



**NATSIHWA**  
National Aboriginal and Torres Strait  
Islander Health Worker Association

## Policy Position Statement

### Policy Position Statement

The Importance of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners in Australia's health system

NATSIHWA operates with the conviction that Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners are critical to achievement of better health outcomes for their people. Aboriginal and Torres Strait Islander people need access to culturally safe preventive health and treatment services to experience health equity.

The findings of the Final Report of the Aboriginal and Torres Strait Islander Health Worker Project – Growing our Future (2011)<sup>1</sup> on the importance of this workforce were:

- The Aboriginal and Torres Strait Islander Health Worker<sup>a</sup> workforce is a major workforce delivering culturally safe, comprehensive primary health care to Aboriginal and Torres Strait Islander Australians.
- Their holistic approach to health care is aligned to traditional Aboriginal and Torres Strait Islander culture and philosophy.
- A growing body of evidence links the Aboriginal and Torres Strait Islander Health Worker workforce to improved health outcomes in diabetes care, mental health care, maternal and child care and palliative care.
- The workforce is becoming increasingly qualified, with Aboriginal and Torres Strait Islander Health Workers attaining higher level primary health care and other health qualifications.

Research continues to find that cultural safety and strong relationships between primary health care and Aboriginal and Torres Strait Islander peoples are essential, and that our member professions facilitating these strategies form an important component of effective comprehensive primary care for Aboriginal and Torres Strait Islander peoples.<sup>2,3,4,5</sup>

Despite these findings, there is not yet universal valuing of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners in Australia's health system and there has been varying success in integrating those employed in these professions into service organisations and team work. NATSIHWA continues to work to promote their value and best use in achieving better outcomes for Aboriginal and Torres Strait Islander peoples. More work is required with NATSIHWA's partners and stakeholders to ensure that workers are retained in employment, overcoming difficulties in workplace arrangements, devaluation at work and community out-of-hours demands.

<sup>a</sup>. Aboriginal and/or Torres Strait Islander Health Practitioners were registered from 1 July 2012.



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### Workforce size

It is difficult to be sure of the numbers employed in the health system but we need more to fill the constant vacancies and more young people preparing to join the Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners workforce for an expanding population. A ratio of one worker per 150 people has been suggested.<sup>6</sup> Using 2011 data, the Health Performance Framework report of 2017 stated that 99% of workers in these professions are Aboriginal or Torres Strait Islander<sup>7</sup> and that the number employed in all services in 2011 was 1,256. Even if we sought positions only in services specifically for Aboriginal and Torres Strait Islander peoples, a ratio of one worker per 150 clients would require 2,429 workers.

In 2015 SkillsIQ estimated the employment level in all services was 1,000, using ABS Labour Force Survey to November 2015 and Department of Education projections to 2020.<sup>8</sup>

Commonwealth funded Aboriginal and Torres Strait Islander health organisations including 204 primary health care services employed 941 (13% of employed FTE) in 2016.<sup>9</sup>

As of August 2017, there were 608 registered Aboriginal and/or Torres Strait Islander Health Practitioners, distributed mostly in the Northern Territory (35%) and New South Wales (20%). Western Australia and Queensland had less than 20% each, while South Australia had 7%, Victoria 2% and Tasmania and ACT less than 1%. It is not known how many of these registrants were employed at the time.

### Outside primary care

Comprehensive primary health care includes prevention, whether to prevent ill health or worsening of disease outcomes, or promoting wellbeing. Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners can take preventive health roles as part of primary healthcare or in other services. They can also work in the hospital sector in liaison or coordination of specialist care.

### Areas for expansion

NATSIHWA believes that not only are its members essential for better health outcomes in Aboriginal and Torres Strait Islander specific services, but essential for cultural safety in mainstream services, where consideration should be given to creating more positions. Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners should also be considered for roles in disability services and justice health.





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### NATSIHWA's position

*NATSIHWA asserts that Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners are pivotal to delivery of culturally safe, and thus effective, health services and where this is not fully understood, NATSIHWA will devote its efforts to advance the professional standing of its members.*

**Josslyn Tully, NATSIHWA Chairperson**  
Endorsed by the NATSIHWA Board on

**Please send any comments on this Policy Position Statement to [policy@natsihwa.org.au](mailto:policy@natsihwa.org.au).**

### References

- <sup>1</sup>Health Workforce Australia, 2011, Growing Our Future: the Aboriginal and Torres Strait Health Worker Project Final Report. Adelaide.
- <sup>2</sup>Stoneman A et al. (2014) Quality improvement in practice: improving diabetes care and patient outcomes in Aboriginal Community Controlled Health Services BMC Health Services Research 14:481-490.
- <sup>3</sup>Freeman T et al. (2014) Cultural respect strategies in Australian Aboriginal primary health care services: beyond education and training of practitioners Australian and New Zealand Journal of Public Health 38(4): 355-360.
- <sup>4</sup>Lowell A et al. (2015) Supporting Aboriginal knowledge and practice in health care: lessons from a qualitative evaluation of the strong women, strong babies, strong culture program BMC Pregnancy and Childbirth 15: 19-28.
- <sup>5</sup>Davy C et al. (2016) Facilitating engagement through strong relationships between primary healthcare and Aboriginal and Torres Strait Islander peoples Australian and New Zealand Journal of Public Health 40(6): 535-541.
- <sup>6</sup>Evaluation Report National Aboriginal Health Strategy (1994) available at <https://www.health.gov.au/internet/main/publishing.nsf/Content/health-oatsih-pubs-NAHSeval>.
- <sup>7</sup>Australian Health Ministers' Advisory Council 2017 Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report, AHMAC, Canberra.
- <sup>8</sup>Aboriginal and Torres Strait Islander Health Worker Industry Reference Committee Four Year Plan September 2016 SkillsIQ
- <sup>9</sup>Online Services Report Key Results 2015-16 (Report No 8) AIHW 2017.