



IAHA

Indigenous Allied
Health Australia

POLICY POSITION STATEMENT

ACCESS TO ALLIED HEALTH SERVICES FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE.

Indigenous Allied Health Australia (IAHA), a national not for profit, member based Aboriginal and Torres Strait Islander allied health organisation, asserts that equitable access to high quality allied health services is essential to achieve health equality and close the gap in life expectancy between Aboriginal and Torres Strait Islander people and other Australians.

Access is more than just physical or geographical access¹, also including cultural, economic and social factors which all impact on whether Aboriginal peoples and Torres Strait Islander people use allied health services.

Allied health services must be available. Health service availability often depends 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. There is a maldistribution of the allied health workforce and many areas of rural and remote Australia find it difficult to attract allied health professionals. However even in urban areas where allied health services are more geographically available and allied health workforce numbers are higher, Aboriginal and Torres Strait Islander people can find that allied health services are not available when needed, or waiting times are long².

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. Aboriginal and Torres Strait Islander people need to know that they will receive allied health care from a culturally responsive workforce. The availability of Aboriginal and Torres Strait Islander staff is another important factor in whether or not Aboriginal and Torres Strait Islander people are able to effectively access health services³.

Allied health services must be appropriate to meet the complex health needs of Aboriginal and Torres Strait Islander people. Allied 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. Many clients rely on referral to allied health services by their local GP. Clear 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.

Allied health services must be affordable. The majority of 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 can often be a barrier in access for Aboriginal and Torres Strait Islander people.

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 available, affordable, acceptable and appropriate.

Faye McMillan, IAHA Chairperson

Originally endorsed by the IAHA Board on 1 March 2013.

Updated and Re-Endorsed by the IAHA Board on 14 May 2015.

¹ 2010-11 AMA Indigenous Health Report Card - "Best Practice in Primary Health Care for Aboriginal Peoples and Torres Strait Islanders" <http://ama.com.au/node/6629#anchorseven> Accessed August 2012.

² Scrimgeour, M. & Scrimgeour, D. 2007, Health Care Access for Aboriginal and Torres Strait Islander People Living in Urban Areas, and Related Research Issues: A Review of the Literature, Cooperative Research Centre for Aboriginal Health, Darwin.

³ Ivers, R, Palmer, A, Jan, S & Mooney, G 1997, Issues Relating to Access to Health Services by Aboriginal and Torres Strait Islander People, Discussion paper 1/97, Department of Public Health and Community Medicine, University of Sydney.