustainability is one of the most powerful planetary nursing actions that can be undertaken. Consider forming a 'green team' in your workplace. Ask the questions 'can we use less, can it be reused, can it be recycled (Lilienfeld et al., 2018). Think about installing low flow water systems, and reject bottled water for drinking. Find out about the most climate friendly methods of waste disposal in your area, and understand the difference in cost between regular and medical waste. Advocate for a move to renewable energies in the workplace. Consider using low emission forms of transport to get to and from work—walking, biking and car-pooling saves money and the planet. Most importantly, formalise your effort by getting your green team to develop an implementation plan that includes the SDGs where appropriate, evaluate its impact and report this to your local health service management team in terms of both economic and planetary value.

Health professionals can also help educate whole communities about the health effects of global environmental change and advocate for policies that integrate health care and environmental care at the primary level (Rockerfeller Foundation, 2017, p. 6). Educating individual consumers of health services about ways that they can make a positive difference to the environment is also an important role for nurses. However, in saying this, nurses need to be mindful of the context in which they are working and the impact of socio-economics on access to high quality food in particular. For some, working with local councils and retailers to improve food security might need to be the first step.

It is through the education of nurses and other health professionals that we can exert the greatest influence on developing a new paradigm of thought that promotes planetary health and the implementation of the SDGs. In healthcare, accreditation bodies are extremely influential in determining the curriculum content of programmes that prepare health professionals, and it is in this space that we need to begin. Weaving the SDGs into accreditation standards, and requiring an understanding of the social determinants of health would shift graduate attributes to be more strongly orientated to the new version of primary healthcare spelt out in the Declaration of Astana.

For education providers, there should also be more of a focus on critical reasoning and data management skills so that our graduates are well able to mount arguments for change on the wide range of factors addressed by the SDGs. Life-long learning and continuing professional development opportunities should address gender issues, foster assertiveness and teach ways of exercising power and influence as part of basic communications skills. Universities also need to revisit, and take seriously, opportunities for interprofessional education to promote networking, collaboration, nonhierarchical relationships, and common goals—all of which will develop confidence in nurses to be a voice of influence in planetary health (Meleis, 2016, p. 8).

A developing field of research is the impact of climate change on health, and in particular the nursing care required for those affected by disasters. An example of this type of research is a study I co-supervised by Dr Siri Warsini that investigated the impact of living with environmental damage caused by natural disasters (Warsini, Buttner, Mills, West, & Usher, 2015; Warsini, Mills, & Usher,

2014). Dr Warsini hypothesised that solistagia, or feelings of distress or anger experienced by people who had lost their solace and place attachment toward their home and territory because of environmental degradation would also be relevant for people who had experienced a natural disaster (in this case a volcanic eruption). Her mixed methods study found that this was indeed the case, and that solistagia had a number of profound mental health implications for those who had experienced a disconnection with the land and their home. Recommendations from this study addressed the high likelihood of victims of natural disasters, particularly females of working age, experiencing solistagia and post-traumatic stress disorders and argued that appropriate counselling be provided early alongside relief from the economic burden of providing for extended families during times of crisis.

Planetary nurse researchers like Dr Warsini can pursue, and funders need to support, more interdisciplinary work to develop the evidence base about health effects of environmental change. However as well as understanding the outcome of natural disasters, we also need to assess the efficacy of global, national, and local policies to reduce environmental damage and improve health, and translate those findings into practices that reduce risk (Rockerfeller Foundation, 2017, p. 6).

So, in conclusion, nurses and other health professionals have a great opportunity to influence the health of individuals, communities and the planet. We need to think big about our role in promoting planetary health, and understand that every action, big or small makes a difference. As 2030 and the UN's deadline for achieving the Sustainable Development Goals approaches, there is a greater sense of urgency that will have to play out at a local level. It is up to us to lead the way and bring the next generation of rural health practitioners with us on our quest for healthier planet. Thank you very much for listening this afternoon.

References

- Australian Government. (2018). *Nurses and Midwives Fact Sheet*. Canberra: Department of Health. Retrieved from <https://hwd.health.gov.au/webapi/customer/documents/factsheets/2017/Nurses%20and%20Midwives%202017%20-%20NHWDS%20factsheet.pdf>
- Benton, D., & Shaffer, F. (2016). How the nursing profession can contribute to sustainable development goals. *Nursing Management*, 23(7), 29-34.
- Labrague, L. J., Hammad, K., Gloe, D. S., McEnroe-Petitte, D. M., Fronda, D. C., Obeidat, A. A., . . . Mirafuentes, E. C. (2018). Disaster preparedness among nurses: a systematic review of literature. *International Nursing Review*, 65(1), 41-53. doi:10.1111/inr.12369
- Lilienfeld, E., Nicholas, P. K., Breakey, S., & Corless, I. B. (2018). Addressing climate change through a nursing lens within the framework of the United Nations Sustainable Development Goals. *Nursing Outlook*, 66(5), 482-494. doi:https://doi.org/10.1016/j.outlook.2018.06.010
- Meleis, A. I. (2016). Interprofessional Education: A Summary of Reports and Barriers to Recommendations. *Journal of Nursing Scholarship*, 48(1), 106-112. doi:10.1111/jnu.12184
- No Author. (1978). Declaration of Alma-Ata, International Conference on Primary Health Care, Alma-Ata, USSR, 6-12, September 1978. Retrieved from https://www.who.int/social_determinants/tools/multimedia/alma_ata/en/
- Rockerfeller Foundation. (2017). *Conversations on Planetary Health*. USA,. Retrieved from <https://assets.rockefellerfoundation.org/app/uploads/20170919100156/Planetary-Health-101-Information-and-Resources.pdf>

- Warsini, S., Buttner, P., Mills, J., West, C., & Usher, K. (2015). Post-traumatic stress disorder among survivors two years after the 2010 Mount Merapi volcano eruption: a survey study. *Nursing and Health Sciences*, 17, 173-180.
- Warsini, S., Mills, J., & Usher, K. (2014). Solastalgia: Living with the environmental damage caused by natural disasters. *Prehospital and Disaster Medicine*, 29, 87-90.
- Whitmee, S., Haines, A., Beyrer, C., Boltz, F., Capon, A., Ferrira de SouzaDias, B., . . . Yach, D. (2015). Safeguarding human health in the Anthropocene epoch: report of The Rockefeller Foundation-Lancet Commission on planetary health. *The Lancet*, 386, 1972-2028.
- World Health Organization. (2018). *Declaration of Astana*, . Geneva. Retrieved from <https://www.who.int/docs/default-source/primary-health/declaration/gcphc-declaration.pdf>
- World Health Organization. (2019a). Universal Health Coverage. Retrieved 16th March 2019 from [https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc))
- World Health Organization. (2019b). Universal Health Coverage. Retrieved 16th March 2019 from https://www.who.int/universal_health_coverage/un_resolution/en/
- World Health Organization, International Confederation of Midwives, & International Council of Nurses. (2018). [Press release]. Retrieved from https://www.who.int/hrh/nursing_midwifery/TriadStatement_18MayFinal.pdf?ua=1

Presenter

Professor Jane Mills is the Pro-Vice Chancellor, College of Health at Massey University New Zealand. Considered one of Australia's foremost primary health care academics with extensive experience leading and managing teams in both government and tertiary sectors Jane's research portfolio focuses on rural and public health, health workforce, and health system strengthening. With a career vision to improve the health and wellbeing of individuals, families and communities, Jane believes education and research are powerful vehicles for change that makes a positive difference.