UNDERSTANDING GENDER DIVERSITY IN AUSTRALIA'S DIGITAL HEALTH SECTOR

Special Report

2021-22

ACKNOWLEDGEMENT OF COUNTRY

Telstra Health, the Australasian Institute of Digital Health (AIDH), the Digital Health Cooperative Research Centre (DHCRC) and CSIRO's Australian e-Health Research Centre acknowledge the Traditional Owners of Country throughout Australia and recognise their continuing connection to land, waters and community. We pay our respects to them and their cultures, and to Elders both past and present.

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EXECUTIVE SUMMARY

In late 2021, Telstra Health, the Australasian Institute of Digital Health (AIDH), the Digital Health Cooperative Research Centre (DHCRC) and CSIRO's Australian e-Health Research Centre partnered to launch the *Understanding gender diversity in digital health* survey, the first survey of its kind which aimed to understand gender diversity across Australia's digital health sector.

With a lack of research and data in gender diversity in digital health, both in Australia and internationally, the survey was commissioned to understand the current state of gender diversity, career progression and equity within digital health, and to reflect the perspectives of people from all genders who work in the sector.

The *Understanding gender diversity in Australia's digital health sector* report provides a deep exploration into the survey findings, setting a benchmark for future iterations of the survey to build upon. The survey findings also help to inform the actions needed to create change and achieve progress for gender equity and career advancement in digital health.

Thorough analysis of the survey findings reveal that respondents believe the key areas of concern in digital health include:

· gender inequities;
· lack of defined career pathways and lack of knowledge about the sector for identifying opportunities;
· difficulty moving between areas because of lack of clarity;
· insufficient training and qualifications;
· lack of support in professional development (including lack of networking opportunities and insufficient mentoring);
· job insecurity; and
· dissatisfaction with salary and, to a lesser extent, lack of part-time positions.

Women were more impacted than men for many of these areas of concern. Through identifying the areas within the digital health industry that are creating gender disparity, businesses, employers and employees with touchpoints to the sector can understand how we, as a combined sector, can strive for greater job satisfaction while at the same time increasing gender equality by improving on these areas.

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The landmark gender diversity survey provides insight into workforce diversity across the digital health sector. For leaders and decision makers, this presents a valuable opportunity to address the challenges that are impeding a truly diverse and representative, digitally enabled health workforce. We were delighted to be a part of bringing the survey together and we look forward to working collectively, in realising its goals. The time to act is now.

– **Dr Louise Schaper,** CEO, Australian Institute of Digital Health

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"The Digital Health CRC team were thrilled to be involved in the development and deployment of this survey, which we see as an integral and overdue benchmark for our industry. The findings set the scene for the ongoing improvement of gender diversity in digital health, which we can achieve through ongoing advocacy and collaboration with our participant organisations and key stakeholders. As one of the leading bodies for research and development in the digital health sector, we look forward to playing a key role in building accessible career pathways for individuals regardless of gender, supported through our strong workforce capacity and education program."

– **Annette Schmiede,** CEO, Digital Health CRC

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"Co-design with stakeholders is key to designing successful digital health interventions, and it will be just as important in creating inclusive workplaces in digital health. This report gives us a glimpse into the perceptions and experiences of the workforce and provides a first step towards scaling the enablers and breaking down the barriers."

– **Prof Wendy Chapman,** Associate Dean,
Digital Health & Informatics, University of Melbourne

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"For Australia to truly have high quality health services that meet the needs of all Australians, we need to embrace diversity at every level. Digital health is not immune and we need to take steps towards eradicating gender bias in our workforce so we can expand women's contributions, including through their lived experience. This report shows we've started on the diversity path. But, it's clear we still have work to do at structural and cultural levels to ensure gender equity in the digital health space. Let's keep moving forward."

– **David Hansen,** CEO, Australian e-Health Research Centre,
CSIRO Health and Biosecurity

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"The digital health sector has enormous potential to lead the technology sector in the representation of women in leadership positions. The health and aged care sectors are already well represented by strong senior women leaders, especially compared to the ICT and technology sectors. As these sectors digitise and the technology and health sectors continue to converge, we need to embrace the strengths and experience of women as well as the benefits of diversity if we are to take advantage of the improvements digital health can enable. The much higher proportion of women respondents who came from the health sector into digital health is indicative that women in the health sector are seeing the importance of digital health to the future effectiveness of health and aged care services."

– **Professor Mary Foley AM,** Managing Director, Telstra Health

METHODOLOGY

The *Understanding gender diversity in digital health* survey was conducted by Telstra Health, AIDH, DHCRC and CSIRO's Australian e-Health Research Centre.

The online survey was conducted between 27 October and 3 December 2021.

There were 287 people who anonymously completed the survey, 87 men, 195 women and five people who identified as non-binary or other.

287 PEOPLE

⚀ 87 MEN

⚁ 195 WOMEN

⚂ 5 - NON-BINARY

The report was developed by the following authors and published in April 2022:

- Dr Kate Christian (funded by DHCRC)
- Dr Sankalp Khanna (CSIRO)
- Claire James (Telstra Health)
- Heather Doherty (Telstra Health)

Thank you to the respondents who contributed their perspectives to this report.

BACKGROUND

In Australia, women are significantly under-represented in Science, Technology, Engineering and Mathematics (STEM) making up 28% of the workforce in 2020[1], whereas most of Australia's health workforce is female.

The ratio of full-time equivalent health professionals that are women within the Australian population remains at around 2.5 times that of men.[2]

Anecdotally, digital health is full of non-linear career pathways and people with diverse backgrounds and skill sets, which is what makes it such a unique and exciting sector but can also be a barrier.

Up until now there has been a lack of data, research and analysis to understand this issue in-depth in Australia's digital health sector.

THE DIGITAL HEALTH SECTOR

So, what is digital health?

According to David Rowlands' *What is digital health? And why does it matter?*[3] Digital health as a sector is an evolutionary step in the 70-year journey of the use of information and communications technology (ICT) in the health sector.

In the report, Rowlands defines digital health as health and healthcare in the context of digital societies (the people, organisations and things engaged in persistent digital interactions).

Digital health has the ability to:

› harvest data, information and knowledge in real time from all societal activities, not just interactions with the health system and/or data traditionally regarded as "health" data;

› use sophisticated analytics to distil knowledge from these data;

› intervene in the widest possible range of societal and economic activities and technologies to encourage and generate better health and better value for health investments; and

› be citizen (not provider/customer/patient) centric, decentralised and require health service providers to participate, not control.

ENVIRONMENTAL CONTEXT

The *Understanding gender diversity in digital health survey* was launched in October 2021 and closed in December 2021, coinciding with a once-in-one-hundred-year pandemic that supercharged the digital health sector.

The potential for digital health technologies to protect patients, clinicians and the community from exposure to COVID-19 was the catalyst for the acceleration of and increased uptake in remote monitoring, telehealth and other forms of virtual care, and the collection of rich patient data and analytics to inform public policy and decision-making.

While Australia's experiences of the pandemic at the time the survey was undertaken were less severe compared to many countries, and varied state by state, the pandemic created a shift in how people work.

Greater flexibility for remote and hybrid arrangements were seen as game changers and an opportunity to shake-up traditional gender paradigms.

Only 31% of respondents were mostly working on-site in the absence of enforced lockdowns at the time of the survey.

The survey was also undertaken against the backdrop of societies challenging racism, patriarchy and calling for greater diversity and inclusion through the reinvigoration of *Black Lives Matter* and *Me-Too* movements, among others.

While this survey seeks to understand the issue of gender diversity, the survey partners acknowledge diversity is more than gender.

A workforce comprising people from a range of different social and ethnic backgrounds, sexual orientation, experiences and beliefs provides a richness to foster greater innovation, connection to customers and helps people thrive.

Nearly 300 people who work in the digital health sector shared their perspectives on the current state of gender diversity, career progression and equity in the sector for the survey.

Respondents were asked to identify as woman, man, non-binary or to specify.

Sixty-eight per cent of respondents identified as women, 30% identified as men and less than 2% identified as non-binary, trans man or did not wish to disclose.

For the purposes of this report, people who didn't identify as man or woman are included in the 'all' category of responses and any qualitative responses are referenced to how they wish to be identified.

RESPONDENT PROFILE

The infographic below demonstrates the key qualitative responses from across all survey participants:

Gender

⚥ 2%
NON-BINARY

♂ 30%
MEN

♀ 68%
WOMEN

Age

AGE (YEARS): <30, 30-40, 40-50, 50-60, >60

PROPORTION OF INDIVIDUALS
● All ● Men ● Women

Location

HIGHER PROPORTION OF RESPONDENTS FROM VICTORIA

Started career in health

♀ 60.7%
WOMEN

♂ 36.8%
MEN

Health experience

10+ YEARS OF EXPERIENCE

61.7%
WOMEN

36.8%
MEN

Digital health experience

10+ YEARS OF EXPERIENCE

32.2%
WOMEN

37.9%
MEN

Career breaks

♀ 42.3%
WOMEN
parental leave and caring responsibilities

♂ 14.9%
MEN
travel, volunteering, training/study and other

Pandemic work arrangements

WORKING ONSITE | WORKING REMOTELY

35.2% | 18.9%
WOMEN | WOMEN

21.8% | 31%
MEN | MEN

Intention to continue working in digital health

77%
WOMEN

90.8%
MEN

There was little or no difference in origin, language, disability, parenting responsibility, setting, living location and whether they manage others between all genders.

REPRESENTATION OF WOMEN IN DIGITAL HEALTH

Many comments from both men and women respondents suggest they believe there are more men than women in digital health.

This is particularly the case in the more technical areas of digital health.

"The technical side of digital health is still excessively male-dominated," – ♂ man

"I still am often in rooms and meetings with only men," – ♀ woman

When looking at leadership roles, respondents' perspectives change a little. Here respondents say that while there are many women in digital health overall, they are generally not in leadership roles.

"I know them, but they are few and far between. IT is very male dominated," – ♀ woman

There were minor differences between men and women survey respondents regarding management positions, with 42.5% men and 40.8% women managing others. However, 52.6% of respondents report to a man, whereas only 41.1% report to a woman.

Many respondents, both men and women, clearly know many female leaders. It may depend on the sub-specialty. When asked if they personally know women leaders working in digital health, 92% men and 85.7% women said yes. Many respondents indicated they know of a significant number of women in digital health while others give the opposing view.

"All leaders of Health Information Management I know are women. On the contrary to other roles, there is a lack in male representation in this role," – ♂ man

"Over the last 10 years, I have generally found the number of female leaders in digital health to be greater than in other fields of employment," – ♂ man

"There are very few females electing to go into Information Tech, the ones that do appear to have a very successful career," – ♀ woman

More men than women think there are a sufficient proportion of women in senior leadership positions, 67.8% of men compared to 51.5% of women.

Slightly more women (48.5%) than men (46%) said they desire to reach senior leadership level, while 18.9% women and 14.9% men are unsure.

For those people who answered that they were not aiming for a leadership position, the reason given most often was work life balance.

"I need a work/life balance more than I need more money or more responsibility," – trans man

Those who want a leadership position do so for reasons common to most industries such as to be challenged, influence change and to make the most of their skills.

♀ **51.5%** WOMEN   ♂ **67.8%** MEN

AGREE THERE IS A SUFFICIENT PROPORTION OF WOMEN IN SENIOR LEADERSHIP POSITIONS
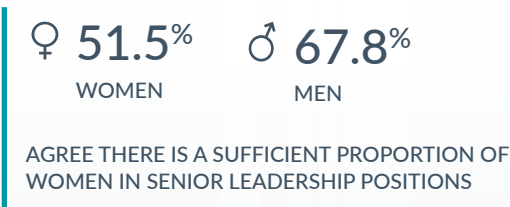
GENDER EQUITY

There is a recurring theme of gender inequity in the survey responses.

As well as suggesting women are underrepresented in leadership positions, respondents say women are under-represented in highly technical positions.

There are several comments that suggest female leaders do not receive the respect they deserve and other comments, from women, that believe senior women behave "just like men" and refer to "boys clubs".

It is mentioned that women are subject to discrimination, probably paid less than men and suffer from the consequences of familial responsibilities.

When invited to comment openly on the topic, many expressed views about gender disparity:

- *"I see a couple of female leads at my work and they are championed but there are many more male leads that don't seem to have to work as hard as the females to get into the leadership positions. Of if they do work hard to get there this isn't shown,"*
  – ♀ woman

- *"The female leaders tend to be thought leaders with little formal authority, and rarely get recognition. There are both men and women progressing despite complete incompetence, but where they exhibit the traditional hierarchical and dominative behaviours,"*
  – ♀ woman

- *"I still see many examples of unconscious bias by men in leadership roles in the organisation,"*
  – ♀ woman

- *"They [women] are often muted, ignored, regarded as invisible. Misogyny and "technologism" is alive and well, especially for a female clinician working in the technology sector. Microaggressions, subtle bias and not-so-subtle contempt are commonplace,"*
  – ♀ woman

While there are numerous remarks about difficulties for women, from both men and women, only two men have said they feel that men are suffering from an emphasis on the promotion of women and women's careers.

"All companies I have worked in equally assess men and women. They give equal opportunities to men and women to prove themselves, get hired, and progress forward. In fact, women get more advantage in companies as compared to men. They get promotions more speedily, and they climb the company's ladder more quickly than men. This is unfair and that's why progress is needed. Women, by nature, prefer to take arts subjects over STEM. But today's society promotes them to take STEM and prefers them over men even if women have less skills in STEM. I mean, a woman who has less STEM skills gets preferred over a man who has more skills, experience, vision and abilities," *– ♂ man*

This is not mentioned by any women.

"Since there are a majority of male leaders in this space, there needs to be more training and awareness for male leaders about how they interact with their male colleagues and how the systems and their way of working right now is advancing men and not women in the leadership space," *– ♀ woman*

ORGANISATIONAL ATTITUDES TOWARDS WOMEN

At an organisation level, gender diversity was rated as important to both men and women, with the majority of those surveyed (74%) agreeing that their workplace cares about gender diversity.

74%
OF ALL RESPONDANTS AGREE THEIR COMPANY CARES ABOUT GENDER DIVERSITY
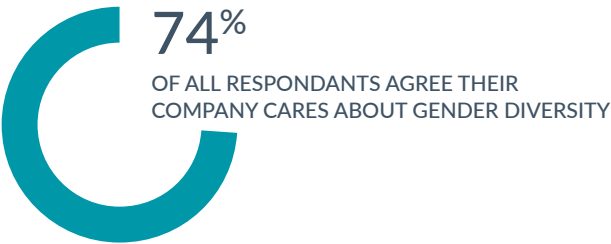
However, more women than men felt their company didn't care about gender diversity, 11.8% of women compared to just 2.3% of men.

When asked if they need to prove themselves within their workplace or industry field due to gender bias, 74.7% of men didn't feel they needed to whereas 39.8% of women said they do need to prove themselves compared to only 12.6% of men.

39.8%
WOMEN

12.6%
MEN

FEEL THE NEED TO PROVE THEMSELVES
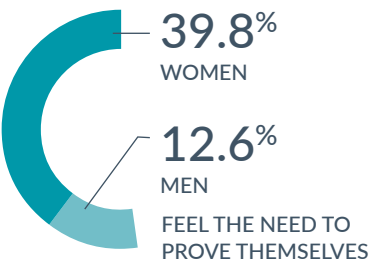
"Women in my company who have senior roles tend to be extremely hard working and highly productive but have lower organisational visibility. All the C Suite and senior business unit roles are filled by men. Women do the support and operational work and critical thinking that feeds the big decision makers,"
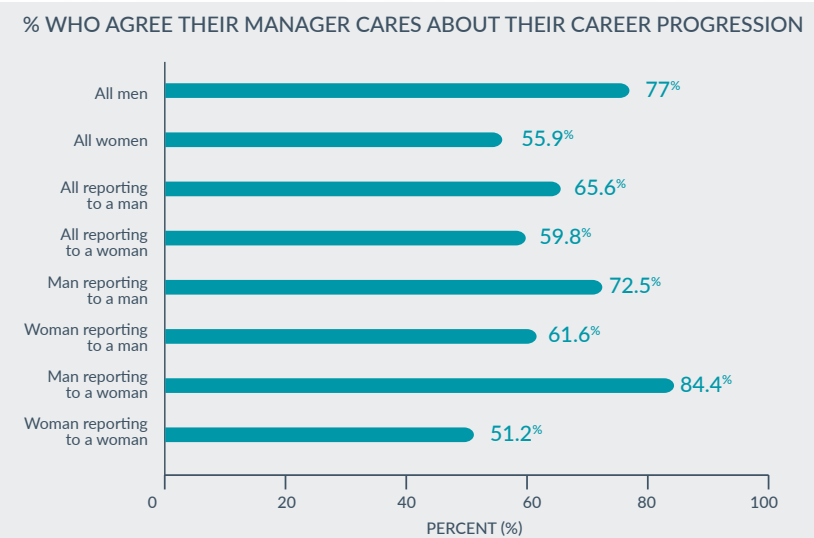*– ♀ woman*

When it comes to career development, more men agreed or strongly agreed that the organisation they work for cares about career development, 71.2% compared to 46.9% of women.

♀ 46.9%
WOMEN

♂ 71.2%
MEN

AGREE THEIR ORGANISATION CARES ABOUT CAREER DEVELOPMENT

♀ 55.9%
WOMEN

♂ 77%
MEN

AGREE THEIR MANAGER CARES ABOUT CAREER PROGRESSION

Similarly, more men (77%) than women (55.9%) said they believe their manager cares about their career progression.

There was no statistical difference between responses from people who reported to men compared with those who reported to women, however there were differences between those reporting to one gender and the other.

Men reporting to women were most likely to agree their manager cared about their career development, while women reporting to a woman were least likely to agree their manager cared.

% WHO AGREE THEIR MANAGER CARES ABOUT THEIR CAREER PROGRESSION

Category	Percent
All men	77%
All women	55.9%
All reporting to a man	65.6%
All reporting to a woman	59.8%
Man reporting to a man	72.5%
Woman reporting to a man	61.6%
Man reporting to a woman	84.4%
Woman reporting to a woman	51.2%

PERCENT (%)

CAREER PROGRESSION AND PROFESSIONAL DEVELOPMENT

Many respondents pointed out the lack of awareness of both the existence of a career in digital health and/or pathways into it.

"I've nursed for more than 10 years and didn't know digital health was a thing until I started working in it!" – ♀ woman

....

Some respondents said career path difficulties related to lack of training, but mostly issues related to lack of clear career paths, structural differences between organisations and lack of consistency between roles.

Many issues were raised about the lack of clarity about opportunities available, or problems of knowing where to look. This is often attributed to digital health being an emerging field, which is not seen as a sufficient excuse by survey respondents.

In addition, more women (66.3%) than men (35.6%) believe there are not clear pathways for career progression in digital health.

When asked what would make career pathways clearer, both men and women called for defined pathways, with a standard framework providing the infrastructure for defined processes and practices, and qualifications.

"Digital health career pathway framework that described the types of roles (even in a generic sense) in digital health and the skills/capabilities necessary (both technical and people skills) needed for the roles," – ♂ man

....

When asked if they would recommend someone to pursue a career in digital health, 93.4% of all respondents said they would.

A lack of clear career paths and opportunities for progression were the main reasons people would not recommend pursuing a career in digital health.

Several respondents said making the transition from clinician to digital health was difficult.

"Digital healthcare careers are still emerging as a valid career pathway, often as an atypical and unplanned path from a traditional clinical career. Clinical careers are by contrast, extremely well understood and planned (and sometimes suffer from inflexibility as a result)," – ♂ man

....

There also seems to be a lack of interdisciplinary interaction: there is evidence that the experience of clinical people is not valued by the IT people, and vice versa.

Furthermore, the survey results show a consequence of a lack of career paths may well result in inequitable hiring practices.

"It's definitely a sector where 'who you know' is the most important thing for career progression!" – ♀ woman

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93.4%
OF ALL RESPONDENTS WOULD RECOMMEND A CAREER IN DIGITAL HEALTH
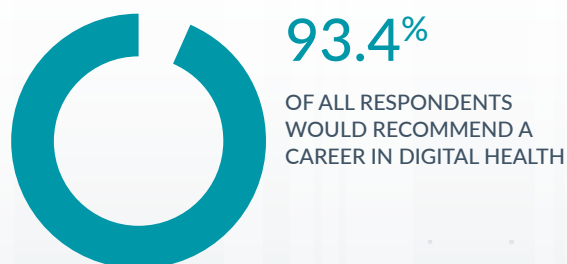
TRAINING AND QUALIFICATIONS

The majority of respondents have attained a Bachelor or Masters and 13.2% have attained a PhD, with little difference between all genders.

A range of ideas for training opportunities were suggested including specific university courses, both undergraduate and postgraduate, as well as traineeships and internships. Yet, at the same time, there is concern people are in jobs without recognised qualifications as well as a perception that people "fall into" their positions.

There seems to be a lack of clarity about what skills, or prior experience, are required both upon entry and as a person's career in digital health develops.

One of the greatest areas of concern is there are not enough people recruited to positions in clinical software development with both health and ICT backgrounds. There are still many developers who come into health ICT and work in environments where not enough priority is given to understanding user requirements from a clinical perspective.

The other area of concern is the lack of training in the use of electronic medical records and other clinical applications in undergraduate health degrees.

CAREER OPPORTUNITIES, ATTRACTION AND RETENTION

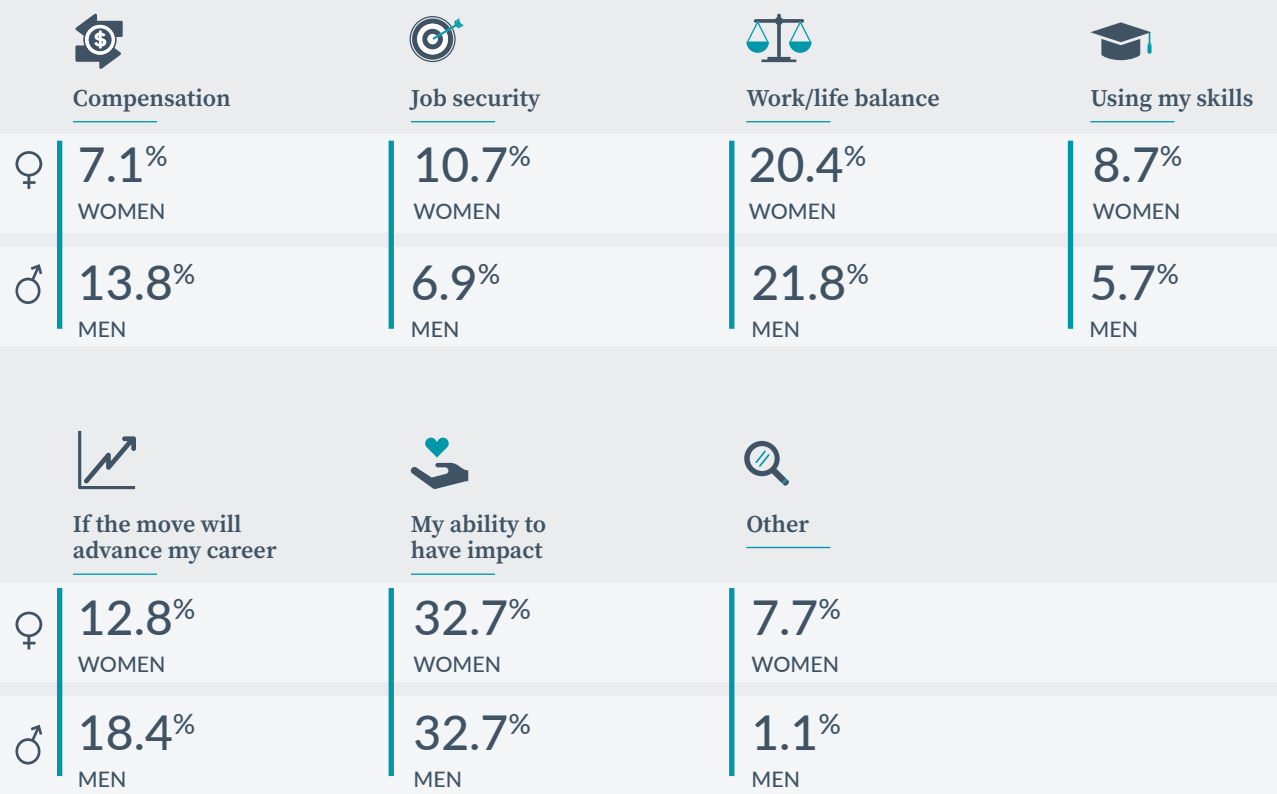Sixty-one per cent of women started their career in health, compared to 37% of men.

Twenty-two per cent of women respondents acknowledged they are unsure about continuing their careers in digital health compared to 8% of men.

This potential retention issue is concerning for an industry experiencing skills shortages.

In general, both men and women have independently sought or created opportunities for career development and growth. The methods, measures and initiatives most commonly used in organisations to help progress gender diversity, equity and career development in digital health, included policies, mentoring, and training and education.

When asked "what is most important when considering a new job?", answered by 194 women and 88 men, it was interesting that of those who selected compensation, it was proportionally selected by more men than women. Detailed results are shown below:

WHAT IS MOST IMPORTANT TO YOU WHEN CONSIDERING A NEW JOB OR CAREER ADVANCEMENT?

	Compensation	Job security	Work/life balance	Using my skills
♀ WOMEN	7.1%	10.7%	20.4%	8.7%
♂ MEN	13.8%	6.9%	21.8%	5.7%

	If the move will advance my career	My ability to have impact	Other
♀ WOMEN	12.8%	32.7%	7.7%
♂ MEN	18.4%	32.7%	1.1%

Interestingly, job security mattered proportionally more to women than men. Of the 25 people (9%) who provided a reason for their dissatisfaction with their current role, almost three-quarters said this was due to the insecurity of short-term contracts, with some referencing reliance on research funding.

SALARY AND JOB SECURITY

A 2020-21 snapshot[4] of the gender pay gap by the Australian Government's Workplace Gender Equity Agency found the gender pay gap continues to fall, but women still earned $25,792 less on average than men and men are twice as likely to be highly paid than women.

These findings are echoed in the *Understanding gender diversity in digital health* survey findings.

The median salary was $125,000 across all respondents and the mean salary for men was almost $10,000 more than for women.

Men who had worked in digital health for 20+ years had a far higher salary than women working for this number of years, with the range for men in this category $300,000-$400,000 and the range for women $150,000 to $180,000.

Of the 41 people who said they have a salary of $200,000 or more, 25 were women.

These highly paid people were most likely to be working in professional service organisations or technology.

Thirteen were aged 41-50 and 20 were 51-60. Of these top earners, 18 had been working in digital health for 10 years or more and 10 for less than five years.

In addition, the survey findings showed a higher variance in salary among women and showed differences by career stage may not be significant across genders. Comparatively, a lower proportion of women agree:

› their financial recognition is based on their level of performance;

› they are fairly compensated compared to others doing similar work within and outside their organisation;

› their salary reflects their experience and skills;

› they've had an open discussion about their pay in the past 12 months;

› they understand pay and bonus related decision-making processes;

› men and women are paid the same rates for similar work; and

› initial pay or renumeration levels are fair.

More than half of male respondents believe they receive financial recognition based on their performance - 58.6% of men compared to 43.4% of women.

♀ **43.4%** ♂ **58.6%**
WOMEN   MEN

**RECEIVE FINANCIAL RECOGNITION BASED ON PERFORMANCE**
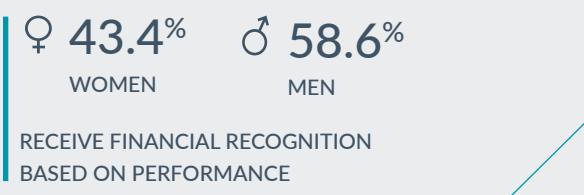
Men were more likely to agree or strongly agree that they are compensated fairly compared to others doing similar work inside and outside their organisation (66.7% men, 57.7% women).

♀ **57.7%** ♂ **66.7%**
WOMEN   MEN

COMPENSATED FAIRLY COMPARED TO OTHERS
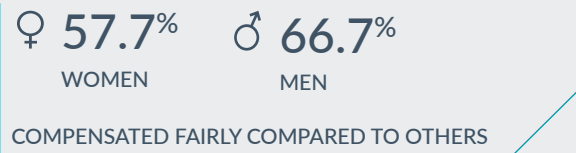
In addition, men were more likely than women to have had an open discussion about their pay with their immediate supervisor in the past 12 months (52.8% men, 40.8% women), and were also more likely than women to say they understand the pay and bonus decision-making criteria and processes.

♀ **40.8%** ♂ **52.8%**
WOMEN   MEN

HAD AN OPEN DISCUSSION ABOUT PAY IN PAST 12 MONTHS

Yet, women were more likely to disagree that women and men are paid the same rates for performing similar work within their organisation (33% women compared with 9% men).

♀ **33%** ♂ **9%**
WOMEN   MEN

DISAGREE THEY ARE PAID THE SAME RATES FOR PERFORMING SIMILAR WORK
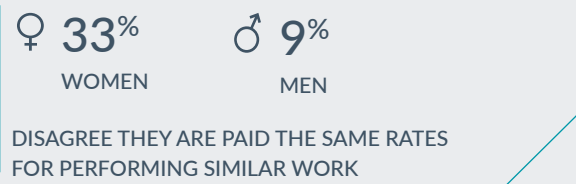
PROGRESSING GENDER EQUITY

More than 90% of women who responded to the survey believe there is still progress to be made in reaching gender equity, however 1 in 5 men disagree that progress needs to be made.

Fostering a gender diverse and engaged digital health workforce is a key enabler for Australia to be a leader in the sector on a world stage, and the cost of not doing so could exacerbate pre-existing skills shortages.

To progress gender equity, mentoring and sponsorship were rated higher for women than men responding to the survey, whereas men rated policies on pay equity and corporate diversity higher.

However, there were also contrary views.

"Action is required more than policy... which is now quite well formed and just sits as words on pages," – ♂ *man*

....

A strong theme suggested to address the issue was women supporting women.

"These leaders need to be more available to support other women and provide guidance where appropriate," – ♀ *woman*

....

90%
OF WOMEN BELIEVE
PROGRESS IS REQUIRED

1 in 5
MEN DISAGREE

KEY AREAS OF FOCUS

In summary, the following areas of focus for the digital health industry, its businesses, workforce and leaders were identified by survey respondents:

› define and promote career pathways in digital health;

› generate awareness on how to identify and harness opportunities in the industry;

› provide training so people, regardless of gender, have the ability to perform the job and meet the selection criteria;

› unconscious bias training to expose people to implicit biases and provide tools to adjust thinking and eliminate discriminatory behaviours;

› foster mentoring by upskilling mentors and providing formal and informal mentoring opportunities;

› establish consistent qualifications required for a career in digital health;

› provide clear pathways for clinicians to move to a career in digital health;

› businesses to diagnose the status of pay equity in their organisation, set goals and take practical steps to improve pay equity; and

› equally represent men and women at conferences and speaking opportunities.

NETWORKS AND PROGRAMS

The survey partners offer the following networks and programs aimed to foster gender diversity in the digital health sector.

Brilliant Connected Women in Digital Health

The vision for the network is to bring together a community of likeminded individuals, both women and men, who work in or have an interest in digital health, and for them to share ideas, create new connections, inspire opportunities and celebrate the successes and outstanding activity of women in the sector.

By delivering regular events (virtual and in-person) with inspiring world-class digital health speakers, the network aims to educate the broader community about the opportunities of digital in health and aged care, as well as explore the challenges women may face and how to be advocates for change.

The network is coordinated by Telstra Health and further information is available at: telstrahealth.com/BCW

Australia's Women in Digital Health Leadership program

This six-month leadership program supports emerging and established leaders to realise and develop their digital health leadership potential. The program connects, supports and empowers participants to build their careers and fosters continuous professional development.

Each cohort is comprised of women who are ready to be challenged, who are ready to advance their leadership journeys and create new peer networks. Whether as an early career, emerging, or established leader, the program helps participants to recognise, explore and advance their potential in the digital health workforce.

The program is run by the Australian Institute of Digital Health and further information is available at: digitalhealth.org.au/womenindigitalhealth/

Brilliant Connected Women Award recipients with Telstra Health's Managing Director Professor Mary Foley AM.

Telstra Health's Professor Dorota Gertig and AIDH's Dr Louise Schaper at a Brilliant Connected Women panel discussion in February 2022.

ABOUT THE ORGANISATIONS

TELSTRA HEALTH

Telstra Health works to improve lives through digitally-enabled care for the community. Its purpose is to realise a connected and improved digital health experience for all.

By providing software products, solutions and platforms, Telstra Health works with care providers in the hospital, health service, pharmacy, and aged and disability care sectors to connect health information, clinicians and consumers.

Telstra Health's clinical and administrative systems, health data analytics, population health solutions, and information exchange platforms help providers to improve the quality, safety and efficiency of the healthcare they deliver. Telstra Health also helps enable clinicians to deliver care in new ways through virtual care solutions.

DIGITAL HEALTH COOPERATIVE RESEARCH CENTRE

The Digital Health Cooperative Research Centre (DHCRC) is Australia's leading organisation for digital health innovation and commercialisation.

Focused on a sustainable impact on health outcomes and increased efficiencies, DHCRC identifies, co-invests and supports projects, accelerating the implementation of digital health technologies, underpinned by research-driven evidence.

DHCRC is committed to developing the digital economy and forming a vibrant industry for Australia, creating jobs and attracting global talent.

The DHCRC was awarded the single biggest Australian government investment in Digital Health, with a $55m contribution from the Commonwealth Department of Industry, Science and Technology.

AUSTRALASIAN INSTITUTE OF DIGITAL HEALTH (AIDH)

The Australasian Institute of Digital Health is the peak professional body for digital health representing a united and influential single voice for health informatics and digital health leaders and practitioners.

The vision of the Institute is "healthier lives, digitally enabled".

Fellows and Members of the Institute represent health informaticians, clinicians, researchers, healthcare managers and executives, data analysts, designers, project managers, business analysts, technologists and innovators. As a leading member of the global health informatics and digital health community, the not-for-profit Institute is recognised as the forum for being part of and connecting with the national and global network – sharing international best practice, digital healthcare trends and health system innovation.

CSIRO'S AUSTRALIAN E-HEALTH RESEARCH CENTRE

CSIRO's Australian e-Health Research Centre (AEHRC) is Australia's largest digital health research program. Its vision is to drive the digital transformation of healthcare to improve services and clinical treatment for Australia and the world. The AEHRC is a joint venture with Queensland Health and works with state and federal health agencies, clinical research groups and health technology industry around Australia – and internationally.

AEHRC has world leading capability in areas such as clinical terminology and data interoperability; health data analytics; clinical image analysis; genomics data analytics and engineering; biostatistics, mobile health, tele-health and health internet of things, among many others.

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