



Core Operational Funding Project

Performance Report

1 July 2024 – 30 June 2025

Submitted to: IAHP-WA

Submitted: July 2025

Core funding
is provided by the
Australian Government
Department of Health,
Disability and Ageing

The Australian Indigenous HealthInfoNet acknowledges the Traditional Custodians of the lands and waters of Australia and the Torres Strait. We respect all Aboriginal and Torres Strait Islander people—their customs and their beliefs. We also pay our respects to Elders past, present and emerging, with particular acknowledgement to the Whadjuk people of the Noongar nation, the Traditional Custodians of the lands where our offices are located.

ECU
EDITH COWAN
UNIVERSITY

HealthInfoNet news and developments

- ✓ Release of the annual **Overview of Aboriginal and Torres Strait Islander health status 2024** and summary
- ✓ **New Queensland portal** for health and wellbeing content across Queensland
- ✓ Launch of the **Review of epidemiology, prevention and management of blood-borne viruses experienced by Aboriginal and Torres Strait Islander peoples (2024)**
- ✓ Refresh of the search filter for easy access to resources in **over 40 languages**

Newsletters



3,732 newsletter subscribers
43 newsletters distributed
7 topics covered

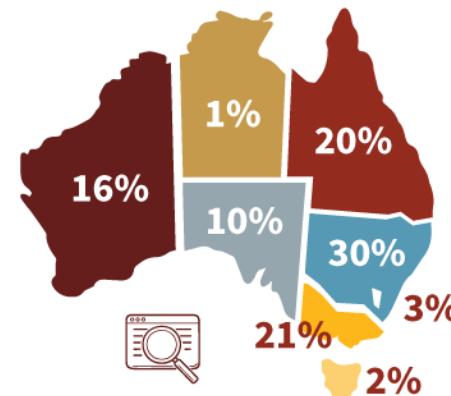
Conferences



7 conferences exhibited
8 presentations

Engagement statistics

Website



03:59 min

Average session duration

1,996,278

page views

*Due to rounding, the sum of percentages may not equal 100%.

Social media



20,037 engagements **7.61%** rate (1.80%*)



3,795 engagements **5.51%** rate (4.40%*)



4,772 engagements **4.07%** rate (2.10%*)



10,114 engagements **7.32%** rate (3.00%*)

*Industry average non-profit

Australian Indigenous HealthBulletin:

244,657 pageviews
2:19 mins session duration

Journal of the Australian Indigenous HealthInfoNet:

2 issues published:
22567 downloads from **141** countries
by **597** institutions



the dependency of all other funded projects on the DOHAC funding



Our posts appeared in another user's feed more than

670,000 times

We received **over 33,000** engagements on all our posts

Total number of followers: **27,901**

Instructions: This template is to be used for:

- Completion of a **Performance Report (2A and 2B)** measuring outcomes against your approved Activity Work Plan (as required in the terms of your Agreement).
- When complete, email to your IAHP-WA@dss.gov.au

1A. SERVICE PROVIDER & FUNDING INFORMATION

Organisation Name & Location	Edith Cowan University, Mount Lawley, Western Australia
Activity ID: 4-JOPEDS2	Australian Indigenous HealthInfoNet (AIH) Core Operational Funding
Reporting period:	1 July 2024 – 30 June 2025
Contact name & Position title:	Professor Bep Uink Director Australian Indigenous HealthInfoNet Edith Cowan University 2 Bradford Street, Mt Lawley WA 6050 Ph: 08 9370 6155
Performance Report Template The streamlined template overleaf has been created from the submitted 2024-2025 Activity Work Plan to enable the Community Grants Hub to efficiently assess the progress made against the grant key performance indicators during the reporting period.	

1A. ACTIVITY DELIVERABLES 2023-2024 Activity Work Plan (AWP)			2A. Performance Report																					
Deliverable	Measures	Timeline	Status (Select from Met, Partly -Met, Delayed, or Completed)	Progress Comments																				
1. New entries of publications and resources added in the HealthInfoNet'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 HealthInfoNet's online bibliography and the number of new entries for programs, organisations and workforce information (events, courses, funding and jobs).	1/7/2024 – 30/6/2025	Met	<p>In the reporting period the following number of items were added to the database¹:</p> <table border="1"> <tbody> <tr> <td>Publications</td> <td>1,354</td> </tr> <tr> <td>Policies</td> <td>202</td> </tr> <tr> <td>Health promotion resources</td> <td>235</td> </tr> <tr> <td>Health practice resources</td> <td>245</td> </tr> <tr> <td>Programs</td> <td>269</td> </tr> <tr> <td>Organisations</td> <td>56</td> </tr> <tr> <td>Courses</td> <td>84</td> </tr> <tr> <td>Events</td> <td>776</td> </tr> <tr> <td>Funding</td> <td>112</td> </tr> <tr> <td>Jobs</td> <td>2,035</td> </tr> </tbody> </table>	Publications	1,354	Policies	202	Health promotion resources	235	Health practice resources	245	Programs	269	Organisations	56	Courses	84	Events	776	Funding	112	Jobs	2,035
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¹ Note: these are total entries for all health topics across the whole website not just for the key health conditions.

<p>2. Ensure the highest coverage of the key health conditions (cardiovascular disease, diabetes, kidney disease, cancer, respiratory disease, sexual health and social and emotional wellbeing)</p>	<p>Number of new entries for publications, resources, programs, organisations and workforce information for each portal.</p>	<p>1/7/2024 – 30/6/2025</p>	<p>Met</p>	<p>In the reporting period the following number of items were added to the database for each key health condition:</p> <table border="1" data-bbox="1185 187 2061 663"> <tbody> <tr> <td>Cancer</td> <td>248</td> </tr> <tr> <td>Cardiovascular Health</td> <td>180</td> </tr> <tr> <td>Diabetes</td> <td>294</td> </tr> <tr> <td>Kidney Health</td> <td>231</td> </tr> <tr> <td>Respiratory Health</td> <td>235</td> </tr> <tr> <td>Sexual Health</td> <td>142</td> </tr> <tr> <td>Social and Emotional Wellbeing</td> <td>712</td> </tr> </tbody> </table>	Cancer	248	Cardiovascular Health	180	Diabetes	294	Kidney Health	231	Respiratory Health	235	Sexual Health	142	Social and Emotional Wellbeing	712
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<p>3. Each of the key health topic's content areas will be audited on a rotational basis.</p>	<p>Content areas for the key health topics audited and reported in the performance reports.</p>	<p>1/7/2024 – 30/6/2025</p>	<p>Met</p>	<p>In the reporting period the following sections were audited for each key health condition:</p> <table border="1"> <thead> <tr> <th data-bbox="1185 192 1349 298">Key health condition</th><th data-bbox="1349 192 1522 298">Resources</th><th data-bbox="1522 192 1695 298">Programs</th><th data-bbox="1695 192 1958 298">Organisations</th><th data-bbox="1958 192 2135 298">Workforce²</th></tr> </thead> <tbody> <tr> <td data-bbox="1185 298 1349 404">Cardiovascular Health</td><td data-bbox="1349 298 1522 404">49</td><td data-bbox="1522 298 1695 404">121</td><td data-bbox="1695 298 1958 404">30</td><td data-bbox="1958 298 2135 404">3</td></tr> <tr> <td data-bbox="1185 404 1349 511">Cancer</td><td data-bbox="1349 404 1522 511">14</td><td data-bbox="1522 404 1695 511">217</td><td data-bbox="1695 404 1958 511">68</td><td data-bbox="1958 404 2135 511">16</td></tr> <tr> <td data-bbox="1185 511 1349 617">Diabetes</td><td data-bbox="1349 511 1522 617">34</td><td data-bbox="1522 511 1695 617">279</td><td data-bbox="1695 511 1958 617">38</td><td data-bbox="1958 511 2135 617">37</td></tr> <tr> <td data-bbox="1185 617 1349 724">Kidney Health</td><td data-bbox="1349 617 1522 724">18</td><td data-bbox="1522 617 1695 724">197</td><td data-bbox="1695 617 1958 724">34</td><td data-bbox="1958 617 2135 724">14</td></tr> <tr> <td data-bbox="1185 724 1349 830">Respiratory Health</td><td data-bbox="1349 724 1522 830">48</td><td data-bbox="1522 724 1695 830">182</td><td data-bbox="1695 724 1958 830">38</td><td data-bbox="1958 724 2135 830">18</td></tr> <tr> <td data-bbox="1185 830 1349 921">Social and emotional wellbeing</td><td data-bbox="1349 830 1522 921">98</td><td data-bbox="1522 830 1695 921">71</td><td data-bbox="1695 830 1958 921">26</td><td data-bbox="1958 830 2135 921">74</td></tr> <tr> <td data-bbox="1185 921 1349 917">Sexual Health</td><td data-bbox="1349 921 1522 917">85</td><td data-bbox="1522 921 1695 917">39</td><td data-bbox="1695 921 1958 917">14</td><td data-bbox="1958 921 2135 917">3</td></tr> </tbody> </table> <p>The auditing procedure can also involve tagging some of the existing health content to other health topics on the website.</p> <p>During the reporting period, an estimated 13340 links to publications, resources, and policies, across the HealthInfoNet's websites were checked for currency and updated.</p>	Key health condition	Resources	Programs	Organisations	Workforce²	Cardiovascular Health	49	121	30	3	Cancer	14	217	68	16	Diabetes	34	279	38	37	Kidney Health	18	197	34	14	Respiratory Health	48	182	38	18	Social and emotional wellbeing	98	71	26	74	Sexual Health	85	39	14	3
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² All jobs are audited monthly for each key health topic.

<p>4. A state-of-the-art web resource to be publicly available for a minimum of 95% of the time.</p>	<ul style="list-style-type: none"> The percentage of time that the HealthInfoNet website is publicly available. Three percent increase in page views and time on page reported in performance reports. 	<p>1/7/2024 – 30/6/2025</p>	<p>Met</p>	<p>The HealthInfoNet website was freely available to users for 99.5% in the reporting period.</p> <p>During this reporting period, 1 Jul 2024 to 30 Jun 2025, there were 1,996,278 pageviews, 603,376 sessions and 03:59 (minutes:seconds) average session duration recorded. The same time in the previous year, 1 Jul 2023 to 30 Jun 2024, had 1,682,407 pageviews, 580,403 sessions and 04:27 (minutes:seconds) average session duration. This equates to a 19% increase in pageviews, 4% increase in sessions and a 11% decrease average session duration.³ Decreases in session duration may be due to users being able to navigate the website more quickly and easily.</p>
<p>5. A user experiences survey report</p>	<ul style="list-style-type: none"> User survey data on key indicators related to usability and relatability of the AIH website. 	<p>30/6/2025</p>	<p>Met</p>	<p>A user survey on key indicators of website usability and relatability was conducted in March 2025 with specific focus on the Aboriginal and Torres Strait Islander health sector workforce. An infographic report detailing the findings was submitted to the Community Grants Hub in late June 2025. Overall results were positive and are being considered as part of ongoing continuous quality improvement.</p>
<p>6. The 2024 Overview will be published and available online, and in hardcopy formats.</p>	<p>The 2024 Overview will be published to a high-quality standard.</p> <p>The Overview will be printed and distributed to stakeholders at conferences where the HealthInfoNet holds an exhibition stand.</p>	<p>By 31 March 2025.</p> <p>The Overview will be printed by May 2025.</p>	<p>Met</p>	<p>The <i>Overview of Aboriginal and Torres Strait Islander health status 2024</i> was published on 10 March 2025. The Overview publication was printed and distributed to key stakeholders by mail and at conferences, events and in stakeholder meeting kits.</p> <p>AIH user feedback from our Community Consultation sessions⁴ suggested that the Overview is among one of the top ranked AIH outputs in terms of usefulness to user's work.</p>

³ This was not a requirement in past funding periods.

⁴ More details on the Community Consultation sessions can be found in Stakeholder Engagement.

<p>7. The 2024 Summary will be published and available online. A PowerPoint presentation, based on the Overview, will also be produced.</p>	<p>The 2024 Summary and PowerPoint presentation, produced.</p>	<p>30 April 2025</p>	<p>Met</p>	<p><i>The Summary of Aboriginal and Torres Strait Islander health status – selected topics</i> 2024 was published on 10 March 2025 along with the Overview and PowerPoint slides.</p>
<p>8. A comprehensive summary, synthesis, analysis and interpretation of data, statistics and other information compiled for inclusion in the published review with associated KEPs. Completion of the 2023-2024 <i>Review of blood borne viruses among Aboriginal and Torres Strait Islander people</i> (provisional title).</p>	<p><i>Review of epidemiology, prevention and management of blood-borne viruses experienced by Aboriginal and Torres Strait Islander peoples and associated KEPs</i> produced.</p>	<p>31st December 2024.</p>	<p>Met</p>	<p><i>The Review of epidemiology, prevention and management of blood-borne viruses experienced by Aboriginal and Torres Strait Islander peoples</i> is complete and it has been published. All associated KEPs have been published.</p>
<p>9. A comprehensive summary, synthesis, analysis and interpretation of data, statistics and other information compiled for inclusion in the published review with associated KEPs.</p>	<p><i>Review of bronchiectasis among Aboriginal and Torres Strait Islander children and young people (0-18 years old) with associated KEPs.</i></p>	<p>1/7/2024-30/6/2025</p>	<p>Partially Met</p>	<p>The Review of bronchiectasis among Aboriginal and Torres Strait Islander and children and young people (0-18 years old) with associated KEPs was published on 6 June 2025. The KEPs – video and factsheet will be completed by 30 July 2025 and launched in July 2025. A short delay in production of the video and factsheet has been due to staff absence which is now resolved.</p>

10. The Australian Indigenous <i>HealthBulletin</i> to be collated and made available online.	Regular collation and updating of the information on the Australian Indigenous <i>HealthBulletin</i> .	1/7/2024 – 30/6/2025	Met	<p>For the entire reporting time of the <i>HealthBulletin</i> website, 1 Jul 2024 to 30 Jun 2025, there has been 244,657 pageviews and 02:19 (minutes: seconds) average session duration recorded.</p> <p>During the reporting period 1,456 publications, policies and resources were added to the <i>HealthBulletin</i> website.</p>																																										
11. Post content on a range of social media platforms; Facebook, Twitter and LinkedIn. ⁵	Number of posts, followers, impressions, engagements and click-throughs	1/7/2024 – 30/6/2025	Met	<p>The following table provides information on social media activities in the reporting period:</p> <table border="1" data-bbox="1170 430 2124 1140"> <thead> <tr> <th></th><th>Facebook</th><th>Instagram</th><th>X (formerly Twitter)</th><th>LinkedIn</th><th>Total</th></tr> </thead> <tbody> <tr> <td>Posts</td><td>168</td><td>168</td><td>159</td><td>168</td><td>663</td></tr> <tr> <td>Impressions</td><td>198429</td><td>23099</td><td>20941</td><td>71135</td><td>313604</td></tr> <tr> <td>Engagement</td><td>10779</td><td>1199</td><td>726</td><td>4596</td><td>17300</td></tr> <tr> <td>Engagement rate</td><td>5.43%</td><td>5.19%</td><td>3.47%</td><td>6.46%</td><td>5.52%</td></tr> <tr> <td>Industry average engagement rate (non-profit organisations)⁶</td><td>1.80%</td><td>4.40%</td><td>2.10%</td><td>3.00%</td><td>2.83%</td></tr> <tr> <td>No. of followers</td><td>6302</td><td>1858</td><td>7599</td><td>12142</td><td>27901</td></tr> </tbody> </table> <p>In the last 12 months, the <i>HealthInfoNet</i> has received more than 17,000 engagements on all our posts⁷ (clicks, likes/reacts, shares, comments etc.) and our posts appeared in another user's feed more than 313,000 times.</p> <p>The social media strategy is performing well with engagement rates much higher than the industry average. There has also been an excellent growth in Instagram and LinkedIn followers.</p>		Facebook	Instagram	X (formerly Twitter)	LinkedIn	Total	Posts	168	168	159	168	663	Impressions	198429	23099	20941	71135	313604	Engagement	10779	1199	726	4596	17300	Engagement rate	5.43%	5.19%	3.47%	6.46%	5.52%	Industry average engagement rate (non-profit organisations)⁶	1.80%	4.40%	2.10%	3.00%	2.83%	No. of followers	6302	1858	7599	12142	27901
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⁵ This was not a 2024-2025 deliverable although demonstrates how AIH information is shared across a variety of mediums.

⁶ Source: HootSuite 2025.

⁷ This includes other posts for other projects funded by external sources.

<p>12. Regular newsletter issues produced throughout the year.</p>	<p>The number of newsletters produced throughout the year for the key health conditions.</p>	<p>1/7/2024 – 30/6/2025</p>	<p>Met</p>	<p>In the reporting period the following numbers of newsletters were distributed:</p> <table border="1" data-bbox="1179 150 2133 786"> <thead> <tr> <th></th><th>Number of newsletters</th><th>Number of subscribers</th></tr> </thead> <tbody> <tr> <td>Cancer</td><td>8</td><td>539</td></tr> <tr> <td>Diabetes</td><td>8</td><td>591</td></tr> <tr> <td>Heart Health</td><td>4</td><td>565</td></tr> <tr> <td>Kidney Health</td><td>4</td><td>482</td></tr> <tr> <td>Respiratory Health</td><td>4</td><td>291</td></tr> <tr> <td>Sexual Health</td><td>5</td><td>293</td></tr> <tr> <td>Social and emotional wellbeing</td><td>10</td><td>801</td></tr> <tr> <td>Total</td><td>46</td><td>2,997</td></tr> </tbody> </table> <p>The has been an increase of subscribers in the reporting period.</p>		Number of newsletters	Number of subscribers	Cancer	8	539	Diabetes	8	591	Heart Health	4	565	Kidney Health	4	482	Respiratory Health	4	291	Sexual Health	5	293	Social and emotional wellbeing	10	801	Total	46	2,997
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Sexual Health	5	293																													
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Total	46	2,997																													

<p>13. Evidence of sustained engagement with peak bodies, professional associations and partner organisations in the sector. Regular email communication throughout the year. Seek expertise, as needed, for peer review functions.</p>	<p>There will be 3-4 meetings/tele meetings nationally in the year.</p> <p>At least four email communications with each Consultant in the year.</p>	<p>1/7/2024 – 30/6/2025</p>	<p>Met</p>	<p>Face-to face meetings, by the Director were held in Perth, Canberra, Adelaide, Brisbane and Sydney and Development & Marketing Manager in Canberra and Adelaide. In addition, the Director held many online meetings and conducted online and in person workshops.</p> <p>There was a combination of individual and group online meetings with Advisory Board members as well as some face-to-face meetings with some of the members.</p> <p>There were regular email communications with consultants and other stakeholders throughout the year promoting major news and publications.</p> <p>In the reporting period electronic communication to consultants and all stakeholders included specific emails on:</p> <ul style="list-style-type: none"> • the release of the annual <i>Overview of Aboriginal and Torres Strait Islander health status and Summary and PowerPoint</i> • two journal issues • ECU appointment of first Aboriginal Director of the HealthInfoNet • 2025 Australian Indigenous HealthInfoNet User Survey and prize draw • BBV review • Overview Live – online update of health status data as they become available • Federal Budget news relevant to Aboriginal health
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<p>14. Strategic advice from key stakeholders in the Aboriginal and Torres Strait Islander health sector.</p>	<p>Two Roundtables held in the year.</p>	<p>1/7/2024 – 30/6/2025</p>	<p>Met</p>	<p>There were two Health/InfoNet Roundtables held in the reporting period, one in Adelaide in April 2025 and the other in Perth in May 2025. These were well attended with 45 – 50 attendees at each event representing a cross section of peak bodies in the sector. In addition to presentations, there were networking opportunities for attendees.</p> <p>At both Roundtables, Health/InfoNet Director, Bep Uink updated attendees on the work of the Health/InfoNet.</p> <p>Guest speakers at the Adelaide event were:</p> <ol style="list-style-type: none"> 1. SA Health - Chief Aboriginal Health Officer, Kurt Towers 2. Ninti One – Acting National Program Manager NBPU TIS, Kerindy Clarke (the Tackling Indigenous Smoking program) 3. Australian Drug and Alcohol Council (ADAC) - CEO Scott Wilson 4. Aboriginal Health Council of SA (AHCSA) - CEO, Tanya McGregor 5. Northern Adelaide Local Health Network (NALHN) - Executive Director of Aboriginal Health, Toni Shearing <p>Guest speakers at the Perth Roundtable were:</p> <ol style="list-style-type: none"> 1. WA Health, Aboriginal Health Policy Directorate - Director of Aboriginal Health, Wendy Casey 2. WA Country Health Service- Director of Aboriginal Health, Russell Simpson 3. Aboriginal Health Council of WA (AHCWA) - Executive Manager Health and Wellbeing, Kim Gates 4. WANADA & AHCWA joint project - Culture Care Connect Jurisdictional Coordinator, Rebecca Peagno 5. Australian Indigenous Psychology Education Project - Research Fellow / Clinical Psychologist, Belle Selkirk.
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<p>15. Engagement with the workforce and other stakeholders, at targeted conferences, or via presentations of the <i>Health/InfoNet</i> website to key stakeholder groups.</p>	<p>Five conference exhibitions, presentations and/or inserts held in the year.</p>	<p>1/7/2024 – 30/6/2025</p>	<p>Met</p>	<p>In the reporting period, the AIH exhibited at seven conferences:</p> <ol style="list-style-type: none"> 1. APNA, 27-29 July 2024 – Adelaide 2. Compass NT PHN, 16-17 August 2024 – Darwin 3. NRHA, 16-18 September 2024 – Perth 4. NAATSIHWP, 2-3 September 2024 – Perth 5. CATSINaM, 29-30 October 2024 – Perth 6. IAHA, 8-9 December 2024 – Adelaide 7. QAAMS, 14-15 May 2025 – Perth <p>Director Bep Uink also attended and presented at the Lowitja Conference, 16-19 June 2025 in Adelaide, the International Family Nursing Association Conference 20 June 2025 in Perth and at the Aboriginal and Torres Strait Islander Eye Health Conference 27-29 May 2025 as delegate round-robin tabletop presentation.</p> <p>Conferences continue to provide the <i>Health/InfoNet</i> with an excellent opportunity to update a cross section of existing users and prospective users face to face on what is new and relevant across the <i>Health/InfoNet</i> sites, as well as get feedback. The <i>Health/InfoNet</i>'s Overview and health topic reviews are always the most popular resources used for funding submissions, policy work, post graduate study, course content for medical/health sector students. Information on chronic conditions (diabetes and cancer always interest), cultural ways, SEWB, and palliative care are also sought by delegates. There has been a dedicated push to encourage delegates to sign up for the topic specific newsletters with a hamper raffle at conferences with an average of 40 people signing up at each conference.</p> <p>In addition to conferences, we gave a series of online and face to face presentations/workshops about the website to:</p> <ul style="list-style-type: none"> • AHCSA • CATSINaM – LINMEN • College Medicine and Public health - CPSP Empower, Flinders University • NSW Government - Health and Social Policy Branch • WA Country Health Service - BACKUP Staff Development Nurse Central Office • Sir Charles Gairdner Osborne Park Health Care Group - Allied Health team • Aboriginal Health and Medical Research Council Leadership group • Walkern Katatijin Roadmap Workshop - Elders, Community Leaders.
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16. Ongoing regular electronic communication with key stakeholders.	Four electronic communications with stakeholders throughout the year	1/7/2024-30/6/2025	Met	<p>In the reporting period there were email blasts to approximately 3,5000 corporate news subscribers, 100 Consultants, Advisory Board members, partners, professional associations, NGO's and peaks in each state/territory regarding the:</p> <ul style="list-style-type: none"> • release of the annual <i>Overview of Aboriginal and Torres Strait Islander health status</i> and summary version • New review of BBV • New review of Bronchiectasis • Overview live – our online resource of continual updates on health status data • Federal budget collation of news relevant to Aboriginal health • two Journal issues • three issues of the Directors Communique
17. Information compiled for high level briefing, by the HealthInfoNet Director, to provide updates on current and future developments at the HealthInfoNet.	Publication of the Director's Communique.	1/7/2024 – 30/6/2025	Met	<p>In the reporting period the July, December and April issues of the HealthInfoNet Director's Communique were published.</p>

1B. RISK MANAGEMENT 2023-2024 Activity Work Plan (AWP)		2B. Performance Report
<p>Challenges - What difficulties may be experienced by your organisation in delivering the program?</p> <p>There are five main risks to the Health/InfoNet's operations:</p> <ul style="list-style-type: none"> • cultural appropriateness • quality control • financial • staffing • information technology 	<p>Mitigation strategies – how will your organisation try to address these difficulties?</p> <ul style="list-style-type: none"> • Cultural appropriateness: mitigated through strong oversight by the Advisory Board and strong relationships and partnerships with key stakeholders and peak bodies along with the Health/InfoNet's experience of over 26 years in developing and delivering websites and knowledge exchange material • Quality control: mitigated through embedded quality control mechanisms including peer-review of substantial documents • Financial: mitigated through ECU's comprehensive governance structure • Staffing: mitigated through a strong orientation and training regime along with a documented procedure manual. 	<p>Progress - to be filled in by organisation only when undertaking a Report against your Deliverables</p> <ul style="list-style-type: none"> • Cultural appropriateness <p>The Health/InfoNet continues to have strong cultural oversight and processes that are working effectively. Cultural appropriateness of AIH materials is assessed via regular feedback processes with users and with members of the Advisory Board input who represent several Aboriginal and Torres Strait Islander peak health bodies.</p> <p>Since the last report, AIH have appointed their first Aboriginal Director, Professor Bep Uink. Of note, expectations of cultural governance have shifted across the years that AIH has been operational. In response, Professor Uink has initiated a Working Group on Cultural Governance to establish the process that AIH will follow to move to full Aboriginal and Torres Strait Islander governance. An invitation to join the Working Group was sent to all Advisory Board members, however, members indicated an inability to join the Working Group due to time constraints and thus it was decided that Working Group members should be ECU staff only. Currently members are Professor Uink, Professor Dan McAullay, Dean of Kurongkurl Katitjin at ECU, and Professor Braden Hill, Deputy Vice Chancellor Students, Equity and Indigenous at ECU. The Working Group is currently undertaking an assessment of AIH current cultural governance using the Australian Indigenous Governance Toolkit. There has been ongoing negotiation between the Professor Uink, Professor McAullay, and Professor Braden Hill about how future AIH cultural governance can be integrated into the ECU institutional cultural governance structures with special responsibility for the Health/InfoNet. This will provide a more formal cultural authority structure and ECU will provide resources to support the Advisory Board. The Working Group process is underway and will be completed in the next reporting period.</p> <ul style="list-style-type: none"> • Quality control <p>All quality control mechanisms, such as peer-review of knowledge exchange products and publications, were adhered to throughout the reporting period. All new staff were inducted and trained in Health/InfoNet policies, procedures, and practices.</p>

1B. RISK MANAGEMENT 2023-2024 Activity Work Plan (AWP)		2B. Performance Report
Challenges - What difficulties may be experienced by your organisation in delivering the program?	Mitigation strategies - how will your organisation try to address these difficulties?	Progress - to be filled in by organisation only when undertaking a Report against your Deliverables
	<ul style="list-style-type: none"> Information technology: mitigated through operating within a protective ECU IT environment. 	<ul style="list-style-type: none"> Financial <p>Regular due diligence oversight meetings were held between ECU Finance and the Health/InfoNet's Director and Programs Manager.</p> <ul style="list-style-type: none"> Staffing <p>All new staff received induction, orientation and training as required by ECU and the Health/InfoNet policies and procedures. All new staff were recruited in accordance with ECU HR policy and procedures.</p> <p>One staff member has retired, and their position will soon be re-advertised. The previous AIH Research Team Leader and Business Manager position has been merged into a full-time Programs Manager position. This position is a section 50d position and was recruited into using the ECU Aboriginal and Torres Strait Islander talent pool.</p> <ul style="list-style-type: none"> Information technology <p>The Health/InfoNet IT ecosystem continues to be managed within the ECU IT environment, with oversight by the Health/InfoNet's IT Manager. All performance indicators relating to IT performance were met and exceeded. We are part of an ECU internal audit and review of IT security practices which will ensure we remain best practice.</p> <p>The Health/InfoNet continues to liaise with ECU IT experts to update our security software and protocols.</p> <p>Building on the established Health/InfoNet Artificial Intelligence (AI) working group, the Health/InfoNet has partnered with Professor Ray Mahoney and Dr Andrew Goodman from the CSIRO Australian e-Health Research Centre to discuss potential ethical uses of AI in the Health/InfoNet. This partnership saw Health/InfoNet staff attend a focus group discussion with the Centre to provide insights into questions that need to be asked and addressed for the ethical update of AI in Aboriginal and Torres Strait Islander health. Findings from this report have been published in a co-authored report with the</p>

1B. RISK MANAGEMENT**2023-2024 Activity Work Plan (AWP)****2B. Performance Report**

Challenges - What difficulties may be experienced by your organisation in delivering the program?

Mitigation strategies - how will your organisation try to address these difficulties?

Progress - to be filled in by organisation only when undertaking a Report against your Deliverables

Centre. We are in ongoing discussions with Prof Mahoney and Dr Goodman about building Aboriginal-lead AI models. This network ensures that AIH is staying up-to-date and is actively engaged in discussions about the cultural, ethical, moral, and legal obligations for best practice use of AI in Aboriginal and Torres Strait Islander health and how they are, adopted and adhered to.

Stakeholder Engagement

(provide a short narrative update on stakeholder engagement over the period)

In the reporting period there was continued promotion and engagement with stakeholders. Stakeholders communicated with included Advisory Board members, partners, funders, Consultants, NACCHO and affiliates, government agencies, NGO's, peak bodies, and professional associations. There were face-to-face and online meetings with organisations in the sector and email blasts.

Face-to face meetings, by the Director and Development & Marketing Manager, were held in Brisbane, Canberra, Perth, Sydney, Adelaide, and Melbourne. Two Roundtables with attendees from peak bodies in health sector in Adelaide and Perth. In addition, many online presentations and workshops were given throughout the year to organisations nationally.

The HealthInfoNet exhibited at seven conferences and presented at three others.

Hard copies of the *Overview of Aboriginal and Torres Strait Islander health status 2024* were posted to Federal Ministers of Health, funders, NACCHO and state ACCHO's.

The major resources and information promoted electronically, to approximately 3,500 (corporate newsletter subscribers), 100 Consultants, Advisory Board members, partners and the key organisations in each state and territory stakeholders, in the period included the:

- Overview of Aboriginal and Torres Strait Islander health status 2024, Summary of Aboriginal and Torres Strait Islander health status – selected topics 2023 and associated PowerPoint presentations.
- July, December, and April issues of the HealthInfoNet's Directors Communique.
- Two issues of the Journal of the Australian Indigenous HealthInfoNet.
- Information of relevance to Aboriginal and Torres Strait Islander health in the Australian Government's budget in May.
- BBV review
- Bronchiectasis review
- Overview live updates on health status

AIH Online Community Consultations:

A series of Online Community Consultations were held in May 2025. The purpose of the consultations was to seek input into a Strategic Plan for the Australian Indigenous HealthInfoNet.

There were nine distinct consultation groups:

1. Regional, rural, and remote communities

2. Tertiary students
3. Higher education and research institutes
4. University librarians
5. Aboriginal Community Controlled Health Organisations (ACCHOs)
6. Aboriginal health workers and community members
7. Environmental health workforce
8. Justice sector professionals
9. Health practitioners

There were 74 attendees:

Cohort	Attended
Regional, rural, and remote	12
Tertiary Education students	4
Higher education (University/TAFE/RTOs) & research institutes	11
University Librarians	8
Aboriginal Health Workers and Community members	8
ACCHO staff	7
Environmental Health workforce	9
Health Practitioners	12
Justice sector	3
TOTAL	74

98.6% of attendees 'strongly agreed' that the Health/Infonet represented good value for money.

Each cohort provided valuable input during the consultations. The importance of Health/Infonet was highlighted in addressing the gap in Indigenous health. Some key themes that emerged were: Health/Infonet's positive and sustained impact on Indigenous health outcomes, easy access to resources, centralised knowledge hub, provision of education and research tools cultural safety and education, positive community and workforce impact, and providing visibility and awareness of best-practice.

Key areas that attendees wanted further support on included: supporting workforce capacity building, worker training & upskilling, Cultural Safety, Allyship & Applied Skills, Indigenous Data Sovereignty (IDS) knowledge, Implementation of IDS Principles, Aboriginal Health Workforce specific Training & Leadership and short-succinct and timely summaries of 'what is working' in the Aboriginal health sector.

Quotes from stakeholders included:

"The Aboriginal oversight and curation is very important as it gives the info some validity." – non-Aboriginal researcher

"Aboriginal content for sure, especially statistics." -in response to what is the best part of AIH

"We wouldn't have a resource that's reliable and curated for/by First Nations - it's a focal point to refer students to as best practice." -in response to the question "what would happen to your work if the AIH were to disappear?".

This feedback shows the high usage, satisfaction, engagement by stakeholders with the AIH. All suggested components will be considered in the upcoming Health/Infonet's Strategic Plan will be completed during the next funding period.

For CGH Administration

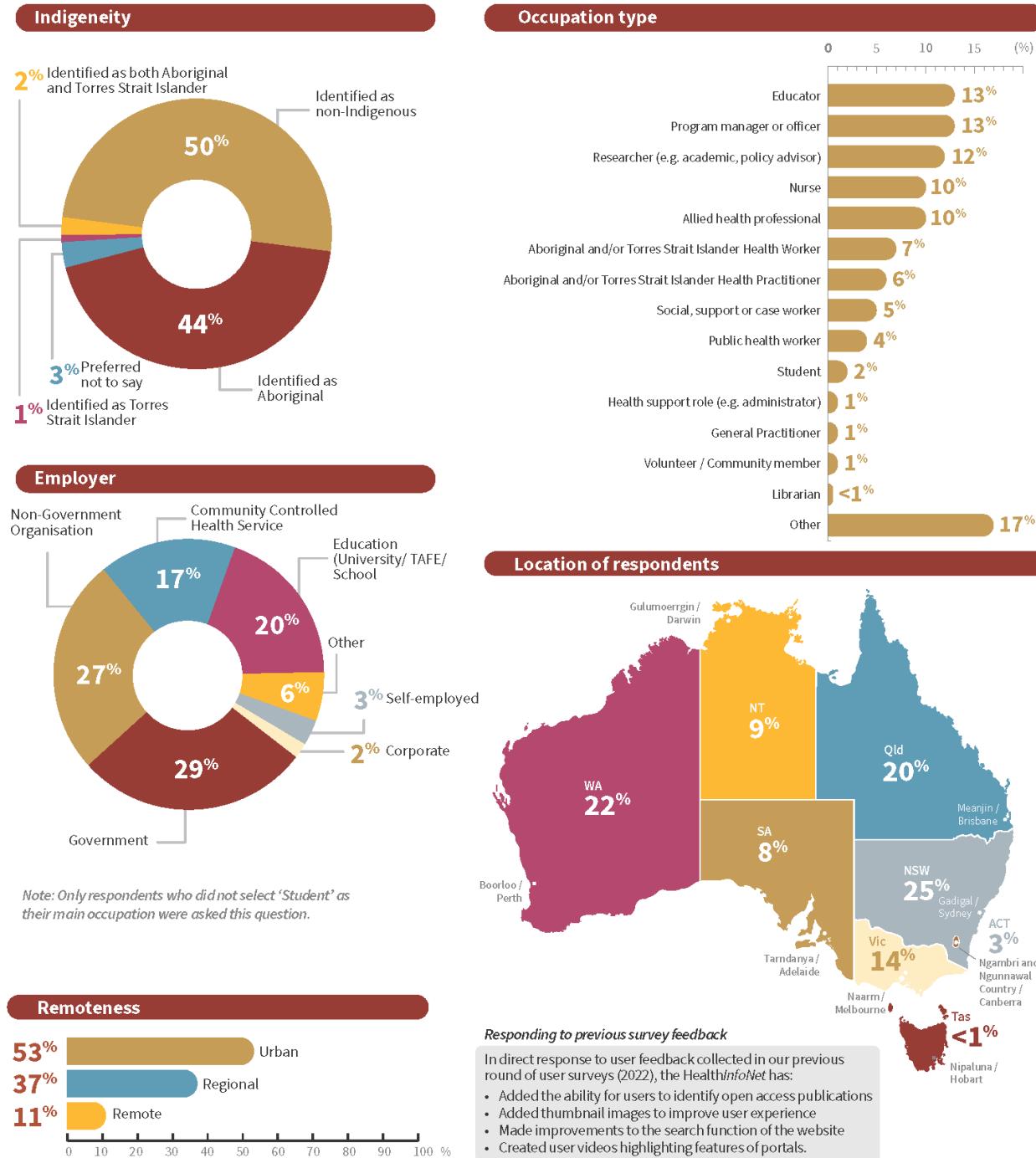
Funding Agreement Manager Record observations and recommendations (if any)

THIS PAGE FOR ACCEPTANCE OF ACTIVITY WORK PLAN

Activity Work Plan accepted – Community Grants Hub	Signature: Date: Name:
Team Leader Action (EL/Team Leader to finalise)	Signature: Date: Name:



USER DEMOGRAPHICS



Technical notes: The Australian Indigenous HealthInfoNet User Survey 2025 ran for three weeks in March 2025. It received 596 valid responses, of which 467 were from people who use the HealthInfoNet website for work purposes. The analysis presented here is of this subset of 467 responses. Due to rounding, the sum of percentages may not equal 100%.

This survey formed part of the HealthInfoNet's Impact and Evaluation Project, which has been approved by the ECU Human Research Ethics Committee (Project number: 18408).

Core funding is provided by the Australian Government Department of Health and Aged Care

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KEY RESULTS

Aboriginal and Torres Strait Islander and non-Indigenous respondents gave similar answers to these questions.



of respondents reported that they were likely to recommend the HealthInfoNet website to others.

Respondents reported that the HealthInfoNet website helps them to:

95%

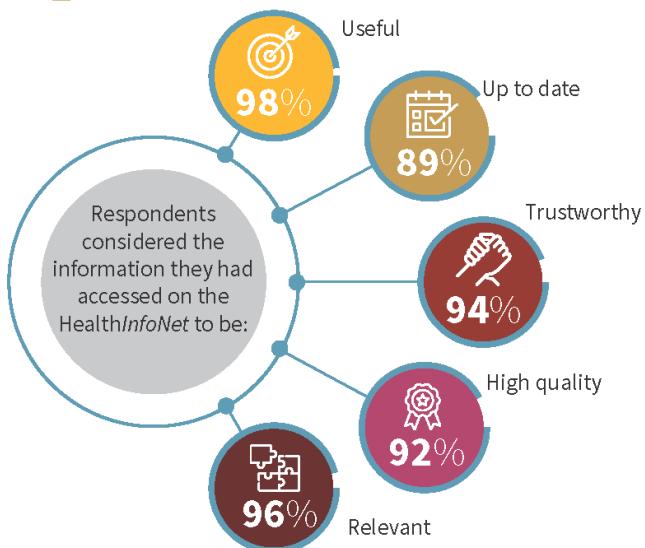
Improve their knowledge about Aboriginal and Torres Strait Islander health

86%

Find more information about Aboriginal and Torres Strait Islander health than other sources

88%

Make informed decisions about Aboriginal and Torres Strait Islander health.



CULTURAL SAFETY



of Aboriginal and/or Torres Strait Islander respondents agreed that the HealthInfoNet is a culturally safe website.

TESTIMONIALS

“ Love this website. Always feel it is extremely culturally informative and makes you feel connected. Very reliable and trustworthy information.

Aboriginal Health Practitioner, NSW

“ This website is an invaluable tool for my work on research and improving cultural safety in healthcare, providing ample, trustworthy information on Indigenous health. I also appreciate the user-friendly design, which allows efficient information retrieval with effective search functions. The extensive training materials are excellent for teaching students about cultural safety, preparing them to provide optimal and culturally respectful care for Indigenous patients.

Aboriginal Researcher, WA

“ I am a nursing student, the Australian Indigenous HealthInfoNet helps me gain a more comprehensive understanding of the experience of First Nations people, and bring cultural sensitivity to my practice.

Non-Indigenous Student, WA

“ I work as a First Nations Engagement Officer and this database of Indigenous services and organisations has been fundamental in my engagement mapping and outreach.

Aboriginal Program Manager, Qld

“ Whenever I am looking for resources related to Indigenous health, such as for a presentation, the HealthInfoNet is the first place I look.

Aboriginal Health Practitioner, Vic

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