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Preparedness for Artificial Intelligence in Aboriginal and Torres Strait Islander Health: workforce policy, perspectives and future directions

A scoping and policy review

Prepared by Lowitja Institute | July 2026

Lowitja Institute acknowledges Aboriginal and Torres Strait Islander people as the first custodians of the land, seas and waterways of Australia and pay respect to their cultures and knowledges that have sustainably cared for Country. This position paper was developed on the traditional lands of the Wurundjeri/Woiwurrung where the offices of Lowitja Institute are based. We acknowledge the Traditional Owners of Country throughout Victoria and pay our respect to them, their cultures, and their Elders past, present and future. They have paved the way, with strength, resilience and fortitude, for future generations.

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Key terms

TERMINOLOGY	DEFINITION
AI actors	AI actors are those who play an active role in the AI system lifecycle. Public or private sector organisations or individuals that acquire AI systems to deploy, operate, and/or use them are also considered to be AI actors (OECD 2023).
Algorithmic bias	When an algorithm encodes (typically unintentionally) the biases present in society, producing predictions and inferences that are clearly discriminatory towards specific groups (OECD 2023).
Artificial intelligence (AI)	A machine-based system capable of performing tasks that typically require human intelligence, such as understanding language, recognising patterns, and making decisions (UNESCO n.d.1).
AI system lifecycle	An AI system lifecycle typically involves several phases that include: plan and design; collect and process data; build model(s) and/or adapt existing model(s) to specific tasks; test, evaluate, verify and validate; make available for use/deploy; operate and monitor; and retire/decommission. These phases often take place in an iterative manner and are not necessarily sequential. The decision to retire an AI system from operation may occur at any point during the operation and monitoring phase (OECD 2019).
Biased AI	Artificial intelligence systems that produce results influenced by prejudices present in their training data or algorithms. This bias can lead to unfair outcomes in various applications, raising ethical concerns in fields such as technology and social sciences. Addressing biased AI is essential to ensure equitable treatment and accuracy in decision-making processes (UNESCO n.d.2).
Digital divide	The gap between people with effective access to digital and information technologies, in particular the internet, and those with very limited or no access at all. Access and affordability can present barriers to digital inclusion, but an individual's digital engagement and confidence is also affected by digital literacy, perceptions of relevance, motivation, and concerns about safety (Australian Government Department of Health and Aged Care 2022a).
Digital health	A broad term which encompasses mobile health, wearable devices, AI, robotics, personalised medicine, virtual care, smart hospitals, and innovative evidence-based products and services. Digital health includes both technologies and devices as well as data and analytics, all of which are evolving over time and contributing to improvements in healthcare (Australian Digital Health Agency 2025).
Emerging technologies	Technologies characterised by rapid development and uncertainty in trajectory and impact (OECD n.d).

Health workforce	All individuals who deliver or assist in the delivery of health services or support the operation of healthcare facilities. This definition includes healthcare professionals, such as nurses, midwives, doctors, Aboriginal health workers, allied health professionals, and all other workers in the health system such as administrative assistants, health technology professionals, and wardspersons. The health workforce also includes digital health specialists, such as health information managers, health technology professionals, virtual care assistants, and clinical information officers (Australian Digital Health Agency 2020). All people working in a health service organisation, including clinicians, and any other employed or contracted locum, agency, student, volunteer, or peer worker. The workforce can include members of the health service organisation or medical company representatives providing technical support who have assigned roles and responsibilities for care of, administration of, support of, or involvement with patients in the health service organisation (Australian Commission on Safety and Quality in Health Care 2021).
Indigenous Data	Information or knowledge, in any format or medium, which is about and may affect Indigenous peoples, both collectively and individually (Maiam nayri Wingara Indigenous Data Sovereignty Collective and Australian Indigenous Governance Institute 2022).
Indigenous Data Sovereignty (ID-SOV)	The right of Aboriginal and Torres Strait Islander people to exercise ownership over Aboriginal and Torres Strait Islander data. Ownership of data can be expressed through the creation, collection, access, analysis, interpretation, management, dissemination, and reuse of Indigenous Data (Maiam nayri Wingara Indigenous Data Sovereignty Collective and Australian Indigenous Governance Institute 2022).
Indigenous Data Governance (ID-GOV)	The right of Aboriginal and Torres Strait Islander peoples to autonomously decide what, how and why Aboriginal and Torres Strait Islander data is collected, accessed, and used. It ensures that data on or about Indigenous peoples reflects our priorities, values, cultures, worldviews, and diversity (Maiam nayri Wingara Indigenous Data Sovereignty Collective and Australian Indigenous Governance Institute 2022).
Indigenous Knowledge Systems (IKS)	The knowledge and knowledge systems that are unique to a given culture or society, rooted to a particular place and set of experiences, and generated by the people living in those places (Dudgeon et al. 2020).
Self-determination	The right of (Aboriginal and Torres Strait Islander) peoples to freely determine their political status, and economic, social, and cultural development. The outcomes of self-determining processes must correspond to the free and voluntary choice of the people concerned (Australian Human Rights Commission 2023).
Stakeholders	All organisations and individuals involved in, or affected by, AI systems, directly or indirectly. AI actors are a subset of stakeholders (OECD 2019).

Executive Summary

Artificial intelligence (AI) is a machine-based technology capable of performing tasks that have traditionally required human intelligence, including understanding language, recognising patterns, analysing information, and supporting decision-making (UNESCO n.d.1).

AI is now being used across a wide range of sectors in Australia and globally, including healthcare, education, agriculture, environmental management, transport, and public administration, where it is helping to improve efficiency, generate insights from complex data, and support service delivery.

Aboriginal and Torres Strait Islander organisations and communities are increasingly exploring the use of AI in a range of contexts. This includes, for example, in caring for Country, to support decision-making around planting and drought management (Daniel 2025) and management by Indigenous rangers of complex environmental issues and care for animal species and habitats (CSIRO 2019). It also includes looking at opportunities for AI to bridge access to medical care in remote Indigenous communities, such as improving access to screening programs, and identifying ways to strengthen culturally responsive service delivery (Morse 2025).

Across all sectors and applications, AI presents both significant opportunities and inherent risks. When designed and implemented responsibly, it has the potential to improve decision-making, enhance service delivery, increase efficiency, support workforce capacity, and address longstanding challenges in access to care and health outcomes.

In the Aboriginal and Torres Strait Islander health context, AI offers opportunities to strengthen prevention, diagnosis, service planning, population health monitoring, and culturally responsive models of care, across urban, regional and remote settings. However, these benefits are not guaranteed and depend on how AI systems are designed, governed, and deployed.

Gaps at any stage of the AI lifecycle can create or lead to unintended consequences, including biased decision-making, exclusion, privacy breaches, inappropriate use of data, reduced trust in health services, and the perpetuation or amplification of existing inequities. These risks are often linked to shortcomings in governance, accountability, regulation, workforce capability, community engagement, or the quality and representativeness of data used to develop AI systems.

AI technologies are already being integrated into health systems, service delivery models, and administrative processes. For Aboriginal and Torres Strait Islander peoples, communities, and organisations to realise the benefits of these technologies, while safeguarding against potential harms, Aboriginal and Torres Strait Islander leadership, perspectives, and Indigenous Knowledge Systems (IKS) need to be embedded throughout the AI lifecycle. This includes ensuring that AI development and implementation are guided by principles of self-determination, cultural safety, Indigenous Data Sovereignty (ID-SOV), and community control, so that AI contributes to stronger, more equitable, and culturally responsive health systems rather than reinforcing existing disparities.

The paper will form the basis of ongoing discussion and collaboration with key stakeholders across the community controlled and digital health sectors, to co-design priorities for policy recommendations to the Australian Government.

The overarching objective is to ensure the Aboriginal and Torres Strait Islander health workforce is prepared to engage effectively, safely, and strategically with AI technologies and systems.

For Aboriginal and Torres Strait Islander peoples, communities, and organisations, preparedness for AI is no longer a future consideration, it is an immediate priority.

ABOUT THIS PAPER

In 2026 Lowitja Institute and the Commonwealth Scientific and Industrial Research Organisation (CSIRO) connected to begin progressing a shared commitment to ensuring that the development and application of AI in healthcare is informed by Aboriginal and Torres Strait Islander leadership, knowledges, and priorities.

Through this collaboration, both organisations are working to advance culturally safe, ethical and community-informed approaches to AI, with a strong focus on ID-SOV, Indigenous Data Governance (ID-GOV), and equitable health outcomes. The partnership provides an important platform to shape national conversations on AI in health and to ensure Aboriginal and Torres Strait Islander peoples are active partners in the design, governance, and benefit of AI and other emerging technologies.

This scoping and policy review builds on the work of the CSIRO's 2025 publication: *Artificial intelligence for healthcare in Australian Indigenous communities: Scoping project to explore relevance.*

This review was led by an Aboriginal and Torres Strait Islander research team from Lowitja Institute, bringing expertise in Aboriginal and Torres Strait Islander health research, policy, community engagement, and systems change. While the team members are not AI developers or technology providers, they bring critical perspectives on the governance, policy, ethical, and cultural considerations required to support the responsible use of AI in health systems and service delivery.

In conducting this analysis, we were guided by the following research question:

How well do current national Aboriginal and Torres Strait Islander health and workforce policies address the development and use of artificial intelligence (AI) in healthcare for Aboriginal and Torres Strait Islander peoples?

This analysis was grounded in a community-centred approach, that:

- places self-determination, IKS, governance, human rights, health equity, and ID-SOV at the centre of effective AI policy design
- seeks to identify the conditions required for AI to support improved health outcomes for Aboriginal and Torres Strait Islander peoples, while ensuring that emerging technologies do not reinforce existing inequities or create new forms of exclusion and harm
- examines key risks that may arise where these principles are not adequately embedded across the AI lifecycle, highlighting the importance of culturally-informed governance, regulation, and Aboriginal and Torres Strait Islander leadership in shaping the future use of AI in health
- provides a point-in-time analysis of how current Australian federal health and workforce policies and Aboriginal and Torres Strait Islander health policies address the development, governance, and use of AI in healthcare for Aboriginal and Torres Strait Islander peoples.

Background

The evolving role of AI in Australia's health system

Significant public and private investment is supporting the expansion of AI capabilities in Australia. The Australian Government has committed more than $460 million to AI and related initiatives, complemented by substantial private sector investment in infrastructure, research, and development. This includes major projects, such as a 2025 public-private deal to construct a $7 billion data centre in Sydney, as well as continued investment in AI firms and innovation ecosystems (Austrade 2026, Department of Industry, Science and Resources 2025).

The use of AI in healthcare is widespread and the pace of AI research and development continues to escalate rapidly, driven by growth in the computational power of AI systems, increases in cloud storage and further research and development that will continue to drive changes and innovation in healthcare delivery (Celi et al. 2022, Roser 2022).

In this environment, AI is increasingly embedded across Australia's healthcare system and is rapidly reshaping how care is delivered, managed, and accessed.

AI technologies are widely used in clinical settings to support screening and image analysis across radiography, dermatology, and pathology. These tools enhance the accuracy and efficiency of detecting disease and support earlier intervention.

AI technology is also used to support clinical decision-making by assisting healthcare workers to make decisions, generate notes, develop care plans and guide decisions about further testing. Beyond the clinical environment, AI chatbots are helping people access information on healthcare websites, and AI-enabled robots are providing companionship and support monitoring in aged care homes (Australian Government Department of Health, Disability and Ageing 2026).

Aboriginal and Torres Strait Islander priorities and perspectives

The use of AI extends beyond the deployment of a technology or tool. Rather, it forms part of a broader AI lifecycle that encompasses planning and design, data collection and processing, model development and adaptation, testing, evaluation, validation, deployment, operation, monitoring, and eventual decommissioning (OECD 2019). These stages are often iterative and interconnected.

Understanding AI as a lifecycle highlights the many opportunities for Aboriginal and Torres Strait Islander peoples, communities, organisations, and researchers to shape how AI systems are designed, governed, and used. Meaningful engagement at each stage is critical to ensuring AI technologies are culturally safe, ethical, responsive to community priorities, and capable of delivering equitable benefits. Early and sustained involvement also creates opportunities to embed Indigenous knowledges, strengthen ID-SOV, and support self-determined approaches to innovation, while identifying and addressing potential risks before technologies are deployed at scale.

Current AI systems are often grounded in Western approaches that overlook Indigenous cultures, knowledge systems, and community priorities, creating risks of culturally unsafe technologies, biased information, and poorer health outcomes (Celi et al. 2022, Yogarajan et al. 2022).

Responsible AI requires technologies to be developed with and for the people and communities they are intended to serve, grounded in cultural context, informed by high-quality and appropriate data, and governed through robust ethical, legal, and accountability frameworks. Achieving this requires a workforce with the capability to design, build, implement, monitor, evaluate, and ultimately decommission AI systems. As AI adoption accelerates across the health sector, there is an increasing need for the Aboriginal and Torres Strait Islander health workforce, health services, researchers, policymakers, and community controlled organisations to be equipped to engage with, influence, and lead the use of these technologies.

Key findings from CSIRO scoping study

In 2025, CSIRO conducted a scoping project to clarify the relevance and risks of AI to Aboriginal and Torres Strait Islander healthcare. It was undertaken with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), the Aboriginal and Torres Strait Islander Community Health Service (ATSICHS) Brisbane, the Centre of Excellence for Aboriginal Digital in Health (CEADH), and Australian Indigenous HealthInfoNet.

Using an Aboriginal Participatory Action Research methodology, the study brought stakeholders together through culturally safe workshops to identify priorities, concerns, and opportunities for AI in healthcare settings.

The resulting report, *Artificial intelligence for healthcare in Australian Indigenous communities: Scoping project to explore relevance*, identified major gaps in the development and use of AI in Aboriginal and Torres Strait Islander healthcare (Goodman et al. 2025).

Participants expressed significant uncertainty and distrust around AI, often linked to limited understanding of how AI works and concerns about whether systems could reflect the diversity of Aboriginal and Torres Strait Islander peoples. There were concerns about the datasets used to train AI, including the risk of inaccurate, deficit-based, or biased information reinforcing harmful narratives and failing to account for diverse cultural and healthcare needs. Concerns were also raised about data sovereignty and governance, and the potential misuse or misrepresentation of Indigenous health data (Goodman et al. 2025).

For the 2025 report, participants identified solutions to support culturally safe AI adoption. They emphasised that AI systems must be grounded in Indigenous ways of knowing, being, and doing, with Aboriginal and Torres Strait Islander peoples involved across the full AI lifecycle, including design, development, governance, implementation, and evaluation (Goodman et al. 2025).

Participants also highlighted the need for strengths-based datasets and algorithms that actively address Western bias and discriminatory assumptions. Community-led education and engagement were seen as essential to building understanding of AI's benefits and risks in healthcare. Strong ID-GOV frameworks, Indigenous-controlled review processes, transparent auditing and accountability mechanisms were considered critical to ensuring trust, cultural safety, and community benefit (Goodman et al. 2025).

Scoping and policy review

As AI technologies become increasingly embedded across health systems, there is growing recognition that policy settings and frameworks play a critical role in shaping how these technologies are developed, governed, and implemented.

Effective policy frameworks can help ensure that AI delivers equitable benefits, protects against potential harms, and supports health system priorities.

For Aboriginal and Torres Strait Islander peoples, this includes creating the conditions for AI systems to be designed and deployed in ways that uphold self-determination, ID-SOV, ID-GOV, cultural safety, and community control, while responding to the unique needs and priorities of Aboriginal and Torres Strait Islander communities.

Steps in the analysis process

To address our research question, this scoping and policy analysis focused on two categories of policies:

1. Overarching national health and workforce policies that are relevant to the health system, workforce development, and digital health reform.
2. National Aboriginal and Torres Strait Islander policies that are relevant to Aboriginal and Torres Strait Islander health and workforce development.

Policies were selected as per the sampling method and then analysed for alignment to key criteria, drawn from national and international best practice frameworks related to health, workforce development, digital health, and AI.

In conducting the policy analysis, the following key steps were taken:

- Policies were reviewed to identify the presence of key terms related to AI, self-determination, IKS, ethics, governance, accountability regulation, and workforce development.
- Policy content was mapped against each criterion for the policy analysis
- An analysis was conducted noting alignment or fragmentation between Aboriginal and Torres Strait Islander health-specific policies and national health and workforce policies.

Criteria for policy analysis

Each policy was analysed for alignment with national and international best practice frameworks relevant to Aboriginal and Torres Strait Islander people and AI, including self-determination, ID-SOV, ID-GOV, ethics, accountability, and regulation of AI.

The following frameworks were selected to evaluate how well the Australian health system recognises, protects, and advances the rights and interests of Aboriginal and Torres Strait Islander peoples in the context of AI.

Framework	Criterion evaluated
United Nations Declaration on the Rights of Indigenous Peoples	Human rights and self-determination (United Nations 2007)
Global Indigenous Data Alliance CARE principles	Indigenous Data Sovereignty & Indigenous Data Governance (Global Indigenous Data Alliance 2019)
UNESCO Recommendation on the Ethics of Artificial Intelligence	Ethical AI (UNESCO 2021)
World Health Organization Regulatory considerations on Artificial Intelligence for health	Regulatory best practice (World Health Organization 2023)
Organisation for Economic Co-operation and Development Recommendation of the Council on Artificial Intelligence	Accountability & Governance
Cultural Determinants of Health	Indigenous Knowledge Systems (Lowitja Institute 2020)

These criteria are internationally recognised standards and embed Indigenous-defined indicators of effective governance, including self-determination, collective benefit, authority to control data, human rights protections and culturally grounded health system design.

By selecting Indigenous-led and international human rights frameworks as evaluative benchmarks, this analysis proceeds from the position that effective health system reform, including in the context of AI, must align with, and operationalise these standards.

This analysis assumes that meaningful reform requires centring Indigenous-defined measures of success, including governance authority, community control, and rights-based accountability.

Policies analysed

The following policies were reviewed as part of this analysis:

National health and workforce policies	National Aboriginal and Torres Strait Islander health policies
National Health Reform Agreement (Addendum to the National Health Reform Agreement) 2020–2025	*National Aboriginal and Torres Strait Islander Health Plan 2021–2031*
National Health Reform Agreement – Roadmap	
Australia's Long Term National Health Plan: to Build the World's Best Health System 2020–2030	*National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031*
Future focused primary health care: Australia's Primary Health Care 10 Year Plan 2022–2032	
The National Medical Workforce Strategy 2021–2031	*The National Agreement on Closing the Gap (the National Agreement) 2020*
National Digital Health Strategy 2023–2028	
National Digital Health Roadmap Strategy Delivery Roadmap 2023–2028	
National Digital Health Capability Action Plan (2023–2030)	
National Digital Health Workforce and Education Roadmap 2020	
Connecting Australian Healthcare – National Healthcare Interoperability Plan 2023–2028	

Policies excluded

This policy analysis was scoped to focus on relevant national-level health and workforce policy within the Australia Government Department of Health, Disability and Ageing portfolio. As such, several areas were excluded from the review, including policies outside the Department of Health, Disability and Ageing portfolio; state and territory-specific policies; profession-specific policies; practices, procedures and clinical guidelines; and broader legislative reform or legislative review processes.

Scoping and policy review: summary of findings

Health sector policy plays a critical role in shaping how AI is developed, governed, and applied within healthcare systems, ensuring that its use is safe, equitable, and aligned with ethical and cultural considerations.

Good policymaking creates an environment that builds public trust in AI, promotes research and innovation, and applies to all AI stakeholders based on their role in the AI system. Public trust is a key enabler for digital transformation (OECD 2019).

The scoping and policy review identified gaps within the current policy landscape that may limit the sector's ability to effectively govern and guide the use of AI.

These are outlined in detail below but broadly include:

- a reliance on partnerships between governments and the ACCHO sector, without clearly defined accountability mechanisms and embedding of IKS across Aboriginal and Torres Strait Islander-specific and broader national policy frameworks
- gaps in Aboriginal and Torres Strait Islander leadership and decision-making authority in the design, governance and oversight of AI systems.
- limited and inconsistent language to describe and regulate AI technologies
- an absence of comprehensive, enforceable governance and accountability mechanisms specific to AI
- insufficient attention to the risk of bias within AI systems, which may perpetuate or exacerbate existing inequities for Aboriginal and Torres Strait Islander peoples.

While these gaps are significant and, if left unaddressed, present real risks for Aboriginal and Torres Strait Islander peoples and health services, they also highlight important opportunities for action.

Strengthening these foundations now will be critical to ensuring that Aboriginal and Torres Strait Islander peoples, communities, and health organisations are well positioned to shape, influence, and benefit from the growing use of AI across the health system.

Indigenous leadership is a fundamental driver for good health

Existing gaps in Aboriginal and Torres Strait Islander leadership and self-determination across the AI lifecycle, including system design, validation, deployment, monitoring, and decommissioning, are increasingly well documented (Goodman et al. 2025). These gaps present a fundamental risk to how AI systems are conceived and operationalised within health contexts, particularly where Indigenous leadership is absent from decision-making and governance structures, and to both the effectiveness of AI applications and the integrity of their implementation in Aboriginal and Torres Strait Islander health contexts.

Without meaningful engagement, AI systems are more likely to reflect existing structural biases, misinterpret cultural contexts, and reproduce inequities in data and decision-making processes.

This can undermine trust in AI-enabled tools, limit their relevance and usability within community controlled settings, and reduce their potential to improve health outcomes. In contrast, centring Indigenous leadership and self-determination supports the development of AI systems that are culturally safe, ethically grounded, and aligned with community priorities, strengthening both implementation success and long-term system impact (Goodman et al. 2025).

Unaddressed bias can and will entrench inequities

IKS are not adequately embedded throughout the AI lifecycle. As a result, AI systems, including the data used to train them, are often derived from deficit-based datasets and frameworks that privilege a Western biomedical lens. This can marginalise or overlook the cultural determinants of health that are protective for Aboriginal and Torres Strait Islander peoples, thereby increasing the risk that AI technologies inadvertently entrench existing health inequities rather than address them.

These issues are compounded by the risk of algorithmic and structural bias, which can contribute to systemic racism through what has been described as the 'Indigenous data paradox' (Walter 2018; Maiam nayri Wingara Indigenous Data Sovereignty Collective and Australian Indigenous Governance Institute 2022). Within this context, the extraction and use of Indigenous data without appropriate governance and authority structures can reinforce inequitable power dynamics and embed bias into AI systems at scale.

Experiences of racism have catastrophic impacts on Aboriginal and Torres Strait Islander people's health and wellbeing, and racism is a significant driver of the social determinants of health for Aboriginal and Torres Strait Islander people (Lowitja Institute 2026).

Further risks arise when non-Indigenous actors are responsible for interpreting Indigenous data, which can inadvertently reinforce deficit narratives and misrepresent community realities (Burchill et al. 2023). In the context of AI, these risks are amplified, as these interpretations may be encoded into algorithms and decision-support tools, resulting in systems that focus disproportionately on perceived 'problems' rather than strengths, assets, and determinants of wellbeing within Aboriginal and Torres Strait Islander communities.

Data governance is key to equity and self-determination

Mismanagement of data used in AI research and development presents a significant risk of embedding discrimination, racism, and bias into health systems, with the potential to further entrench racism across the sector. When data is collected, processed, or applied without appropriate safeguards and governance, it can reproduce inequitable outcomes and reinforce existing structural disadvantages experienced by Aboriginal and Torres Strait Islander peoples.

These concerns are further compounded by the risk of accelerating 'digital colonialism' and ongoing patterns of data extraction, where Indigenous data is harvested and utilised in ways that do not reflect Indigenous authority or benefit (Russ-Smith & Randell-Moon 2025). In such contexts, data practices can replicate historical power imbalances, particularly where control over data systems remains external to Aboriginal and Torres Strait Islander governance structures.

A related and critical issue is that Aboriginal and Torres Strait Islander health data is not consistently held, governed, or used under the custodianship of Aboriginal and Torres Strait Islander organisations. This lack of ID-SOV limits self-determination in how data is interpreted and applied, and reduces opportunities for data to be used in ways that are aligned with community priorities, strengths, and aspirations.

AI risks exacerbating the digital divide

In the context of Aboriginal and Torres Strait Islander health, it is recognised that a digital divide impacts how our peoples access health services (Productivity Commission 2025). This is not simply a technology issue – it is also a matter of health equity, self-determination, and digital inclusion (Productivity Commission 2025). It encompasses not only access to reliable internet, devices, and infrastructure, but also the skills, confidence, affordability, cultural appropriateness, and trust required to effectively engage with digital technologies.

Recognising the impact of digital technology on health and wellbeing outcomes, digital inclusion is outlined as part of Socioeconomic outcome area 17 of the *National Agreement on Closing the Gap,* to ensure that Aboriginal and Torres Strait Islander people have access to information and services enabling participation in informed decision-making regarding their own lives (Council of Australian Governments 2020). Closing the Gap measures digital inclusion according to access, affordability and digital ability of Aboriginal and Torres Strait Islander people compared with other Australians (Council of Australian Governments 2020).

Fragmentation between government digital health platforms, systems, and software, and those used by Aboriginal community controlled health organisations (ACCHOs) also continues to present a significant structural barrier to equitable and self-determined adoption of AI. This fragmentation limits the ability of the ACCHO sector to lead work to embed digital health technologies and reduces opportunities for IKS to be centred across the AI lifecycle.

The systemic issues around the development and adoption of AI also contribute to a widening of the digital divide, further entrenching disparities in access to infrastructure, capability, and decision-making authority between government and community controlled sectors. In turn, this undermines progress towards meeting targets under all four Closing the Gap Priority Reforms, particularly those relating to shared decision-making, strengthening the community controlled sector, and transforming government organisations.

Need to build AI literacy and capability in Indigenous health workforce

Ensuring Aboriginal and Torres Strait Islander voices are centred, and Aboriginal and Torres Strait Islander people are in leadership roles across the AI lifecycle is critical to ensuring AI systems in healthcare are culturally safe, relevant, and responsive to community needs.

ACCHOs play a critical role in delivering culturally-safe care but face ongoing challenges, including workforce shortages, gaps in infrastructure and technology, and fragmentation between government digital health platforms, systems, and software. Without targeted action, there is a risk these challenges will be further entrenched as AI becomes more embedded in the health system.

Sustained and targeted investment is needed to build workforce capability, strengthen organisational capacity, and support both current and future professionals to engage in and lead across the AI system lifecycle. This includes embedding Aboriginal and Torres Strait Islander leadership across the design, implementation, and governance of AI systems, and supporting partnerships that make the broader health system more accountable and responsive to Aboriginal and Torres Strait Islander communities.

Given the rapid pace of AI development and implementation, there is also a pressing need to strengthen the capability of the Aboriginal and Torres Strait Islander workforce to engage with AI systems and fully benefit from their potential.

Digital health is changing the nature of healthcare, including how healthcare is delivered and who delivers it. In order for Aboriginal and Torres Strait Islander people to lead across the AI lifecycle, and to develop a digitally enabled workforce, capacity must be built beyond the traditional healthcare system. This includes systems developers, analysts, researchers, business and administrative staff, IT programmers and software professionals, as well as social service providers such as housing, justice, and child and family services, alongside policy and education professionals, who are all critical to health and wellbeing (Australian Digital Health Agency 2023b). However, the significant investment of time and money needed to lift digital maturity remains a barrier (Australian Digital Health Agency 2023b).

While national policies such as the *Medical Workforce Strategy* and the *Primary Health Care 10 Year Plan* acknowledge changing models of care and the need to adapt workforce training, they do not include specific mandates or guidance for AI-related capability development (Department of Health 2021a, Department of Health and Aged Care 2022a). At the same time, AI is reshaping the nature of the health workforce, challenging existing definitions and understanding of digital health, and raising questions about who is included within the health workforce (Australian Digital Health Agency). As AI becomes more integrated into clinical care and service delivery, policy frameworks will need to expand to recognise the broader range of actors, such as software developers and data specialists that contribute to healthcare delivery.

Although policies such as the *National Digital Health Strategy* and the *National Healthcare Interoperability Plan* acknowledge the role of technology professionals and the importance of the technology sector, there is limited focus on building AI-specific literacy and capability within the health workforce both now and into the future across national workforce development policies (Australian Government Department of Health, 2021a; Australian Government Department of Health and Aged Care, 2022b).

Across all policies reviewed there is insufficient attention to strengthening the digital skills and capabilities of the Aboriginal and Torres Strait Islander workforce. Without targeted policy and investment, this risks widening the digital divide and exacerbating existing inequities.

No effective partnerships without effective accountability

Strong Aboriginal and Torres Strait Islander-led accountability mechanisms are essential for ensuring that AI in healthcare aligns with the priorities and needs of our peoples. Accountability strengthens oversight, works to build trust, and holds governments and system actors answerable to their commitments. It also ensures that reasoning for decisions is transparent, honest and evidence-based, compelling policymakers and AI actors to act in the best interests of the communities AI systems are intended to serve.

In the context of Aboriginal and Torres Strait Islander health, weak accountability mechanisms continue to undermine progress. Limited transparency, unpublished plans, and unclear reasoning for government decisions, impede the ability of the community controlled sector to hold governments to account for outcomes under the *National Agreement* (Productivity Commission 2024). The community controlled sector has long called for independent, robust accountability measures to track progress on policy and improving the impact of government initiatives (Lowitja Institute 2023).

In general, across the policies analysed, there were consistent gaps in accountability mechanisms for governments, which undermine progress towards policy commitments. These findings are echoed in the Productivity Commission

review on the *National Agreement on Closing the Gap*, and across other jurisdictions (Lowitja Institute and Victorian Aboriginal Community Controlled Health Organisation 2023; Productivity Commission 2024). There have been longstanding calls for independent Aboriginal-led accountability mechanisms (Lowitja Institute and Victorian Aboriginal Community Controlled Health Organisation 2023). Many of the national health policies and frameworks recognised this policy gap and the need for improved accountability mechanisms and frameworks (Australian Digital Health Agency 2020; Australian Digital Health Agency 2023b).

As AI becomes increasingly embedded in healthcare, there is a risk that these existing gaps will persist or be amplified, resulting in further harm.

Across all Australian national policies analysed, partnerships with the Aboriginal and Torres Strait Islander community controlled sector represents the strongest alignment with the *United Nations Declaration of the Rights of Indigenous People* (UNDRIP), of which Australia is a signatory (United Nations 2007).

Priority Reform 1 of the *National Agreement on Closing the Gap* commits governments to working in partnership with the Aboriginal and Torres Strait Islander community controlled sector, to share decision-making power (Council of Australian Governments 2020). While not explicitly stated, the principles of self-determination are aligned with the priority reforms. However, given challenges on meaningfully working towards this reform, there is a real risk of exacerbating harms across the entire AI lifecycle if accountability mechanisms are not effective.

Community control is an act of Aboriginal and Torres Strait Islander self-determination. However, findings from the Productivity Commission 2024 review of the *National Agreement*, found that these partnerships – as they are currently operating – do not effectively and meaningfully share power in decision-making processes, which is hampering progress towards reaching the outcomes of the *National Agreement* (Productivity Commission 2024).

Relying on partnerships, without effective accountability for governments to meaningfully share power, means that these mechanisms are not working to enable Aboriginal and Torres Strait Islander people to self-determine the decisions that impact their families, communities, and Country. Without addressing this within current and future AI policy frameworks, there is a significant risk that existing health inequities will be entrenched and potentially exacerbated.

Embedding self-determination ensures that Aboriginal and Torres Strait Islander peoples have authority over how AI systems are designed, governed, and applied in relation to their data, health, and wellbeing. Meaningful partnerships, grounded in shared decision-making and respect for IKS, help ensure that AI technologies are culturally safe, address community priorities, and do not reproduce existing inequities. Together, these principles are vital to ensuring that AI in healthcare supports rather than undermines equity, trust, and improved health outcomes.

Indigenous Data Sovereignty improves data quality, relevance and trust

Indigenous Data Governance (ID-GOV) is the right of Indigenous peoples to autonomously decide what, how and why Indigenous data is collected, accessed, and used (Lowitja Institute 2024). Exercising this right enables Indigenous peoples to accurately reflect Indigenous knowledge, provides the necessary tools to identify what works, what doesn't, and why; and empowers Indigenous peoples to make the best decisions to support communities to meet locally-determined needs and aspirations.

Enacting ID-GOV requires Indigenous leaders, practitioners, and communities to have the data (including the skills and infrastructure) to advocate and participate across sectors and systems. Robust ID-GOV mechanisms mean that Indigenous communities retain the right to decide which sets of data require active governance and to not participate in data processes (for example, to say no to collection and use of data), consistent with Indigenous Data Sovereignty principles.

Indigenous Data Sovereignty (ID-SOV) is the right of Indigenous people to have ownership over Indigenous data. This includes ownership of data across the data lifecycle, including the creation, collection, analysis, management, and reuse of Indigenous data (Lowitja Institute 2024).

By centring Indigenous leadership and control, ID-SOV improves data quality, relevance and trust, ensuring that evidence reflects community priorities and agendas. This creates stronger foundations for policy, service design, and accountability and leads to better health and wellbeing outcomes.

The Global Indigenous Data Alliance (GIDA) works to support ID-SOV and ID-GOV globally through the CARE Principles – Collective Benefit, Authority to Control, Responsibility and Ethics (Global Indigenous Data Alliance 2019). These principles centre Indigenous people's rights and interests, including a right to create value from Indigenous data in ways that are grounded in Indigenous worldviews and realise opportunities within the knowledge economy (Global Indigenous Data Alliance 2019).

A number of Australian national health policies emphasise the importance of data integration and improving primary healthcare data linkage under two priority reforms of the *National Agreement on Closing the Gap* - shared decision-making and improving access to shared data (Council of Australian Governments 2020; Australian Government Department of Health 2020a; Australian Government Department of Health and Aged Care 2022a).

However, shared data is not the same as authority to control all aspects of the data lifecycle, and these policy commitments are generally framed in terms of measuring outcomes and progress towards Closing the Gap targets, and not as mechanisms to further ID-SOV and ID-GOV.

There is stronger alignment to the CARE principles within Aboriginal and Torres Strait Islander specific policies; however, weak accountability mechanisms mean this policy intent does not translate into operationalisation of the CARE principles (Productivity Commission 2024).

Weak ID-SOV and ID-GOV enforcement mechanisms across all Australian Government policy means AI risks perpetuating existing biases and harms.

As AI systems are trained on and learn from large datasets, it is important that those datasets reflect the population that AI systems will serve,

to ensure the model does not perpetuate bias and produce harmful and inaccurate outputs. As outlined above, misrepresentation in datasets can lead to biased diagnostic tools, while breaches of privacy can expose sensitive community-level information, and the use of data without Indigenous governance can undermine data sovereignty and reinforce colonial power dynamics.

AI must recognise and embed Indigenous Knowledge Systems and cultural determinants of health

Embedding Indigenous Knowledge Systems (IKS) in the design and development of AI tools ensures that AI-enabled technologies are culturally grounded, relevant, and responsive to the needs of Aboriginal and Torres Strait Islander communities.

IKS are inherently local, holistic, and community-led, and play a critical role in strengthening social and emotional wellbeing. Having them embedded within AI system design, governance, and delivery works towards a decolonising approach to health that respects Indigenous rights and sovereignty as outlined in UNDRIP (United Nations 2007).

The cultural determinants of health constitute a conceptual framework based on Indigenous knowledge; they are inter-related to social determinants of health, are rights-centred and act as protective factors of health and wellbeing (Lowitja Institute 2020).

The domains of the cultural determinants of health include:

1.	Connection to Country
2.	Family, kinship and community
3.	Indigenous beliefs and knowledge
4.	Cultural expression and continuity
5.	Indigenous language
6.	Self-determination and leadership

Analysis of the overarching Australian health and workforce policies demonstrates that government health policies do not speak to, nor centre or promote IKS. This is a clear policy gap and systemic failure. While some overarching policies reference the social determinants of health, there is no clear linkage or overt reference to the cultural determinants of health as protective factors for health and wellbeing across any national health and workforce policies analysed (Department of Health 2019; Department of Health 2020b; Department of Health and Aged Care 2022a; Lowitja Institute 2020). Overall, this is reflected in persistent barriers to progress towards priority reform three - transforming government organisations - of the *National Agreement on Closing the Gap*.

Alignment to the cultural determinants of health and centring of IKS is embedded within the national Aboriginal and Torres Strait Islander specific policies, including the *National Aboriginal and Torres Strait Islander Health Plan 2021–2031* and the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031* (Department of Health 2021b, Department of Health and

Aged Care 2022b). However, persistent failure to translate this across sectors and systems continues to cause harms to Aboriginal and Torres Strait Islander peoples and communities by failing to drive systemic change.

In the absence of embedded accountability mechanisms, there is a risk that AI tools used by the health workforce may produce recommendations that are not aligned with IKS or that fail to appropriately recognise the cultural determinants of health as protective factors. This creates the potential for decision-making processes to systematically deprioritise these determinants, thereby increasing the risk of unintended harm and reinforcing inequitable health outcomes for Aboriginal and Torres Strait Islander peoples.

Mainstream governance, regulation and readiness are lagging

All Australian health and workforce polices analysed for this report have five-to-ten-year implementation windows, which is too slow given the speed of AI development. Evidence suggests that the computational power of AI is growing rapidly, roughly doubling every six months. Over the implementation window of the national policies included in the analysis, this implies that the omputational power of AI could increase by a factor of around 1,000, over a five-year policy window, and by over one million, across a ten-year window (Roser 2022).

The Department of Health, Disability and Ageing's *Safe and Responsible Artificial Intelligence in Health Care – Legislation and Regulation Review* identified a gap in policy leadership for AI in healthcare across Australia, which aligns with the findings of this analysis (Department of Health, Disability and Aged Care 2025).

Beyond the health sector, the Government recognises a need to uplift AI across the Australian Public Service (APS), acknowledging that all APS workers need AI literacy and training to perform their roles safely and effectively (Digital Transformation Agency 2025). In contrast to the national health and workforce policies analysed, the AI Plan for the Australian Public Service 2025 applies an 18-month timetable to build AI capacity, improve AI literacy, drive systemic adoption of AI, and expand generative AI use (Digital Transformation Agency 2025).

The recognition of the need for literacy and training for APS staff in that Plan has not translated into increased direct resourcing to the ACCHO sector or been reflected in national health and workforce policies or overarching Aboriginal and Torres Strait Islander policies.

Australia's AI language needs updating

There are significant gaps in how AI is framed across existing policies, with limited specificity and insufficiently nuanced language. These gaps extend to AI governance, regulation, accountability, and ethical guidance. Together, they hinder the ability to realise the benefits of AI, support innovation, and ensure that AI technologies are deployed safely and equitably, exposing risks such as discrimination, racism, inequality, and digital exclusion insufficiently addressed.

Many Australian health and workforce policies refer to digital health, which by most definitions is an umbrella term that includes AI. However, when AI is specifically addressed in a policy it is often referred to as an 'emerging technology', which does not reflect the impact that AI systems are having and may yet have on the health sector. AI is already embedded across clinical decision-making, administration and workforce systems (Australian Digital Health Agency 2020, CSIRO 2023).

Current Australian health sector policies also do not contain sufficiently detailed or nuanced language to effectively frame AI in a way that integrates Organisation for Economic Co-operation and Development (OECD) recommendations for national policies and international co-operation on AI (OECD 2019).

This gap limits the ability of policy settings to guide consistent, responsible, and culturally safe implementation of AI across the health system.

National policies lack alignment to international frameworks

Effective regulation of AI in healthcare creates an enabling environment where potential risks are mitigated, accountability is maintained, and trust in AI actors and systems is developed and maintained.

The World Health Organization's *Regulatory considerations on artificial intelligence for health* framework has been designed to facilitate the safe, ethical and appropriate development and use of AI systems in healthcare (World Health Organization 2023). The framework is a resource that can be utilised by AI actors across the entire AI lifecycle, including developers, regulators, policymakers, and health practitioners to facilitate the safe and appropriate use of AI technologies.

The WHO Framework outlines six key topic areas for AI actors to consider when developing policies to guide best practices and responsible use of AI in healthcare:

- Documentation and transparency
- Risk management and AI systems development lifecycle approaches
- Intended use, and analytical and clinical validation
- Data quality
- Privacy and data protection
- Engagement and collaboration.

This analysis identified limited alignment in Australian national overarching health policies and Aboriginal and Torres Strait Islander health policies to the WHO Framework criteria – as a way to evaluate how relevant and effective the regulatory framework is in Australia for AI in healthcare.

Significant gaps in the national policies include insufficient requirements for transparency and explainability, particularly around what and whose data is used to train AI systems, and documentation of how decisions are made so individual stages of the AI can be explained. There are also inadequate measures to address and prevent algorithmic bias, and significant gaps in how to protect privacy and data throughout the AI system lifecycle.

As healthcare is regulated across different states, territories and government departments in Australia, other regulatory frameworks for AI exist,

and these may align to WHO guidance – but these are beyond the scope of this policy analysis and were not embedded or clearly linked to in the national policies analysed (Department of Health, Disability and Aged Care 2025).

Many policies flag the need for improved regulation and for the development of new national guidelines regarding digital health; however, guidelines are not clearly defined (Australian Digital Health Agency 2020; Australian Digital Health Agency 2023a; Australian Digital Health Agency 2023b; Australian Digital Health Agency 2023c).

The *National Healthcare Interoperability Plan* and the *National Digital Health Strategy* make mention of the need for regulation to ensure standards of consumer and patient consent are met, and that the use of health information and data is supported by the rights of individuals to privacy and informed consent.

The discussion on data sharing and consent is largely centred around the right of patients to give consent for their health information to be shared between health service providers. However, how data consent is understood is changing due to the increasing use of AI across the health sector, including challenges with how to enact ID-SOV and ID-GOV mechanisms, given that many AI systems and data storage centres are often based outside of Australia.

Risks in relation to patient privacy from data processing and cybersecurity breaches also need to be considered, managed and addressed through effective regulation. (World Health Organization 2023).

In line with the speed of AI systems development and implementation, the nature of risks and challenges adapts. Regulatory approaches need to be sufficiently reflective to create and maintain an environment which continues to guide the safe and appropriate use of AI, even as the AI environment matures.

The Organisation for Economic Co-operation and Development (OECD) has developed principles for responsible AI that centre on:

- benefiting people and the planet
- human-centred values and fairness
- transparency and explainability
- robustness, security, and safety
- accountability (OECD 2019).

This review found very little alignment of the OECD principles across national policies.

Minimal attention to key ethical frameworks and issues

Ethical frameworks are essential in AI enabled healthcare because they provide a structured way to guide decisions, promote equality and fairness, and provide a benchmark for professional standards. The application of strong ethical frameworks works to ensure that the risks, safety and trustworthiness of AI systems are managed effectively across the AI lifecycle.

The UNESCO Ethics of AI principles (UNESCO 2021) were used in this analysis to assess how well Australia's national policies support equitable benefits from AI, stimulate ethically-conducted research and innovation, anchor AI technologies in human rights, and minimise potential bias and harms associated with AI systems.

The UNESCO principles include:

- Proportionality and do no harm
- Safety and security
- Fairness and non-discrimination
- Sustainability
- Right to privacy, and data protection
- Human oversight and determination
- Transparency and explainability
- Responsibility and accountability
- Awareness and literacy
- Multi-stakeholder and adaptive governance and collaboration.

Overall, this analysis of Australian policies showed substantial gaps in discussion of ethical considerations in the use of AI, with little alignment to the UNESCO Ethics of AI principles (UNESCO 2021). There is minimal attention to algorithmic bias or recognition of its role as a driver of systemic racism across the health system. None of the policy analyses embed measures to prevent racism driven by AI systems or across the health system more broadly.

Most policies focus on fairness and non-discrimination, particularly in relation to reducing the digital divide, but this is primarily in relation to AI deployment and use of AI rather than the AI lifecycle. For example, policies do not outline how to build capacity and engagement of Aboriginal and Torres Strait Islander AI developers, which is essential to embedding fairness and ensuring that Aboriginal and Torres Strait Islander voices are centred throughout the AI lifecycle.

While many policies recognise the need for new ethical frameworks and guidelines, the rapid speed of AI use and deployment is far outpacing the non-binding recommendations currently in place across national health and Aboriginal and Torres Strait Islander specific policies (Australian Digital Health Agency 2023b; Australian Digital Health Agency 2023c; Australian Digital Health Agency 2020).

In traditional healthcare, a clinician can explain their reasoning for how they came to decisions. This builds trust and accountability. Transparency and explainability in how an AI system makes decisions is equally important to build trust and keep AI actors accountable, and particularly to ensure AI systems do not replicate historical patterns of data misuse which have contributed to racism and discrimination in the health system.

Conclusion

This scoping and policy review identifies both significant opportunities and material risks associated with the increasing use of AI in Aboriginal and Torres Strait Islander health contexts.

While AI has the potential to improve access to care, enable earlier detection and intervention, support innovation in service delivery, and strengthen system efficiency, these benefits are not guaranteed. Without appropriate governance, ethical safeguards, workforce capability, and culturally grounded policy frameworks, AI also has the potential to entrench existing inequities, reinforce bias in clinical and non-clinical decision-making, widen the digital divide, and reproduce or amplify structural and colonial harms within the health system.

Consistent with findings from the 2025 CSIRO report *Artificial Intelligence for Healthcare in Australian Indigenous Communities: Scoping Project to Explore Relevance*, there remains a notable gap in Aboriginal and Torres Strait Islander participation and leadership in the design and governance of AI in healthcare.

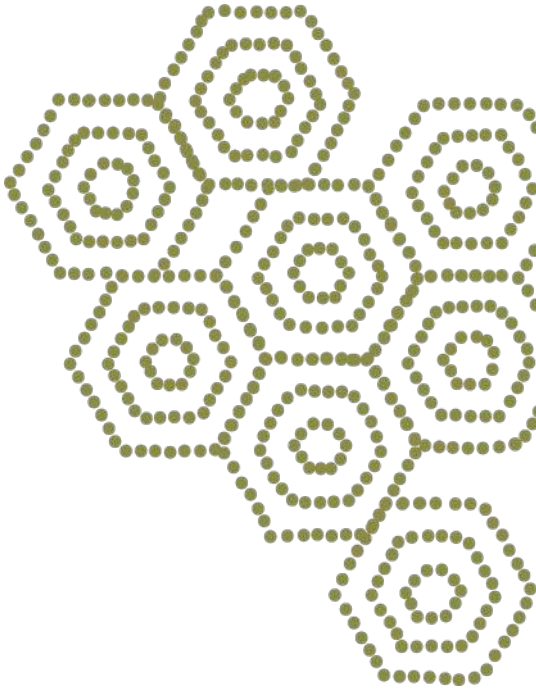
That report also highlighted community concerns regarding the embedding and attribution of Indigenous Knowledge Systems (IKS), alongside broader issues of trust, in emerging AI enabled health systems.

This review further identifies structural gaps in current Australian health policy settings which highlight the need for strengthened governance, accountability, and regulatory clarity across the AI lifecycle.

Across all federal health and workforce policies and national Aboriginal and Torres Strait Islander policies, there are clear opportunities to better centre Aboriginal and Torres Strait Islander leadership and governance across AI policy design and to embed IKS throughout the AI lifecycle.

Next steps

Governments must increase investment to the Aboriginal and Torres Strait Islander health sector to specifically facilitate AI literacy, capability, and workforce capacity within the community controlled sector, to ensure that our communities are able to realise the opportunities while mitigating the risks of AI. Any investment must be guided and led by the Aboriginal and Torres Strait Islander community controlled organisations and leadership to ensure that training, policy design, and implementation is culturally safe and guided by Aboriginal and Torres Strait Islander priorities and knowledge systems.



This engagement is intended to present the findings of this review, agree on critical gaps, and co-develop sector-led recommendations for policy reform that reflect community priorities and strengthen system readiness.

To support this process, the following questions are proposed to guide roundtables, consultations, and sector engagement. They are intended to support structured dialogue with the sector and to ensure that any future policy recommendations are co-designed, grounded in Aboriginal and Torres Strait Islander perspectives, and capable of addressing both the opportunities and risks associated with AI in health.

Questions proposed to guide roundtables, consultations, and sector engagement

Opportunities and priorities	• Where are the most important opportunities for AI to strengthen Aboriginal and Torres Strait Islander health outcomes and health system performance? • Which areas of the health system (clinical care, prevention, workforce, administration, or planning) should be prioritised for AI application, and why?
Risks, harms, and safeguards	• What are the most significant risks or harms associated with AI in Aboriginal and Torres Strait Islander health contexts? • What safeguards are required to prevent the reinforcement of colonial or structural harms through AI systems?
Governance, ethics, and regulation	• What would effective regulation and accountability mechanisms look like across the AI lifecycle? • How should responsibility and oversight be structured between government, technology providers, and Aboriginal and Torres Strait Islander community controlled organisations?
Indigenous Data Sovereignty and Knowledge Systems	• How can Indigenous Data Sovereignty and Indigenous Data Governance be meaningfully operationalised in AI systems used in health? • How should Indigenous Knowledge Systems be recognised, protected, and appropriately embedded within AI design and implementation? • What mechanisms are needed to ensure appropriate attribution, ownership, and control of Indigenous data and knowledge?
Workforce and system readiness	• What capabilities, skills, and supports are required within the Aboriginal and Torres Strait Islander health workforce to engage with AI safely and effectively? • How prepared is the current system to adopt and govern AI technologies, and where are the most urgent gaps? • What investments are needed to ensure the workforce can design, implement, and oversee AI systems in culturally safe ways?
Policy and reform directions	• What should be prioritised in future AI-related health policy reform to ensure Aboriginal and Torres Strait Islander leadership, safety, and equity? • How can policy better reflect and respond to the findings of this review in partnership with the community controlled sector?

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ABOUT LOWITJA INSTITUTE

Lowitja Institute is Australia's only national Aboriginal and Torres Strait Islander community controlled health research institute named in honour of its co-patron, the late Dr Lowitja O'Donoghue AC CBE DSG. It is an Aboriginal and Torres Strait Islander organisation working for the health and wellbeing of Australia's First Peoples through high-impact quality research, knowledge exchange and by supporting a new generation of Aboriginal and Torres Strait Islander health researchers. Established in January 2010, Lowitja Institute operates on key principles of Aboriginal and Torres Strait Islander leadership, a broader understanding of health that incorporates wellbeing and the need for the work to have a clear and positive impact.

The history of Lowitja Institute dates back to 1997 when the first Cooperative Research Centre for Aboriginal and Tropical Health was established. Since then, Lowitja Institute and the CRC organisations have led a substantial reform agenda in Aboriginal and Torres Strait Islander health research by working with communities, researchers and policymakers, with Aboriginal and Torres Strait Islander people setting the agenda and driving the outcomes.