



AHCSA State Election Priorities (2026)

The South Australian State Election will be held on 21 March 2026. This is an important opportunity for AHCSA and our member services to engage with political parties and their representatives to ensure the health and wellbeing of Aboriginal and Torres Strait Islander communities remains a priority for future governments.

Underpinning Principles

The AHCSA State Election Priorities have been drafted to reflect the structural and social determinants of health that continue to influence the health and wellbeing of Aboriginal people and communities. Inequities in housing and infrastructure, education and employment have a direct impact on the health of Aboriginal people. These factors continue to be undermined by systemic racism, and require an integrated, cross sectoral response to improve outcomes for Aboriginal people and communities across South Australia.

The proposed priorities reinforce broader reforms to governance, program and policy design and funding allocation, whilst simultaneously providing specific measurable outcomes by which progress can be measured. Suggested evaluation methods have been included for consideration.

Community Funding Commitments

Breast Screening Bus

Despite progress in cancer detection, participation rates for breast screening remain low for Aboriginal women; between 2022 to 2023, only 36.1% of Aboriginal women accessed BreastScreen Australia services, compared to 51.2% of non-Indigenous women (AIHW, 2025). Funding for a mobile screening bus that has access to Aboriginal communities is therefore critical to closing this gap and improving health outcomes.

1. Commit outcome-based funding for an additional mobile Breast Screening Bus with off-road capabilities that is dedicated to rural and remote Aboriginal communities. This should include:

- Regular reporting, including allocated funding, service utilisation metrics, geographical reach and service accessibility data.

Review and improve the Patient Access Transfer Scheme (PATS) & Culturally Safe Accommodation

Aboriginal people make up a higher proportion of rural and remote areas, creating barriers for accessing mainstream healthcare services. Furthermore, when travelling for healthcare, poorly coordinated services impact the delivery of culturally safe, effective healthcare (Nolan-Isles., 2021). The current fragmentation of PATS processes undermines the continuity of care and contributes to poorer health outcomes. A coordinated, culturally safe approach to travel assistance and accommodation is therefore essential to ensure equitable access and support for Aboriginal patients.

2. Commit ongoing funding for culturally safe accommodation in Adelaide for Aboriginal people attending medical appointments (including any family or community travelling with them), inclusive of transport to and from healthcare facilities. This should include:

- Review and update [Patient Assistance Transfer Scheme](#) processes to improve coordination between ACCHOs, to improve services for Aboriginal patients and families accessing the service.
- Collaboration and consultation with AHCSA and ACCHOs to co-design improved PATS processes, that include reporting, allocated funding, service utilisation metrics and feedback.



Justice Health

Continuous Healthcare

Despite making up a small proportion of the Australian population, Aboriginal people are over-represented in the prison system. This reflects a long and ongoing history of trauma, dispossession, forced displacement and assimilation, and a subsequent disconnection from family, culture and Country (AIHW, 2024). Aboriginal people in prison often have complex healthcare needs; as such, the delivery of culturally safe and continuous healthcare following release is critical to ensuring any health improvements or gains achieved in prison are maintained (AIHW, 2022).

3. Commit outcome-based funding to establish governance and partnerships between Justice Health and ACCHOs, facilitating provision of culturally appropriate and continuous healthcare to Aboriginal people on release from the prison system. This should include:

- Development of relevant documentation including formal partnership arrangements, funding allocations, governance structures and processes (including Terms of Reference for any committees or working groups).
- Development of shared targets and outcomes related healthcare for Aboriginal people released from the prison system; transparent sharing of reporting to ACCHOs necessary.

Environmental Health

Food Security

Food Insecurity and inadequate hygiene resources in children's homes and school environments significantly impact child health, learning and development. Across Australia, around 4% of households experience food insecurity, increasing to 7% in remote areas. However, the impact is far greater for Aboriginal and Torres Strait Islander households in remote communities, where an estimated 51% experience food insecurity (NIAA, 2025). This stark disparity highlights the urgent need for sustained, community-led action to improve food access, affordability, and sovereignty as a national priority.

There is substantial evidence demonstrating the value of community-led school breakfast programs for children; initiatives in rural Western Australia, such as the *Milyirrtjarra Kuurl Mirrka Palyalpayi program* in Warburton, have been shown to improve Aboriginal children's nutrition, enhance holistic health and wellbeing, and foster broader community engagement (UWA Profiles and Research Repository, 2025).

4. Commit ongoing outcome-based funding for child development, including specific and committed funding for a school breakfast and hygiene program in rural and remote communities, ensuring Aboriginal children have access to regular, nutritious breakfasts and cleaning kits (e.g. toothpaste & toothbrush, tissues, soap etc). This should include:

- Increase in funding for child health checks
- Development of relevant documentation including business cases, funding agreements, project plans and relevant operational policies.
- Regular reporting including service utilisation metrics (e.g. number of meals provided, and schools attended), as well as geographical reach of the program.

5. Endorse the ['Food Security in Remote Communities Strategy'](#) (via the Minister for Aboriginal Affairs) developed by the National Indigenous Australian Agency (NIAA) to support progression of strategies within Aboriginal communities. This should include:

- Notification of endorsement for relevant organisations and services to ensure transparency and inform of progress.



Housing and Infrastructure

Aboriginal people disproportionately experience housing stress, homelessness, and rental insecurity, which have significant negative impacts on both physical and mental wellbeing. Inadequate housing can contribute to stress and anxiety, as well as physical issues like respiratory and cardiovascular diseases. There is also a reciprocal relationship, wherein health problems can make it difficult to maintain stable housing, further exacerbating these risks (AIHW, 2025). Research shows that improved housing for Aboriginal communities reduces hospitalisation for infectious diseases by around 40% (AIHW, 2022).

6. Develop formal partnerships between SA Health, SA Housing Trust and the ACCHO sector to ensure ongoing maintenance and upkeep of Aboriginal housing, and sufficient housing stock particularly in rural and remote communities, to ensure functioning health hardware (e.g. taps, toilet, shower), climate-appropriate infrastructure and electrical appliances for temperature control, food storage and cooking. This should include:

- Development of relevant documentation including formal partnership arrangements, funding allocations, governance structures and processes (including Terms of Reference for any committees or working groups).
- Collaboration and consultation with AHCSA and ACCHOs to co-design services.
- Reporting on current state of Aboriginal housing including in rural and remote communities.
- Regular reporting including service utilisation metrics and geographical reach.

Aboriginal Health Workforce

Aboriginal Health Practitioners

A strong Aboriginal health workforce is central to culturally safe care, service accessibility and community-controlled health provision. Ensuring roles such as Aboriginal Liaison Officers (ALOs) and Aboriginal Health Practitioners (AHPs) are appropriately described, qualified and remunerated helps protect and sustain a robust ACCHO workforce.

7. Review the Position Description and scope of practice for Aboriginal Liaison Officers (ALO) in publicly funded healthcare services – including the remuneration schedule and Aboriginal Health Practitioner (AHP) qualification requirements – to ensure the AHP workforce in the ACCHO sector is not jeopardized. This should include:

- Development of a revised ALO Role Description and remuneration schedule in collaboration and consultation with AHPs and ACCHOs.

Investment in ACCHO Leadership and Management

Aboriginal Community Controlled Health Organisations (ACCHOs) play a vital role in delivering culturally safe healthcare, yet many of our members face capacity constraints in leadership, governance and management. Strengthening the sector through dedicated, long-term leadership funding aligns with [Priority Reform Two: Building the community-controlled sector](#). This investment is foundational to sector growth and improved health outcomes.

8. Strengthen the ACCHO sector by committing funding for leadership and management positions in community-controlled organisations, building ACCHO capacity for responding to new and emergency funding opportunities. This should include:

- Collaboration and consultation with AHCSA and ACCHOs to determine leadership needs and priorities.
- Funding should be outcome based and long term to support leadership development, governance capability and organisational sustainability.
- Government commitment to ensuring Aboriginal funding is in Aboriginal hands, with investment in business supports and infrastructure to enable ACCHOs to manage and deliver services effectively.



Addressing Racism in Healthcare

Cultural Safety and Anti-Racism Training

Systemic and structural racism remains a major barrier to equitable health outcomes for Aboriginal people. In a recent audit of SA Health Networks, all nine Local Health Networks reported 'very high' evidence of institutional racism (Health Performance Council, 2020). For Aboriginal people, the trauma arising from experiencing racism and discrimination contributes to a reluctance to engage with healthcare services (Elvidge et al., 2025).

It is therefore critical that an anti-racism action plan for SA Health is developed, aligning with established frameworks such as the [Anti-Racism Strategy - SA Public Service](#) and the [Human Rights Commissioner - An Anti-Racism Framework: Voices of First Nations People](#). These frameworks provide recommendations for addressing historical and ongoing racial discrimination within a public sector setting, including cross-sectoral strategies and best-practice learnings.

- 9. Develop a new SA Health Cultural Learning Framework that has been co-designed by Aboriginal people to provide a consistent approach to improving cultural safety, awareness and competency in the workforce. This should include:**
 - Development and promotion of an updated Cultural Learning Framework, including an action plan for implementation across SA Health.
- 10. Develop and mandate in-person cultural safety training that has been co-designed by Aboriginal people for all staff in SA Health, in alignment with recommendations from the Australian Human Rights Commission. This should include:**
 - Development of cultural safety training content led by Aboriginal stakeholders and subject matter experts, including enough time for review and feedback.
 - Regular reporting -including number of sessions and percentage of staff that have completed training.
- 11. Develop a health system anti-racism action plan, utilising [AHPRA's principles](#) of recognition of colonial load, impact over intent and burden of proof shift. This should include:**
 - Collaboration and consultation with AHSCA and ACCHOs to develop action plan, including representation opportunities at any relevant working groups and committees.
 - Increase Aboriginal representation in leadership roles across all levels and all government departments, not limited to Aboriginal specific portfolios.

Healthcare Complaints Processes

Whilst Australia's healthcare system is considered relatively high performing when compared with other countries, ongoing issues still require monitoring and addressing. A robust complaints process for healthcare services is a critical component of ensuring patient-centered care, identifying risks and supporting improvement.

- 12. Mandate regular and transparent reporting on complaints submitted by Aboriginal people across all SA Health services to drive transparency and accountability, including conciliation outcomes. This should include:**
 - Development of reporting scope and targets in collaboration and consultation with AHSCA and ACCHOs.
- 13. Work with the Health and Community Services Complaints Commissioner (HCSCC) to develop a process for SA Health complaints resolution, overseen by an Aboriginal governance committee, with jurisdiction to direct necessary resolution. This should include:**
 - Recruiting Aboriginal Health Rights Advocate roles to support Aboriginal people advocate for their rights and access complaints mechanisms including the HSCC.
 - Development of relevant documentation including project plans and operational policies and processes (including Terms of Reference for an Aboriginal oversight governance committee).



- Collaboration and consultation with AHCSA and ACCHOs, including representation opportunities at the Aboriginal oversight governance committee.
- Regular reporting (by and to the governance committee) including complaints received & resolved.

Aboriginal Aged Care

Geriatric Services

Access to specialised services such as geriatric care and allied health is critical to ensuring Aboriginal Elders can age safely and with dignity on Country, particularly in rural and remote South Australia. Elders often face higher rates of chronic disease, limited mobility and reduced access to medical specialists when compared to non-Indigenous people (AIHW, 2023). For Aboriginal Elders living in rural and remote locations, access to healthcare is often limited and contributes to poor outcomes and lower life expectancies.

14. Partner with SA Health to improve access to specialised geriatric services for Elders living in rural and remote communities. This should include:

- Establish joint programs between SA Health and ACCHOs to deliver regular geriatric, allied health and aged-care outreach clinics
- Invest in telehealth infrastructure and culturally appropriate digital health support to enable remote consultation and follow-up care.
- Ensure monitoring and reporting of access, utilisation and outcomes for Elders receiving geriatric services.

Housing and Transport

For Aboriginal Elders, remaining connected to country, language, culture and community is central to the concept of 'ageing well' and should not be overlooked when developing culturally safe and holistic aged care services (Jamieson et al., 2024). As such, ensuring house and infrastructure is accessible and safe for Elders is critical to supporting ageing on Country.

Similarly, transport is a critical enabler for ageing on Country. In rural and remote communities, a lack of consistent, reliable transport has been identified as a barrier to accessing medical care. Without dependable transport, opportunities to identify and treat health conditions are reduced, resulting in poorer health outcomes (AIHW, 2021).

15. Commit ongoing outcome-based funding to suitable and secure housing for Aboriginal Elders to support ageing on Country, including retrofitting existing homes with accessibility modifications. This should include:

- Development of relevant documentation including formal partnership arrangements across government sectors, funding agreements and action plans.
- Reporting on current state of housing in rural and remote communities.

16. Commit ongoing outcome-based funding to community-led and operated transport services in rural and remote communities, such as shuttle bus services, to allow Elders access to healthcare, family and community. This should include:

- Co-design transport services to ensure accessibility, reliability and cultural safety.
- Provide stable long-term funding to enable community-led operation and maintenance of transport fleets.
- Development of relevant documentation (in collaboration and consultation with AHCSA and ACCHOs) including formal partnership arrangements and funding agreements.
- Promotion of services within rural and remote communities.
- Regular reporting including service utilisation metrics.

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