

KEY THINKERS FORUM

Briefing Paper

Key Thinkers Forum

Allied Health – Pathways for Success

About Poche Centres for Indigenous Health

Poche Centres for Indigenous Health are an example of the power of partnership in achieving real change to contribute to closing the gap in life expectancy. Established and funded by philanthropists Greg Poche (AO) and Kay Van Norton Poche (AO), Poche Centres seek to leverage the expertise within Universities to seek solutions that address complex health issues faced by Aboriginal and Torres Strait Islander peoples. The Poches have gifted more than \$50million dollars to Aboriginal health since 2008.

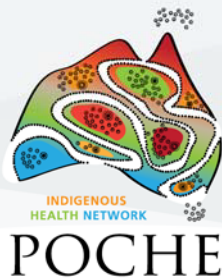
The Poche Indigenous Health Network

The Poche Indigenous Health Network was established to enhance the collaborative efforts, expertise and resources of each of the individual Poche Centres. The bi-annual *Key Thinkers Forum* represents a powerful example of this, providing an opportunity for all sectors of community, Government, non-government and academia to come together in critical discussion of significant issues within Aboriginal and Torres Strait Islander public health at a national level.

Key Thinkers Forum Topic

This Key Thinkers Forum will consider the invaluable resource allied health is for Aboriginal and Torres Strait Islander peoples and its ability to support rural and remote health settings.

This year the Poche Indigenous Health Network has collaborated with the *Poche Centre for Indigenous Health at The University of Sydney* and key community members to bring you this Key Thinkers Forum.



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When we talk of ‘closing the gap’, it includes all areas of health and requires effort and attention that look at health with a holistic view.

Allied Health Professionals Australia (AHPA) define allied health in the following way and make the claim that this is the agreed upon definition of Allied Health:

“allied health professionals are health professionals that are not part of the medical, dental or nursing professions. They are university qualified practitioners with specialised expertise in preventing, diagnosing and treating a range of conditions and illnesses. Allied health practitioners often work within a multidisciplinary health team to provide specialised support for different patient needs.”¹

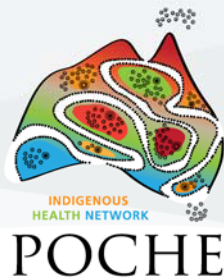
While this provides a clear outline, it assumes university education, which restricts the scope of the profession and does not take into account the para-professional workforce. There is real growth in this area and it has the potential to fill gaps in all areas of allied health, and particularly in rural and remote areas of Australia. If we broaden our understanding of qualifications and experience in allied health, we can take into account all the surrounding people/services/community that can make a difference to population health in Australia and particularly in Indigenous Health.

The Indigenous Allied Health Australia (IAHA) defines 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, excluding medicine, nursing and Aboriginal and Torres Strait Islander health worker/practitioner roles. Allied health functions include but are not limited to, services related to the identification, evaluation, management and prevention of disease and disorders; dietary and nutritional services; and rehabilitation services.”²*

What is common in both IAHA and AHPA’s definitions is the idea of *multidisciplinary* as this underpins the success of the approach. Health should not be approached in siloes and health services should not be limited to them.

¹ <https://ahpa.com.au/what-is-allied-health/>

² <http://iaha.com.au/wp-content/uploads/2013/03/IAHA-Allied-Health-Definitions.pdf>



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A constant struggle for Australia is how to properly provide for the rural and remote communities, particularly those that are largely Indigenous. These areas suffer not only the ‘tyranny of distance’; in nature they are becoming more disadvantaged by climate change and urbanisation. Allied health service provision will not solve the issues, but it will go a long way to improving conditions and health.

There are many pathways to study and success in allied health professions and rural and remote Indigenous populations often find the demands of full-time university study prohibitive in cost and time away from community. Studying through the VET sector can lead directly into workforce or can provide an effective pathway to further study.³ The Poche Centre for Indigenous Health at the University of Sydney has been working with TAFE NSW to increase opportunities for Indigenous peoples across NSW to enter the sector after researching the seven most important steps to successful study for rural and remote Indigenous students.⁴ It is such pathways and the champions that support them that make the difference.

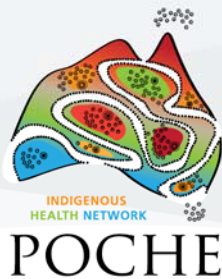
Mental health is a growing area of need in all sections of society and, as is true of almost everything else, Indigenous peoples suffer at a greater rate when compared to non-Indigenous. Social and emotional wellbeing can not be ‘triaged’ by mainstream health service delivery and community seems to be the key for our Indigenous populations in supporting those in need. There is strength in connection.

In this Key Thinkers Forum we need to look at these alternative models of education and care if we want to make a difference for our Indigenous population.

We will be joined by a panel of practice experts and academics of Aboriginal and Torres Strait Islander Allied Health to help us explore the topic.

³ Gwynne, K., Lincoln, M. (2017). Developing the rural health workforce to improve Australian Aboriginal and Torres Strait Islander health outcomes: a systematic review. *Australian Health Review*, 41(2), 234-238

⁴ Gwynne, K., Rojas, J., Hines, M., Bulkeley, K., Irving, M., McCowen, D., Lincoln, M. (2018). What works in vocational health education for Aboriginal Australians: an evaluation. *Australian Health Review*



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Discussion Questions

The panel will unpack the challenges and strategies around the follow issues:

- Does the Allied Health Professionals Australia (AHPA) definition of allied health work for Aboriginal and Torres Strait Islander peoples?
- Why are the rates of suffering not improving when we have known the disproportionate burden of disease for some time?
- What workforces are required to ensure the health and wellbeing of Aboriginal and Torres Strait Islander children?
- Are articulation arrangement to upgrade para-professional qualifications to professional qualifications adequate or necessary?
- What are the most effective strategies for preventing and treating the most prevalent conditions experienced by Aboriginal and Torres Strait Islander peoples?

Details of the Key Thinkers Forum

Date: Monday, 9 September 2019 | **Time:** 11.45am – 3.00pm

Panel Members:

- Michelle Lincoln
- Nicole Turner
- Pat Dudgeon
- Paul Talbot

Facilitated by Prof. Tom Calma (AO)

Venue: Dame Dorothy Tangney Alcove, Parliament House, Canberra

Further Information

At the conclusion of each Key Thinkers Forum, the Poche Network produces a paper that summarises the issues raised and makes comment or presents an opinion about the topic area discussed. It will be later published as a 'Poche Opinion paper'. Poche Opinions are a tool to contribute to knowledge and to draw the wider community into the key debates and issues in Aboriginal health.

Follow the link to find the Briefing papers and Poche Opinions from past events:

<http://pochehealth.edu.au/research/key-thinkers-forum/>

For further information, please contact: poche.admin@sydney.edu.au or on (02) 9114 0829.