Q No.	Program: Division or Agency	Senator	Broad Topic	Question	Proof Hansard/ Written
SQ18- 001062	2 - Health Access and Support Services	Siewert, Rachel	Aerosol Sniffing	Senator SIEWERT: Thank you. I would also like to know what actions you're taking. I acknowledge that I probably should have asked this in the previous section, but I ran out of time. I was hoping that you were doing some— Ms Edwards: You've asked me these questions over a number of years, so it's not surprising. Volatile substances and petrol sniffing are with PM&C. Senator SIEWERT: Fair enough. In terms of this issue as well? Ms Edwards: In terms of the monitoring of— Senator SIEWERT: The aerosols? Ms Edwards: Yes, it is. I was wondering, as we are sitting here, whether there's some information that the AIHW or others have. Perhaps we could take it on notice to see if we've got any data sources that might be of assistance. Senator SIEWERT: If you could, that would be useful. I'm interested in the last couple of years. I'm actually interested in the present situation. Ms Edwards: I am aware of those figures. We'll work together with PM&C to find out what we can get. Senator SIEWERT: Okay. And then any action that is being taken currently would be much appreciated. Thank you.	26/10/2018 - Proof Hansard Page 53 and 54
SQ18- 001063	2 - Health Access and Support Services	Dodson, Patrick	Indigenous Australians' Health Programme Funding	Mr Roddam: The ACCHOs as well get a significant amount of funding through the other parts of the programs that I mentioned as well. So it's not just through the primary care stream where ACCHOs receive funding from the Indigenous Australians' Health Programme. Senator DODSON: Who else are the beneficiaries of this—non-Indigenous entities? Ms Edwards: Well, there would be a range. Senator DODSON: If they are only getting a percentage of it, someone else is getting the other part. Ms Edwards: It is an \$800 million program, so you can imagine there are a large range of activities that happen under it. Mr Roddam: In summary, I would say that the remainder are a small number of private providers and state and territory bodies as well. Senator DODSON: Can we know about those? Can you take them on notice and identify them for us? Ms Edwards: We can take it on notice. I'm thinking about 50 pages, a big list of grants, may not be helpful. Perhaps we could cluster it for you. You will be wanting to know what Indigenous organisation other than ACCHOs might be getting it. There might be research bodies. We could cluster it for you so you could see what is going to whom in a general sense. I fear that a list of every single one might be death by paper.	26/10/2018 - Proof Hansard Page 55 and 56

Q No.	Program: Division or Agency	Senator	Broad Topic	Question	Proof Hansard/ Written
5019	2 Health	McAlliston	DrinkWiso	I don't know who else gets it. Mr Roddam: Just to clarify what we are taking on notice, it is just in relation to the primary health care component of the IAHP? Senator DODSON: Yes. Ms Edwards: In that case, that's a much smaller group. Senator DODSON: Thank you.	26/10/2019
SQ18- 001064	2 - Health Access and Support Services	McAllister, Jenny	DrinkWise	Senator McALLISTER: I don't know that there's any restriction on you providing us the content of advice. You may not discuss cabinet matters, but if you provided advice to the minister, we would like to know whether or not you said this is a good idea. Did you advise the minister that they ought to fund DrinkWise? Ms Edwards: It is a very longstanding practice that we don't provide the content of our advice to the minister. It is an answer I have been giving in estimates for many years in all sorts of contexts. As to when we did or didn't provide advice on something, we have answered, and what the decision was. Senator McALLISTER: That is true for cabinet decisions. Ms Edwards: It's true for advice. Senator McALLISTER: Are you making a claim of public interest immunity, Ms Edwards? Ms Edwards: I'm restating what has been the case over many years and a generally accepted convention. I would have to— Senator McALLISTER: Under a claim of public interest immunity? Ms Edwards: It is an extremely frequent and common response not to provide advice over many years. It's never something that has been questioned before. I would have to refer that issue to my senior officer or the minister if you were to press it. Senator McALLISTER: There is a continuing order of the Senate in relation to public interest immunity claims. Ms Edwards: Perhaps in the interests of time-I know you have other questions—I could take it on notice and come back to you with the answer—either the answer or of the basis of what the— Senator McALLISTER: Well, it's not a convention. It is an order of the Senate: The officer shall state to the Committee the ground on which the officer believes it may not be in the public interest to disclose the information or document to the Committee and to specify the harm to the public interest that could result from the disclosure of the information or document.	Proof Hansard Page 58

Q No.	Program: Division or Agency	Senator	Broad Topic	Question	Proof Hansard/ Written
SQ18- 001065	2 - Health Access and Support Services	Dodson, Patrick	Aboriginal Community Controlled Health Organisation Funding	Ms Edwards: And the officer may also refer a question to a more senior officer or to the minister, in the event that is required. Senator McALLISTER: Minister? Is that what you're doing, Ms Edwards? Ms Edwards: My suggestion is that we take it on notice. Senator McALLISTER: My question is to the minister. Senator Scullion: Thank you. What we'll have to do is we'll— Senator McALLISTER: Minister, did you receive departmental advice that recommended providing funding to DrinkWise? Ms Edwards: It wasn't a decision of Minister Scullion. Senator McALLISTER: Here he is here representing Minister Hunt, Ms Edwards, so he ought to be able to respond. Senator Scullion: I was hoping I could have a bit more information on DrinkWise. I am broadly across the issue because I represent the minister. I just don't have the details in front of me. In regard to the particular advice provided to the minister on DrinkWise, we'll take that on notice and we'll see how we go that way. Senator DODSON: I want to get clear what goes to the ACCHOs and what goes to everyone else that is not Aboriginal controlled. Ms Edwards: About 85 per cent of the primary care money—85 per cent of 60 per cent—goes to ACCHOs. Of the 40 per cent of the program that is left, a proportion goes to ACCHOs—we will take on notice exactly how much—for various purposes. A proportion goes to other Indigenous organisations. A proportion would go to non-Indigenous organisations. Senator DODSON: I'll wait upon the clarification. My understanding is that it's a bit different. Mr Roddam: I will recap the evidence I gave before in some of the other categories. For instance, \$22.2 million is going to the National Aboriginal Community Controlled Health Organisation and affiliates. They are all Indigenous organisations, obviously. A significant proportion of the Indigenous smoking grants go to the ACCHO sector as well. So within those categories I went through before, quite a significant amount goes to that sector. We can take on notice exactly what it is. Senat	26/10/2018 - Proof Hansard Page 59
SQ18-	2 - Health	McCarthy,	Lowitja Institute	Senator McCARTHY: I want to check the second question, though—that the Lowitja Institute has been cut \$12 million over four years?	26/10/2018 -

Q No.	Program: Division or Agency	Senator	Broad Topic	Question	Proof Hansard/ Written
001066	Access and Support Services	Malarndirri		Ms Edwards: No. The situation is that the Lowitja Institute has previously been funded through another portfolio under a cooperative research centre. That manner of funding is coming to an end. Recently a new stream of funding from our portfolio was announced. Senator McCARTHY: I want to clarify, though. They received annually \$5 million and now they are receiving \$2 million? Mr Roddam: We need to take that on notice. I'm not sure what cooperative research centre funding they received.	Proof Hansard Page 59
SQ18- 001067	2 - Health Access and Support Services	Siewert, Rachel	Renal Health	Senator SIEWERT: I want to go to renal health and some recent announcements. I want to follow up the announcement that Minister Wyatt made yesterday in terms of the \$300,000 that is going to fund Kidney Health Australia to support national consultations around a first nations people's guide to a healthy renal future. What is that money for? Ms Edwards: The Commonwealth is providing \$300,000 from 2017-18 to 2018-19 to implement community consultations in the development of the Indigenous guidelines—basically what you just told me. The guidelines will be developed for the management of chronic kidney disease and aim to identify and further develop best practices to improve processes and outcomes of care for Aboriginal and Torres Strait Islander and Maori people. We expect those community consultations to be completed in late 2018-19. Senator SIEWERT: And the outcome is to develop the guidelines? Ms Edwards: That's my understanding, yes. Senator SIEWERT: Are they specifically around kidney health in terms of— Ms Edwards: We'll see if another officer knows any more. I suspect we'll have to take further information on notice. We could take on notice further detail about the proposal. Senator SIEWERT: Take that on notice. Ms Edwards: Yes. Senator SIEWERT: Thank you. What exactly is the money for in terms of how it's split up? What exactly is it for, and what is the outcome? Ms Edwards: Yes	26/10/2018 - Proof Hansard Page 60
SQ18- 001068	2 - Health Access and Support	Siewert, Rachel	HTLV-1	Senator SIEWERT: I noticed. Can you provide a breakdown of the further allocation of the \$8 million? Ms Edwards: I will quickly say that the \$8 million doesn't only relate to HTLV-1. Senator SIEWERT: I know. That's why I'm asking. Ms Edwards: We will provide what we can, but I think it's probably fair to say that a lot of it is in reserve to see what emerging things happen.	26/10/2018 - Proof Hansard Page 62

FINANCE AND PUBLIC ADMINISTRATION LEGISLATION COMMITTEE QUESTIONS ON NOTICE – SUPPLEMENTARY BUDGET ESTIMATES 2018-19 – OCTOBER 2018 CROSS PORTFOLIO INDIGENOUS – Department of Health

Q No.	Program: Division or Agency	Senator	Broad Topic	Question	Proof Hansard/ Written
	Services			Senator SIEWERT: Thanks.	
SQ18- 001102	2 - Health Access and Support Services	Siewert, Rachel	Closing the Gap Prescribing	Will the Government institute the recommendation of the King Review to extend Closing the Gap prescribing in hospital settings?	Written
SQ18- 001103	2 - Health Access and Support Services	McCarthy, Malarndirri	Tonic TV	a) A \$3.4 mil contract to non-Indigenous company Tonic TV for an Aboriginal Health TV network was announced by the Minister in July. Was this contract put to open tender? b) Did the Government's Indigenous procurement policy apply to this contract? c) How is it this contract, to develop and operate a TV network for Indigenous audiences playing Indigenous health messages, went to a non-Indigenous company? d) Where any Indigenous media organisation approached about this opportunity? e) Tonic TV has been engaged to run My Health Record messages on their network. Will messages such as this be run on the Aboriginal TV network ICTV?	Written
SQ18- 001194	2 - Health Access and Support Services	Dodson, Patrick	Government Response to Royal Commission into Aboriginal Deaths in Custody	What funding has been provided nationally to improve Aboriginal employment in health services to ensure "culturally sensitive health care?".	Written