CENTRE OF EXCELLENCE FOR
Aboriginal Digital
in Health

Strategic Movement

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National Digital Health Strategy & Implications for Centre of Excellence for Aboriginal Digital in Health

Introduction

The Centre of Excellence for Aboriginal Digital in Health (CEDAH) will advocate for and foster the development of Aboriginal-led recommendations for digital in health technologies.

As a leading Aboriginal Community-Controlled Health Organisation, the Victorian Community-Controlled Health Organisation (VACCHO) has overseen the implementation of new technologies and software for more than 40 years. We know that effective integration of technologies requires a collaborative, culturally informed and systems-focused approach. We have learned that a core, consistent approach to technological implementation is required. This core can then be adapted to respond to local contexts. This is the most effective strategy for overseeing the implementation of a model of care that integrates Community, Culture, clinical systems, technology, and the wishes of the person seeking care.

About CEDAH

Purpose

The purpose of CEDAH is to ensure that digital in health technologies are culturally informed, implemented to a consistent standard of quality, and benefit Aboriginal and Torres Strait Islander peoples.

The Centre is a central hub that gathers, reviews and disseminates recommendations & knowledge to leverage culturally informed requirements and the production of digital health technologies. It collaborates with Communities to ideate culturally informed and centralised core recommendations for incorporating technology into care and clinical systems.

VACCHO auspiced the development of CEDAH in January 2024. The decision to establish the Centre results from consultation with Aboriginal and Torres Strait Islander peak bodies nationwide. These peak bodies were asked to share their views on the best ways to implement technologies that improve the health and wellbeing of Aboriginal and Torres Strait Islander peoples and communities. The people we consulted told us that:

- collaboration across Aboriginal and Torres Strait Islander-led groups guided by a central Aboriginal-led governance mechanism would be the most effective way to influence the development and implementation of technologies, and,

- this central mechanism should focus on long-term sector and system improvement and not on short-term solutions for funding

Ways of working

The Centre's commitment to ensuring that its work is culturally informed and led by the wisdom of Aboriginal and Torres Strait Islander peoples will lead to change in the systems that influence digital in health technologies. CEDAH responds to the cultural diversity of our Aboriginal and Torres Strait Islander Communities, comprised of 270 languages, nations, tribes, and communities across Australia. Ensuring the effective implementation of digital technology in health systems requires coordinating the rich diversity of Community contexts with the rapid rate of change across technology and Community health and wellbeing priorities.

The CEDAH workplace is flexible, integrated, and agile. Its workforce is staffed with people who hold relevant knowledge and expertise. Their academic, cultural, clinical, and implementation experience informs the development of a model for the comprehensive delivery of digital in health.

CEDAH is informed by known best practices, such as AMSANT's work on digital health, NACCHO's model for community-controlled comprehensive primary health care, and NACCHO's Core Services Outcomes Framework, which charts standards for governance, service delivery, infrastructure, and integrated person-centred care.[1] NACCHO's model illustrates how Culture and Community wrap-around service provision to facilitate integrated services that are informed by Community priorities. [2] CEDAH will design digital in health technologies that align with these best practice frameworks.

The Centre will be an active and collaborative participant in developing the National Digital Health Strategy so that this Strategy aligns with what Communities know contributes to culturally appropriate and safe service delivery for Aboriginal and Torres Strait Islander peoples.[2]

Why this work is needed

Investment in Aboriginal-led design of models of care and clinical services that could improve inequities continues to be insufficient. Improving the integration of digital in health will contribute to effective and efficient health systems and reduced rates of morbidity in Aboriginal and Torres Strait Islander populations.[3]

Much of the funding for digital in health is not directed towards activities that translate to benefits for Aboriginal and Torres Strait Islander communities. Low and late uptake of digital in health infrastructure has resulted in a gap in the consistency of use, adoption, and implementation of technologies between Aboriginal Community-Controlled Health Organisations and Mainstream Health Services.

Discrepancies in health outcomes between Indigenous and non-Indigenous people are enduring.[4] Stakeholders assert that the design and implementation of policies to redress these discrepancies are ineffective.[5] Inefficiencies in system and service delivery are evident and are not being resolved. Funding is being directed to services where it can't be fully utilised.

We understand that many peak bodies have begun to taper the scale of their partnerships with the Australian Digital Health Agency and Commonwealth Scientific and Industrial Research Organisation (CSIRO). Peak bodies that do continue to implement funding received by the Agency find that the scope of agreed works has been significantly reduced. The funding provided does not consider the resourcing required at the ACCOs to build capacity needed to integrate the priorities of the National Interoperability Strategy.

Aboriginal-led peak bodies are consistent in their assessment of the challenges experienced by Aboriginal-led health services when implementing digital in health:

ACCOs have limited capacity to determine priorities

- The limited capacity and capability for ACCOs to engage, voice and participate in changes that affect their communities and the intention and implementation of these changes.

Technology is not fit for purpose

- Technologies in use at the ACCOs are not designed to support the breadth and depth of programs of care offered by ACCOs, and, therefore, do not represent the work and the positive outcomes that the community are currently realising operationally

Models for digital care are not culturally informed

- There is an absence of standardised culturally informed profiles that adequately and appropriately represent Aboriginal and Torres Strait Islander communities. Therefore, much of this data about engagement with health services is inadequate.

Frameworks do not support the effective exchange of knowledge and learning

- There is no direct channel that provides feedback on ACCOs' unique operating environments to reporting bodies and vendors alike. Funding models focus solely on service delivery activities that meet reporting requirements and do not cater to the supplementary activities that include the breadth of ACCOs' work.
- Monitoring and evaluation processes, metrics and results are hindered because ACCOs are not supported to measure outcomes that demonstrate real benefits to the community on the ground. Further, no documented or recognised way exists to capture culturally appropriate requirements for information system design and use in ACCOs.

- There are no standards to inform consistently reliable evaluation that provide preliminary economic assessment that could inform how a future economic evaluation could be conducted (i.e., by contributing to thinking about the theory of change, metrics, and formulations). Therefore, the distribution of funding relies heavily on 'applications' made at a particular point in time, which may not realise true benefits for the community consistently across the sector.

Workforce turnover

- Low numbers in the workforce, high turnover, and high burnout rates mean that knowledge loss from the ACCOs occurs frequently. The current information systems are designed to grow, learn, and adapt to program's that support service delivery. An unintended consequence of this design principle is that they cannot retain and prevent knowledge loss. The cost of re-training new staff is an ever-present burden for ACCOs' operational service provision.

The case for self-determination

The evidence is clear: investment in self-determining strategies is the most effective way to respond to gaps in health outcomes. Aboriginal-led organisations have identified the characteristics of effective digital in health strategies:

- Prevention and early interventions should incorporate SEWB, socially appropriate digital integrations to share information between nominated users, and user interfaces that build trust[6],[7],
- Culturally appropriate capacity-building programs that educate and train clinical teams and Aboriginal health workers across all aspects of the digital health ecosystem result in cost savings.[8].

The future of CEDAH

We believe that CEDAH should continue to grow and develop as a voice for Aboriginal-led peak bodies.

The Sparked Community, part of CSIRO has received $15 million in funding over the next four years to lead digital innovations in health care.[9] This Community does not have access to a specialised Aboriginal-led body that can communicate the collective wisdom and knowledge of Aboriginal-led peak bodies.

CEDAH has an opportunity to be a voice for peak bodies and ensure that digital in health technologies meet the needs of Aboriginal and Torres Strait Islander peoples.

[1] NACCHO. Core Services and Outcomes Framework: The Model of Aboriginal and Torres Strait Islander Community-Controlled Comprehensive Primary Health Care. National Aboriginal Community Controlled Health Organisation, Canberra, ACT: June 2021

[2] https://www.digitalhealth.gov.au/about-us/strategies-and-plans/national-healthcare-interoperability-plan#:~:text=The%20Connecting%20Australian%20Healthcare%20%E2%80%93%20National,standards%2C%20information%20sharing%2C%20innovation%20and

[3] Harfield, S.G., Davy, C., McArthur, A. et al. Characteristics of Indigenous primary health care service delivery models: a systematic scoping review. Global Health 14, 12 (2018). https://doi.org/10.1186/s12992-018-0332-2

[4] https://www.pc.gov.au/closing-the-gap-data/annual-data-report/report

[5] Online report - Closing the Gap Annual Data Compilation Report July 2023 | Closing the Gap Information Repository - Productivity Commission (pc.gov.au)

[6] Salmon, M., Doery, K., Dance, P., Chapman, J., Gilbert, R., Williams, R. & Lovett, R. 2019, Defining the Indefinable: Descriptors of Aboriginal and Torres Strait Islander Peoples' Cultures and Their Links to Health and Wellbeing, Aboriginal and Torres Strait Islander Health Team, Research School of Population Health, The Australian National University, Canberra.

[7] Herbunt, E., Luke, J., Paradies, Y. et al. Cultural determinants of health for Aboriginal and Torres Strait Islander people – a narrative overview of reviews. Int J Equity Health 20, 181 (2021). https://doi.org/10.1186/s12939-021-01514-2

[9] Original funding was $13million for4 years. In the recent Federal Budget, CSIRO received another $2 million to continue this work for another 12 months.