31 January 2020

The Hon Josh Frydenberg

Treasurer

C/- The Treasury  
Langton Crescent  
PARKES ACT 2600  
AUSTRALIA

Dear Treasurer,

**Indigenous Allied Health Australia – 2020-21 Pre-Budget Submission**

Thank you for the opportunity to provide a submission to inform the development and decisions to be taken in developing the 2020-21 Federal Budget.

Overview:

Indigenous Allied Health Australia (IAHA) acknowledges the Government’s commitment to budget constraint and the continuing emphasis on returning the budget to surplus, notwithstanding the immediate and necessary priority of responding effectively to the unprecedented national bushfire emergency and recovery effort. We also acknowledge the need to commit further resources and encourage the Government to work collaboratively across all spheres of government and the community to safeguard the nation against the impact of future catastrophic events.

IAHA believes a broader strategy of well-considered, long-term investment is crucial to securing the health, well-being, safety and prosperity of Australians into the future.

About IAHA

Indigenous Allied Health Australia is a national, not for profit, member based Aboriginal and Torres Strait Islander allied health organisation. IAHA works to improve access to quality, culturally safe and responsive care, notably by building the size, skills and opportunities available to the Aboriginal and Torres Strait Islander allied health workforce, and to build the cultural safety and responsiveness of health professions and services more broadly.

IAHA represents over 1800 members from 29 health disciplines located in every state and territory across Australia. Our membership has more than tripled in the past five years. We are supporting more Aboriginal and Torres Strait Islander people to enter

study, graduate, practice and succeed in careers in allied health. IAHA has successfully developed, established and is progressing a range of initiatives, with Commonwealth support, to build and expand the pipeline of Indigenous allied and other health professionals. Initiatives such as the Indigenous Allied Health Academy Model, supported by extensive community engagement, a core emphasis on culturally safe and responsive approaches to health, education and engagement are crucial to addressing these issues practically and sustainably. Our integrated approached is described in the IAHA Workforce Development Strategy (<http://iaha.com.au/wp-content/uploads/2019/07/IAHA_WFD2018_WEB_2.0>.)

Why increasing the Aboriginal and Torres Strait Islander health workforce is essential

Despite growth in IAHA membership, the capacity and speed of increase in this workforce must grow. Aboriginal and Torres Strait Islander people make up only around 0.5 per cent of the allied health practitioners registered through the Australian Health Practitioner Regulation agency (AHPRA): far short of the 3 per cent of the Australian population who identify as Aboriginal and/or Torres Strait Islander.

A sustained, high rate of growth in this workforce, together with mechanisms that ensure access to services is vital to improve Aboriginal and Torres Strait Islander health. Enabling the growth of this vital workforce also contributes to key government pressure points and objectives, including:

* Meeting the projected demand of 250,000 additional jobs in the Health and Social Assistance sector over the next five years – as this sector continues to have the highest jobs growth across the economy as a whole;
* Helping to address the chronic maldistribution of health professionals (especially allied health professionals) which sees access to services and health outcomes in rural and remote Australia, especially for Aboriginal and Torres Strait Islander people, substantially below that of other Australians; and
* Contributing to health, education and employment targets under Closing the Gap, noting the value of existing role models, innovative and successful approaches, high workforce and service demand and comparative youth and workforce contribution of Aboriginal and Torres Strait Islander Australians, with a median age of 23 compared with 38 (as at the 2016 Census).

Efforts to improve health outcomes in rural and remote Australia, especially in Aboriginal and Torres Strait Islander communities, will continue to falter while the acute maldistribution of health professionals and services, especially in allied health,

are not addressed through a coordinated and sustained strategy. That strategy should include enabling purpose-built service and workforce development arrangements

shaped extensively by and which demonstrate their effectiveness in these settings and communities.

The imperative for committed action

Aboriginal and Torres Strait Islander Australians face serious impediments to accessing effective, culturally safe and reliable care and as a result experience premature death, chronic disease and avoidable illnesses at a far higher rate than do,

or would be acceptable for, other Australians: circumstances that are particularly acute in rural and remote Australia and, despite efforts to date, remain largely unaddressed.

While IAHA’s primary focus is to promote and take action to improve the health and wellbeing of Aboriginal and Torres Strait Islander people and communities through the allied health workforce and improving access to allied health services, we advocate for equitable health care access and outcomes for all Australians.

What we are seeking

IAHA is advocating for a coordinated, systemic and sustained approach to address the pressures outlined above. In doing so, we are seeking a commitment from Government in the 2020-21 Budget to respect, provide assurance and not take decisions inconsistent with important strategic processes that are underway. The 2020-21 Federal Budget must reinforce and in no way impede or reduce the headway and positive direction established in several areas of national consultation, decision-making and policy reform, notably:

***The COAG Joint Council on Closing the Gap***

The Joint Council is a major and promising development which is supported by the Prime Minister and co-chaired by the Pat Turner AM and the Hon Ken Wyatt MP, Minister for Indigenous Australians. The aim of the Council is to accelerate improvements in life outcomes of Aboriginal and Torres Strait Islander peoples, by:

* Developing and strengthening structures to ensure the full involvement of Aboriginal and Torres Strait Islander peoples in shared decision making at the national, state and local or regional level and embedding their ownership, responsibility and expertise to close the gap;
* Building the formal Aboriginal and Torres Strait Islander community-controlled services sector to deliver closing the gap services and programs in agreed priority areas – for which workforce development is critical; and
* Ensuring all mainstream government agencies and institutions undertake systemic and structural transformation to contribute to Closing the Gap.

***Priorities identified by the National Health Leadership Forum***

The National Health Leadership Forum (NHLF) is the national representative body for Aboriginal and Torres Strait Islander peak organisations who provide a united voice in

advocating for Indigenous health and wellbeing. The NHLF brings together senior Aboriginal and Torres Strait Islander health leaders to consider and consult on the policies that impact the health and wellbeing of Australia’s First Peoples.

The NHLF advocates for substantive and durable commitments, which align with the approach sought through the COAG Joint Council, notably to:

* Promote self-determination across national institutions, through Constitutional reform and the recommendations that arose from the Uluru Statement from the Heart;
* Close the gap in life expectancy and the disproportionate burden of disease that impacts Aboriginal and Torres Strait Islander people, through system-wide investment approach for the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan, with COAG Health Council;
* Prioritises and escalates actions under the National Aboriginal and Torres Strait Islander Health Workforce Plan – notably growing the health workforce and where allied health needs to be targeted, which is essential to improve Aboriginal and Torres Strait Islander health and wellbeing; and
* Acknowledge the adverse impact of racism on the health and wellbeing of Aboriginal and Torres Strait Islander people, and aspects of the health system that prevent people from accessing and receiving the health care they require – and to work with the NHLF and other Aboriginal and Torres Strait Islander health experts in embedding co-design and co-decision making processes to embed culturally safe and responsive health practices and systems.

***The National Rural Health Commissioner’s report on Allied Health***

The National Rural Health Commissioner (NHRC) has submitted his report on *Rural Allied Health Quality, Access and Distribution: Options for Commonwealth Government Policy Reform and Investment* to Government. This is a crucial and long awaited investigation into an area of long-standing community need and comparative policy and service neglect.

Rather than pre-empt the Government’s response to the NRHCs report, IAHA prefers to await the response, which we anticipate will be delivered, in part at least, in the 2020-21 Budget. IAHA strongly encourages the Commonwealth to see the opportunity the report presents to promote a strategic and coordinated approach to allied health workforce and service capacity development which is desperately needed in rural and

remote Australia, and Aboriginal and Torres Strait Islander communities in particular. Improving access to timely allied health services will improve health and wellbeing and

reduce pressure in avoidable hospitalisations and other expensive interventions associated with emergency and chronic care.

***Committing to open development and supported implementation of national strategies, the including Preventive and Primary Health Plans***

As identified earlier, it is crucial that all Australian governments commit to an investment approach in delivering on the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023, which includes a major workforce development focus.

IAHA also calls on Government to:

* Adopt a concerted shift toward enabling health and wellbeing and the prevention of illness and disease; and
* Recognise preventive health measures as an investment in improving quality of life, economic and social participation, capacity and productivity and in putting downward pressure on major cost drivers, such as the development of chronic disease, avoidable loss of hearing, sight and limbs and avoidable hospitalisations.
* With Australia spending around 1.4 per cent of total health spending on preventive health, only a third of the OECD average allocation, Australia is placing emphasis on dealing with the consequences of illness and disease at the cost of reducing their development in the first place. This imbalance contributes directly to higher future costs and demands on the Budget.

This is not to deny Australia’s health system overall ranks very well by international standards. However, as many stakeholders have noted, while the Commonwealth Fund rates Australia’s health system as second overall among the nations compared, two standout areas, where Australia compares relatively poorly, are access and equity.

* Australia’s strong overall performance when assessed nationally, tends to mask structural inadequacies impacting certain populations, such as Aboriginal and Torres Strait Islander people;
* The continuing disadvantage Aboriginal and Torres Strait Islander people experience in health and wellbeing must be addressed if Australia is truly to set a benchmark for other health systems.
* If the goal is, as Minister Hunt states in *Australia’s Long Term National Health Plan,* to deliver for Australia the best health system in the world, then current
* arrangements are not fit for purpose and significant re-balancing and innovation is needed to reach that goal.

The contribution and value of allied health services on health and wellbeing, delivered in conjunction with medical, nursing and other professional working, is routinely under-estimated in Australia. It reduces the efficacy of the health system as a whole.

This needs to change with Indigenous health, and the contribution of allied health, recognised as central to improving the health system, its efficiency and its impact. That engagement must be proactive, genuine and supported.

Concluding comments

The 2020-21 Budget is an opportunity to respond substantially to underlying pressures and emerging risks to Indigenous and other Australians’ health and

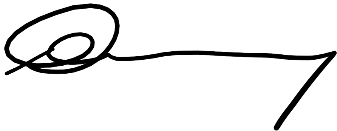
wellbeing, as described in this and other informed stakeholder submissions. Inadequate investment and/or ineffective management of systemic risks already evident and having a major impact on our health and capacity would be false economy and force ourselves and future generations to deal with the exacerbated consequences of short term decision-making.

In budgetary terms, many of the issues and initiatives referred to in this submission, have very modest financial costs, but if supported would facilitate marked improvements in the community outcomes achieved through government direction setting and expenditure. The formulation of the Budget and the consequences of decisions made in its preparation are far more than an accounting exercise: it is an opportunity to strengthen the nation’s future and to engage the commitment and capacity of communities and other stakeholders in the process.

IAHA notes that other Aboriginal and Torres Strait Islander health organisations will be providing submissions to this process. They offer valuable perspectives, which together would help inform a framework whereby governments and Aboriginal and Torres Strait Islander people can address the circumstances that have failed to recognise the potential and capacity of our people and lessened our nation as a whole. We encourage the Government to continue and strengthen its commitment to an active process of direct engagement with Aboriginal and Torres Strait Islander peak bodies and leaders.

If you have any questions or would like to discuss IAHAs submission please contact me at [donna@iaha.com.au](mailto:donna@iaha.com.au) or on 02 62851010.

Yours faithfully



Donna Murray

Chief Executive Officer

Indigenous Allied Health Australia Ltd.

**Cc:** The Hon Greg Hunt MP, Minister for Health

The Hon Ken Wyatt MP, Minister for Indigenous Australians