

6 April 2021

Tammie Staltari  
Assistant Director  
Health Implementation Plan Team  
Health Plan, Early Years and Engagement Branch  
Indigenous Health Division  
Australian Government Department of Health  
E: [health.implementation.plan@health.gov.au](mailto:health.implementation.plan@health.gov.au)

Dear Ms Staltari

### **National Aboriginal and Torres Strait Islander Health Plan (Working Draft)**

The Australian Healthcare and Hospitals Association (AHHA) welcomes the opportunity to provide feedback on the National Aboriginal and Torres Strait Islander Health Plan (Working Draft).

AHHA is Australia's national peak body for public hospitals and healthcare providers. Our membership includes state and territory health departments, Local Hospital Networks (LHNs) and public hospitals, community health services, Primary Health Networks (PHNs) and primary healthcare providers, aged care providers, universities, individual health professionals and academics. As such, we are uniquely placed to be an independent, national voice for universal high-quality healthcare to benefit the whole community.

To achieve a healthy Australia supported by the best possible healthcare system, AHHA recommends Australia reform the healthcare system over the next 10 years by enabling outcomes-focused and value-based healthcare. This requires:

1. A nationally unified and regionally controlled health system that puts patients at the centre;
2. Performance information and reporting that is fit for purpose;
3. A health workforce that exists to serve and meet population health needs;
4. Funding that is sustainable and appropriate to support a high quality health system.

AHHA's Healthy people, healthy systems<sup>1</sup> is a blueprint with a series of short, medium and long-term actions to achieve this goal.

Within this context, AHHA proposes the following issues be given consideration.

---

<sup>1</sup> Australian Healthcare and Hospitals Association. 2017. Healthy people, healthy systems. Available at [https://ahha.asn.au/sites/default/files/docs/policy-issue/ahha\\_blueprint\\_2017\\_0.pdf](https://ahha.asn.au/sites/default/files/docs/policy-issue/ahha_blueprint_2017_0.pdf)

PO Box 78 Deakin West ACT 2600 Unit 8, 2 Phipps Close Deakin ACT 2600

T. +61 02 6162 0780 F. +61 02 6162 0779 E. [admin@ahha.asn.au](mailto:admin@ahha.asn.au) W. [www.ahha.asn.au](http://www.ahha.asn.au)

ABN 49 008 528 470

## **Ecological determinants of health**

The Health Plan references both the social and cultural determinants of health, but not the ecological determinants of health. Environmental health is mentioned as a feature of the social determinants; however the ecological determinants are considered more complex and interdependent with human health. Given the close connection of Aboriginal and Torres Strait Islander health to country, consideration should be given to using the language of ecological determinants to highlight the significant impact the health of the planet has on human health, particularly Indigenous cultures.

## **Ethical challenges with precision in health care**

Priority 11 places significant emphasis on genomics and advances that have the potential to reduce health disparities and improve health outcomes for Aboriginal and Torres Strait Islander health. Consideration should also be given to rapid advances in other technologies. Artificial intelligence (AI) offers promising opportunities to improve health. It has the ability to collect, compile, analyse and learn from big data, augmented by real-time data from patients, and create personalised and predictive feedback for individuals. It can improve diagnostics, catalyse patient adherence through engagement, and integrate with remote monitoring devices, all directly influencing the behaviour of patients and improving health action.

AI is dependent on big data, and there are ever-increasing data sources that can support preventive health and health care, including electronic health records, personal digital devices, pervasive sensor technologies and access to social network data. While data and devices are often siloed, the feasibility of health-data-sharing platforms to obtain and aggregate health data is being explored and integration being achieved.

Ethical challenges of using AI will require consideration due to rapidly evolving technologies, new stakeholders, data quantity, novel computational and analytic techniques, and a lack of regulatory controls or common standards to guide developments. Care must be taken to ensure existing biases and inequalities are not exacerbated with the use of AI, rather it is used to correct disparities. Swift action is needed to prevent public trust in AI being eroded. Ethical collaboration within the Australian health care sector<sup>2</sup> will be crucial to seeing this action achieved.

The Health Plan needs to proactively recognise the opportunities that technology and data provide in Aboriginal and Torres Strait Islander health, actively advancing ethical practices and social responsibility.

## **Institutional racism**

AHHA welcomes the direct focus of the Plan on racism in healthcare. Strategy 8.1. – ‘Institutional racism across all systems is acknowledged, measured, and reported’ could be further strengthened

---

<sup>2</sup> Australian Consensus Framework for Ethical Collaboration in the Healthcare Sector. (2018). A Consensus Statement of Shared Values and Ethical Principles for Collaboration and Interaction Among Organisations in the Healthcare Sector. Viewed 16 September 2020. Available from:

[https://ahha.asn.au/sites/default/files/docs/policy-issue/acf\\_september\\_10\\_2018\\_w\\_apec\\_web.pdf](https://ahha.asn.au/sites/default/files/docs/policy-issue/acf_september_10_2018_w_apec_web.pdf)

by requiring reporting at a sufficiently granular level that encourages Boards and Chief Executives to take effective action. An example of this has been the work of Queensland Health that was prompted by a detailed report in 2017<sup>3</sup>.

### **Cultural safety**

Moving the cultural safety section from Strategy 8 into Strategy 9 would better align with the current contents of Strategy 9.

### **Dental services**

Broadening awareness of the Child Dental Benefits Scheme is important, however, there are much more important strategies that ought to be included if the Plan extends to this level of granularity. AHHA supports the call from Indigenous dentists for the water supplies of all Aboriginal and Torres Strait Islander communities with a population of more than 500 to be fluoridated by 2030; co-design and implementation of a coherent national oral health promotion strategy for Aboriginal and Torres Strait Islander people by 2025; co-design and implementation of an Aboriginal and Torres Strait Islander oral health data set by 2025; and all Aboriginal and Torres Strait Islander people should be eligible to access State and Territory public dental services, in addition to dental clinics at Aboriginal Community Controlled Health Organisations.

### **Referencing edit**

Please note a correction to footnote 96 is required. This paper was published by the Deeble Institute for Health Policy Research (not the APO), and the link to the publication should be <https://ahha.asn.au/publication/issue-briefs/deeble-institute-issues-brief-no-14-best-practice-approach-reducing>

I would be pleased to meet with you to further discuss AHHA views.

Sincerely,



Alison Verhoeven  
Chief Executive  
Australian Healthcare and Hospitals Association

---

<sup>3</sup> Marrie A. (2017) Addressing Institutional Barriers to Health Equity for Aboriginal and Torres Strait Islander People in Queensland's Public Hospitals and Health Services: Report to Commissioner Kevin Cocks AM, Anti-Discrimination Commission Queensland. Gordonvale, Queensland: Bukal Consultancy Services P/L.