Australian Indigenous
Health*InfoNet*

healthinfonet.ecu.edu.au

# Core Project - 4-JOPEDVV
# Activity Work Plan
# 1 July 2024 - 30 June 2025

| Task | Output(s) | Deliverable(s) | Performance Measure(s) | Timeline for Completion |
|------|-----------|----------------|------------------------|-------------------------|
| Provide comprehensive Aboriginal and Torres Strait Islander health information on the Health*InfoNet* website with enhanced coverage, via the Portal structure, for the following key health conditions:<br><br>• Cardiovascular health<br>• Diabetes<br>• Kidney health<br>• Cancer<br>• Respiratory health<br>• Sexual health<br>• Social and emotional wellbeing. | Updates to the Health*InfoNet* website.<br><br>Health information searched for, updated, curated, expanded and categorised to various health topics on the Health*InfoNet's* online bibliography.<br><br>The bibliography includes:<br><br>• publications<br>• policies<br>• resources (health promotion and health practice).<br><br>Other information added includes:<br><br>• programs<br>• organisations<br>• workforce information (events, courses, funding and jobs). | New entries of publications and resources added in the Health*InfoNet's* online bibliography and other information added about programs, organisations and workforce information (events, courses, funding and jobs). | The number of new entries for publications and resources in the Health*InfoNet's* online bibliography and the number of new entries for programs, organisations and workforce information (events, courses, funding and jobs). | Ongoing throughout reporting period. |
| | Audits of existing information, for the key health condition Portals, to ensure these topics are accurate and free of broken links. | Each of the key health topic's content areas will be audited on a rotational basis. | Content areas for the key health topics audited and reported in the performance reports. | Ongoing throughout reporting period. |

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|---|---|---|---|---|
| Enhance the useability and relatability of the Health*InfoNet* website. | Provision of a technologically advanced, best-practice web resource for delivery of comprehensive Aboriginal and Torres Strait Islander health information. | A state-of-the-art web resource to be publicly available for a minimum of 95% of the time. | The percentage of time that the Health*InfoNet* website is publicly available.<br><br>Three percent increase in page views and time on page reported in performance reports.<br><br>As of July 2023, Google Analytics underwent a complete transformation in the way data is collected, analysed, and reported. The previous analytics system, known as Universal Analytics, primarily focused on page views and screen views. However, the new method, Google Analytics 4 (GA4), centres around event-based tracking.<br><br>At the Australian Indigenous Health*InfoNet*, we have undertaken efforts to adapt to this transformation and update our reporting methods accordingly. However, this process is still a work in progress. We are currently in the process of trialling alternative data criteria for metrics that are no longer supported under GA4.<br><br>Therefore, due to the fundamental changes, it's important to note that data collected prior to September 2023 using Universal Analytics is not directly comparable to data collected after this date using GA4. | Ongoing throughout reporting period. |

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|---|---|---|---|---|
| | User experience survey | A user experience survey report | User survey data on key indicators related to usability and relatability of the AODKC website | By June 2025. |
| Undertake a comprehensive review of data, statistics and other information, from authoritative sources of Aboriginal and Torres Strait Islander health information and data, for inclusion in the *Overview of Aboriginal and Torres Strait Islander health status 2024 (Overview)*. | A comprehensive annual summary, synthesis, analysis and interpretation of data, statistics and other information on the health status of Aboriginal and Torres Islander people and communities which will be compiled into the *Overview*. | The 2024 *Overview* will be published and available online, and in hardcopy formats. | The 2024 *Overview* will be published to a high-quality standard.<br><br>The *Overview* will be printed and distributed to stakeholders at conferences where the Health*InfoNet* holds an exhibition stand. | By 31 March 2025.<br><br>The *Overview* will be printed by May 2025. |
| Undertake a summary of the latest information about Aboriginal and Torres Strait Islander health status, selected from the *Overview*. | A timely, accessible and relevant summary of the information provided in the *Overview* complied into a *Summary*. | The 2024 *Summary* will be published and available online. A PowerPoint presentation, based on the *Overview*, will also be produced. | The 2024 *Summary* and PowerPoint presentation, produced. | By 30 April 2025. |
| Completion of the 2023-2024 *Review of blood borne viruses among Aboriginal and Torres Strait Islander people* (provisional title). | A comprehensive summary, synthesis, analysis and interpretation of data, statistics and other information compiled for inclusion in the published review with associated KEPs. | Review (carried forward to December 2024 by agreement) and associated KEPs. | *Review of blood borne viruses among Aboriginal and Torres Strait Islander people* and associated KEPs produced. | By 31st December 2024. |
| Produce knowledge exchange products (KEPs) on a key/topical content area. | A comprehensive summary, synthesis, analysis and interpretation of data, statistics and other information compiled for inclusion in the published review with associated KEPs. | Review on the specified content area with associated KEPs. | Review on the specified content area and associated KEPS. | Commenced by 1 July 2024 (to be completed fully, including KEPs, by 30th June 2025. |

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|------|-----------|----------------|------------------------|-------------------------|
| Facilitate online access to latest information of relevance to Aboriginal and Torres Strait Islander health. | The Australian Indigenous Health*Bulletin,* which showcases the latest journal articles, reports, resources and theses about Aboriginal and Torres Strait Islander health. | The Australian Indigenous Health*Bulletin* to be collated and made available online. | Regular collation and updating of the information on the Australian Indigenous Health*Bulletin*. | Ongoing throughout reporting period. |
| Compile regular updates of recent and emerging key information on key health topics for users and other subscribers to the Health*InfoNet* newsletters. | Health*InfoNet* newsletters for:<br>• Cardiovascular health<br>• Diabetes<br>• Kidney health<br>• Cancer<br>• Respiratory health<br>• Sexual health<br>• Social and emotional wellbeing. | Regular newsletter issues produced throughout the year. | The number of newsletters produced throughout the year for the key health conditions. | Ongoing throughout the reporting period. |
| Engage with key stakeholders to inform the Health*InfoNet's* KE activities and to ensure the health workforce is fully aware of, and confident accessing, the health information on the Health*InfoNet* website. | Strong, reciprocal, collaborative relationships, and/or partnerships, with key organisations in the Aboriginal and Torres Strait Islander health sector.<br><br>Strong support, cultural governance and guidance from the Health*InfoNet's* Advisory Board.<br><br>Strong relationships with the Health*InfoNet's* honorary Consultants including renewal and succession in the list of honorary Consultants.<br><br>Strategic advice from key stakeholders in the Aboriginal and Torres Strait Islander health sector. | Evidence of sustained engagement with peak bodies, professional associations and partner organisations in the sector.<br><br>One online meeting with the Advisory Board.<br><br>Regular email communication throughout the year. Seek expertise, as needed, for peer review functions.<br><br>Two Health*InfoNet* Roundtables. | There will be 3-4 meetings/telemeetings nationally in the year.<br><br>One online meeting with the Advisory Board.<br><br>At least four email communications with each Consultant in the year.<br><br>Two Roundtable meetings held in the year. | By 30 June 2025.<br><br>By June 20, 2025.<br><br>By 30 June 2025.<br><br>By 30 June 2025. |

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|---|---|---|---|---|
| | Engagement with the workforce and other stakeholders, at targeted conferences, or via presentations of the Health*InfoNet* website to key stakeholder groups. | Five conference exhibitions, presentations and/or inserts. | Five conference exhibitions, presentations and/or inserts held in the year. | By 30 June 2025. |
| | Ongoing regular electronic communication with key stakeholders. | At least four electronic communications with stakeholders throughout the year. | Four electronic communications with stakeholders throughout the year. | By 30 June 2025. |
| | Information compiled for high level briefing, by the Health*InfoNet* Director, to provide updates on current and future developments at the Health*InfoNet*. | Production of three Director's Communiques. | Publication of the Director's Communique. | By 30 June 2025. |

# Risk management

The Health*InfoNet* operates within ECU's comprehensive governance framework. This assists the Health*InfoNet*'s operations in terms of human resources, finance, contracts and risk management. The Health*InfoNet* receives research-related support from ECU's Research Services team.

## Potential risks

There are five main risks to the Health*InfoNet*'s operations:

- cultural appropriateness
- quality control
- financial
- staffing
- information technology.

## Cultural appropriateness

For over 26 years the Health*InfoNet* has been guided by an Advisory Board that includes the CEOs of many peak Aboriginal and Torres Strait Islander peak health bodies including NAATSIHWP, IAHA, CATSINaM and NAACHO.  The Advisory Board provides strong cultural governance and oversight.  There are also strong relationships and partnerships with key stakeholders & peak bodies in the sector which ensures the Health*InfoNet* remains well regarded and utilised. Recent user survey data shows that there are very high levels of trust and satisfaction from users. The Health*InfoNet* was also rated as culturally appropriate and safe.

## Quality control

All information and materials specially prepared for inclusion on the web resource are subject to documented quality control mechanisms. Maintaining the quality of the information on the web resource is dealt with in two ways:

(1) for some substantial documents, such as narrative reviews of specific health topics, formal double blind peer review is undertaken (the Health*InfoNet*'s honorary Consultants and other experts can provide this service both formally and informally); all other Health*InfoNet*'s original publications, including the *Overview*, are subject to post publication peer review. All substantial documents including those that do not require external peer review, and those of a sensitive nature, are checked by the Director.

(2) for less substantial documents and information, quality control is performed internally. The Health*InfoNet* has inclusion criteria for information added to the website which are strictly observed.  It also has developed standard formats for the various types of information to be added to the web resource, and all new additions are subjected to a 'second-setting' process that means that all additions developed by a staff member are checked by at least one other person.

## Financial

As noted above, the Health*InfoNet* operates within ECU's comprehensive governance framework, and works closely in its financial operations with ECU's Finance and Business Services Centre. In particular, the Health*InfoNet*'s Business Manager works closely with ECU's Business Unit Finance team in budgeting and monitoring income and expenditure. The Health*InfoNet*'s financial statements are authorised by ECU's Finance and Business Services' Finance Manager.

## Staffing

Because of the specialised nature of the Health*InfoNet*'s operations, there are also staffing-related risks. The specialised nature of its works means that there is quite a long orientation/training period before new Health*InfoNet* staff, particularly those working in the research and IT areas, are fully aware of the complexities and procedures of the operations. These complexities are documented in a formal procedure manual. This has greatly assisted the orientation/training process, meaning that researchers become productive more quickly. Even then, the Health*InfoNet* still has some risk with staff turnover, particularly with research and IT staff. Any greater-than-normal turnover would have an impact on the Health*InfoNet*'s productivity. Specialised products, such as reviews, are most vulnerable to these risks.

## Information technology

With the Health*InfoNet*'s products being almost exclusively disseminated via the Internet, there is always a risk with the computer and network systems feeding into the Internet. As is the case with finances, the Health*InfoNet* is protected to a large degree against these risks by operating within the ECU environment. The Health*InfoNet* websites are run on an externally hosted virtual server which was procured by ECU IT.  Daily backups are run by Health*InfoNet*, in addition to the regular backups run by the hosting provider.  The Health*InfoNet* backups are stored externally on the Amazon S3 storage system.  ECU IT regularly scan the websites for vulnerabilities and provides a report to Health*InfoNet* with any areas of concern highlighted.  Within the scope of capability, these vulnerabilities are addressed. The Health*InfoNet*'s IT staff are responsible for the specially developed database and related structures but can call on ECU IT staff, or the services of the hosting company, for assistance and/or advice if needed.

# Budget core activities

A large proportion of funding, under this agreement, will be used to employ the staff necessary to consolidate, expand and promote the current Health*InfoNet* web resource. Salary costs, which are based on the ECU current Enterprise Bargaining Agreement (EBA) and anticipated future agreements, include mandatory on-costs (including superannuation, payroll tax, workers compensation, severance pay and leave payments). The salary costs provide for salary increases set out under the relevant EBA.

Funding also covers non-salary expenses, including:

- engagement expenses such as travel and accommodation, including expenses related to the Roundtable meetings and other engagement events
- consultancy fees for expert assistance in the production of knowledge exchange products
- promotion expenses such as promotional materials, stands at conferences, conference registrations, postage, freight and computing expenses and the printing of the *Overview* and the health topic Review
- research support costs which cover costs to support and manage the program activities. The actual cost is 35% of the project's direct cost. On this project 20% has been charged which covers the support by Research Services, Legal Services, Library Services, Governance, People and Culture and Finance the 15% of cost is recorded as in-kind.

### *Budget for core activities –2024-2025*

| | | |
|---|---|---|
| **Funding** | | 1,354,000 |
| **Less expenses:** | | |
| Salaries | 994,791 | |
| Engagement | 22,000 | |
| Consultancy fees | 10,000 | |
| Promotion and printing costs and Other Expenses | 56,400 | |
| Research support cost | 270,809 | |
| **Total expenditure** | | 1,354,000 |

In-kind support on this project of $573,304 has been committed for 2024-2025

### **Brought forward funding budget to be included in 2024-2025 (due to late start of contract)**

| | | |
|---|---|---|
| **Funding – brought forward** | | 31,640 |
| **Less expenses:** | | |
| Salaries | 7,220 | |
| Engagement | 6,005 | |
| Consultancy fees | 6,000 | |
| Promotion and printing costs and Other Expenses | 12,415 | |
| **Total expenditure** | | 31,640 |