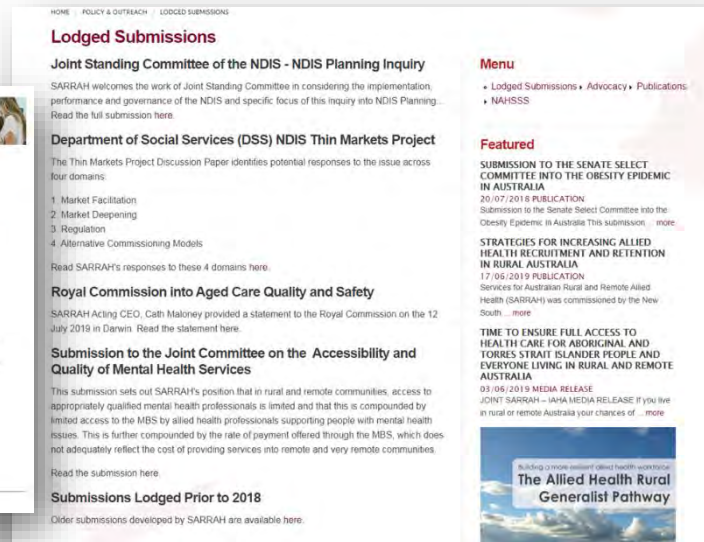
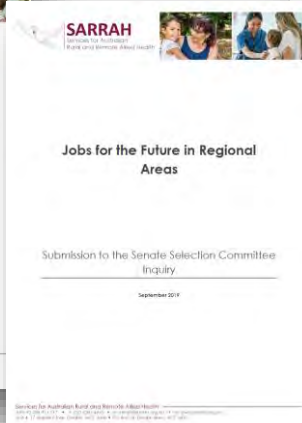
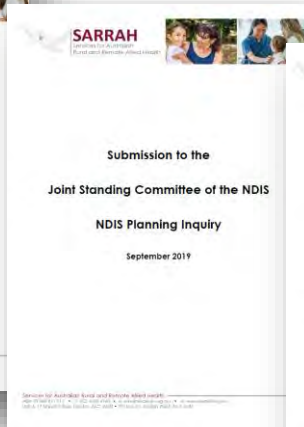


Who is SARRAH?

“Advocacy, support and professional development for rural and remote allied health professionals.”

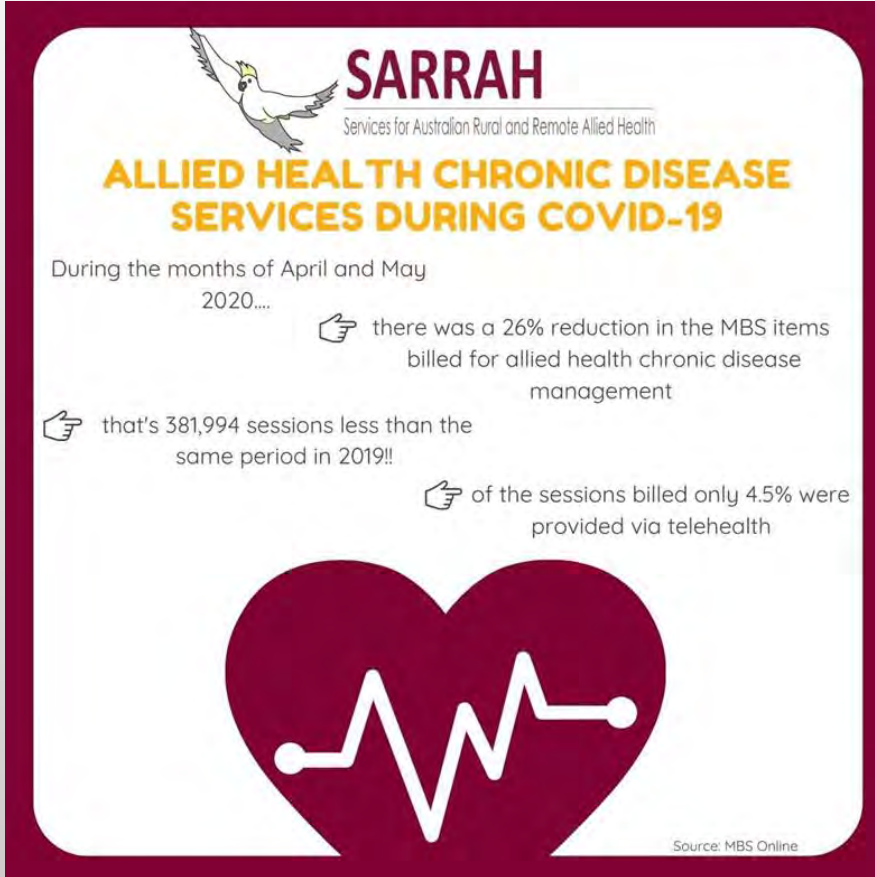
SARRAH exists so that rural and remote Australian communities have allied health services that support equitable and sustainable health and well-being.



SARRAH

Services for Australian Rural and Remote Allied Health

Allied Health services and COVID-19



Overall impact on allied health practices

- Drop in client numbers (anywhere between 15-50%), especially during higher level lockdowns
- Greater impact on practices located in border towns due to border closures, preventing movement of clients across state borders
- Higher reports of mental health concerns (loss of continuity of routine care)
- Higher administrative load
 - Screening of patients
 - Telehealth set-up
 - Access to personal protective equipment

AHPs and Telehealth

Upsides:

- Relatively easy to transition to delivering services via telehealth as the technology is readily available
- Practices founded on telehealth experienced an uptick in business during the lockdown (both clients and other health professionals seeking support to transition to telehealth-based practice)

Challenges:

- Perception: Higher value placed on face-to-face service delivery (especially for the physical therapies)
- Lack of access to adequate bandwidth, stable internet connections
- Affordability of data and devices for people from lower socioeconomic demographics
- Older people are less comfortable with the technology; less inclined to engage

Workarounds:

- Connectivity - clients travelled to town to access stable internet eg schools, library
- Use of “key worker” at client-end of therapy session
- AHP invested time to training clients and families in use of telehealth



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Services for Australian Rural and Remote Allied Health

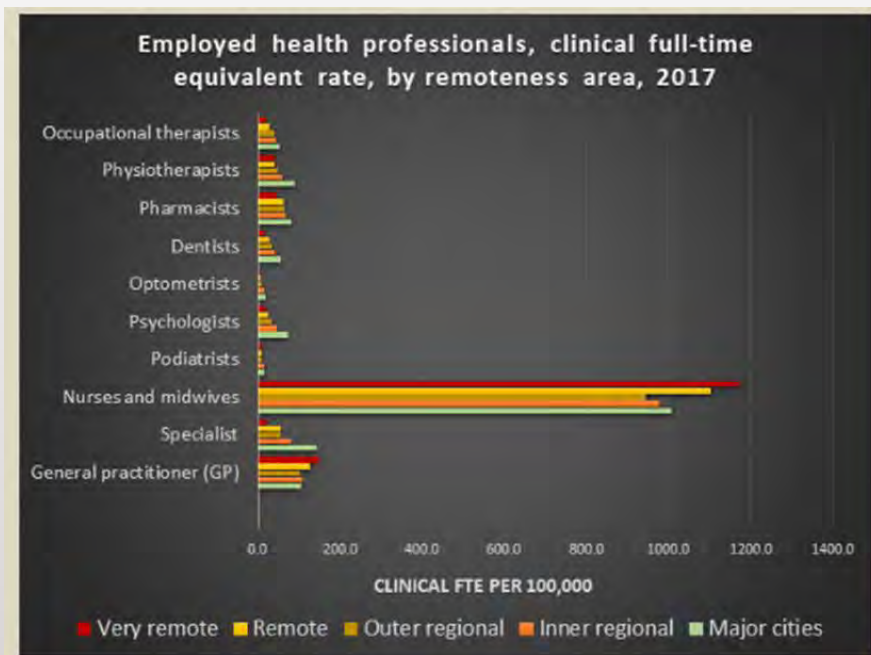
Allied Health – the untapped resource



Projected growth in demand for health and social assistance jobs



From: *A Healthy Check-up – the healthcare and social assistance industry in regions* (Regional Australia Institute)



Source: Australian Institute of Health and Welfare 2017 [<https://www.aihw.gov.au/reports/rural-health/rural-remote-health/data>]

But... are there sufficient skilled and qualified people to meet this demand?



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Jobs for the Future in Regional Areas

The Senate

Select Committee into Jobs for the
Future in Regional Areas

Report



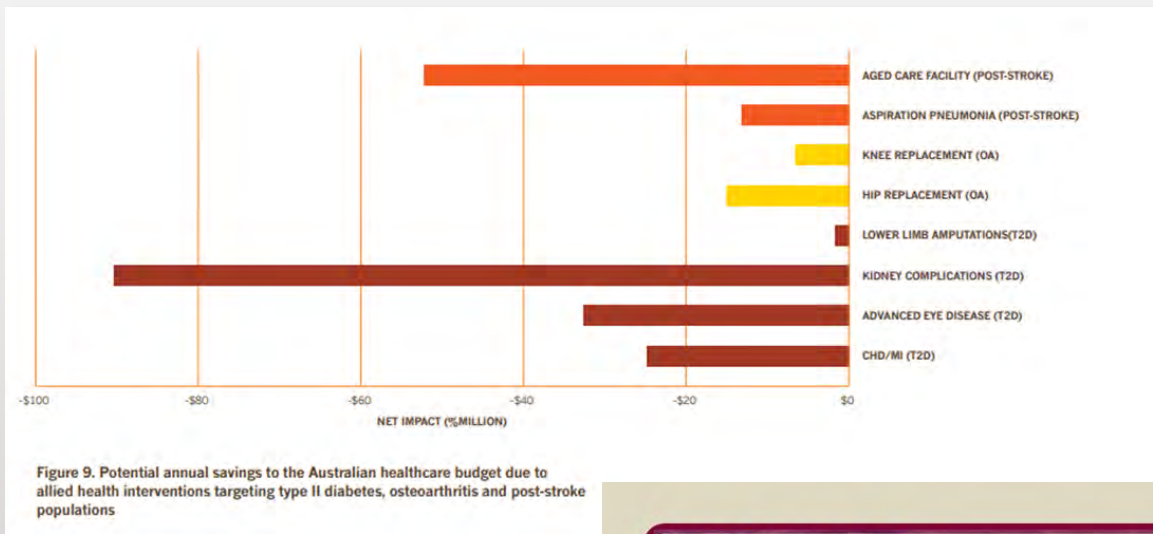
As remoteness increases, so too do the number of people admitted to hospital for conditions that could have been managed in the community [AIHW, 2019]. Allied Health Professionals play a significant role in preventing hospitalisations for chronic conditions [Barr et al 2019].




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The allied health sector is a wise investment



Weekend Article
 Barr ML, Welberry H, Comino EJ, Harris-Roxas BF, Harris E, Lloyd J, Whitney S, O'Connor C, Hall J, Harris MF. Understanding the use and impact of allied health services for people with chronic health conditions in Central and Eastern Sydney, Australia: a five-year longitudinal analysis (2019).



SARAH
 Services for Australian Rural and Remote Allied Health

Evidence Bite

"The unrealised potential of allied health represents a major underutilised resource to address many of the challenges facing our health system today."

"Better use of the allied health workforce can improve health outcomes and reduce overall health system costs by reducing demand and utilisation of acute health facilities."

Allied health: untapped potential in the Australian health system (2015)



SARAH
 Services for Australian Rural and Remote Allied Health

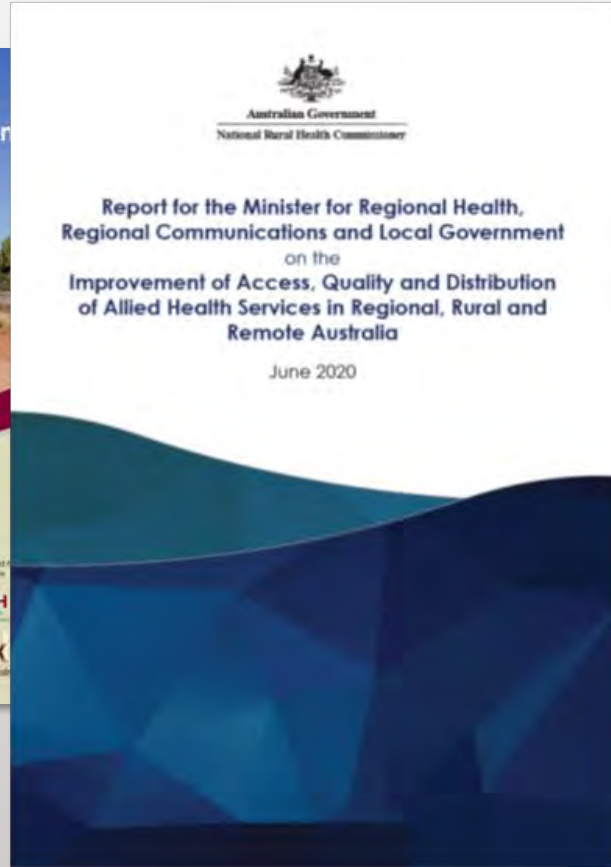
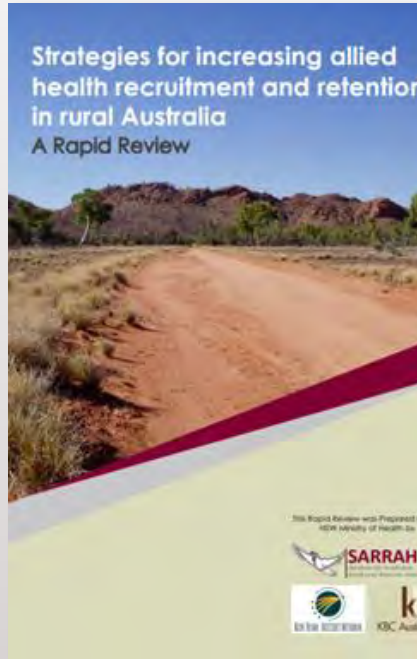
NDIS in the NT

- 42.4% of NT NDIS recipients live in remote or very remote locations
- 56% underutilisation of NDIS in the NT (but this number only represents the proportion of KNOWN or DIAGNOSED persons with disability)
- The number of active providers grew by 20% since December 2019
- 15% of those with a (known) disability are supported by the NDIS in the NT

Source: CDAG Disability Reform Council Quarterly Report 31 March 2020

SARAH Evidence Bite

We need a plan...



...Here's one prepared earlier



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A health-led economic recovery

5 WAYS TO OPTIMISE DIGITAL SERVICE DELIVERY IN ALLIED HEALTH



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Services for Australian Rural and Remote Allied Health

5 TOP REASONS TO WORK IN DISABILITY IN A RURAL SETTING



JANE TINKLER

TECHNICAL LEADER FOR
ECONOMY LEADERSHIP
& INNOVATION

SARRAH

by Jane Tinkler, who is an occupational therapist

idea



DR OLIVIA KING - RESEARCHER, PODIATRIST & DIABETES EDUCATOR
6 THINGS WE NEED TO KNOW ABOUT ALLIED HEALTH & DIABETES



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