

## Response to the First Nations Digital Inclusion Roadmap discussion paper

AMSANT is the peak body for community-controlled health services in the Northern Territory. Our members provide services from Darwin to the most remote parts of the NT. The ACCHS sector is the larger of the two providers of Aboriginal Primary Health Care Services (PHC) in the NT (with the other provider being the NT government). The ACCHS sector provides over two thirds of the total patient contacts in the Aboriginal PHC system. The ACCHS sector is also growing with active transition of health clinics to community control occurring in West Arnhem and planning underway for transitions in Central Australia.

As a peak organization focused on the Aboriginal Community Controlled Health sector our submission will primarily focus on the interaction of digital inclusion with health and the determinants of health (i.e. how it will enhance the Close the GAP (CTG) Target one).<sup>1</sup> Improvements in digital inclusion have the potential to have a significant impact both directly and indirectly on health outcomes for Indigenous people.

Firstly, it will allow greater access to health literacy resources and facilitate exposure to digital health promotion initiatives. This has the potential to increase health-generating understanding and behaviours and can encourage utilisation of healthcare services, thus leading to improvements in a range of health outcomes such as chronic disease management and greater preventative healthcare utilisation.<sup>2</sup> This relates directly to CTG Outcome 17 “Aboriginal and Torres Strait Islander people have access to information and services enabling participation in informed decision-making regarding their own lives.”<sup>1</sup>

Secondly, local health services will benefit from improved digital connectivity that will facilitate the reliable delivery of telehealth services, increasing health service offerings available and reducing patient travel requirements and its associated financial costs. Telehealth use has been linked to improved social and emotional wellbeing in Indigenous Australians, enhancing the delivery of culturally safe care on-country, and maintaining connection to family and community.<sup>3</sup> Other digital health initiatives such as Point of Care Tests (POCT) have enhanced primary health care by providing immediate test results and thus facilitating timely and appropriate care. Importantly we have seen that ongoing training and support has been integral to sustaining the provision of POCT services and ensure their equitable impact. Likewise, to have a sustained and equitable impact on health care provision, initiatives to improve digital inclusion must be accompanied by ongoing training, funding, technical support, and capacity building of primary care services, which additionally reflects CTG Priority Reform 2 – Building the Community-controlled Sector.<sup>1</sup> This links directly with the First Nations Digital Inclusion Roadmap’s key principles of adopting ‘place-based’, ‘technology-agnostic’ approaches to digital inclusion that are enduring and adaptable within the highly dynamic communication/digital landscape. ACCHSs also need to be appropriately funded to support telehealth, point of care and related initiatives, for both the technical hardware and software, and

the demand on the workforce's time. The delivery of telehealth services to indigenous patients in the Northern Territory is unique compared to urban settings, as the patient is typically supported by a primary health care clinician whilst the consultation with the specialist takes place. This is useful but unfunded. Medicare rebates for PHC support of telehealth for remote and Indigenous patients needs to be funded. It is pleasing to see Medicare rebates for some point of care initiatives, but it is also critical to scale up support structures to ensure wide uptake once Medicare rebates become available.

Thirdly, digital inclusion influences health outcomes through its relationship with the social determinants of health. Indeed, it is increasingly being considered as a social determinant of health itself.<sup>4</sup> An individual's health is related to the socio-political context they are exposed to, such as government policies, education, employment, housing, environmental exposures etc. As detailed in the First Nations Digital Inclusion Roadmap discussion paper, digital inclusion has the potential to enhance education delivery, expand employment opportunities (both locally, as well as access to remote work), and improve household income. Moreover, the advisory group's advocacy work with industry and government to address the affordability of services will reduce income strain resulting from accessing digital services. Financial hardship impacts health in many ways, including restricting an individual's ability to purchase medication or healthy food, limiting opportunities to engage in healthy behaviours, and creating barriers to accessing health care services.

More broadly, internet connectivity impacts on the provision of many services in communities, from retail services such as food stores, to public services such as schools and libraries. Connectivity issues can thus have widespread consequences on the provision of basic community services required to live a healthy, safe and productive life. Additionally, addressing digital inclusion has the potential to facilitate increased accessibility of a range of government services including housing, and social services such as My Aged Care. As more government services are incorporating digital platforms into their community interfaces there has been an increasing reliance on community services providers to support individuals navigating these digital systems. There is a need for education and training initiatives that increase digital literacy within communities and for dedicated ongoing support services to minimise increases to the workload of already stretched community services such as ACCHSs. Basic literacy and numeracy skills provide the foundation for the development of digital skills and variations in competency of these general skills will inhibit rapid increases in digital skills. This must be accounted for in all digital inclusion initiatives and the advisory group should support and advocate for programs that target these skills including adult literacy campaigns as well as more effective and engaging school literacy programs. Moreover, there must be careful consideration of web-service design and online identification methods to ensure cultural appropriateness and real-world usability, in line with CTG Priority Reform 3 - Transforming Government Organisations".<sup>1</sup>

Overall, continuing to have strong Indigenous representation throughout the advisory board and any working groups and actively engaging with a range of peak bodies, relevant industry organisations, and importantly seeking feedback at the community and individual level, will facilitate answering many of the non-health related questions you have posed. Additionally, effective community engagement requires proper funding, adequate time for consultation and to be completed in a

culturally responsive manner (On country, with interpreters, questions & structure designed to reflect local values etc). Data collection, storage, access and use should be underpinned by the principles and values of Indigenous Data Governance and Sovereignty.

There are significant disparities in health outcomes between the Indigenous and non-Indigenous Australian populations. In an increasingly digital world, it is important to look ahead and prevent the widening of this gap that may eventuate from unequal levels of digital inclusion.

## References

1. Australian Government. (2024). Closing the Gap. Closing the Gap. <https://www.closingthegap.gov.au/>
2. Bodie, G. D., & Dutta, M. J. (2008). Understanding health literacy for strategic health marketing: eHealth literacy, health disparities, and the digital divide. *Health marketing quarterly*, 25(1-2), 175-203.
3. Caffery, L. J., Bradford, N. K., Wickramasinghe, S. I., Hayman, N., & Smith, A. C. (2017). Outcomes of using telehealth for the provision of healthcare to Aboriginal and Torres Strait Islander people: a systematic review. *Australian and New Zealand journal of public health*, 41(1), 48-53.
4. Sieck, C. J., Sheon, A., Ancker, J. S., Castek, J., Callahan, B., & Siefer, A. (2021). Digital inclusion as a social determinant of health. *NPJ digital medicine*, 4(1), 52.