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Indigenous Allied Health Australia (IAHA) Submission to the Select Committee on Health inquiry into health policy, administration and expenditure.

Indigenous Allied Health Australia (IAHA), the national Aboriginal and Torres Strait Islander allied health peak body, appreciates the opportunity to contribute to the Select Committee on Health inquiry into health policy, administration and expenditure.

There are many organisations and individuals who have made submissions that address the breadth of topics within the Terms of Reference for this Inquiry. The unique point of difference between this submission and many others is that Indigenous Allied Health Australia (IAHA) has chosen to highlight issues that pertain specifically to Aboriginal and Torres Strait Islander peoples, and to also highlight the unique considerations for the delivery of allied health services to this group.

The recommendations and information within this submissions focus primarily on term of reference (e) improvements in the provision of health services, including Indigenous health and rural health. However just like Aboriginal and Torres Strait Islander health issues, these terms of reference are interrelated and therefore comments are also pertinent to terms of reference (b), (f) and (g).

IAHA understands that a significant challenge for health care reform is to find cost-effective ways to ensure the efficient delivery of quality health care to significantly larger, culturally and geographically diverse patient populations. IAHA asserts that allied health professionals will play an integral role in the delivery of cost-effective and high quality health care into the future. IAHA further asserts that allied health professionals will be vital to address rising costs and improving Australian health outcomes.

The recommendations within this submission aim to ensure that allied health services are accessible and responsive to the needs of Aboriginal and Torres Strait Islander individuals, families and communities within the context of a holistic view of health and wellbeing.

Summary of IAHA Recommendations

Recommendation 1 – Examine alternative models of primary healthcare service delivery to assess the benefit of incorporating a more prominent role for allied health professionals.

Recommendation 2 - Review and revise incentive structures (such as Medicare) that drive health workforce and service delivery models, to ensure that Aboriginal and Torres Strait Islander people have equitable access (available, appropriate, acceptable and affordable) to allied health services.

Recommendation 3 – Examine alternative models of health workforce and service delivery to ensure equitable access to healthcare in areas of market failure.

Recommendation 4 – Adopt a culturally responsive and strengths based approach to health system reform, particularly in the development and implementation of Aboriginal and Torres Strait Islander policies and initiatives.

Recommendation 5 – Determine and invest in the appropriate workforce and service delivery models required to meet the complex health and wellbeing needs of Aboriginal and Torres Strait Islander people across urban, rural, remote and very remote areas.

Recommendation 6 - Ensure investment in developing and supporting the Aboriginal and Torres Strait Islander allied health workforce is commensurate with its collective size and on par with investment in recruitment and retention of Aboriginal and Torres Strait Islander people into careers in Medicine and Nursing.

Recommendation 7 – Adopt and implement evidence based strategies aimed at recruitment, retention, education and support of Aboriginal and Torres Strait Islander allied health students and graduates.

Recommendation 8 - Resource and support the implementation of the Aboriginal and Torres Strait Islander health curriculum framework currently under development for implementation into all university health programs.

Recommendation 9 - Advocate for consistency in allied health professional Accreditation Standards as outlined within this submission.

Introduction

Aboriginal and Torres Strait Islander health and wellbeing outcomes are strongly influenced by complex and interrelated factors including social, historical, political and cultural determinants.

Allied health professionals are ideally placed to impact on these determinants as they operate within widely diverse settings, from clinics, hospitals, rehabilitation centres, 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, education and community sectors will be essential to improve the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

In the past Australian approaches to health and wellbeing have tended to be problem focused, deficit based and occur largely in the domain of the service provider's culture, beliefs and values. When clients are not from the same culture(s) as the service provider, the metaphors, rituals, and meanings of the client's cultures are absent. Cultures, cultural meanings and healing traditions become invisible[1]. In culturally responsive care, cultures, cultural meanings and healing traditions are visible and included.

Close the Gap

A complexity of historical, economic, social and cultural factors including past approaches to health care have created a health system in which there is inequitable access to health care and wellbeing programs and inequitable health and wellbeing outcomes between Aboriginal and Torres Strait Islander Australians and non-Indigenous Australians.

Much has been written and reported about the gap between Aboriginal and Torres Strait Islander and non-Indigenous health and wellbeing outcomes in Australia. Recent research and monitoring has revealed that currently;

- Indigenous people are more likely to die at a younger age than non-Indigenous people[2]. The most recent estimates from the Australian Bureau of Statistics show that an Indigenous male born in 2010-2012 is likely to live to 69.1 years, about 10 years less than a non-Indigenous male (who could expect to live to 79.7 years). An Indigenous female born in 2010-2012 is likely to live to 73.7 years, which is almost 10 years less than a non-Indigenous female (83.1 years). (There have been a number of changes to how these rates have been calculated throughout time, so recent estimates cannot be compared to older estimates.)
- Babies born to Indigenous women are twice as likely to die in the first year than those born to non-Indigenous women[3].
- Aboriginal and Torres Strait Islander adults are almost three times more likely to feel high or very high levels of psychological distress than non-Indigenous adults[4].
- Aboriginal and Torres Strait Islander people are:
    - more than 3 times as likely to have diabetes.
    - twice as likely to have signs of chronic kidney disease.

- Nearly twice as likely to have high triglycerides.
- More likely to have more than one chronic condition, for example having both diabetes and kidney disease[5].

These statistics are a very brief summary of the detailed evidence of the gap in health and wellbeing outcomes available from the Australian Bureau of Statistics and the Australian Department of Health and Ageing[6].

Statistics do not in themselves provide a whole picture of Aboriginal and Torres Strait Islander health status. More meaning can be made of the statistics if the social and cultural determinants of health and the accessibility of health and wellbeing services are also considered.

Social and Cultural Determinants of Health and Wellbeing

Widely accepted social determinants of health[7] include whether a person:

- is working;
- feels safe in their community;
- has a good education;
- has enough money; and
- feels connected to friends and family.

The meaning of these determinants are obvious in a general sense. If a person has a job in which he or she earns enough money, feels safe in his or her community, has a good education and feels connected to family and friends, then he or she is more likely to experience good health. Statistically, Aboriginal and Torres Strait Islander people are generally worse off than non-Indigenous people when it comes to the social determinants of health[8].

Geographical, historical and social factors impact each of these determinants and for Aboriginal and Torres Strait Islander people the impact of conscious and unconscious discrimination and racism also have an impact. For example 'feeling safe in their community' is related to criteria such as whether a person has accommodation, whether overt or covert racism[9] is experienced, whether services are available when required, whether lateral violence[10] is experienced, whether a person feels like they belong, etc.

The National Aboriginal And Torres Strait Islander Health Plan 2013–2023[11], developed in collaboration with Aboriginal and Torres Strait Islander peoples, underpins its priorities with **Culture;** where Aboriginal and Torres Strait Islander people have the right to live a healthy, safe and empowered life with a healthy strong connection to culture and country. The plan acknowledges the wealth of evidence that supports the positive associations of health, education and employment outcomes as well as general wellbeing with language and culture. It further states that wellbeing for Aboriginal and Torres Strait Islander people incorporates broader issues of social justice, equity and rights.

IAHA also considers that cultural determinants of health and well-being,[12] include:

- Self determination
- Connection to land and country; custodianship; utilisation of country
- Freedom from discrimination;
- Individual and collective rights;
- Freedom from assimilation and destruction of culture;
- Protection from removal/relocation;
- Reclamation, revitalisation, preservation and promotion of language and cultural practices;
- Protection and promotion of Traditional Knowledge and Indigenous Intellectual Property; and
- Understanding of lore, law and traditional roles and responsibilities.

The impact of these determinants on the health and wellbeing of Aboriginal and Torres Strait Islander individuals and communities demands a coordinated interdisciplinary approach in order to improve health outcomes. Allied health professionals are an essential element in a responsive and equitable health system that is able to accommodate the widely varying needs of Aboriginal and Torres Strait Islander people, many with chronic and complex conditions.

The Importance of Allied Health to Aboriginal and Torres Strait Islander peoples

The wide-ranging disciplines representing allied health constitute a large and rapidly growing healthcare workforce in Australia. Allied health professionals comprise approximately 25% of the current Australian health workforce (in excess of 154,000 practitioners[13]), with only nursing having a greater professional representation. As one of the largest and most diverse professional health workforce cohorts, allied health professionals are well placed to ensure people receive treatment in the most appropriate place, avoid unnecessary hospitalisations and stay well for longer.

Allied health professionals are an integral part of an interprofessional approach to cost-effective and high-quality health care delivery[14]. Interdisciplinary care occurs when allied health professionals, Aboriginal and Torres Strait Islander Health Worker/Practitioners, nurses and medical practitioners come together in dynamic collaborative teams to address complex healthcare needs.

Released on 22 August 2014, the out-of-pocket costs in Australian healthcare report[15] investigated growing concerns about the extent of out-of-pocket costs in health and the impact on individuals. In reviewing primary health care delivery models, the committee noted evidence regarding the potential of multidisciplinary teams to achieve cost saving and better health outcomes by focusing on prevention as well as ongoing management of chronic conditions. The committee recognised opportunities for reform through the examination of alternative models of primary healthcare service delivery to assess the benefit of incorporating a more prominent role for allied health professionals.

The committee also noted[16] that encouraging an environment in which consumers are able to access treatment appropriate to their needs from practice teams comprised of general practitioners and a range of allied health professionals, greater long term

efficiencies in primary healthcare may be delivered. The report noted an increased focus on preventative health may also foster collaboration between patients and health care professionals and build relationships to improve health literacy.

IAHA fully supports these statements and recommendation 5 that advocates “the Government review existing models for funding and delivery of primary healthcare with a view to identifying opportunities for improved service delivery and health outcomes”.

IAHA asserts that it will be the crucial role played by allied health professionals that will determine the future of the Australian health system and thus positively impact on the health and wellbeing of Aboriginal and Torres Strait Islander people.

Recommendation 1 – Examine alternative models of primary healthcare service delivery to assess the benefit of incorporating a more prominent role for allied health professionals.

Equitable Access to Healthcare

If Aboriginal and Torres Strait Islander people are to achieve the highest attainable standard of physical and mental health as stated in United Nations Declaration on the Rights of Indigenous Peoples, then they must have the right to equitably access allied health services. Optimal health is a basic human right[17] and also a right as the recognised first peoples of Australia, and equitable access to culturally responsive allied health services can help achieve this.

Access is more than just physical or geographical access[18], also including cultural, economic and social factors which all impact on whether Aboriginal peoples and Torres Strait Islander people use allied health services.

Recent research[19] cites the following criteria for increasing accessibility of health and wellbeing services:

- having Aboriginal and Torres Strait Islander health and wellbeing workers on staff;
- increasing the number of Aboriginal and Torres Strait Islander people working in the health and wellbeing sector;
- designing health promotion campaigns especially for Aboriginal and Torres Strait Islander people
- having culturally competent [responsive] non-Indigenous staff
- making important health services available in rural and remote locations(so Indigenous people living in rural and remote areas do not have to travel to cities, away from their support networks)
- funding health services so they are affordable for Indigenous people who might otherwise not be able to afford them.

IAHA asserts that in order for Aboriginal and Torres Strait Islander people to equitably access allied health services, we must work collaboratively to ensure that the services are high quality, affordable, available, acceptable and appropriate.

Affordability

Allied health services must be affordable. Many allied health professionals are private practitioners and current Medicare rebates and other funding sources for allied health service delivery are inadequate and often fail to reimburse for reports, consultation with other service providers and coordinated care for clients with more complex needs. **The gap payment that is required to meet the cost of high quality allied health service provision within the primary health care setting can often be a barrier in access for Aboriginal and Torres Strait Islander people.**

Case Study

Master X is a 5 year old Aboriginal boy whose teacher has recommended to his mother that he sees a speech pathologist for an assessment of his expressive and receptive language abilities. The waiting list to see a speech pathologist through the public system is current 6 months in that area so Master X's mum took him to see the GP. The GP did a health assessment (Medicare item 715) and decided to refer him to a speech pathologist and an audiologist. Under the 'Follow-up Allied Health Services for People of Aboriginal or Torres Strait Islander Descent' scheme Master X is entitled to 5 allied health visits per calendar year through Medicare. The GP wrote a referral and his Mum takes him home. When Master X's Mum called the local private allied health professional to make an appointment, she was told that the Medicare rebate only covered $52.95 and that an Initial Assessment Session (60 mins) costs $220. This means that she would have to pay a gap of $167.05. The next sessions would 'only' be $120 so she would be out of pocket by $67.10. These out of pocket expenses were too much for Master X's family and therefore he did not access the allied health services he required.

For many, including those with complex and chronic conditions, access to allied health professionals in the primary health care setting relies on GP referral and coordination. Having to visit a GP with the specific intent of gaining a referral is neither cost effective nor efficient in many cases. When a gap payment for the GP visit is involved it can create yet another financial barrier to access.

Workforce planning and models of service delivery are driven by financial incentives such as Medicare and program specific funding. Delivery of allied health services for Aboriginal and Torres Strait Islander people will only be improved when incentives adequately match service delivery and workforce needs. Alternative approaches to models of service delivery will not occur unless the service is appropriately incentivised to make those changes. Revised incentives may achieve better integration, coordination and interdisciplinary collaboration to improve Aboriginal and Torres Strait Islander health outcomes.

Recommendation 2 - Review and revise incentive structures (such as Medicare) that drive health workforce and service delivery models, to ensure that Aboriginal and Torres Strait Islander people have equitable access (available, appropriate, acceptable and affordable) to allied health services.

Availability

Allied health services must be available. Allied health service availability can depend on the geographic location of the allied health professional or service, a barrier to access particularly for Aboriginal peoples and Torres Strait Islanders living in rural, remote and very remote areas. However even in urban areas where allied health services may be more geographically available and allied health professional numbers are higher, Aboriginal and Torres Strait Islander people can find that health services are not available when needed, or waiting times are long[20].

Whilst the majority of allied health professionals are private practitioners, the shift from acute to chronic models of care, means that a much greater level of cooperation and collaboration between the acute, subacute and primary healthcare settings will be required. Allied health professions will play an indispensable role in development of collaborative models of care. Therefore clear and flexible referral pathways and strong interprofessional relationships are required to ensure Aboriginal and Torres Strait Islander people are referred and can access appropriate allied health services.

Unfortunately there is significant market failure and maldistribution of the health workforce in Australia and many rural and remote areas find it difficult to attract allied health professionals, nurses and medical practitioners. Many clients rely on referral to allied health services by their local General Practitioner (GP) and if access to a GP is limited, this impacts on subsequent access to allied health services. This has a significant impact on the equitable access to comprehensive primary health care for Aboriginal and Torres Strait Islander peoples and indeed, all Australians.

Recommendation 3 – Examine alternative models of health workforce and service delivery to ensure equitable access to healthcare in areas of market failure.

Acceptability

Allied health services must be acceptable to Aboriginal and Torres Strait Islander people. The acceptability of (allied) health services to Aboriginal and Torres Strait Islander people is related to the notion of cultural safety. In order for health service delivery to be acceptable, Aboriginal and Torres Strait Islander people need to be confident that they will receive culturally safe care from a culturally responsive health workforce.

Culture can be defined as a set of complex beliefs and behaviours acquired as part of relationships within particular families and other social groups[21]. It is important to recognise that culture is expressed at both group and individual levels. It is dynamic rather than static and the complex beliefs and behaviours of cultural groups are not held or expressed uniformly by all members of those groups. Most of us live in more than one cultural setting and we perceive, experience, and engage with all aspects of our lives and the world around us through the lens of our cultures. [22]

Cultural beliefs can predispose us to view and experience wellbeing and illness in ways that can influence decisions, attitudes and beliefs around access and engagement with health providers.[23] This may include acceptance or rejection of treatment options, commitment to treatment and follow up and our perceptions of the quality of care and views about the health provider. They may also influence the success of health promotion strategies[24].

Cultural competency, cultural safety, cultural respect, cultural awareness and cultural sensitivity are all terms that have (often interchangeably) been used to describe the training and/or attributes required to effectively engage with Aboriginal and Torres Strait Islander people.

Irrespective of the term used, qualifications attained, training completed or our life experiences, the key concern for the person, family or community at the centre of care is how we respond to each particular encounter. We must demonstrate our ability to respond appropriately and 'walk the talk'. In the context of holistic and person centred therapeutic relationships with Aboriginal and Torres Strait Islander people, we must be culturally responsive.

Cultural responsiveness:

- holds culture as central to Aboriginal and Torres Strait Islander wellbeing;
- involves ongoing reflective practice and life-long learning;
- is relationship focussed;
- is person and community centred;
- appreciates diversity between groups, families and communities; and
- requires access to knowledge about Aboriginal and Torres Strait Islander histories, peoples and cultures.

Working in a culturally responsive way is about strengths based, action oriented approaches to building culturally safe environments that lead to improved access, affordability, availability and appropriateness of care.

Culturally responsive care can be defined as an extension of patient centred care that includes paying particular attention to social and cultural factors in managing therapeutic encounters with patients from different cultural and social backgrounds[25]. We view it as a cyclical and ongoing process, requiring regular self-reflection and proactive responses to the person, family or community with whom the interaction is occurring.

IAHA asserts that there are multiple layers of responsibility to ensure that Aboriginal and Torres Strait Islander people receive culturally responsive healthcare.

It is the responsibility of health education providers to ensure that their graduates attain the necessary skills, knowledge and attitudes that will enable them to deliver culturally responsive care. This includes providing clinical experiences that expose them to the unique needs of Aboriginal and Torres Strait Islander populations.

It is the responsibility of health service providers to demonstrate culturally responsive leadership and build governance structures and environments that ensure health professionals are encouraged, expected and able to respond to the needs of Aboriginal and Torres Strait Islander people effectively. The processes and supportive structures around health service delivery are equally as important as actual health outcome measures when determining the overall effectiveness of health service delivery.

It is the responsibility of the health professional to deliver culturally responsive healthcare. Being culturally responsive places the onus back onto the health professional to appropriately respond to the unique attributes of the person, family or community with whom they are working. Self-reflection and reducing power differences are central to being culturally responsive; therefore making assumptions based on generalisations or stereotypes about a person's ethnic, cultural or social group is a barrier to cultural safety. Part of the challenge of becoming culturally responsive health professionals is learning to reach beyond personal comfort zones and being able to comfortably interact and work with people, families and communities who are both similar and markedly different[26].

Therefore IAHA asserts that a **culturally responsive** health system is imperative in order to ensure Aboriginal and Torres Strait Islander people receive care and services acceptable required to significantly improve health and wellbeing outcomes. It is important that all policy development & implementation, administration and expenditure are influenced by this.

Recommendation 4 – Adopt a culturally responsive and strengths based approach to health system reform, particularly in the development and implementation of Aboriginal and Torres Strait Islander policies and initiatives.

Appropriateness

Allied health services must be appropriate to meet the complex health needs of Aboriginal and Torres Strait Islander people. Health services must consider the Aboriginal and Torres Strait Islander holistic view of health and use an interdisciplinary approach to deliver comprehensive care that addresses the whole of the person.

IAHA endorses the definition that Aboriginal and Torres Strait Islander health means "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. It is a whole-of-life view and includes the cyclical concept of life-death-life. Health care services should strive to achieve the state where every individual is able to achieve their full potential as a human being and thus bring about the total well-being of their community.[27]"

Taking into consideration this widely accepted Aboriginal definition of health it is clear that good health is not just the absence of disease. An interdisciplinary, holistic approach to healthcare delivery is necessary in order to positively influence health and wellbeing for Aboriginal and Torres Strait Islander peoples.

Many allied health professionals working with Aboriginal and Torres Strait Islander peoples are interested in working to their full scope of practice and looking for ways that allied health can be efficiently integrated into primary health care and preventative health programs. Many are interested in looking to new ways of delivering allied health services that are informed by communities and based on an Aboriginal conceptualisation of health and wellbeing.

IAHA members realise and value the need to work holistically within Aboriginal and Torres Strait Islander communities. What this actually means for allied health professionals on the ground requires further definition and research and is likely to be best informed by communities themselves.

Recommendation 5 – Determine and invest in the appropriate workforce and service delivery models required to meet the complex health and wellbeing needs of Aboriginal and Torres Strait Islander people across urban, rural, remote and very remote areas.

Indigenous Allied Health Workforce Development

Transformation of the Australian health system requires a strong and resilient workforce characterised by increased numbers of Aboriginal and Torres Strait Islander professionals and support workers and a culturally responsive workforce acting in partnership with individuals, families and communities to provide culturally safe and responsive care that is accessible, available, appropriate and affordable for Aboriginal and Torres Strait Islander people.

IAHA supports and builds the Aboriginal and Torres Strait Islander allied health professional workforce. Further investment is required in order to attract and retain Aboriginal and Torres Strait Islander people into the health workforce, at all levels and in all professions including allied health.

Significant investment has been made into developing the Aboriginal and Torres Strait Islander Medical Practitioner and Nursing workforces over the years which is important in order to improve Aboriginal and Torres Strait Islander health outcomes.

However support for the recruitment and retention of Aboriginal and Torres Strait Islander people into allied health careers has not been as targeted. This may be due to the fact that there are so many allied health professions that collectively comprise the allied health workforce. The wide-ranging disciplines representing allied health constitute a large and rapidly growing healthcare workforce in Australia. Allied health professionals collectively comprise approximately 25% of the current Australian health workforce (in excess of 154,000 practitioners[28]), with only nursing having a greater professional representation.

There are numerous scholarships and initiatives available aimed at encouraging Aboriginal and Torres Strait Islander people to embark on careers in health. However, due to the higher profiles of Medicine and Nursing as potential career options, allied health participation in these schemes are relatively low. IAHA encourages Aboriginal and Torres Strait Islander people ‘think outside the square’, to consider the many and varied careers in allied health.

However for this to occur, targeted and sustainable funding for allied health specific scholarships, student support and mentoring is required in order to recruit and retain Aboriginal and Torres Strait Islander people into allied health careers. Better promotion of existing support mechanisms is also required.

IAHA advocates that increasing the number of Aboriginal and Torres Strait Islander people working in allied health careers will have a beneficial effect on the wider health workforce and ultimately, Aboriginal and Torres Strait Islander health outcomes.

Recommendation 6 - Ensure investment in developing and supporting the Aboriginal and Torres Strait Islander allied health workforce is commensurate with its collective size and on par with investment in recruitment and retention of Aboriginal and Torres Strait Islander people into careers in Medicine and Nursing.

In order to grow the Aboriginal and Torres Strait Islander allied health workforce, better data collection and research into the implications of this data is required – particularly in relation to allied health professions. Health Workforce Australia (defunded) had begun this process, with the development of the Health Workforce 2025 report which provided medium to long-term national workforce planning projections for doctors, nurses and midwives. It is essential that the data around Aboriginal and Torres Strait Islander workforce participation is strengthened and that the report is expanded to include unregulated health professions.

A flexible education pipeline and increased linkages/partnerships between the VET sector and higher education sector must be developed in order to create authentic career pathways into allied health for Aboriginal and Torres Strait Islander people. There needs to be financial incentives to ensure that partnerships are developed which will meet the education needs of Aboriginal and Torres Strait Islander peoples.

Aboriginal and Torres Strait Islander people of all ages must be exposed to and encouraged to explore careers in allied health. Not only is there a need to attract more Aboriginal and Torres Strait Islander people into tertiary health courses, but also a need to retain them through appropriate support measures.

Lifelong education opportunities for Aboriginal and Torres Strait Islander health professionals must be available, including higher education and professional development opportunities. In order for this to occur, communities and workplaces must be supported to facilitate ongoing learning opportunities for Aboriginal and Torres Strait Islander people working in health, at all levels.

Previous work gives guidance around what may work to increase numbers of Aboriginal and Torres Strait Islander people working in health. It is worth revisiting the 2008 National Aboriginal and Torres Strait Islander Health Council's *A blueprint for action – Pathways into the health workforce for Aboriginal and Torres Strait Islander people*[29]. This document outlined clear ways forward to increase Aboriginal and Torres Strait Islander participation in the health workforce.

In line with our core business, IAHA seeks further investigation into what constitutes best practice in the delivery of allied health education to Aboriginal and Torres Strait Islander people. Flexible delivery and community driven innovation, particularly in remote communities, is essential. In order to increase the number of Aboriginal and Torres Strait Islander people choosing to be an allied health professional it will be essential to research, develop, resource and implement new models of allied health education delivery and support. This may include block release study options and intersectoral partnerships between education providers and/or workplaces.

Recommendation 7 – Adopt and implement evidence based strategies aimed at recruitment, retention, education and support of Aboriginal and Torres Strait Islander allied health students and graduates.

It is the responsibility of the health education providers to ensure their allied health graduates attain the necessary skills, knowledge and attitudes that will enable them to deliver culturally responsive care. This includes providing clinical experiences that expose them to the unique needs of Aboriginal and Torres Strait Islander populations.

IAHA successfully argued for the development of a culturally inclusive, interdisciplinary Aboriginal and Torres Strait Islander Health Curriculum Framework to be integrated into tertiary entry level health profession training. Curtin University has been funded to develop this framework.

The national Aboriginal and Torres Strait Islander Health Curriculum Framework aims to build on and support the considerable work happening across health professions in higher education by offering an interprofessional approach for health education providers to successfully implement Aboriginal and Torres Strait Islander health across curriculum. Developing a shared vision and map for implementing Aboriginal and Torres Strait Islander curriculum across health professions is important to support the health sector to holistically enhance the cultural capabilities of health services.

The introduction of this Framework across higher education has the potential to encourage consistent learning outcomes related to Aboriginal and Torres Strait Islander health and wellbeing for all health graduates. It provides a benchmark for graduate cultural capability standards as well as opportunities and guidelines to support stakeholders to work together to achieve systemic change.

Recommendation 8 - Resource and support the implementation of the Aboriginal and Torres Strait Islander health curriculum framework currently under development for implementation into all university health programs.

In order for any Aboriginal and Torres Strait Islander curricula framework and resources to be implemented within health profession training it is important that it be supported by and embedded within health profession course accreditation. In 2013 IAHA developed a comprehensive submission for the Review of the OT Accreditation standards. In line with the recommendations contained within that submission, IAHA advocates that allied health accreditation standards could be improved by requiring education providers to be accountable for how they:

1. Address Aboriginal and Torres Strait Islander peoples in their health program philosophy and purpose

2. Embed comprehensive curriculum coverage of Aboriginal and Torres Strait Islander Health (studies of the history, culture and health of Aboriginal and Torres Strait Islander people) across the program.

3. Engage in education strategies that involve partnerships with relevant local Aboriginal and Torres Strait Islander communities, organisations and individuals.

4. Outline strategies used to ensure that students have the requisite knowledge and skill in delivering culturally responsive care.

5. Provide clinical learning environments that provide students with experience in the provision of culturally responsive health care to Aboriginal and Torres Strait Islander peoples living in urban, rural and remote locations.

6. Use educational expertise, including that of Aboriginal and Torres Strait Islander people, in the development and management of the program.

7. Articulate how the educational facilities and resources are consistent with and support the program's Aboriginal and Torres Strait Islander philosophy and purpose.

8. Ensure staff recruitment strategies are culturally inclusive and reflect population diversity and take affirmative action to encourage participation from Aboriginal and Torres Strait Islander people.

9. Collaborate with Aboriginal and Torres Strait Islander health professionals and community members to provide feedback and advice to the program.

10. Utilise strategies and admission policies that target groups under-represented in the program, highlighting initiatives for and numbers of Aboriginal and Torres Strait Islander students, to ensure student profile is reflective of the community profile.

Should these recommendations be embedded within allied health professional accreditation standards, they would assist allied health education providers to produce more culturally responsive graduates.

Recommendation 9 - Advocate for consistency in allied health professional Accreditation Standards as outlined within this submission.

Conclusion

Indigenous Allied Health Australia commends the Select Committee on Health for inviting our organisation to provide input in this inquiry. IAHA is confident that this submission will provide the impetus for the Select Committee on Health to recognise the importance of culturally responsive allied health services for Aboriginal and Torres Strait Islander peoples, within the context of a holistic view of health and wellbeing.

There is no one size fits all approach to meeting the health and wellbeing needs of Aboriginal and Torres Strait Islander peoples – hence the need for culturally responsive health system, including allied health services, to meet the specific needs of individuals, families and communities.

Investment in evidence based, equitable and culturally responsive allied health education and service delivery provides an economically sustainable approach that can positively impact the broader ongoing health and wellbeing of Aboriginal and Torres Strait Islander peoples, thereby contributing to Closing the Gap.

Background – About IAHA

Indigenous Allied Health Australia Ltd. (IAHA) is the national Aboriginal and Torres Strait Islander allied health peak body. IAHA was established in 2009, from a network of committed allied health professionals and transitioned into a Company Limited by Guarantee in 2013. IAHA currently has 590 members, including full and associate members across a number of allied health professions.

All Aboriginal and Torres Strait Islander allied health professionals who have graduated from an allied health course with a recognised qualification and Aboriginal and Torres Strait Islander students who are enrolled in an allied health course are eligible for Full Membership of IAHA.

IAHA welcomes non-Indigenous allied health professionals, all allied health assistants and Aboriginal and Torres Strait Islander people studying or working in other health related fields as Associate Members.

IAHA aims to support Aboriginal and Torres Strait Islander allied health students and graduates as a collective; to value add to existing professional and educational support structures that exist, within the context of improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

Our vision is for Aboriginal and Torres Strait Islander peoples to have health equity through improved access to culturally responsive allied health care that is recognised as an essential part of a holistic approach to achieving optimal health and wellbeing.

Our Purpose is to improve the lives of Aboriginal and Torres Strait Islander peoples and influence generational change, through national allied health leadership, building a responsive workforce, advocacy, partnerships and support across the multiple sectors that influence health and wellbeing.

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[1] Waldegrave, C 2012 *Belonging, Sacredness and Liberation*: Presentation to the Therapeutic Conversations X Conference, Vancouver May 12, 2012. Accessed at http://www.familycentre.org.nz/Publications/PDF's/TCX%20Culture%20Belonging%20Liberation%205%2012.pdf Waldegrave is one of the founders of 'Just Therapy', an internationally recognised approach to addressing cultural, gender and socioeconomic contexts in therapy.
[2] Australian Bureau of Statistics (2013) *Deaths, Australia, 2012*. Canberra: Australian Bureau of Statistics
[3] Ibid
[4] Ibid
[5] Australian Bureau of Statistics (2014) *Australian Aboriginal and Torres Strait Islander Health Survey: Biomedical Results 2012-2013.* Canberra: Australian Bureau of Statistics
[6] Australian Indigenous HealthInfoNet 2013 Overview of Australian Indigenous Health Status 2012. Department of Health and Ageing. Available at http://iaha.com.au/wp-content/uploads/2014/09/summary-2012.pdf
[7] Ibid
[8] Ibid
[9] Overt racism might be expressed as name calling, violence, when shop attendants avoid providing service, when an Aboriginal person arrives at hospital and is presumed to be drunk but is actually heading towards a diabetic coma. Covert racism may be expressed as the sudden unavailability of an advertised job or a room to rent, assumptions being made about a person's capacity but not expressed. Covert racism also occurs when a person's cultural heritage is omitted and their needs are "mainstreamed".
[10] Lateral violence occurs when members of an oppressed group abuse their own people in similar ways to the ways in which they have been abused. It is a cycle of abuse and, for Aboriginal and Torres Strait Islander people, its roots lie in factors such as: colonisation, intergenerational trauma and the ongoing experiences of racism and discrimination.

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