

AMSANT submission to the National Indigenous Australians Agency
Re. Indigenous Digital Inclusion Plan consultation
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The Aboriginal Medical Services Alliance Northern Territory (AMSANT) is the peak body for the 26 Aboriginal Community Controlled Health Services (ACCHSs) in the NT. AMSANT supports our member services in the delivery of comprehensive and holistic primary health care; and we represent our members' views and aspirations through advocacy, policy, planning and research.

AMSANT greatly welcomes the IDIP's efforts to improve digital access for Indigenous peoples and to reduce the stark 'digital divide' that exists between us and non-Indigenous people, as outlined in the NTCOSS *Cost of Living Report* [issue 30, June 2021].

Most notably, that report describes the inequity of digital access that greatly impedes our participation in modern society, limits our access to telehealth consultations and reduces the efficacy of our health services.

Moreover, the social determinants of health ~ *poverty, poor housing, education, unemployment, nutrition, AOD, transport, power & water etc* ~ are pre-existing barriers to a full digital inclusion and they widen the 'digital divide' significantly. The social determinant 'gap' is also exacerbated by the digital divide when people cannot access education, training and employment opportunities.

We appreciate the IDIP initiative as, like NTCOSS and many others, AMSANT laments the lack of available data about digital access in remote communities ~ *There's no data about the data!* ~ and believes an urgent needs-analysis must be a vital element in our mutual efforts to achieve a democracy of knowledge and access.

Limited (or 'zero') access to digital technologies directly impacts healthcare delivery and outcomes, especially in remote regions. Our health services need adequate, reliable and affordable communications to access and engage with electronic healthcare records, telehealth services, government agencies and life-saving specialist and/or emergency care.

Telehealth services are expanding swiftly across the nation but they create myriad challenges (linguistic, cultural, practical and procedural) for the Aboriginal client who is 'visiting' a doctor by phone or video ... and telehealth is very resource-intensive for many of AMSANT's under-staffed health services. Telehealth in remote areas rarely occur as doctor to patient consults – it mostly requires health service staff to attend the consult with the patient to ensure appropriate support is provided for the patient. Medicare has recently greatly reduced telehealth items claimable by telephone consults which increases inequity as many Aboriginal people have very limited access to devices, data or the connectivity required for video consults. And longer consult time is usually needed, to allow for language and cultural needs of the patient. Health services are not fully reimbursed for the time and effort needed for telehealth.

Indigenous people are the NT's most vulnerable and our healthcare delivery needs to be timely, culturally appropriate and best supported by digital technologies.

The Department of Human Services (*via* Medicare) promotes the provision of telehealth as a service delivery model for urban, regional and remote ACCHSs. Yet Aboriginal health services and their

clientele should not be continually challenged by a lack of suitable technology and/or digital connectivity to make telehealth work; to make it cost-effective and health-effective!

This connectivity is central to the efficacy of Aboriginal community controlled health services and has the potential to improve health outcomes and improve the quality of the life for many people in remote Aboriginal communities.

The survey (*or some of them?*) questions are answered below.

What are the major factors that affect digital ability, including attitude and confidence, for Indigenous Australians?

- Lack of access to digital technologies such as computers and internet
- Lower levels of education and education that did not have access to digital technologies
- Lack of education and training that is culturally appropriate and that considers diverse needs of people (*ie one-to-one, not workshop training*)
- Inability to engage with digital technologies due to inability to provide enough evidence of identity to engage (*ie setting up digital accounts*)
- Poverty and the impacts of the social determinants of health.

Are they different in remote, regional and urban areas?

- Increased disadvantage in regional and remote areas due to a lack of publicly available services, technologies and support
- Regional and urban areas also experience poverty, this impacts on affordability of data, internet, devices, computers *etc.*

What is needed to encourage greater understanding and use of digital technologies?

- Improved public access to digital technologies, internet and power. Ability to access in a safe and secure environment
- Access to appropriate education and awareness that considers language and learning needs
- Access to digital technologies in schools
- Digital technologies that meet the needs of rural and remote Aboriginal and Torres Strait Islander peoples (*ie something that will improve or benefit our daily lives*)
- Education that is relevant to personal circumstances.

How can digital ability be improved for Indigenous Australians living in urban, regional and remote areas?

- Improved public access to digital technologies, internet and power. Ability to access in a safe and secure environment
- Access to appropriate education and awareness that considers language and learning needs
- Access to digital technologies in schools
- Education that is relevant to personal circumstances.

Are there initiatives, including international initiatives, that have successfully addressed digital ability issues or improving digital skills, particularly for older Indigenous Australians, and why were they successful?

- Taking an international development approach, co-designing and implementing projects and programs that are culturally appropriate and meet the needs of the community has been successful internationally. It's important to understand that what works in one community is not necessarily successful in others (as evidenced by the mixed success of health promotion for the COVID-19 vaccination roll-out). We must have projects and programs that are well-funded over many years and take a whole-of-life approach. We must embed projects into existing programs of work and add value where it is needed.

What organisations or agencies could support and improve digital ability levels?

- Local organisations that already have relationships within communities such as local councils
- Collaborative partnerships between technology, internet and education providers
- Justice, health, education and housing organisations
- Art and cultural centres
- Identify a need and how digital ability would improve a person's life or daily engagement (*eg* an artist wants to sell paintings online; a family member wants to look up a bus timetable online).

What is needed to help address online safety issues experienced by Indigenous Australians?

- Education and awareness that is culturally, linguistically and locally relevant
- Education of the non-Indigenous population about racism and online safety
- Access to services to support people who have online safety concerns (face-to-face and phone support in language where available).