

Submission

Rural Allied Health Quality, Access and Distribution – Discussion Paper

15 August 2019

The Aboriginal Health Council of Western Australia (AHCWA) is the peak body for 23 Aboriginal Community Controlled Health Services (ACCHSs) providing primary health services across diverse regional, rural and remote locations in Western Australia. AHCWA exists to support and act on behalf of our 23 Member ACCHSs, and our principal vision is for Aboriginal people in Western Australia to enjoy the same level of health and wellbeing as all Western Australians.

AHCWA welcomes the National Rural Health Commissioner's (NRHC) consultation on options for Commonwealth Government policy reform and investment in Rural Allied Health Quality, Access and Distribution. However, AHCWA is deeply concerned about the lack of consultation undertaken by the NRHC with ACCHSs, Aboriginal people and their communities, and Western Australian stakeholders. There is virtually no acknowledgement in the options paper of the role played by ACCHS in disease prevention, health care and wellbeing support for Aboriginal people in rural Australia, or the potential partnerships which could be developed for addressing rural allied health resources.

Summary of AHCWA Comments

- Australian Bureau of Statistics (ABS) (2019) data shows that in Australia in 2016, there were 499,900 Aboriginal and Torres Strait Islander people residing in regional, remote and very remote areas in comparison to 298,400 in major cities¹.
- Australian Institute of Health and Wellbeing (2014) data shows Aboriginal people living in remote areas are more likely to report chronic kidney disease, cardiovascular disease and smoking than Aboriginal people in other areas².
- Given the high proportion of Aboriginal people living in rural and remote areas, and the significant health issues for people in these areas, AHCWA and its member services support the need for improvement in access, distribution and quality of rural allied health services, ensuring the sustainability and viability of jobs, and improving the health and wellbeing of all rural communities.
- The ACCHSs sector would welcome genuine and meaningful engagement by the NRHC to discuss mutually beneficial opportunities for developing the capacity of the Aboriginal allied health workforce, however, this has not occurred in the development of this options paper.

¹ Australian Bureau of Statistics 2019, 3238.0 - Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2006 to 2031, Canberra, viewed 16 August 2019.

² Australian Institute of Health and Welfare, 2014, Remoteness and the Health of Indigenous Australians, https://www.aihw.gov.au/getmedia/3fae0eb7-b2be-4ffc-9903-a414388af557/7_7-indigenous-health-remoteness.pdf.aspx, viewed, 16 August 2019.

- The paper refers to an ideal framework for allied health which would ‘improve(sic) access to a wider range of integrated local health services delivered by a skilled and better distributed workforce’. ACCHSs are underpinned by a holistic Model of Care which positions individuals at the centre of health care which is delivered by an integrated and seamless local health service. Disappointingly, ACCHSs and the opportunities they provide for rural allied health are barely mentioned in this paper.
- The paper states that the options being consulted on ‘are guided by learnings from Aboriginal and Torres Strait Islander people’s understandings of health and wellbeing’. However, AHCWA is very concerned about the paper’s insufficient consideration of, and lack of advocacy for, the needs of Aboriginal people and communities throughout.
- A key omission of the paper is that it doesn’t address the position of Aboriginal Health Workers (AHWs) or Aboriginal Health Practitioners (AHPs) in the allied health landscape. For the purposes of Medicare, AHWs and AHPs are defined as allied health practitioners, however, they are excluded from the definition of allied health practitioners by Indigenous Allied Health Australia. This is an anomaly which must be addressed.
- This lack of acknowledgement undermines the key work done by APW and APH workers in frontline prevention of health and wellbeing issues for Aboriginal people, and undervalues the potential these positions have for providing pathways into other allied health careers.
- The document makes repeated references to policy options for rural training of health professionals and building the rural workforce however, while AHCWA supports these ideas, it is strongly suggested that the policy areas be revised to reflect the important role ACCHS already play in the rural health sector.

AHCWA Comments on NRHC Policy Areas

The following comments are intended to be read in association with respective sections of the NHRC’s options paper.

Policy Area 1: Rural Allied Health Policy, Leadership and Quality and Safety

1.1 Appointment of a Commonwealth Chief Allied Health Officer

- If the Commonwealth were to appoint a Chief Allied Health Officer/Advisor, the Officer would need to genuinely engage and consult with ACCHSs to understand the multidisciplinary, integrated care their services provide and the model of care underpinning their practice.
- The Chief Allied Health Officer/Advisor must commit to support AHWs and AHPs, and to promote the immense opportunities for AHWs and AHPs to improve access to, and deliver, quality allied health services.

1.2 Rural Allied Health College

- Due to the high proportion of Aboriginal people living in rural and remote areas, it is essential that an awareness of, and commitment to, Aboriginal cultural sensitivity and respect is central to the development of any Rural Allied Health College concept.
- All rural allied health education institutes should include the implementation of culturally appropriate and culturally secure training programs.

1.3 Allied Health Workforce Dataset

- Any requirement for data sharing of ACCHS allied health information would require significant, meaningful engagement and collaboration with ACCHS.

- Developers of a data asset would need to demonstrate a rationale for data exchange, show a commitment to the appropriate use of data, clearly outline the benefits of data sharing for Aboriginal people and their communities, and agree to data sovereignty for Aboriginal people and services.

Policy Area 2: Opportunities for Rural Origin and Indigenous Students

- AHCWA supports the intent of Policy Area 2 with its focus on sustainable workforces and connections to community.
- AHCWA strongly recommends the NHRC recognises Aboriginal health training services, such as Registered Training Organisations (RTOs), as a key partner for delivering community based and culturally secure training for Aboriginal and non-Aboriginal students.

2.2 Opportunities for rural origin Aboriginal and Torres Strait Islander people

- AHCWA notes the Commonwealth has not expanded funding of the National Aboriginal and Torres Strait Islander Health Academy Model to Western Australia.
- Enabling students to stay on country by offering courses close to home may assist to attract and retain Aboriginal students in allied health courses. Options to facilitate ongoing 'connection to country' is supported.
- AHCWA supports the paper's acknowledgement of the need for wrap around support and mentoring for Aboriginal students.
- AHCWA strongly supports the intent of the paper's policy areas to strengthen workforce capabilities and pathways. However, given the high proportion of Aboriginal people living in rural areas, there is vastly insufficient consideration and importance given to the need for cultural security training for rural allied health workers who are likely to come into contact with Aboriginal people.

Policy Area 3: Structured Rural Training and Career Pathways (MMM2 – 7)

- AHCWA supports the policy's intention that 'the rural allied health workforce is representative of the populations and communities it serves'. Currently, AHW, AHP, Environmental Health and Social and Emotional Wellbeing worker positions present allied health employment pathway opportunities for Aboriginal people in communities.

3.1 Increasing Opportunities for Home Grown Training (End to end and Immersion Training Opportunities)

- AHCWA and its member services support education and training opportunities enabling Aboriginal people to remain 'on country'. This would be beneficial in strengthening the rural allied health workforce and have positive impacts for the social and emotional wellbeing of Aboriginal students themselves.
- Unmentioned in the paper is the opportunity ACCHSs provide for culturally secure Allied Health student placements to support Aboriginal students and for providing future employment pathways.
- As stated in the paper, a model similar to the John Flynn Placement Program for medical students could be considered for allied health professions.

Policy Area 4: Sustainable Jobs and Viable Rural Markets

- A sustainable job market characterised by the attraction and retention of allied health staff is contingent on a significant Government commitment to funding allied health positions in rural and remote areas.

- The paper references literature in support of the use of allied health assistants in small communities, particularly in regard to the delivery of 'culturally-safe care'. AHCWA and its member services strongly advocate that APWs and APHs should be acknowledged in the same way.
- Extensive experience in the rural Aboriginal health care sector has shown that good health outcomes are likely to be achieved through consistent service delivery by familiar staff who have built therapeutic rapport with clients over time.

4.1 Integrated Allied Health Hubs

- ACCHSs already deliver multidisciplinary allied health "one stop shop" services, where clients are able to access holistic primary health services in a wraparound framework.
- A priority for any Integrated Allied Health Hub would be demonstrated cultural security and a commitment to continuity of care.
- Any Integrated Allied Health Hub model should act to complement, not duplicate or replace important holistic care being provided to local communities by full time, place-based ACCHSs teams.
- AHCWA and its member services need to be thoroughly consulted in the development of any Integrated Allied Health Hubs across Australia, particularly with regard to partnership and funding opportunities and the delivery of culturally secure care.

4.2 Viable Rural Markets

- AHCWA supports the Commonwealth proposal to work with states to determine mechanisms to overcome the unintended consequences of Section 19(2) of *the Health Insurance Act 1973*, and to provide bulk billing incentives and rural loading for allied health workers and patients to improve access to Commonwealth funding.

Policy Area 5: Telehealth Allied Health Services

- AHCWA advises that Telehealth may not be accessible for Aboriginal clients in very remote areas. Unreliable and expensive power supplies present issues for access to and quality of health services.
- AHCWA recommends more funding is essential to increase consumer awareness of Telehealth in rural areas.
- Telehealth could present certain cultural and language barriers for Aboriginal clients, particularly those who do not speak English as a first language.
- It is essential that any use of Telehealth services with Aboriginal people must be conducted in a culturally secure way. Cultural safety for all staff considering the use of Telehealth for rural clients must be mandatory.
- AHCWA supports the paper's acknowledgement of the support role that can be undertaken by AHWs to support Aboriginal clients accessing Telehealth services.
- AHCWA and its member services support innovative funding options to ensure access and affordability of Telehealth services across rural areas.