IAHA Strategic Plan 2012–2017

The Vision and Purpose of IAHA have been clarified and strengthened, providing transparent direction that will guide our activities of the next 5 years. Key objectives have been identified to ensure that IAHA remains a strong and sustainable organisation that provides leadership on Aboriginal and Torres Strait Islander allied health issues and meets the needs of its membership.

This plan uniquely positions IAHA at the forefront of allied health policy development and workforce engagement and support, within the context of improving the health and wellbeing outcomes of Aboriginal and Torres Strait Islander peoples.

IAHA looks forward to working with our membership, partners and stakeholders towards achieving our vision for Aboriginal and Torres Strait Islander allied health professionals and students in Australia.

Faye McMillan
Chairperson

Message from the Chair

It is with pleasure that I present this comprehensive plan that outlines the future strategic direction of Indigenous Allied Health Australia (IAHA), the national peak body representing Aboriginal and Torres Strait Islander allied health professionals and students. The IAHA Strategic plan 2012-17 builds upon the direction and successes of the previous plan.

The IAHA Board of Directors listened closely to the needs of our members as we move IAHA forward into the next phase of our development. This Strategic Plan is the result of a rigorous process of consultation, dialogue and analysis in the context of health reform and changing health policy and priorities.

Faye McMillan
Chairperson
IAHA appreciates all people working in Indigenous health and values the holistic approach to health care and education, in respect of Aboriginal and Torres Strait Islander people, their culture, spirituality, traditional healing, inspiring us to work collegiately in following our vision:

For Indigenous Australians to have access to professionally and culturally competent allied health services delivered by Indigenous allied health professionals who are recognised and acknowledged as an essential part of a holistic approach to Indigenous Health.

In consideration of our constitution and to fulfill the aspirations of our members and needs of Aboriginal and Torres Strait Islander peoples and communities, the purpose of IAHA is:

To advance the health status of Indigenous Australians through IAHA’s contribution to the national health agenda, facilitation of improved education opportunities for and representation of Indigenous allied health professionals.
Strategy 1.1: Increase IAHA membership
Key Performance Indicators:
- Active promotion of allied health careers to Aboriginal and Torres Strait Islander school students, communities and individuals – attend at least four events each year.
- Increased membership in the full and associate categories by 10% each year.
- Partnerships established with educational institutions offering allied health courses. IAHA materials into University orientation weeks for all health and related cohorts. At least three new partnerships established each year.
- Partnerships established with allied health professional bodies.
- Facilitation of planning of Aboriginal and Torres Strait Islander allied health assistant courses in all state and territories – establish partnerships with state territory TAFE institutions and other RTOs.

Strategy 1.2: Strengthen and support IAHA membership
Key Performance Indicators:
- Development and implementation of an IAHA Mentoring Strategy by June 2013.
- Development of Member Support Guidelines that articulate the diversity of support needs across urban, regional and remote Australia. Membership supported as per guidelines.

Strategy 1.3: Strengthen IAHA student support
Key Performance Indicators:
- Building and support of an online IAHA Student network.
- Development of partnerships with allied health related student networks and Indigenous education support such as High Universities.
- Promotion of leadership skills development and Indigenous role models in allied health disciplines.

Strategy 1.4: Facilitate improved professional cultural competence
Key Performance Indicators:
- Facilitation of, and advocacy for, student fieldwork/clinical placements in Aboriginal and Torres Strait Islander communities and organisations such as Aboriginal Medical or Health Services (aim to establish one new partnership per year).
- Measure the number of clinical placements per year. Facilitation of non-Indigenous allied health professional members gaining the understanding, knowledge and skills to be more competent and confident in working with Indigenous people.
- Development of resource materials, such as online learning modules and web resources.
- Once developed, measures of success may include the number of website hits, time spent on website, and number of completed online modules. A post-online module evaluation and theory test could be included to evaluate the quality and effectiveness of each module.
Strategy 2.1: Develop and maintain relationships with governments, and other stakeholder organisations

Key Performance Indicators:

- Contribution to national health campaigns and partnerships including Closing the Gap. Contribution to the national health and health workforce policy agenda through participation at meetings, advisory committees, and forums on behalf of our members.
- Development and maintenance of strong relationships with allied health professional associations and institutions.
- Collaboration with universities and related bodies to ensure that Indigenous health is included in allied health curricula.
- The building and maintenance of IAHA contacts and networks across governments and other related stakeholders.

Strategy 2.2: Strengthen the Indigenous allied health workforce across urban, regional and remote Australia

Key Performance Indicators:

- Contribution to an increase in the number of Aboriginal and Torres Strait Islander allied health professionals in Australia, across urban, regional and remote contexts.
- Workforce development supported at an appropriate level in each context, acknowledging the diversity of workforce needs across urban, regional and remote Australia.
- Building and maintenance of relationships with Universities and Indigenous support units. Promotion of research in allied health services and within educational institutions to support improvement in access to, and provision of, services.
- Collegial networks between mainstream and Aboriginal and Torres Strait Islander health professionals are promoted through mentoring and partnerships. Number of mentors and mentees are quantified to provide baseline data and measure the uptake over time.

Strategy 2.3: Ensure strong and respectful cultural connections

Key Performance Indicators:

- Strengthen relationships and appreciation of Aboriginal and Torres Strait Islander traditional values, cultures and diversity are facilitated. Showcase at least two appropriate stories in IAHA communications.
- IAHA members receive opportunities to visit Aboriginal and Torres Strait Islander communities through placements or attending educational and cultural events on invitation at least twice per year.
- Establishment of cultural opportunities for stories, expression, dance and song at key IAHA events – at least one per year.

Strategy 2.4: Provide sound health policy advice

Key Performance Indicators:

- Contribution to national health policy through participation in key forums, advisory committees and contribution to national policy documents.
- Development of IAHA policy position statements. Key stakeholders involved in research regarding the allied health workforce identified and key partnerships established and maintained.
- IAHA members and secretariat recognised and involved in key decision making policy forums.

Objective 2: To provide strong leadership in Indigenous allied health
Objective 3: To operate within a sound governance framework.

Strategy 3.1: Ensure sound corporate governance

Key Performance Indicators:
The integral role of Indigenous allied health professionals in managing and preventing health issues is highly valued – as evidenced by stakeholder and government feedback and inclusion in key policy documents and decision-making forums and advisories.

IAHA’s governance procedures are clearly documented in a Governance Charter.

IAHA Board members attend and participate in annual governance and financial training.

Establishment of appropriate development opportunities and pathways for members to take on leadership responsibilities – professional development opportunities, members contributing to projects and key documents.

Strategy 3.2: Ensure sound operational policies and procedures

Key Performance Indicators:
Internal operational systems, infrastructure, staff capabilities and HR practices support efficient productivity – policies and procedures manual and reliable and stable personnel.

Establishment of a strong organisational culture that empowers a collaborative approach to meet goals, objectives, IAHA’s strategic purpose and members’ needs as evidenced by members feedback and positive media.

Current, credible and reliable information and support is provided to members, potential members and stakeholders.

Effective communication strategies lead to a positive image of IAHA and the role of Indigenous allied health professionals by members, key stakeholders and the wider public.

Membership management and administration processes are effective and efficient as evidenced by member feedback and retention rates.

Strategy 3.3: Ensure communication strategies are effective and relevant to member and stakeholder needs.

Key Performance Indicators:
Targeted communication and marketing tools and strategies developed and implemented to meet needs of members and potential members.

Development of a toolkit of resources for promoting allied health professions and IAHA membership by June 2013.

Effective implementation of the IAHA communication strategy using a variety of communication media to share information, policy and news.

Strategy 3.4: Maintain accountability and transparency in governance.

Key Performance Indicators:
Effective financial governance and implementation of quality assurance processes, policies and procedures in accordance with funding body and legislative requirements.

Implementation of continuous quality improvement policy and procedures in compliance with IAHA’s constitution.

Approach established in order to evaluate organisational performance by June 2013.
Objective 4: To achieve and maintain organisational sustainability.

Strategy 4.1: Ensure financial viability
Key Performance Indicators:
- Three year funding from Department of Health and Ageing from 2013-14 and longer term ongoing government funding secured.
- Strategy established to secure philanthropic funding and sponsorship by June 2014.
- IAHA’s deductible gift recipient (DGR) status promoted – increase IAHA profile.
- Income-generating initiatives are taken to the membership for feedback and strategies developed by 2015.

Strategy 4.2: Facilitate retention of membership and stakeholders
Key Performance Indicators:
- Appropriate standards of professionalism, behavior and conduct for members are encouraged through development of a members code of conduct and articulated within the IAHA constitution.
- Provision of effective and efficient services to members and stakeholders through continuous quality improvement and feedback processes.

Strategy 4.3: Maintain a strong advocacy role on behalf of members
Key Performance Indicators:
- IAHA is acknowledged by key stakeholders as a major contributor to the national leadership agenda in Indigenous health, influencing government policy and change.
- Good processes established for members to share their voice and provide quality feedback and evaluation.

Strategy 4.4: Strengthen and maintain IAHA national profile as Indigenous allied health peak organisation
Key Performance Indicators:
- National profile of IAHA enhanced through development of promotional resources and coordination of marketing activities.
- Stronger relationships with allied health professional associations and other key stakeholders are established and maintained.
The incorporation of Indigenous Allied Health Australia Inc. was preceded by a 12 month project to establish the Indigenous Allied Health Network, which was funded by the Australian Government Department of Health and Aging in July 2008.

In June 2009, nine Indigenous allied health professionals attended the first general meeting of Indigenous Allied Health Australia. During the meeting the purposes and objectives of IAHA and the proposed rules were adopted, and its first Committee of Management appointed. Shortly afterwards, the newly established Committee of Management met and elected the President, Vice President and Treasurers.

Indigenous Allied Health Australia incorporated under the Associations Incorporation Act 1981 (Vic) as a national association on 12 June 2009, supported by a 12 month funding agreement from the Department of Health and Aging.

In December 2009, IAHA’s first Chief Executive Officer, Mr Craig Dukes was appointed, followed shortly by the establishment of the IAHA office at 10 Theagen Court Deakin ACT 2601. IAHA held its official launch in July 2010 at the Koorie Heritage Trust in Melbourne.

Since our incorporation, IAHA has developed into a strong and influential national peak body representing Aboriginal and Torres Strait Islander allied health professionals and students. We are involved in a number of national advisory bodies and committees. This allows us to have a strong voice and advocate for the allied health sector and build sustainable and positive relationships with professional associations, the not-for-profit sector and work in partnership with other Indigenous national peak bodies.

IAHA would like to acknowledge the original artwork by artist Colleen Wallace of Utopia, NT, which is used in the IAHA logo. The original artwork depicts people coming together to meet.