

A RIGHTS APPROACH TO ALLIED HEALTH

Indigenous Allied Health Australia (IAHA), the national peak body representing the Aboriginal and Torres Strait Islander allied health workforce, affirms that Aboriginal and Torres Strait Islander peoples have the right to access allied health services that are available, affordable, acceptable and appropriate.¹ This position is consistent with UN Committee on Economic, Social and Cultural Rights (CESCR) General Comments² on article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR).

Allied health, as a collective of disciplines and professions, has historically not been well defined either nationally or internationally.³ This had led policymakers and governments to consider access to allied health care as supplementary and not a foundational right. Increasingly, governments are recognising that allied health plays a vital role across functions and sectors in supporting the health and social and emotional wellbeing of all Australians and is vital to the long-term sustainability of the health care system.

IAHA acknowledges Article 24(2) of the United Nations Declaration on the Rights of Indigenous Peoples (the Declaration) – which Australia has adopted – which recognises the right of Aboriginal and Torres Strait Islander peoples “to the highest attainable standard of physical and mental health”.⁴

This right is in addition to the right to health for all as described within the Universal Declaration of Human Rights (1948).

Taking into consideration the widely accepted Aboriginal definition of health⁵, good health is not just the absence of disease but is a holistic and extends beyond the individual. An interdisciplinary, holistic approach to healthcare delivery is necessary in order to achieve this vision and high standard of physical and social and emotional health and wellbeing for Aboriginal and Torres Strait Islander peoples as stated in the Declaration.

Inequitable Aboriginal and Torres Strait Islander health outcomes are often the result of complex and interrelated factors, occurring within the context of colonisation, intergenerational trauma, and ongoing systemic and other forms of racism.

IAHA’s Racism in Health Position Statement further outlines the importance of addressing racism in the health and associated sectors to support good health and social and emotional wellbeing for Aboriginal and Torres Strait Islander peoples. IAHA also recognise the vital role of the social, historical, political and cultural determinants of health.



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CESCR states *“the right to health embraces a wide range of socio-economic factors that promote conditions in which people can lead a healthy life, and extends to the underlying determinants of health, such as food and nutrition, housing, access to safe and potable water and adequate sanitation, safe and healthy working conditions, and a healthy environment.”*⁶⁵

The allied health workforce is ideally placed to influence these determinants as they operate across the lifecycle and within widely diverse settings; from clinics, hospitals, rehabilitation centres, laboratories, schools, long-term care facilities, Aboriginal Medical/Health Services, community health centres to home healthcare agencies. A multi-faceted approach that includes allied health professionals as key players across health, health promotion, education, policy and community sectors will be essential.

A holistic approach that includes allied health care allows the recognition of the multiple determinants of health that are experienced daily by Aboriginal and Torres Strait Islander individuals, families and communities. An interdisciplinary approach, including allied health services related to the identification, evaluation, management and prevention of disease and disorders; dietary and nutritional services; and rehabilitation services, can be a means of addressing seemingly isolated factors as interconnected determinants of health.

IAHA takes a strengths-based approach working with Aboriginal and Torres Strait Islander peoples and communities to determine and act on their allied health service needs. IAHA work with communities in a way that recognises their Culture, strength, resilience, knowledges and leadership to drive culturally safe and responsive solutions and strategies to improve health and wellbeing. In doing so, we support the right to self-determination.

If Aboriginal and Torres Strait Islander people are to achieve the highest attainable standard of physical and mental health as stated in The Declaration, then they must have the right to equitably access and take up allied health services. Optimal health is a basic human right and a right for Aboriginal and Torres Strait Islander peoples as the recognised First Nations peoples of Australia. Equitable access to culturally responsive allied health services will be fundamental to achieving this.

Nicole Turner, IAHA Chairperson

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References

1 National Health Leadership Forum (NHLF) Position Paper - the Right to Health

2 UN Committee on Economic, Social and Cultural Rights (CESCR), General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12 of the Covenant), 11 August 2000, E/C.12/2000/4.

3 IAHA define allied health as 'a collective term used to refer to a variety of healthcare disciplines that contribute to a person's physical, sensory, psychological, cognitive, social, emotional and cultural wellbeing.'

4 UN General Assembly. 2007. United Nations Declaration on the Rights of Indigenous Peoples. A/RES/61/295, available at: <https://www.refworld.org/docid/471355a82.html>

5 "not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total well-being of their Community." - National Aboriginal Health Strategy, 1989 '

6 UN Committee on Economic, Social and Cultural Rights (CESCR), General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12 of the Covenant), 11 August 2000, E/C.12/2000/4, available at: <http://www.refworld.org/docid/4538838d0.html>